

# 216<sup>TH</sup> THE JEWISH HOSPITAL OF ST. LOUIS

JULY/AUGUST 1983

**BRIGHTER OUTLOOKS  
IN ONCOLOGY**

**CHILDBEARING BEYOND  
THE 30th BIRTHDAY**

**THE HOSPITAL IN THE AGE  
OF COST CONTAINMENT**

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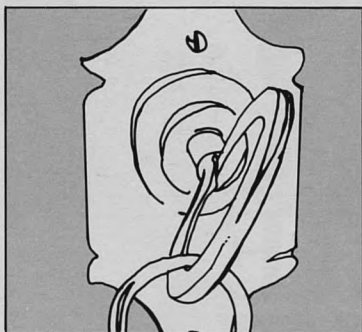
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# 216<sup>TH</sup> THE JEWISH HOSPITAL OF ST. LOUIS

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## NEW KEYS TO CANCER CARE AND CURE

On-going oncology research and training allow Jewish Hospital to continually upgrade protocols and expand treatment programs. Here's an update on current areas of concern:

### Prostate Cancer: Prognosis Positive

The future looks promising for patients whose cancer is detected and treated early.

### Bladder Cancer: Treating the Disease with "Disease"

BCG therapy provides an encouraging alternative to surgery.

### Breast Cancer: A Matter of Time

The multi-disciplinary approach of the new Marilyn Fixman Breast Center provides time-saving convenience and immediate medical attention.

### SPECIAL DELIVERY: POSTPONING PREGNANCY AND PARENTING PAST 30

The questions and fears surrounding the decision to delay childbearing were addressed in a program of events organized by the Auxiliary.

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## KEEPING A LID ON COSTS

With growing competition and dwindling reimbursement facing American hospitals, Jewish Hospital is taking strides to remain strong.

## IF CITY HOSPITAL GOES, WHERE GO THE NEEDY?

The closing of St. Louis City Hospital would affect the surrounding health care institutions, including Jewish Hospital.

## THE 60,225-HOUR GIFT

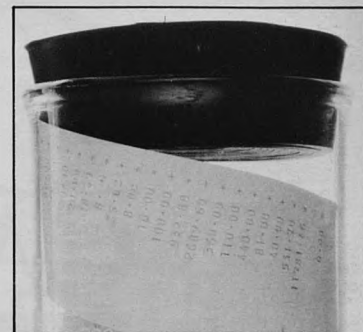
A series of special luncheons honored the 250 Jewish Hospital volunteers who donated their time and energy in 1982.

## AUXILIARY PROGRAM: SPRING LUNCHEON AND A WELL-ROUNDED COOK

"The doctor who writes" and a report of last year's tremendous accomplishments highlighted the annual meeting.

## AIM PROGRAM: THE BUSINESS OF BODY LANGUAGE

Expert Ken Cooper told the Associates in Medicine gathered for their annual dinner how they communicate their feelings without uttering a word.



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ON THE COVER: A major force in the field of oncology, Jewish Hospital is providing new hope to cancer patients. Read about some of the hospital's encouraging advances, starting on page 2.



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# NEW KEYS TO CANCER CARE AND CURE

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*An important cancer research center, Jewish Hospital has pioneered cancer programs and written the protocols for treatment later adopted by other institutions. The hospital is also recognized for a comprehensive oncology program which combines multi-disciplinary medical attention and sensitive support services. This section of 216 focuses on some aspects of the significant work being done by Jewish Hospital physicians in the management of this dreaded disease.*

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## PROSTATE CANCER: PROGNOSIS POSITIVE

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by Linda Krohne Nitchman

Cancer—a word that causes fear in even the strongest men, is more anxiety-evoking when uttered in reference to the prostate gland. Just as a woman feels panic when a breast lump is discovered, a man is equally alarmed at the onset of “prostate trouble.” In addition to fears about cancer, loss of masculinity or sexual function is of concern to many men with prostate problems.

The prostate is a chestnut-shaped gland measuring only one by one and a half inches, made up of a soft, spongy, cell-secreting center enclosed in a tough muscular capsule. Its function is to produce the sperm-energizing

cloudy fluid which makes up half the ejaculate. The gland surrounds the bladder neck and top one inch of the urethra, the urinary tube leading from the bladder to the penis. Unlike other organs which atrophy with age, the prostate gland often enlarges. Because the capsule tends to hinder the gland from expanding outward, the swelling presses inward, squeezing the bladder neck and the urethra.

### Recognize the Symptoms

Symptoms of prostate enlargement, which often come on gradually, include a need to urinate more often, nocturnal trips to the bathroom and a weak urine stream

with a dribbly finish. However, according to Dov Kadmon, M.D., urologist at Jewish Hospital and assistant professor of urology at the Washington University School of Medicine, “The overwhelming majority of patients who have voiding problems have benign disease.” Although the odds of some type of prostate problem occurring increase with each decade in individuals more than age 50, 80 percent of all men over 60 will have some enlargement of the prostate—only five to 10 percent of those will be cancerous. At Jewish Hospital last year, 152 prostate surgeries were performed, 36 for cancer and 116 for benign prostate

problems. Regardless of the odds, symptoms should not be ignored. Approximately 70,000 men annually in the United States are diagnosed as having prostate cancer. This country loses about 20,000 to the disease each year, making it the third most common cause of cancer death in men over 50, following lung and colo-rectal cancer.

### Detecting the Disease

The key to curing prostate cancer lies in early detection and treatment. The most effective method of detecting the disease to date is the digital rectal examination (illustrated here) performed as a routine part of the annual



Above: Dov Kadmon, M.D.  
Below: The digital rectal exam remains the most effective means of detecting the disease. Reprinted by permission of the American Cancer Society.

physical examination. Through the exam, the physician can usually feel any abnormality, swelling or firm area in the gland. Usually this type of exam will detect cancer before the patient has any symptoms, if the cancer is in early stages. However, such a firm area does not automatically mean cancer or surgery.

The physician will perform tests, including X-ray, urine and blood analyses, a cystoscopic exam, and, if indicated, a needle biopsy of the prostate to determine whether the problem is a benign enlargement or cancerous growth. The cystoscope is inserted through the anesthetized penis and allows a visual check of the prostate and the bladder. If the problem is benign, but causing pressure,

a transurethral resection is the most common treatment. In this surgery, the spongy core of the prostate is excised, leaving the muscular capsule intact. This surgery reduces the pressure and has fewer complications than complete removal of the gland. Potency and sexual function are not affected by this surgery; however, in the majority of cases sterility results, but is not a great problem because of the age group.

#### Treatments Available

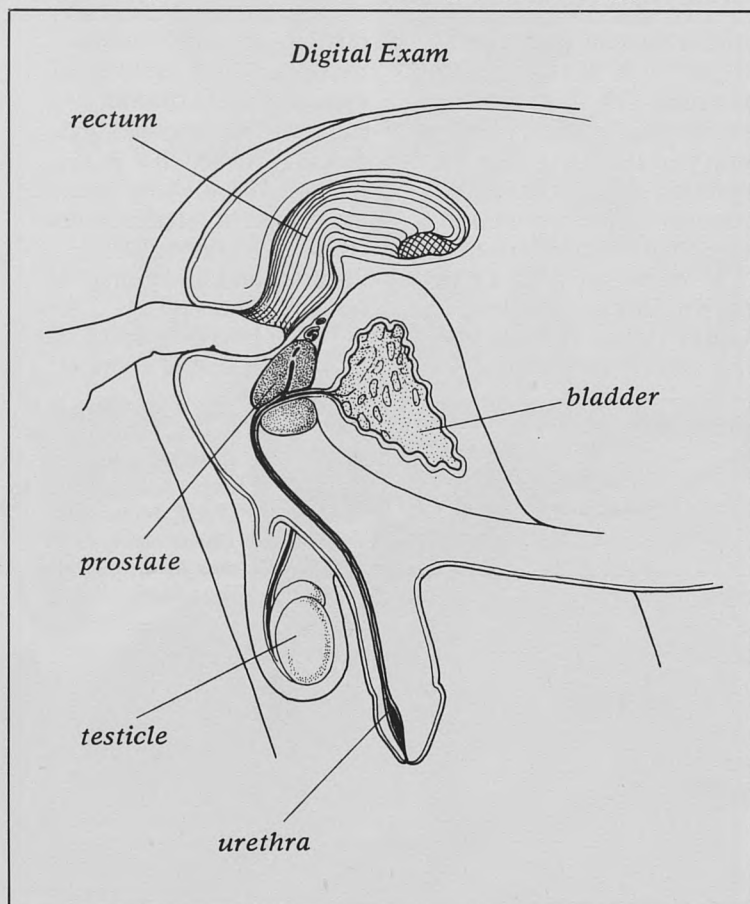
If cancer is diagnosed, treatment depends upon the progression of the disease and whether it has spread to adjacent tissue. When the disease is caught in its early stages, the chances for a cure are good. "If the cancer is really localized to the prostate and treated by surgery, the 15-year survival rate is about 55 percent. That is equivalent to the survival rate for the population at large in that age group. A person without cancer at age 60 has about a 55 percent chance of surviving to age 75," says Dr. Kadmon. "Early prostate cancer can definitely be cured." The cure is based upon surgical removal of the entire prostate gland, which usually results in impotence.

For cancers which have spread beyond the prostate gland, hormone treatment, radiation, chemotherapy or a combination may be advised.

Seventy to 80 percent of those treated with hormones will experience shrinking of tumors and can often control the disease for long periods of time. The treatment involves reducing the male hormones in the body, either by surgically removing the testes, which produce the hormones, or by introducing estrogen,

a female hormone, which inhibits the production of the male hormone. Sometimes a form of cortisone also is used to suppress the adrenal glands which contribute to the body's supply of male hormone. In eighty percent of those who respond to hormone treatments, the disease can be arrested for two to three years. Ten percent of the patients receiving this treatment will experience an arrest for 10 years or longer. This is not considered a cure. Although hormone therapy may also cause impotence, some hormones now control the disease effectively while preserving sexual function.

Radiation therapy can be employed either internally or externally. The basic principle is to bombard cancer with rays at doses which destroy the cancer cells but produce only minimum damage to surrounding normal tissues. Internal radiation involves inserting tiny pellets of radioactive isotopes into the prostate while the patient is anesthetized. The pellets, too small to cause discomfort, give off curative rays for about a year. They then become inert and can remain in place safely for the rest of the patient's life. Sexual potency is unaffected. In many cases, radioactive implants decrease the size of the tumor, greatly relieving pain. This method of treatment was developed within the last seven to eight years, and should be considered experimental because there has not yet been enough follow-up time on the new procedure, according to Dr. Kadmon. A 10- to 15-year follow-up is necessary to determine the success rate because prostate cancer is slow growing.





## CANCER CARE

Chemotherapy may be used alone or in combination with surgery or radiation, to cure some cancers, retard the spread of a tumor or reduce patient discomfort. The drugs used, 5-FU, Cytosin, and Estracyt, singly or in combination, produce a greater injury to cancer cells than normal cells. A delicate balance between dose and frequency is necessary to accomplish this. These drugs usually interfere with cell division and growth.

### Research Continues

The best available means of detecting prostate cancer, the rectal exam, allows early stages of the disease to be missed in approximately one in 10 cases. Research into better methods of detection is being done in institutions throughout the country. Dr. Kadmon, for example, is studying the use of

polyamines to determine the extent of cancer progression. Radiolabeled polyamines are administered intravenously. An increased uptake of these polyamines can be detected by an outside scanner to label areas of cancer. If his methods are proved, Dr. Kadmon hopes that within three to five years they can be used to detect the extent of prostate cancer progression and select those patients who would benefit from an operation.

The real hope for curing this disease is in earlier detection. Cancers discovered and treated in their earliest stages have a much better cure rate than those which advance undetected. While the scientific community continues to work in this direction, the best protection men of age 50 and older have today is the annual digital rectal exam performed by a physician. ■

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## BLADDER CANCER; TREATING THE DISEASE WITH "DISEASE"

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by Patti Smith

Since the fall of 1981, "Dr. Catalona's Lab," as the sixth floor tumor immunology laboratory is called, has been working continuously on a promising new treatment for superficial bladder cancer. Clinical testing and investigation for the treatment, called BCG therapy, came naturally for the three main investigators, William Catalona, M.D., Amos Shapiro, M.D., and Timothy Ratliff, Ph.D. Their intense interest was stimulated by the mechanisms by which BCG seems to work. BCG stands for Bacille

Calmette-Guerin. It is a weak strain of a tuberculosis bacteria, used in other countries for vaccination against tuberculosis. In studies performed in other medical centers, BCG has been shown to cause a regression of established bladder tumors and a prevention of tumor recurrence.

This may be welcome news for the more than 38,500 bladder cancer patients likely to be victimized this year. The condition is one of the most common urologic problems, second only to prostate cancer. It usually strikes

elderly men, but can strike men of all ages as well as women. The treatment for invasive bladder cancer involves removal of the bladder, which usually results in impotence, a functional sacrifice for the victim.

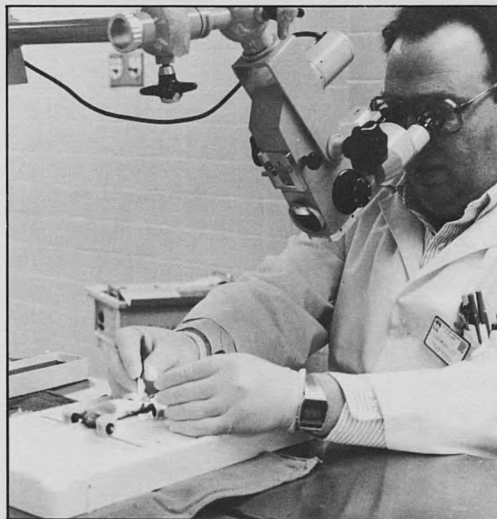
When clinical testing began on BCG, it was injected into the skin. Now, however, BCG is injected through a catheter directly into the bladder with much more favorable results. The large surface area of bladder tumors makes this type of cancer particularly suitable for BCG therapy because direct contact with the lesions can be obtained. The procedure is a painless one for the patient. Six treatments are necessary to complete the protocol, some of which can be received on an outpatient basis.

To date, fifteen bladder cancer patients have been treated with BCG at Jewish Hospital. The short term results look promising. After one year there has been no recurrence of tumors in patients who responded to the initial round of treatment. "Of course, we need a long-term follow up of at least five years to know the true effectiveness of our protocol. But

so far, we are very hopeful," says Dr. Ratliff. The side effects of BCG therapy are minimal. Some patients may experience a mild fever and chills, while others may have the same discomfort experienced in any bladder infection.

Interest in the use of BCG for the treatment of bladder cancer began indirectly and almost by accident fifteen years ago. A French oncologist noted that patients with leukemia did much better when they were exposed to the tuberculosis vaccine. This ushered in an era of intensive experimentation and BCG was tried for treatment on a wide range of cancers. The results were disappointing and interest in this treatment declined, until 1976 when a Canadian urologist named Alvaro Morales, M.D., conducted successful studies using BCG after limiting the clinical trials to bladder cancer. When Morales and others surmised that BCG seemed to somehow activate the release of interferon into the body's system, Dr. Catalona and his laboratory became interested.

The Jewish Hospital of St. Louis is one of about 10



*Amos Shapiro, M.D., injects BCG into the bladder tumors of experimental mice to study the mechanisms involved in this form of cancer treatment.*

major institutions across the country investigating agents to combat various forms of urological cancer, especially superficial bladder cancer. The immunology laboratory and Dr. Catalona have concentrated most of the research on interferon, a protein, produced in the body, thought to block division of tumor cells by enhancing the immune system's response to foreign substances. Since September of 1981, he, Dr. Shapiro and Dr. Ratliff have tried to determine whether BCG triggers an increase in the production of interferon within the body, causing the cancer to regress.

The research performed

has been on both the clinical and animal model levels. In the hopes of finding answers to several questions, Dr. Shapiro, a two-year visitor from Hadassah University, Jerusalem, has injected BCG into hundreds of mice who

### ***The short term results look promising.***

had bladder tumors. The mice are being used to determine appropriate BCG doses, long-term toxicity and the mechanism by which BCG inhibits tumor growth. The findings seem to indicate that, within toxicity limits, the more BCG the better. The physicians also are interested

in whether continued administration of BCG at extended time intervals after the initial treatment series is needed for patients to remain cancer-free.

One of the primary interests of the researchers is determining the way BCG in-

hibits tumor growth. Initially, the investigators thought that the introduction of BCG caused the production of interferon, which then inhibits tumor growth. So far, the investigators can find no direct link. "The thinking now is that BCG may produce high levels of interferon

locally. But, we just do not have a sensitive enough probe to go into cancer cells to see what is actually happening," Catalona explains.

The physicians do have enough indirect evidence of a possible BCG and interferon connection to continue their work. One of clues that keeps them working is that when the immune system is somehow impaired, the BCG is not effective. Physicians remain hopeful that they have found a workable, painless and effective treatment for one of man's most common cancers. ■

*For more information on the procedure, call 454-7822.*



*A happy patient on her last day of treatment thanks Diane Bobner, R.N.*

## **BREAST CANCER: A MATTER OF TIME**

**by Lesli K. Koppelman**

**I**n January, Doris Leydon felt a lump in her breast. Her physician recommended that it be removed, and sent her to see John M. Bedwinek, M.D., radiation oncologist at Mallinckrodt Institute of Radiology, for a second opinion. That was the beginning of what would normally be the extended process of cancer treatment: the patient goes from primary physician, who suspects the disease, to the surgeon, who biopsies and diagnoses the disease, to a medical oncologist for post-operative evaluation and possible medication and chemotherapy, and to a radiation oncologist for additional treatment. The progression is tiring and costly, in time and money, as the patient must wait for appointments to become available, go to doc-

tor's offices in separate locations, wait for test results, and pay for each individual visit.

Ms. Leydon had an easier route. Following her mastectomy, she visited her medical oncologist, Alan P. Lyss, M.D., and assistant professor of medicine at Jewish Hospital. At the same time, she received chemotherapy. Without going to another office at another time, she was examined by Dr. Bedwinek, who manages her radiation therapy. She was taking advantage of the treatment program at the Marilyn Fixman Breast Center, housed in the Marilyn Fixman Cancer Center at the Central Medical Building just east of the hospital's main entrance. The breast center is a joint venture of the departments of medicine, surgery and the Mallinckrodt Institute of Radiology at Washington University.



## CANCER CARE

"Part of the problem in treating a disease like cancer is that it calls on many disciplines," notes Dr. Lyss. "It can be a long, drawn-out process that can delay treatment."

Gordon W. Philpott, M.D., surgeon-in-chief of Jewish Hospital and a cornerstone in the foundation of the breast center, explains, "For some time it's been obvious to most of us who have a major interest in the field of cancer that a combined modality approach is clearly the way to go for the majority of cancer problems. Certainly breast cancer is a good example because there are so many options for treatment at this stage of our knowledge."

The idea of a multi-disciplinary approach to disease management has been implemented elsewhere and in other fields, but is unusual in the St. Louis medical community. To make it work, "you have to have the right mix of doctors," notes Dr. Philpott, who shares his major interest in breast cancer with Dr. Lyss and Dr. Bedwinek, who has published widely in the field of breast cancer therapy.

The choice of specific disease focus for the center also seemed logical because the largest number of cancer patients seen at Jewish Hospital have breast cancer, or colon cancer, which was already being treated jointly by Ira J. Kodner, M.D., colorectal surgery, and Bruce J. Walz, M.D., radiation oncology, who consult on a regular basis. "Dr. Lyss, Dr. Bedwinek and I were seeing more and more breast cancer patients together. We had been thinking for some time of organizing a breast center, so it seemed that the time to do it was now," Dr. Philpott says.

It took six months of planning from the time the decision was made to go ahead with the program until the first patient was seen on February 9. The cost of establishing the center was minimal because the department of medicine already had underutilized space available in the Marilyn Fixman Cancer Center, opened in 1982. The center is a consolidation of the most modern diagnostic and therapeutic services available to patients affected by the malignant disease. The ambulatory care facility unites, in a single locale, the comprehensive medical, psychosocial, and educational services, and makes available to breast cancer patients the services of ancillary departments as well: home care, pharmacy, social work and volunteers, who run support groups and consumer educational programs. The center provides training for residents, fellows, radiation therapy trainees and student nurses on a rotating basis as part of the educational process at Jewish Hospital. Together, the center staff includes three physicians, six nurses and social workers, as well as a secretary and lab technician.

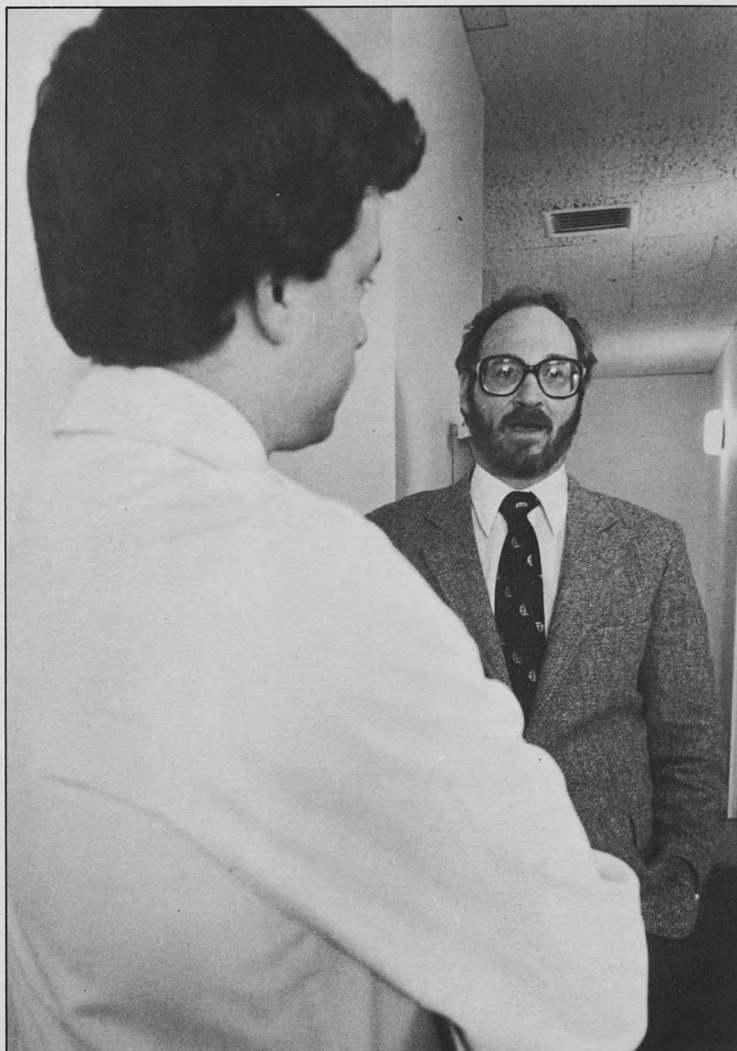
More than 25 patients are seen in each once-a-week clinic, held between 1 and 4 p.m. on Wednesdays. The name breast center, rather than breast *cancer* center was chosen so that women with non-cancerous breast disease, such as fibrocystic disease, or family members of cancer patients concerned about preventive measures, would recognize the value of the center to them. "I see a lot of women who are not particularly excited about coming to a cancer center if they don't have cancer," notes

Dr. Philpott.

Overall, the response of patients has been positive. Patients appreciate the convenience of getting total care for breast cancer under one roof, and enjoy the opportunity to visit in the waiting room with other women with the same condition. "There is a real camaraderie," Ms. Leydon has found. "In addition, it's so much easier to arrange time off from work when I can tell my boss that I just need one long lunch hour and that I'm going to see all my doctors at once." Patients are also likely to benefit from better medical attention because it is immediate.

"I just had a patient who wasn't sure she wanted to go for a second opinion," says Dr. Bedwinek, emerging from an examining room during Wednesday office hours. "I would have had to send her to Dr. Lyss, in another office, and she would have been billed for a second opinion. Today, I just had to call Dr. Lyss from the next room." This situation has arisen many times since the program began.

It's not just a matter of convenience. "It can be a matter of needing a second opinion at the time of the exam. Sometimes, I feel something a colleague doesn't. I can come and literally put my





finger on it right away. If I send the patient to another physician who will see her two weeks from now, he might not find it," explains Dr. Lyss.

This process benefits the medical staff as well as the patients. "The big advantage is that we teach each other," Dr. Philpott comments. "My colleagues can show me



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***"I can come and literally put my finger on it right away."***

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responses and complications we might have just talked about before and we can get advice and opinions from each other." And there is often no charge to the patient for the consulting physician's expertise.

Having passed its three-month trial period, the center is being evaluated by the organizers, who are cautiously optimistic about its future direction. They are looking at patient numbers, the kinds of patients interested in the center, the administrative streamlining necessary because of the involvement of three separate departments, and financial questions.

"We know we're giving a lot of free care, and that's fine," Dr. Philpott insists. "But we're running at a deficit. How much of a deficit is

something we have to look at. What would we need to break even?" Another concern is the criticisms they get from patients, and whether or not they are correctable. Each of the three doctors has a patient population, so there have been long waits for treatment. Dr. Philpott's patients, used to receiving chemotherapy in private rooms with the surgeon's nurse, did not want to have their treatment in a suite with three or four other women and a social worker visiting while a nurse administered the treatment, which is the set-up at the center. "It has made me sensitive to the needs of women that I wasn't aware of before," Dr. Lyss says. "All of us approached the center with the idea that it would work and any problem would be worked out. And that is how we are proceeding."

The big question is "where do we go from here?" The center was purposely started small, and quietly, with no advertising, publicity or referrals. But, as Dr. Philpott notes, "this was always the prototype. We're not at capacity and can certainly do more. We're looking at how much more we would like to see ourselves expand with new physicians and

*Top: Gordon Philpott, M.D., recognizes the advantages of the center for physicians as well as patients. Left: Alan Lyss, M.D., and John Bedwinek, M.D., confer about a patient just seen by both of them. Left: Carroll Siesennop, medical assistant, explains the radiation treatment schedule to Doris Leydon.*

bringing in more patients.

"The majority of cancer people are looking at it with a great deal of interest and would like to develop the same concept in their particular areas." There is also a need to expand the staff for current services. "It's obvious that if someone is sick or out of town, there's a problem, so I think we have always felt we needed to expand the number of people involved. That might take some recruiting," Dr. Philpott believes. Dr. Lyss expresses the hope that any surgeon, medical oncologist or radiation therapist will be part of the program one day. The three physicians currently involved have a strong interest in clinical research, and therefore want to go in that direction. They are already talking about expanding into new disease areas, lymphoma being the likely first choice, but no major expansion in services is expected before the end of this year.

Jewish Hospital already provides a more comprehensive oncology service than is available at many other hospitals in the country. Plans are for the Marilyn Fixman Breast Center to provide the opportunity for our researchers, students and physicians to learn about any aspect of breast disease, cancer as well as non-cancer, and to provide a service in their treatment that is the most advanced available, while maintaining exceptional personal care. "Everyone here is very concerned," patient Leydon observes. "It gives you a lot of moral uplift." ■

*For information about the breast center, or to make an appointment, call Margaret Burns, 454-7463, Diane Bohner, 454-7170, Beverly Chambers 454-3381, or Betsy Meyer, 454-3383.*



# SPECIAL DELIVERY

## POSTPONING PREGNANCY AND PARENTING PAST 30

by Lesli K. Koppelman



SPECIAL DELIVERY

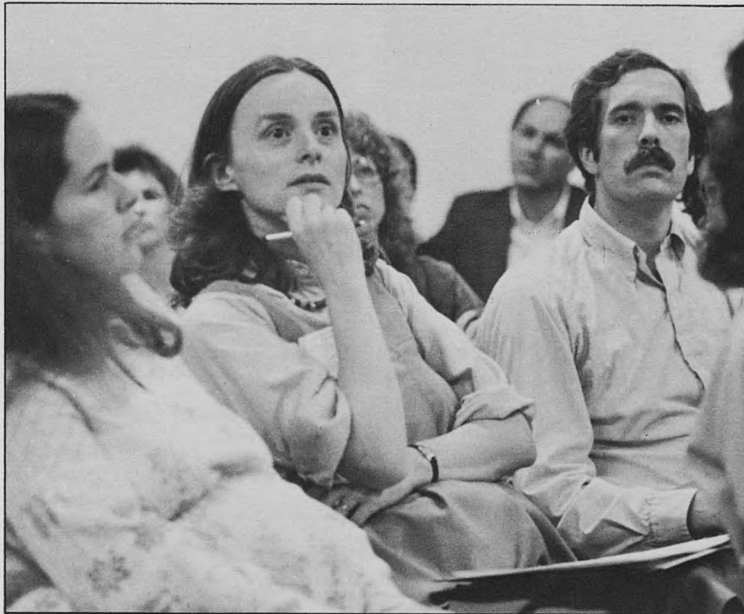
Until fairly recently, the idea of having a baby after the age of 30 was considered not only medically unwise, but socially unacceptable. The women's movement, gaining momentum during the 1960s and 1970s, made us see things differently. It advocated alternative lifestyles to the "suburban dream" of the 1950s and by demanding equality in career opportunities, made choosing those lifestyles not only an option, but a necessity. The development of oral contraception, education about women's bodies, and the freedoms espoused by the sexual revolution loosened the binds between biology and destiny. In deciding to explore their sexuality, and to enter the work force and pursue careers, women began to opt for delayed marriage and childbirth.

The children of the baby boom—the products of the post-war suburban dream—matured in this social milieu. The number of first births among women between the

ages of 30 and 34 jumped by 37 percent in the late 1970s, according to the National Center for Health Statistics. An increase of 22 percent was recorded for women in their late 30s. Yet since most mothers of the last generation were much younger when they bore their children, few role models for delayed parenting existed, and women opting for the new style of motherhood had persistent questions and concerns.

The subject, well-publicized in recent years, was chosen for examination in an event sponsored by the Jewish Hospital Auxiliary as part of its continuing commitment to the department of obstetrics and gynecology. Held at the hospital one week after Mother's Day, "Special Delivery: Postponing Pregnancy and Parenting Past 30" assembled physicians, nurses, educators, social workers, and parents to share their expertise and experiences in pregnancy, childbirth and child development. In addition to the professionals from Jewish Hospital and the St. Louis community at large,





featured speaker Elisabeth Bing lent her specialized knowledge to the group. The nationally-known co-author, with Libby Colman, of *Having A Baby After 30*, she has trained thousands of expectant parents and childbirth instructors throughout the United States and Europe and has written six books on topics concerning pregnancy and childbirth.

Ten seminars offered in three sessions during the course of the afternoon covered decision making about parenting, career and family; medical concerns, including infertility and genetic risks; new options in childbirth, both medical and social; an historical perspective on new developments; the first year of life; and sexuality during pregnancy. In addition, informal modeling of maternity fashions provided by ReCreations, exercise demonstrations by instructors from the Jewish Community Centers Association and Razzamajazz, films, informational displays, an exhibit of a birthing bed and bassinet and tours of the

maternity floor gave the 400 participants in the successful seminar a glimpse of every factor affecting the creation of a new life.

The well-organized, comprehensive effort, totally planned and coordinated by members of the auxiliary under the direction of co-chairpersons Audrey Shanfeld (Mrs. Clifford) and Bett Jasper (Mrs. Barry), allowed the professionals and practitioners to address facts and fears, and to prepare prospective parents in some very reassuring terms. Much of the information presented concerned factors common to all pregnancies, but much of it was directed at particular problems faced by older new parents. The underlying message throughout was there are options, in ever increasing numbers.

The following was compiled from the seminars presented during the Special Delivery program.

**What to Expect:  
The Social/Psychological/  
Emotional Concerns**

"Having a child is a disruption, a crisis," under any

circumstances, noted John Yunker, speaking as a father in the Special Delivery seminar "A Place for Dads." "Therefore, the more stability a man has in his life, the less of a crisis the arrival of the child will be."

Many of the comments shared during the session apply to women as well, especially career women, and to parents at any age. However, they are particularly apropos for those over 30 because life patterns have been established longer and are therefore more difficult to change.

On the positive side, there tends to be more stability after age 30. One's professional development has reached a certain level. Couples are much more economically secure and therefore can avoid the financial strains a child can bring to less established families. They can also afford to hire help, get out more often and travel more easily, which takes some of the strains off the marital relationship by giving the couple time to be together and enjoy aspects of life outside of child raising.

When parents opt to have children later in life, "the child is generally very much wanted. It's a child by choice, not by chance," said Elisabeth Bing. "Having the child involves much more intense planning and there's less likely to be resentment of the child as an interruption of what you'd been doing." Women, especially, don't feel the tug of career and caretaking as strongly when they are well-established in their jobs enough to be able to take time off, knowing they can return to professional life months, even years, after their children are born.

Having dealt with social, educational and male-female issues, parents over 30 have generally achieved a higher level of psychosocial maturity than their younger counterparts. By that time, the new parents have probably made peace with their own parents, and effective communications and human relations skills have improved. In total, being at peace with their personal identities increases their ability to nurture.

On the downside of delayed childbearing and rearing, the introduction of this vital new element will disrupt established lifestyle, social and work patterns. The couple becomes less mobile and is forced to be less spontaneous, and friendships will change, as interests do, if one's social peers do not have children. Rearrangements of home life, both in terms of responsibility, the marital relationship, and physical layout of furnishing may be warranted because children are demanding, inquisitive, messy and mischievous.

Since one is more stable in a career, and generally at a higher level, the greater responsibility can create a tug between parenthood and profession. In the juggling act between family and job, a couple often loses what was a dual income. The financial loss can add to the new strains placed on marital relationships as the focus of attention changes and jealousies and resentments surface. And, one simply has less energy, a constant requirement for children, as one matures.

Part of the evolution of childbirth alternatives has been inclusion of the father in the entire process. "Emphasis is placed on the father in mak-

ing birth a family-centered affair," said Sandy Brooks, a 1971 graduate of the Jewish Hospital School of Nursing, assistant head nurse in OB, preparation for childbirth instructor and mother of two.

Some men experience Covaud, a syndrome of various physical and emotional symptoms that recur in husbands of pregnant women and resemble the physical ailments of their wives. "No expectant father has ever died from the syndrome, and very few suffer severely with it, but its occurrence throws light on the dynamics of family relationships and helps the father accept and express paternal tendencies," Ms. Brooks stressed.

Gaining admission to the delivery room for fathers was a major step in the progression of making birth a shared, more fulfilling experience. Sandy Brooks was quick to point out, however, that "no man is less of a husband or father because he isn't present."

What gives dad his role is taking part in home life. "Men need to make some specific changes in their lifestyle if they're to be effective fathers," cautioned Yunker.

"They need to make room in their lives for children and shift priorities to be effective." Research indicates that the payoffs are substantial. The more involved fathers can be, the better the self-esteem, school achievement, social skills, vocational aspirations, peer relationships, IQs, leadership skills, and self acceptance of the child.

Getting involved in networks of fathers with similar concerns can be a great support. Recognizing this, Elisabeth Bing recently started a father's forum, a once-a-month workshop given by a



psychologist, for the husbands of women in her preparation for childbirth classes. "We realized that we gave fathers a tremendously important job without preparing them enough. There's pressure to be in labor, but we didn't take the father's emotions into account. The forum is to let dad share his experience and give him a chance to discuss fears and anxieties."

**A Key Concern:  
The Medical Aspects  
of Late Pregnancy**

"It is the general feeling among specialists in the area that simply because you're at age 35 does not put you in a high risk category," stressed Alfred Knight, M.D., director of obstetrics at Jewish Hospital, an authority on maternal and fetal medicine and a specialist in high risk pregnancy. "Most potential maternal or fetal complications are due to factors other than age: this is your sixth child instead of your first, you smoke, you didn't gain any

weight during pregnancy, you now have hypertension, etc." A significant fact to keep in mind is that risks don't suddenly appear at age 35; the incidence of certain problems associated with delayed pregnancy increases gradually over time, from the 20s through the 40s.

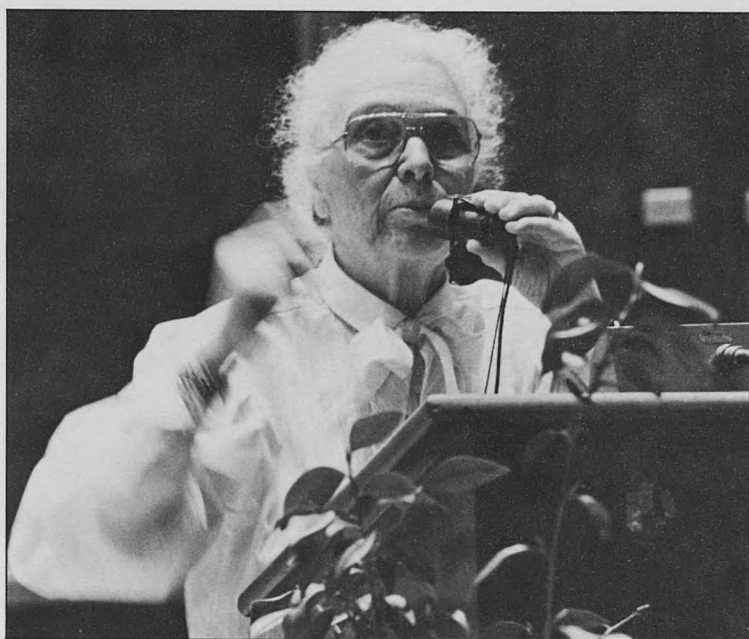
There is no question that age has its effects. Although the onset of menopause now begins a full five years later, on the average, than it did several years ago (at 47 vs. 42), the limiting biological timeclock has not been stopped. To begin with, fertility is reduced, and it simply takes longer to conceive after the age of 30. Dr. Knight cited a study done in France which demonstrated a 33 percent decrease in pregnancy rates between ages 25 and 35 following artificial insemination (used to eliminate the variables of coitus and timing). According to Ronald Strickler, M.D., director of gynecology at Jewish Hospital, conception becomes



*Above: An Auxilian at the registration desk reviews the day's events with a participant. Left: The birthing bed, along with a bassinet and reams of literature, were exhibited.*

substantially more difficult beyond age 40. Dr. Knight noted, "We really do not understand the decreased fertility rate, but it is real and must enter into your decisions as to when you would like to become pregnant." Once that choice is made, "you need to go about it in an organized and systematic manner."

Some people feel that a woman in her fourth decade of life doesn't have the physical resources to meet the stresses of pregnancy and the demands of delivery. The literature cautions about prolonged labor, difficult delivery, more frequent use of forceps, higher incidence of caesarian section and delayed recovery. "Basically, I don't believe them," Dr. Knight asserted. "If you come to pregnancy in good shape and prepared for labor, there shouldn't be any problem. In this (healthy) group, the rate for C-sections is no higher than the underlying rate for the general public," which is 20 percent.



Featured speaker Elisabeth Bing provided an historical perspective on childbirth.

Probably one of the biggest fears of older potential parents centers on birth defects. Defined by James Crane, M.D., director of the department of obstetrics-gynecology at Jewish Hospital, during his session "When Good People Have Bad Genes," major malformation is a condition that requires medical treatment or surgical repair, such as a cleft lip or palate, or congenital heart disease.

"People think that as they get older, the risk for all types of birth defects increases," noted Barbara Rohland, M.S., genetic associate at Jewish Hospital. "That's not true."

The major risk associated with advancing maternal age is an increased risk of chromosome abnormalities. The most common of these is a condition of mental retardation known as Down Syndrome. The risk of having a chromosomally abnormal child at maternal age 35 is one in 365 chances. This risk progressively increases to a one

in 10 chance by the time a woman reaches age 45. Chromosome abnormalities also occur more commonly among the offspring of older fathers, although a significant risk does not occur until age 55 or greater. Advancing paternal age is associated with an increase in the incidence of certain autosomal (ordinary chromosome) dominant diseases, the most common of which is a form of dwarfism known as achondroplasia. Despite these increased risks, the majority of children born to older parents are healthy.

#### **"Will My Baby Be Healthy?": The Diagnostic Options**

Certain chromosomal and biochemical disorders can be diagnosed with the use of two prenatal procedures, amniocentesis and ultrasound. In amniocentesis, one or two tablespoons of amniotic fluid surrounding the fetus is withdrawn via a thin needle through the mother's abdomen. The fluid, contain-

ing cells shed by the fetus, is grown in a culture until there are enough cells available for testing. Ideally performed between the fifteenth and sixteenth weeks of pregnancy, consideration of amniocentesis is recommended for women who are carriers of sex-linked diseases, when both parents are carriers of a recessive biochemical disease, when either parent is a carrier for a chromosome abnormality, when a previous child or near relative has had a neural tube defect such as spina bifida, and when maternal age reaches 35 or greater.

Genetic counseling, available at Jewish Hospital as part of the hospital's obstetrics service, precedes the test. It will help determine which potential problems should be the focus of the amniocentesis testing, based on the prospective parent's medical histories, and help them make decisions based on the diagnosis.

It is not possible to screen for a large number of the 80 diseases diagnosable by amniocentesis in a given fetus at one time, and a normal test result does not guarantee that no birth defect will occur. It can, however, rule out those which are of primary concern. "Basically, it is a reassuring process," said Dr. Knight.

Amniocentesis appears to be a safe procedure and is associated with only a small risk of miscarriage or fetal trauma. In women age 35 or older, the risk of a chromosome abnormality far outweighs any risk involved in the test.

Another prenatal diagnostic tool, the ultrasound scan, which is increasingly being used to identify normal and abnormal fetal growth and anatomy, minimizes the risk of amniocentesis. The

painless test provides a picture of the fetus, placenta and amniotic fluid which is X-ray like, but uses an inaudible high frequency tone rather than radiation. During amniocentesis, it allows the doctor to safely guide the needle by showing the fetus' position.

"As far as we can tell right now, ultrasound is an extremely safe procedure that has revolutionized obstetrics," Dr. Knight reported, explaining that it can be used to identify some congenital malformations which would not be detectable in the chromosome analysis of the fetus. An increasing number of malformations is being identified as ultrasound technology advances.

If abnormality in fetal growth is detected, tests can be performed to evaluate the baby's condition. The Nonstress Test or Oxytocin Challenge Test monitors the baby's heart rate and provides reasonable assurance that the baby is getting adequate nutrition and oxygen. Certain conditions can be treated *in utero*, but if the intra-uterine environment becomes so hostile that it threatens the fetus, premature delivery may be preferable to maintaining the baby in the uterus.

#### **What to Expect: Birthing Alternatives**

Elisabeth Bing told the story of a prehistoric cave woman who left her sleeping tribe at night to have her baby at water's edge, using a tree for pushing support and a rock to cut the cord. After she washed herself and the infant in the river, the new mother returned to the cave to sleep, then arose in the morning and made her man the equivalent of a cup of coffee.

"That," said Bing, "is

what people think of as natural childbirth. It's a bad term because natural childbirth is not a matter of how much medication or help one needs, but how to cope with one's body, how to use the body correctly in different situations of stress, and how to be an active participant in one of the most extraordinary events in a human being's life."

The demand for a less rigid approach to childbirth was a natural outgrowth of the women's movement and women's increased knowledge about and desire to have control over their bodies, as well as growing concern over the effects on the fetus of various drugs used during labor and delivery. These concerns spawned three important childbirth organizations in the 1960s: International Childbirth Education Association (ICEA), American Society for Psychoprophylaxis in Obstetrics (ASPO, co-founded by Elisabeth Bing), and the La Leche League.

Their purpose was to keep consumers informed and gain for women the right to options such as taking less medication, using breathing exercises as a labor aid, involving fathers in the birthing process and providing for rooming-in to keep the infant at mother's side. The newest developments have been rooming-in for fathers, father's attendance in caesarian section procedures, and the addition of birthing centers, which provide a home-like setting to involve the entire family in the event.

The approach returned to childbirth its human side, which had been lost when the process moved from the home setting and what had been a communal, emotional

event, to the hospital, where it became a solitary medical procedure. There are various methods of prepared childbirth, but they share common goals: to help the couple cope with the stresses of pregnancy and to face labor and delivery with more confidence, to teach techniques for controlling the discomforts of labor and to aid the couple in sharing the experience in a special way.

The Lamaze Method, very popular in St. Louis, trains the expectant couple in active relaxation, body-strengthening exercises and specific breathing techniques with the help of a coach. It aims at preventing pain by decreasing pain perception.

The Leboyer Method focuses on the newborn's normal physiologic adaptation rather than on the mother's labors, and is not so much a program of prepared childbirth as a philosophy of new life. It recognizes the baby as a unique and sensitive human being and emphasizes gentle and controlled delivery with a minimization of external stimuli and interruption of interaction between mother and child. The baby is not suspended by the ankles, which could cause shock to the spine, is gently immersed in warm water to simulate the uterine environment, and is immediately placed on the mother's abdomen.

The Bradley Method, with an increasing following in St. Louis, is based on observations of the birthing process in animals, which is not fraught with pain and fear. It stresses the role of the husband as the labor coach, relaxation, physical conditioning through exercise, the importance of good nutrition and a dark, quiet and comfort-



*Elisabeth Bing talks with Auxiliary member Sherry Lauter (Mrs. Steve) while autographing copies of her books.*

able birthing environment. The birthing bed or chair, designed to allow the effects of gravity to aid in delivery, has been introduced as a way to provide additional freedom and comforts for the mother.

"The natural approach to labor and delivery emphasizes education, conditioning, and emotional support as psychological anesthesia and an alternative to medication," explained Pat Johnson, R.N., MSN, clinical specialist in obstetrics at Jewish Hospital. However, a woman may still

opt for a variety of medications to block pain, from absolutely none to one that will put her to sleep.

Speaking about the controversies surrounding use of anesthesia, the necessity to perform an episiotomy or caesarian section, the use of forceps and fetal monitoring during labor and delivery, which alerts the physician to fetal stress and the necessity to take action, Dr. Knight allowed that "you should be able to create for yourself an individualized experience.

However, appropriate medical procedures should be done to ensure as healthy a baby and mother as possible." He did point out that most OBs will respond to specific requests from the parents regarding the delivery process but that these details need to be worked out prior to labor.

**What to Expect:  
The Future**

Speaking about what is left to achieve, Ms. Bing cited the importance of keeping consumers educated about their options and finding a way to disseminate information to the larger, less advantaged public. She is also concerned about getting freedom for women in labor, to allow them to move around without incumbrance of electronic devices.

"The question I leave to you," Ms. Bing told the audience, "is how can we get the technologic and human side of childbirth together. We can't do without scientific devices, but we have to keep our own values and keep childbirth as the most creative and wonderful experience."

Bing believes we have reached the peak in the trend toward postponing pregnancy. "It was a phenomenon of the urban areas primarily, with country couples still having children in their early 20s. There's bound to be a reaction to the women's movement, but we can't lose what we have achieved," namely greater options and freedom of choice. ■

**"IT'S A CHILD  
BY CHOICE,  
NOT BY  
CHANCE."**

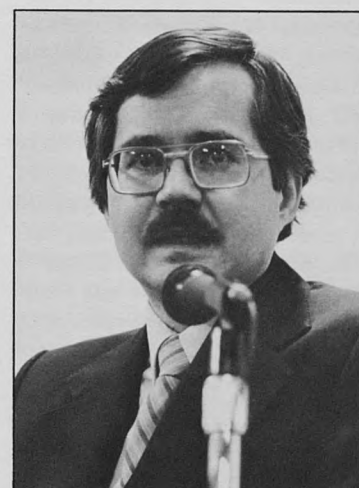
# WHY HAVE A BABY AT JEWISH HOSPITAL?



*James P. Crane, M.D.*



*Ronald C. Strickler, M.D.*



*Alfred B. Knight, M.D.*

**"W**e're smaller and offer more personalized care," Colleen Lenhart, R.N. in obstetrics, told the group of "Special Delivery" participants on tour on the maternity floor. "All babies are on demand feeding, we provide rooming-in, and father's are very much a part of the whole process."

Two years ago, the department was strengthened by the addition of specialist staff members, modern equipment and introduction of services to make the birthing experience as comfortable and individualized as possible. James Crane, M.D., director of obstetrics-gynecology, heads the Washington University School of Medicine Cytogenetics Laboratory located on the fifth floor at

Jewish Hospital. The Genetic Counseling Unit, amniocentesis and ultrasound laboratory are also available there. Alfred Knight, M.D., director of obstetrics, specializes in maternal-fetal medicine and high risk pregnancies, and Ronald Strickler, M.D., director of gynecology, in infertility.

Jewish Hospital also has available two birthing rooms, each equipped with a birthing bed designed for reclining or sitting, which allows the mother to stay there for both labor and delivery. She can control the position of the bed, push against footrests and pull back on handles to aid the delivery process. The birthing rooms are available to patients on a first-come basis on request at the time of labor.

To increase its ability to provide patients with the widest range of options in childbirth, the hospital is in the process of establishing a birthing center, to open within the next year. The concept recognizes the importance of the family and provides the opportunity for immediate bonding among family members by creating a home-like environment where laboring parents can be surrounded by loved ones. Medical intervention and stays following delivery are generally minimal.

The facilities, equipment, physician expertise and personal medical care make Jewish Hospital a choice place to have a baby. ■

*For more information, call the department of obstetrics-gynecology, 454-7835.*

In 1972, at age 65, Sam Jones suffered a mild cerebral vascular accident, commonly referred to as a stroke. He was admitted to The Jewish Hospital of St. Louis, a teaching hospital offering the area's top physical, speech and occupational therapy, and specializing in rehabilitative nursing. Mr. Jones was in the hospital six weeks. While there, his physician ordered a series of tests to determine Mr. Jones' overall condition. The entire bill was covered by Medicare, with complete reimbursement to the hospital.

In April of this year, Mr. Jones suffered a relapse. He was hospitalized less than one month and is now receiving the bulk of his therapy at home. Due to recent changes in government reimbursement procedures, it is uncertain how much of the bill will be covered by some form of insurance.

A series of interrelated factors have wrought dramatic changes in health care and its costs during the past decade, making this a particularly difficult time for the industry. During the 1980s we can expect to witness even more significant developments. Many hospitals will not survive.

### The Major Issues

Possibly the number one question in hospitals across the nation is who will treat Mr. Jones? Inpatient hospital utilization has peaked and is probably on the decline. Because of improved medical technology and an aggressive utilization review program, the average length of patient stay continues to decline. The situation is exacerbated in St. Louis, where there are an estimated 2000 extra beds, a decreasing population and an

increasing emphasis on ambulatory, or outpatient, care. The community hospitals are taking over tertiary care patients who used to be treated exclusively at teaching hospitals.

Cost containment presents an equally serious threat to hospitals—how much will Mr. Jones' bill be and who will pay it? Medicare patients use three times as many hospital services as do younger persons. On October 1, 1982, Congress enacted a new system of Medicare payment for hospitals, the Tax Equity and Fiscal Responsibility Act (TEFRA). This system represented the most important change in the way Medicare pays hospitals since the start of the program and is the basis for Medicare payment to all hospitals during

fiscal year 1983. Some of its elements have been retained, but it has already been supplanted by the new prospective payment system based on Diagnosis Related Groups (DRG).

In the past, for every dollar spent, the hospital received one dollar, which meant that the government, through reimbursement, was helping to pay for new programs, medical technology and treatment of more patients. Under the new system, hospitals will be paid fixed rates, set in advance, for discharges classified into 467 diagnosis-related groups to cover all inpatient services.

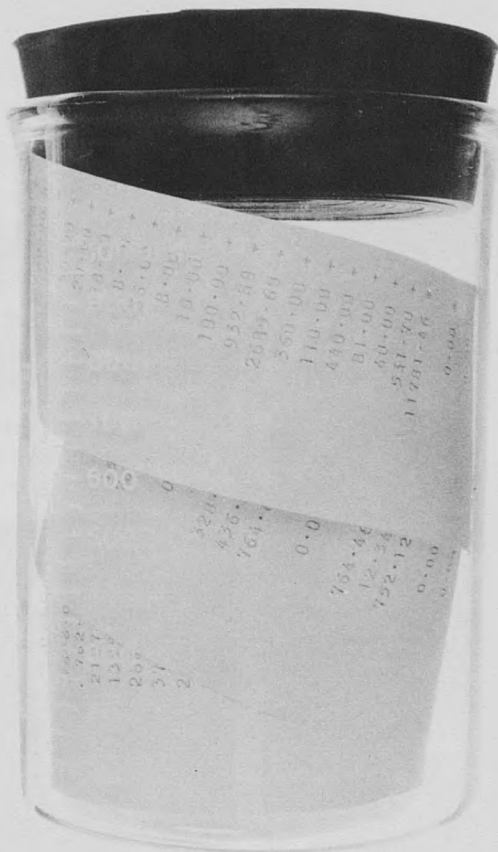
The DRG or TEFRA payment systems average costs of care in the different types of institutions by methods which do not take into account the

relatively more severe and costly cases treated by academic health center hospitals, such as Jewish Hospital. The DRG categories do not fully reflect patient differences and the wide variations, within a single given category, in lengths of stay and patients costs.

These reimbursement changes come at a time when the elderly population is increasing, creating greater demand for services with less government support. Teaching hospitals are at a further disadvantage. A 24-hour house staff, teaching and research programs, and primary care nursing all create an extensive drain on the hospital's budget.

Hospitals are encouraging physicians to be cost-conscious, to consider the length of stay and use of outpatient modalities, and to decrease use of ancillary services. Inherently, this situation could create tensions among those medical staff members who see the new methods as interference with their practice management. Because physicians are a hospital's primary market—patients go where their physicians admit them—the hospital must balance the business requirements of the new systems with a good working relationship with the medical staff.

Mr. Jones does not know or care about competition, government reimbursement changes (his bill is paid regardless), or medical staff relations. He does know he is sick and he comes to the hospital expecting the newest tests, all the lifesaving equipment and finest care available anywhere. He also expects the finest patient amenities. It is not his concern that it is more difficult than ever to secure



## KEEPING A LID ON COSTS

by Denise Pattiz Bogard



capital financing and that incurring long-term debts is not a good strategy in today's economy.

The face of health care is changing in response to these factors, with a heightened emphasis on ambulatory care. Throughout the nation, "emergicenters," urgent care centers and outpatient clinics are appearing, offering health care for non-serious problems on an outpatient, one-day system. Several of the hospitals in St. Louis already have opened such clinics.

Walter J. Unger writes in "Challenges in the New Era of Competition," *Issues in Health Care*, 1982: "As change occurs, many old methods of doing things may be disrupted. Some institutions may find the new environment to be somewhat unsettling. But those institutions that can foresee the future and prepare for it will discover a new vitality. Those who create organizations that are responsive to the consumer, the health care professional and the cost-conscious insurer will thrive."

### **Jewish Hospital Responds**

The Jewish Hospital of St. Louis is preparing to thrive in this era of change. During the past year, the board of directors planning committee has been involved in a five-year strategic planning process. The committee's objective is to anticipate changes rather than react to them as they occur. After going through an extensive deliberative exercise, the planning committee has made the following recommendations for Jewish Hospital:

*Emphasis on Outpatient Care*—In order to meet physician and patient demand for more outpatient services,

specifically ambulatory surgery, a proposal has been made for construction of a nine-story building in the area between the Shoenberg Pavilion and the Central Medical Building along Forest Park Boulevard. To allow expansion of outpatient radiology, nuclear medicine and ambulatory surgery, it will provide space for physician offices and hospital outpatient functions. The hospital plans to purchase a linear accelerator and simulator for the treatment of oncology patients.

*Admitting Office Expansion*—The admitting office is being converted to a comprehensive patient reception

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## ***Jewish Hospital has long been involved in the active care of indigent patients.***

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and processing department, including registration, radiology, laboratory, EKG and anesthesiology functions. A patient lounge will serve discharged patients in the morning and admitted patients in the afternoon.

*Bed Complement*—In order to alleviate crowded two-bed rooms, improve nursing stations and support areas and create a consistent standard of patient room amenity, a renovation project is planned to increase the percent of private rooms from 37 percent to 43 percent, which is higher than other similarly-sized hospitals in St. Louis. The surgical floors, including cardiovascular surgery and rehabilitation medicine, obstetrics and the nursery will undergo cosmetic renovation.

*Garage Parking*—The

newly remodeled garage has doubled the number of parking spaces, and valet parking is now offered.

*Expanding Services to the County*—The committee has recommended that more services be moved to the county for the convenience of the patient population and staff physicians. This goal has been partially achieved by the move of the home care and hospice programs to Chai House on the I.E. Millstone Campus of the Jewish Federation. The move, which took place last fall, makes the services more accessible to the approximately 400 patients treated at any one time by home care.

*Refurbishing Project*—A major redesign of the entire first floor gives the hospital a uniform appearance, creating a calming ambiance through new carpeting, wall covering, lighting fixtures and furniture. New location signage was added throughout the first floor for patient and visitor convenience.

*New Services*—Programs, to be offered, some of them exclusive in the St. Louis community to Jewish Hospital, include *in vitro* fertilization, an aging assessment program and expanded oncology care.

All of these changes represent the hospital's desire to meet the many needs of Mr. Jones and his physician by maximizing strengths and opportunities. This desire has prevailed since long before

TEFRA, and is illustrated by the hospital's efforts at cost containment measures. Jewish Hospital was one of the original participants in the Hospital Association of Metropolitan St. Louis' purchasing arrangement to buy pharmacy and other products in bulk to keep the costs down. The hospital has a strong utilization review program. To educate one another about cost containment, the medical staff is conducting periodic economic grand rounds. Improved automation results in reduced laboratory staffing; word processing makes clerical employees more efficient. The department of engineering has been involved in an extensive energy conservation program that saved Jewish Hospital in excess of \$310,000 between 1981 and 1982.

The bottom line of any health care deliverer must continue to be the quality of care. On that, Jewish Hospital stands strong. "Hospitals can market themselves and get involved in many areas, but unless they have a competent medical staff, they are not going to survive. Jewish Hospital's medical staff is one of the best in the area," says Lisa Rosenfeld, director of planning.

"We have looked at other alternatives. Many hospitals today are broadening into other areas—wellness care, nursing home satellites and non-health related matters," Gee comments. "We've looked at them and because we are a university hospital and one of the best in the country, our role continues to lie in the area of sickness care. I suspect there will be fewer and fewer hospitals able to do this, but this is where we belong." ■

# If City Hospital Goes, Where Go the Needy?

by David A. Gee

**Editor's Note:** Controversy has surrounded both the decision to close City Hospital and the proposals put forth as a solution. The issues involve provision of health care services for the residents of St. Louis least able to pay for them, and would affect the remaining hospitals located in the city proper. In the following discussion, Jewish Hospital President David A. Gee presents the situation and examines its potential effects.

The mid-March announcement by Mayor Vincent R. Schoemehl, Jr., that St. Louis City Hospital would be closed by November 1 triggered substantial reaction in St. Louis. Loss of accreditation, an antiquated physical plant, high operating costs and reduced Medicaid reimbursement were all factors in the Mayor's decision. This action, coupled with the closure two years ago of Homer G. Phillips Hospital and the recent closure of the Robert Koch Hospital, would leave the indigent citizens of St. Louis with very limited health care resources.

The action also focuses attention on problems confronting most large metropolitan areas where skyrocketing health care costs are incompatible with the reduced financial resources available either from federal or local tax funds. Increased unemployment and the recession have also increased the number of individuals eligible to receive Medicaid assistance, thereby further diluting an

already fixed sum of money. The matter is compounded by the constitutional requirements within Missouri prohibiting the state from operating at a deficit and by the Hancock Amendment, which prohibits tax increases without a referendum.

While St. Louis City Hospital is an extremely large physical plant, its one-time capacity of 800 beds has gradually been reduced so that presently, the average census per day is 270 patients. Approximately half of these patients have some form of payment mechanism through Medicare, Medicaid or limited private insurance, while the balance have virtually no financial resources. At one point it was believed that the city would purchase services from private hospitals for the care of these patients. However, hospitals within the city of St. Louis, primarily the university-centered teaching hospitals, have already been providing a substantial care program for indigent patients. It would be virtually impossible to distinguish between

those derived from the City Hospital and those already in the private sector, thereby potentially doubling the economic burden on the city.

A special committee headed by Robert Hyland, regional vice president of CBS, and Lee M. Liberman, chairman of the board of Laclede Gas Company and a former chairman of the board of Jewish Hospital, have taken community leadership roles in attempting to resolve the City Hospital situation.

One of the ironies of the matter is that there is plenty of hospital capacity in St. Louis to meet the care needs of these patients. Unfortunately, the hospitals with the greatest bed capacity also have the least financial resources to care for what would have been a largely free patient population. As other communities, such as New York, Philadelphia and Chicago, have discovered, when city institutions no longer function, the indigent population tends to concentrate at the geographically proximal institution, thereby burdening it with uncompensated free care which eventually will cause its collapse. This creates a domino effect in which the charity load progressively bankrupts each hospital in turn.

Based on these unpleasant realities, it appeared that the best solution was to create a new City Hospital that would be of modern design and construction, would conform to the accreditation requirements and would be of a character that could be efficiently operated with the city's limited resources. It was further believed that because of health manpower limitations, if the city could maintain primary and secondary

care for the bulk of its patients, it probably would be possible for the private sector to care for the difficult cases. On this basis, a new hospital known as the NH Corporation was recommended, and a Certificate-of-Need for constructing a 250-bed hospital in Sherman Park was requested. In mid-May, however, the plans were tabled pending further study and the mayor announced that City Hospital would remain open during this evaluation process.

As a teaching hospital, the Jewish Hospital has long been involved in the active care of indigent patients. It has been part of the hospital's mission since its founding in 1902. The expansion of the inpatient ward services and the creation of the Aaron Waldheim Clinic Building in the mid 1950s was a further reflection of service to the poor and needy. Over the last two years, there has been a substantial increase in the hospital's charity program. In 1980, for example, charity allowances amounted to slightly more than \$2 million; these rose to \$4.8 million in 1981 and reached \$6.2 million in 1982. Some hospitals in St. Louis faced with similar circumstances have announced closure of their outpatient clinics, curtailment of certain emergency services, the imposition of strict charity control budgets and similar devices. Jewish Hospital fortunately has been able to hold off any stringent control of indigent patients.

The future of city hospital care is uncertain. However, the recent debates involving local government, the business leadership, the hospitals and, most importantly, the affected citizens, may lead to productive solutions. ■

# THE 60,225-hour

*gift...*



**A**pproximately 250 volunteers richly blessed Jewish Hospital with a gift of time. Collectively, they donated 60,225 hours during the past year. With this gift, the Auxiliary met its goal of one million volunteer hours, pledged to the hospital just 14 years ago. A series of luncheons held April 18-22, Volunteer Week, honored these men and women who enhance the hospital's services in 33 departments. Gold pins were presented to those who reached increments of 500 hours in their volunteer careers. Bert Brand, buyer for the Clover Garden, topped the list with 18,000 hours donated during the past 23 years.

Computed at the hospital's minimum wage of \$4.37 per hour, the volunteers' gift to the hospital during 1982 is worth \$263,183.25. Their contribu-

*Above, foreground: Alice Fleischler, 7,000 hours; from left: Elaine Begis, 1,000 hours; Pola Werner, 4,000 hours; Ellen Weiss, 500 hours; Robert Berger, 1,000 hours; Bert Brand, 18,000 hours; Aletha Sagan, 3,000 hours; Lottie Rosen, 1,000 hours; Bernice Williams, 3,000 hours. Left, from left: Shirley Phillips, 2,000 hours; Bernice Grossman, 3,000 hours; Edna Reinmann, 3,000 hours.*



**THE 60,225-HOUR GIFT**

tions allow the hospital to provide services to patients and visitors that would not otherwise be possible.

Anyone interested in becoming a Jewish Hospital volunteer may contact Elaine Levinsohn, director of volunteer services, at 454-7230. Volunteers are interviewed to match their skills and interests with positions available in the hospital. ■



*Right, from left, front row: Edith Brown, 2,000 hours; Beverly Turken, 1,000 hours; Selma Gidlou, 4,000 hours; Sara Lass, 1,000 hours; Freida Schramm, 500 hours; Madeline Monat, 500 hours; back row: Phyllis Langsdorf, 3,000 hours; Ida Goldstein, 3,000 hours; Audrey Shanfeld, 1,000 hours; Letty Korn, 2,000 hours; Donna Nussbaum, 1,000 hours. Center left, from left: Helene Goldstein, 8,000 hours; Rose Maden, 8,000 hours; Lil Sber, 1,000 hours; Al Bleiweiss, 1,000 hours; Judy Chervitz, 500 hours; Harry Sber, 3,000 hours. Center right, Robert Berger, 1,000 hours, and Alice Fleischer, 7,000 hours. Bottom, from left, front row: Jocey Barken, 2,000 hours; Reva Helman, 500 hours; Elise Sandperl, 6,000 hours; back row, Rose Hughes, 4,000 hours; Robyn Mintz, 500 hours; Elaine Goldberg, 500 hours.*





# Spring Luncheon & a Well Rounded Cook



**M**eadowbrook Country Club was the scene of The Jewish Hospital Auxiliary's April 27 annual spring meeting, headlined by Robin Cook, M.D., author of several best-selling novels about the politics of medicine. Dr. Cook spoke following the auxiliary's business meeting and installation of officers for the 1983-1985 term, Marcia Shapiro (Mrs. Robert E.), president; Esther Blumoff, vice president, fund raising; Susan Levin (Mrs. Robert), financial secretary; Cecelia Spivack (Mrs. Alan), assistant financial secretary; Joan

Goldstein (Mrs. Mark), corresponding secretary; Jane Sitrin (Mrs. Harold), assistant corresponding secretary; Selma Gidlow (Mrs. Elmer), director; and Katherine Kline (Mrs. Richard), director.

Introduced as today's version of the renaissance man, Cook is also an M.D. in ophthalmology, Harvard Medical School instructor, artist, expert skin diver, surfer and gourmet cook.

Dr. Cook told the group he had been disappointed by medical school. "I had been watching T.V. shows and I was sure of one thing—in all

those shows the guys were having a good time. I thought I'd gone to the wrong medical school," he quipped. After checking with friends at other medical schools, he decided someday to write a book.

"Then I went through my internship, and anybody who has gone through an internship could write a book."

The opportunity for writing did not present itself throughout Cook's busy medical training, but during a stint in the Navy on nuclear submarine duty the doctor found himself with a lot of spare time. "During patrol I



*Top left: Model Linda Yatkeman (Mrs. Donald) describes her outfit to admirers. At left: Robin Cook, "the doctor who writes," spoke. Above: Robin Cook chats with luncheon co-chairpersons Jill Malley (Mrs. Patrick) and Karen Zorensky (Mrs. Mark).*



## SPRING LUNCHEON

wrote my first book. I had all the pages written longhand. Someone said it would be difficult to publish it, so I decided to type it," he recalls. He found time for typing, also thanks to the Navy. Dr. Cook was selected as an aquanaut for the Sealab experiments, which required a 13-day decompression period in a six-foot cylinder. "I typed the entire time—600 pages." Upon his return to the world, Dr. Cook had his first book, *The Year of the Intern*, published.

After finishing his residency, Dr. Cook decided to write another book. But this time, before beginning to write, he did some research.

"I read all the old best sellers to find out the kind of books people like to read. I tried to analyze why some books were more fun to read than others. I came up with techniques and used every mechanism I found in *Coma*. I engineered the fact that it would not only be a book, but a movie."

One of the main objectives the doctor hoped his book would accomplish was to encourage people to become intelligent medical consumers. "Give the same attention to what you are buying as you do to a new car or stereo. That is the recurrent message I am trying to get across," he concluded.



*Top right: Charline Baiser (Mrs. Richard), right, inducts Marcia Shapiro (Mrs. Robert) as auxiliary president. Above: David A. Gee accepts a check from Eleanor Brin (Mrs. Irving) for proceeds from the Clover Bake Shop. At right: Outgoing President Phyllis Langsdorf (Mrs. Kenneth) delivers the annual report.*





Above: The executive committee of the Jewish Hospital Auxiliary, front row: Donna Nussbaum (Mrs. William), Estber Blumoff, Marcia Shapiro (Mrs. Robert), Madeline Monat (Mrs. Seymour); back row: Kathy Kline (Mrs. Richard), Jane Sitron (Mrs. Harold), Cecilia Spivack (Mrs. Alan), Margie Horowitz (Mrs. Merle), Susan Levin (Mrs. Robert), Selma Gidlow (Mrs. Elmer), Sharon Rosenblum (Mrs. Jeffrey), Ellen Weiss (Mrs. Sanford), Peggy Ross (Mrs. Donald), Robyn Mintz (Mrs. Daniel), Pam Toder (Mrs. Craig), and Joan Goldstein (Mrs. Mark).

### President's Report

During the business portion of the meeting, retiring Auxiliary President Phyllis Langsdorf (Mrs. Kenneth) delivered the message that 1982 was an outstanding year. The activity cart distributed more than 1,000 kits to patients. Both the Super Sibling program and the Grandparents Refresher course continued. A great deal of attention was placed on planning for the Special Delivery program on parenting over age 30 (see separate story), and the auxiliary introduced the giving of booties to newborns.

Auxiliary funds purchased a multitude of equipment for the hospital, including a portable fetal heart monitor, a caesarian table, a

birthing bed, additional beds for the labor room, bassinets for the newborn nursery and a carbon dioxide laser for surgery. Advanced cardiac equipment, a memory storage scope for rehabilitation medicine, an orthoscopic table, ultrasound equipment, an invertidscope for *in vitro* fertilization and an operating chair for the eye clinic were purchased from proceeds of the Clover Ball.

Mrs. Langsdorf then called forward fund raising chairpersons from the auxiliary shops to present to the hospital checks totaling \$308,731 in the year's proceeds. Presenting checks were Eleanor Brin (Mrs. Irving), Clover Bake; Mimi Rennard (Mrs. Marvin), Clover

Creamery; Babette Blum (Mrs. Alan), Clover Garden; Kay Loomstein (Mrs. Arthur) and Nancy Wolfheim (Mrs. Richard), *Cooking in Clover* cookbook; Letty Korn (Mrs. Jeffrey), Gift Gallery; June Bierman (Mrs. Arthur) and Patricia Padawer (Mrs. Gerald), Tribute Fund. Rosalie Chod (Mrs. Leonard), chairman of volunteers, presented a check for 60,225 volunteer hours, representing \$263,183.25 in free services to the hospital. To compute the total contribution, Mrs. Langsdorf added the \$282,000 raised by the Clover Ball, bringing the grand total donated to the hospital by the auxiliary in 1982 to \$853,314.25, the greatest auxiliary gift in single year ever. ■

**K**en Cooper, Ph.D. business consultant, trainer and author, slouched, stooped, jingled his keys, picked his ears and made funny faces at the Jewish Hospital Associates in Medicine recent annual dinner. The more than 100 Associates members and guests, gathered at the elegant Top of the Sevens banquet room, may have been appalled at this behavior had it not been for the fact that these gestures were part of Dr. Cooper's dynamic and entertaining speech on body language, or "the ways we communicate without using words."

The advice Dr. Cooper offered and the observations on human behavior he made gave the audience an insight to nonverbal communication. An advisor to such firms as Monsanto Company, Anheuser-Busch and IBM and the author of several books including *Body Business*, Dr. Cooper is an expert on the most successful ways to present oneself in business, personal and social settings.

By humorously demonstrating situations familiar to everyone, Dr. Cooper showed how people can communicate their feelings by the ways they position their bodies and heads, and by the looks on their faces. However, he emphasized at the very beginning that one must never take a gesture out of context. "People assume that if you cross your arms you are displaying a negative feeling. This is ridiculous, maybe your armpits itch," Cooper said.

Invasion of personal space is a problem most people have experienced. Cooper defined four basic distances at which people are the most comfortable in given situa-

# the BUSINESS of BODY LANGUAGE



tions. Intimate space is zero to one foot. Personal space, that space we use with people we are close to but not intimate with, is four feet. Normal social distance in the United States is seven feet. Public distance, the distance we prefer to keep from people we don't know, is 10 feet. This, Cooper explained, is the reason people are so uncomfortable in places like a crowded elevator. "When you are in a crowded elevator, you are confronted with public people at intimate distance. When you accidentally touch someone, you stiffen up as if to say, 'I'm touching you, but I'm not enjoying it.'"

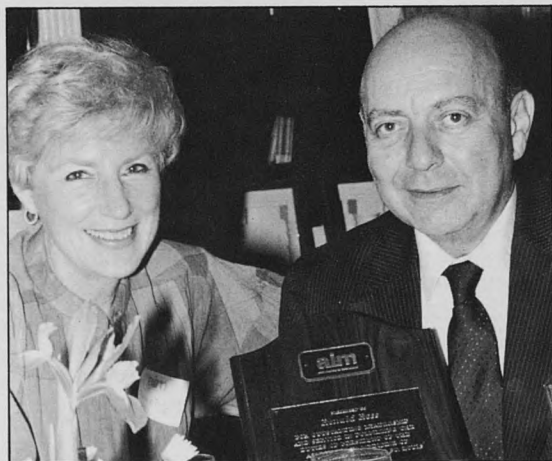
There are cultural variations in these space distances. "Latin Americans are much more comfortable at close

distances and are able to touch each other more than Americans and the British," Cooper said. These personal space differences often become a problem in business settings when people are not aware of them. As an example, Cooper cited an experience he had with a salesman. The man got so close to Cooper's face when he spoke that Cooper became uncomfortable. The problem was remedied when, one day, Cooper touched his nose with his thumb and his fifth finger to the space-intruder's nose. Later, the contemplative salesman related to Cooper that he realized he had made some of his clients uncomfortable in the same way, possibly losing sales commissions in the process.

The man in Cooper's

example probably had never before stopped to evaluate the nonverbal gestures others made in reaction to him. In fact, people communicate a whole realm of feelings and thoughts without saying a word. "If you don't like a person you can express that emotion by closing off the center of your body to him," Cooper explained, crossing his arms and legs and turning away slightly from the crowd to illustrate. Cooper used the term "facial flashes" to identify the brief expressions people make to indicate their emotions. The flash may say, "I don't understand" or "I strongly disagree." Cooper emphasized the importance of recognizing these signs and letting the other person communicate what he is thinking.

People also can express



Ron Ross and Judith Jacobs, R.N., sitting with their spouses, display the awards they received for their dedicated service to the Associates in Medicine during 1982.







the way they feel about themselves through the use of body language. Cooper made the observation that a person's status can be revealed by the way he or she approaches another person's office. If you feel subordinate to the person you are approaching, you may linger at the door before entering. However, the boss probably walks in without waiting for an invitation. "One person can walk into the boss's office anytime," Cooper pointed out. "That person is the boss's wife."

The expression "height might" illustrates the fact that, in our society, height is associated with power, status and wellness. "I put her on a pedestal. I'm coming up in the world. I'm really feeling down. These are all expressions built into our language to express the feeling that up is good and down is bad," Cooper said. As a political advisor, Cooper has drawn a parallel to this height might and the success of one's political campaign. He pointed out that only two presidents since 1900 have been the shorter of the two candidates, and these two men had image problems later, Jimmy Carter and Richard Nixon.

Near the end of Cooper's address, he enumerated some



of the common problems and bad habits people develop such as coin jingling, or ear cleaning. "I think it is justifiable homicide to kill a coin jingler," Cooper emphasized. Once aware of a body language problem, a person can quickly alleviate it. Cooper advised that you inform your friends and family members that you want to eliminate a bad habit. Then instruct them to say your name every time you do the offending gesture. "At first it will sound like a machine gun. But as the weeks go by you will catch yourself before your name is said. By the end of the third week, the bad habit will be eliminated."

The key to successful body language, Cooper summed up, is to be aware of your body language, try to eliminate your bad habits and be aware of the nonverbal communication you receive from others.

### **The Body of the Meeting**

In the business portion of the meeting, Ron Ross, outgoing president, announced that more than 500 new community members were introduced to the wine and cheese



*Ken Cooper uses a unique approach to bring across his ideas on effective non-verbal communication.*

parties this year, and that Associates membership increased by 60. "We have had a good year, with very successful programs," he added.

Ross then presented the President's Award to Judith Jacobs, R.N., secretary. This award is given annually to the person who, in the opinion of the president, worked hardest towards the objectives of the association.

Following that presentation, Stanley Levy offered recommendations for the 1983 board of directors: Kenneth Goldberg, Judith Jacobs, Patricia Kaiser, Marvin Kasnetz, Sylvia Hirsch, Kenneth Langsdorf, Linda Mantle, Gene Pattiz, Terri Purviance, Bruce White, M.D., and Joyce Yalem.

The new slate was installed by Silvia Mayer, along with returning officers for 1983-1984: Tom Lewin, president, Leonard Krane, vice president, Louis Glaser, vice president, Judith Jacobs, secretary, and Linda Mantle, treasurer.

On behalf of the hospital, Morris Abrams, M.D., and Herbert Sunshine, M.D., chairman of the urology division at Jewish Hospital, accepted the



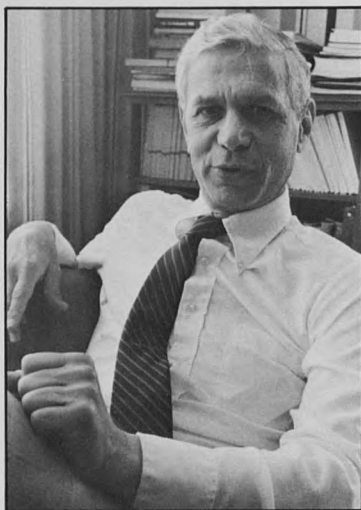
Associates' annual gift, a \$10,000 check for the purchase of a percutaneous ultrasonic nephroscope. "More and more approaches are being made percutaneously to decrease complications of surgery with the same result," explained Dr. Sunshine. This piece of equipment allows the physician to have access to the kidney, to be able to probe inside, find the stone and through ultrasound break it up so it can be removed naturally through the body. This will enable selected patients to be spared the surgery that has been needed for removal of kidney stones.

In the final moments of business, Tom Lewin presented Ron Ross with the outgoing president's plaque, praising him for "outstanding leadership and service in fulfilling the duties of president of the association."

The evening, filled with subtle niceties throughout, including live music and a lovely dinner, was planned and coordinated by Carol Keaton, the Associates in Medicine liaison and secretary in the Jewish Hospital Public Relations Department. ■



# VIP PROFILES



## Charles Baron

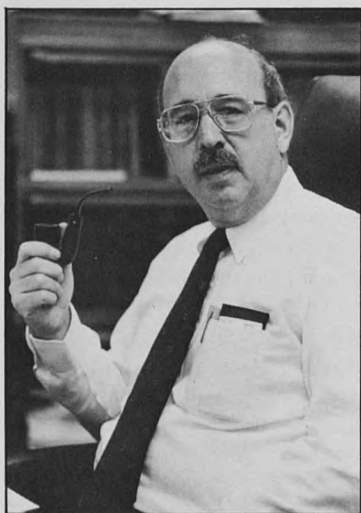
For as long as Charles Baron has served on the Jewish Hospital Board of Directors—22 years—he has worked on the research committee. “It’s my great love,” claims Mr. Baron, a labor attorney with the firm Thompson-Mitchell. “In reviewing the hospital’s on-going research projects, my particular role as a lawyer is to concern myself with protecting the rights of human subjects. My concerns are human concerns.” Baron enjoys having the opportunity to take on the role of scientist as he considers possible implications for people who are involved in experimental projects. Also a member of the legal committee, Baron notes, “I read things very carefully to realize the potential

ramifications of everything we do.”

Although his connection with Jewish Hospital began with his birth here, Baron came to the board via involvements with other community organizations. He has served on the boards of directors of the Jewish Federation, the Jewish Community Centers Association (JCCA) and Jewish Family and Children’s Services, was an officer of Camp Sherwood Forest and chairman of a federal grant project and city youth project.

Today Baron, along with the rest of the board, grapples with the question of Jewish Hospital’s place in the city. “With all the changes in the community, the challenge is to define the role of our hospital in its

location and as a part of the medical school group. We used to be able to say we were *the* quality hospital where all difficult cases should come. Having trained a lot of doctors and sent them out to provide quality medical care to the community, now other hospitals are claiming that they can provide that level of care. So we’re wrestling with where to go. We also have the problem of providing medical care for people unable to pay for it.”



## Harvey Harris

“I hope that the reason I have been asked to serve on the Jewish Hospital board of directors is that I am willing to spend the time, do the thinking, and do the work,” says Harvey Harris, who began his term in January. Anxious to play an active role, he serves on the professional policy and audit committees.

Mr. Harris worked with the Associates in Medicine in that group’s early days, and although not directly involved in recent years, “knew a lot about the hospital” through his Central West End residence and his close alliance with city rehabilitation, much of it through his work as a partner in the law firm Stolar, Heitzmann, Eder, Seigel & Harris. His personal and

professional interests have carried him into current projects, including the Gateway Mall, the redevelopment of Washington Avenue between 7th and 12th Streets and the establishment of a light rail system to provide public transit for the city. A partner of Fox Associates, owners of the Fabulous Fox Theater, Harris is also a director of the Grand Center Association, which promotes cultural activities along Grand Avenue.

Other community activities include service as a board member of the Juvenile Diabetes Foundation, the Harvard Club of St. Louis and as a commissioner of the Museum of Science and Natural History. Harris also serves on the board of the

American Jewish Committee and as a vice president and board member of the Jewish Federation. He considers it an asset for people experienced with federation to work on the hospital board so there can be close cooperation between the two organizations in the provision of services.

“We have to look at the hospital’s role not only in medical areas, but in service to the community and relation to Washington University. It is an important opportunity for the Jewish community to respond to the general community.”



## Robert Lefton

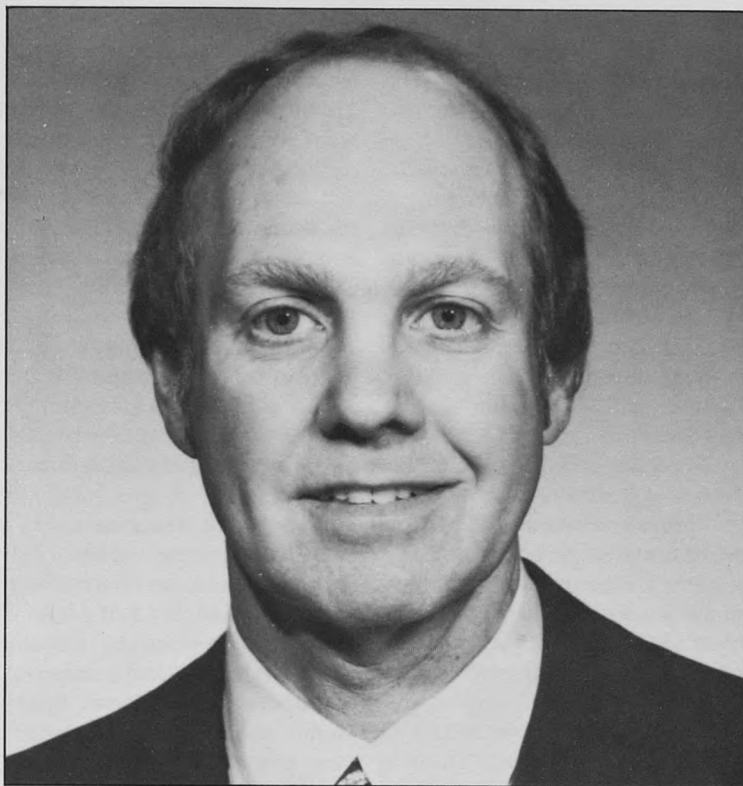
A proclamation issued by the mayor of St. Louis in April 1981 credits Robert Lefton, who joined the board in January of this year, with “invaluable contribution to the city” through his work in the development of emergency medical services and participation in patient care by training paramedics.

A member of the board of directors of CORO Foundation, which prepares people to take leadership roles in the community, he also has worked on the board of Jewish Employment and Vocational Services and serves as human resources advisor to the executive director of the St. Louis Symphony. Dr. Lefton, a Ph.D. in psychology, claims that much of his community involvement

has been through his work at Psychological Associates, the firm he co-founded in 1950 as a clinical practice. Since then, focus has shifted entirely to industrial psychology. “We apply principles of behavioral science to organizations to help them become more effective,” explains Lefton, who serves as president of the firm. “We are teachers of people skills.”

Lefton, considered one of America’s most experienced consultants in sales and marketing management and organizational development, is lending his expertise to the management advisory and professional policy committees. Noting that the health care industry has been notoriously lagging behind

businesses in taking advantage of these systems, Lefton thinks Jewish Hospital could end up being a leader in adopting human resources management techniques. While Lefton, “open-minded and all ears” in his approach to his tenure on the board, is reading and studying to learn the complexities of the hospital, some hospital administrators are reading the three books he has co-authored. “In the next several months, we should be ready to test what kind of impact our concepts could have for the hospital.”



## Jay Goldberg New Rabbi

Broad and varied best describe the background of Rabbi Jay B. Goldberg, who will arrive this month from Des Moines, Iowa, to fill the post of permanent full-time rabbi at Jewish Hospital. A doctor of counseling and personnel services, the reform rabbi's experiences stem from his role as congregational rabbi, teacher and lecturer, author, Navy chaplain, involved community supporter and humanitarian.

A graduate of the University of North Carolina, Rabbi Goldberg received his bachelor of Hebrew letters and master's degree from the Hebrew Union College, Jewish Institute of Religion, Cincinnati, Ohio, in 1963. He earned his doctorate degree from Drake University, Des Moines, Iowa, this year, after majoring in marriage and

family counseling and crisis intervention. His rabbinate, spanning the past 20 years, has taken him from Minneapolis, Minnesota, to Montreal, Canada, and most recently to the Temple B'nai Jeshurun in Des Moines.

Rabbi Goldberg has lectured at universities throughout the Midwest and taught courses and seminars on topics ranging from contemporary Jewish thought to the Holocaust to aging, illness, death and dying.

As Chaplain and Commander in the U. S. Naval Reserve, the rabbi worked in hospitals during the Vietnam crisis, an experience he feels will be valuable in his post here. "I hope to be available to persons of every faith who would want to share with me. My Navy chaplaincy has helped me to feel very comfortable in that ecumenical role. I would hope I can be a spiritual resource for anybody

who needs me," Rabbi Goldberg said during a telephone interview.

This attitude extends to community involvement as well. He served as a member of the committee for community planning ecumenical service for the visit of Pope John Paul II. The rabbi also received honors from Governor Robert Ray of Iowa and the Archbishop of Canterbury for helping to initiate life-saving endeavors for the people of Cambodia. He explains, "After reading about the genocide and suffering during the Cambodian crisis, I called together the religious leaders of Iowa and asked for a meeting with the governor. He graciously consented and we made an appeal to utilize the resources, medical care, food and clothing to help these people. We initiated a drive to save lives. The governor responded very enthusiastically and immediately called in his aides to seek ways to provide help. I served on a commission to coordinate the project and we sent massive aid, millions of dollars, medical teams, food and clothing. We worked through the United Nations and the effort was very inspiring from the people of Iowa." He explains that his main reason for becoming involved is the fact that his wife, Erika, is a survivor of the Holocaust. "Knowing her has made me very sensitive to massive suffering in our world. I am aware that when it occurs

intervention is needed."

Rabbi Goldberg's other community involvements include the Mayor's Human Rights Commission, the Mayor's Advisory Committee on Community Relations, the Des Moines Rotary Club and the Jewish Federation of Greater Des Moines. He is also a member of the Central Conference of American Rabbis and a clinical member of the American Association of Marriage and Family Therapists.

Although he has traveled extensively throughout his lifetime, the rabbi and his wife are brand new to St. Louis, having only visited here during his interviews at the hospital. "It's very impressive. I enjoyed meeting various members of the staff, who were thoughtful and gracious. The medical and administrative staff seem to have a rare and harmonious relationship and they made us feel very much at home," he says about the hospital.

Rabbi Goldberg has no definite plans for his post here. "What I thought I would do is wait until I come and spend time talking with the staff to determine the needs."

The Goldbergs have purchased a home in University City. They have two children who are both in college and will not be moving to St. Louis. Their daughter will remain in Iowa and their son will be in Europe. ■

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***"I hope to be available  
to persons of every faith who  
would want to share with me."***

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# JEWISH HOSPITAL NEWS BRIEFS



**Louise Vaporean**, medical technologist, department of otolaryngology at The Jewish Hospital of St. Louis, was selected to receive a Humanitarian Award from the Hospital Association of Metropolitan St. Louis.

At a special luncheon on June 1, Hospital Humanitarian awards were given to 35 local hospital employees nominated by their respective hospitals, for service beyond the call of duty.

Ms. Vaporean was honored for using CPR to sustain the life of **Ben H. Senturia, M.D.**, otolaryngology, who suffered an apparent heart attack while examining patients in his Central Medical Building office, 4910 Forest Park Blvd.

Dr. Senturia collapsed in his examing room on June 30, 1982. Ms. Vaporean immediately began CPR, a skill she had learned just two months earlier. Dr. Senturia was stabilized and taken to an intensive care unit at Jewish Hospital, where he died on July 7.

**John Bedwinek, M.D.**, recently co-authored "Concurrent Chemotherapy and Radiotherapy for Non-Metastatic, Stage IV Breast Cancer: A Pilot Study by the Southeastern Cancer Study Group" with **C. Perez, M.D., G. Philpott, M.D., G. Ratkin, M.D.** and **M. Wallack, M.D.**, for the *American Journal of Clinical Oncology*, April 1983 issue. This paper was presented at the American Society of Therapeutic Radiologist Conference, October 25-29, 1982. Dr. Bedwinek spoke at the Creighton University School of Medicine Cancer Update on "Irradiation as an Alternative to Mastectomy for Early Breast Cancer," February 17-19 in Omaha, Nebraska. He also was made an associate editor of the *International Journal of Radiation, Oncology, Biology, Physiology*.

**William S. Brandhorst, M.D.**, retired as president of the Missouri Dental Association. He is the chairman of the Council on Education. Dr. Brandhorst attended the American Association of Orthodontics meeting, May 1-5, in Boston, Massachusetts. He also chaired a teacher's conference in the same city, May 4-5.

**Lewis R. Chase, M.D.**, participated in a panel discussion on "Asymptomatic Hyperparathyroid," at the 64th annual meeting of the American College of Physicians, April 11, in San Francisco, California.

**Murray Chinsky, M.D.**, was elected to the board of trustees and the executive committee for the Phi Delta Epsilon Medical Fraternity at the group's national convention, April 19-24, in Houston, Texas.

**Juan C. Corvalan, M.D.**, gave a teaching module, "Stress and Lifestyles in the Alcoholic" at the Hyland Center monthly meeting at St. Anthony's Hospital.

**Stephen R. Crespin, M.D.**, attended a meeting on "Controversies and Advances in Brain and Pituitary Syndromes and Functions" at the University of Tennessee College of Medicine and The Brain-Pituitary Foundation Convention, held March 3-4, in Memphis, Tennessee.

**Raymond S. Dean, Ph.D.**, authored "Neuropsychological Correlates of Total Seizures with Major Motor Epileptic Children" for the February 1983 issue of the *Journal of Neuropsychology*. Dr. Dean also gave a speech entitled "Neuropsychological Aspects of Childhood Learning Disorders," March 30, at the University of Michigan, Ann Arbor, Michigan.

**Alvin Frank, M.D.**, authored "Id Resistance," and presented it to the Center for Advanced Psychoanalytic Studies meeting, April 8-9, in Princeton, New Jersey. Dr. Frank also par-

ticipated in a Grand Rounds at the St. Louis University Department of Psychiatry, February 1. The subject was "Use of Early Memories to Illustrate Principles of Diagnosis."

**Irving I. Gottesman, Ph.D.**, co-authored a paper entitled "Extracting Meaning and Direction From Twin Data," for the March 1983 publication of *Psychiatric Developments*.

**Randy L. Hammer, Ph.D.**, attended a "Madness and the Technique of Psychotherapy" meeting, May 20-21, in Springfield, Missouri.

**Michael J. Isserman, M.D.**, has been elected for a two-year term as secretary/treasurer of the St. Louis Ophthalmological Society. He also was elected secretary/treasurer of the Washington University Eye Alumni Association for three years.

**Phyllis D. Jackson, R.N.**, assistant director of nursing, and **Sandy Collins, R.N.**, director of the employee assistance program, attended the Impaired Professions meeting of the Missouri Institute of Psychiatry Association, April 7-8, in Tan Tara, Ozarks, Missouri.

**Sidney Kasper, Ph.D.**, was reappointed chairperson of the ethics committee at the April 1983 convention of the Missouri Psychological Association.

**Steve Lauter, M.D.**, spoke on "Nonarticular Rheumatic Syndromes," at the Deaconess Hospital Grand Rounds, March 21. He also gave a speech "Treatment of Osteoarthritis," to the Tri-County Medical Society, Farmington, Missouri, April 19.

**Alan Londe, M.D.**, presented a speech entitled "Diagnosis and Primary Surgical Treatment of Cancer of the Breast," to health care professionals of Lincoln and Pike County for the American Cancer Society, May 4, in Troy, Missouri.

**Marvin E. Levin, M.D.**, recently co-authored a chapter on "Peripheral Vascular Disease" in *Diabetes Mellitus: Theory and Practice*, third edition, with **Laurence W. O'Neal, M.D.**, edited by Max Ellenberg and Harold Rifkin. Dr. Levin was visiting professor at the Medical College of Georgia and presented Grand Rounds on the subject of diabetic problems affecting the lower extremities.

**Patrick J. Lustman, Ph.D.**, co-authored "Depression in Diabetic Adults: A Critical Appraisal," with H. Amado and R. D. Wetzel for the January 1983 issue of *Comprehensive Psychiatry*.

**Alan P. Lyss, M.D.**, authored "Metastatic Testicular Carcinoma" for *Medical Grand Rounds*. Dr. Lyss attended the Southeastern Cancer Study Group meeting on cancer research in Charleston, South Carolina, in January. He was awarded a junior faculty clinical fellowship at Jewish Hospital from July 1983 to July 1986 by the American Cancer Society.

**John S. Meyer, M.D.**, co-authored "Proliferative Activity of Human Prostate" with Gerald Sufrin and Scott Martin for the December 1983 issue of the *Journal of Urology*, volume 128. Dr. Meyer delivered a speech entitled "Cell Kinetics of Breast Carcinoma" to the International Academy of Pathology meeting, March 2, in Atlanta, Georgia. He also was co-chairman of the Steroid Hormone Receptor Consensus Conference, March 21, in Louisville, Kentucky. The conference, sponsored by the Southeastern Cancer Study Group, was for the standardization of estrogen and progesterone receptor assays of breast carcinoma.

**Stanley Misler, M.D., Ph.D.**, co-authored "Post-Tetanic Potentiation of Acetylcholine Release at the Frog

Neuromuscular Junction Develops After Stimulation in Calcium-Free Solutions" with William P. Hurlbut for the *Proceedings of the National Academy of Science, U.S.A.*, January 1983, volume 80.

**Carlos Perez, M.D.**, co-authored "Radiation Therapy Alone in the Treatment of Carcinoma of Uterine Cervix, Analysis of Tumor Recurrence" with Sherry Breaux, Hywel Madoc-Jones, **John M. Bedwinek, M.D.**, **H. Marvin Camel, M.D.**, **James A. Purdy, Bruce J. Walz, M.D.**, for the April 15 issue of *Cancer*, issue 8. This paper was presented to the American Society of Therapeutic Radiologists meeting, October 21-25, in



*Jean Papillon, M.D., (in white), confers with Leonard Gunderson, M.D., department of therapeutic radiology at the Mayo Clinic (left), Bruce Walz, M.D., radiation oncology at Mallinckrodt Institute of Radiology, and Phyllis Langsdorf (Mrs. Kenneth), immediate past president of the Jewish Hospital Auxiliary. The lunch was held in honor of Dr. Papillon's visit from Lyon, France, where he developed the endocavitary radiation concept. The equipment used to treat certain rectal cancers was purchased by the Auxiliary at Jewish Hospital two years ago. Physicians at Jewish Hospital refined part of the instruments for this procedure. The modified piece of equipment, specially engraved by the manufacturer, was presented by Ira Kodner, M.D., colo-rectal surgery, to Dr. Papillon following Surgery Oncology Grand Rounds on April 23. Dr. Papillon was in St. Louis to participate in a program at Jewish Hospital and Mallinckrodt Institute.*

*Top: Fourteen graduates of the Jewish Hospital School of Nursing Class of 1942 returned recently for a visit to the school, a tour of the hospital and a lot of reminiscing.*

Dallas, Texas. Dr. Perez also delivered the following speeches: "Investigational Radiation Therapy" to the St. Louis University School of Nursing, March 3; "Regional (Deep) Heating, Clinical Studies in Progress" and "Clinical Experience with Local Hyperthermia for Superficial Lesions" to the 18th Annual San Francisco Cancer Symposium, March 5-6, in San Francisco, California; and "Ewing's Sarcoma" and "Hyperthermia" to the Circulo de Radioterapeutas Thera Latino Americanos April 4-8 meeting, in Buenos Aires, Argentina. In addition, Dr. Perez participated in two panel discussions at that meeting, "Treatment of Radioresistant Tumors," and "Carcinoma of the Lung."

**Gordon Philpott, M.D.**, co-authored "Concurrent Chemotherapy and Radiotherapy for Nonmetastatic, Stage IV Breast Cancer, A Pilot Study by the Southeastern Cancer Study Group" for the *American Journal of Clinical Oncology*.

**Gary Ratkin, M.D.**, gave a speech entitled "Head and Neck Cancer" for the Clinical Oncology Conference at Christian Hospitals, Northeast and Northwest, March 2. Dr. Ratkin also attended the American Society Clinical Oncology meeting, May 22-25, San Diego, California.

**Scott Sale, M.D.**, gave a speech, "Potpourri of Allergy," at the Missouri Baptist Hospital Grand Rounds, March 9, and at Deaconess Hospital Grand Rounds, March 28.

**Karl E. Shanker, DDS**, delivered a speech on "The Geriatric Dental Patient" for the National Council of Jewish Women, March 22 meeting, at the Multi-Service Senior Center.

**William Shieber, M.D.**, was elected president of the St. Louis Surgical Society.

**Stanley Thawley, M.D.**, gave a speech entitled "Base of

Tongue Cancers" for the American Laryngological Association conference, April 10-11, New Orleans, Louisiana.

**Elliot A. Wallach, M.D.**, delivered a speech entitled "Herpes Simplex Mimicking Keratoacanthoma" for the North American Clinical Dermatologic Society, April 10-23, in Paris and Nice, France.

**Todd H. Wasserman, M.D.**, co-authored "Differential Protection Against Alkylating Agent Injury in Tumors and Normal Tissues" with T. L. Phillips and J. M. Yuhas in the *Proceedings National Conference on Radioprotectors*, Academic Press, 1983.



## JEWISH HOSPITAL MEDIA BRIEFS

Jean Papillon, M.D., visiting professor from France, and **Ira Kodner, M.D.**, explained the many advances in colo-rectal cancer detection and treatment to Al Wiman on the April 22 edition of KMOX-TV news.

**Luann Jacobs**, speech pathologist, explained to John Rodell how a speech board, donated by the St. Louis Society for Crippled Children, is aiding one of our head injury patients. The report aired on the 6 p.m. news of KSDK-TV, April 26.

Sally J. Kootman, *St. Louis Jewish Light*, highlighted the events of April 27 when Robin Cook, author of *Coma* and other bestsellers spoke to the **Jewish Hospital Auxiliary** at its annual installation of new officers and spring luncheon. The feature appeared in the May 11 edition.

**Richard Wetzel, Ph.D.**, spoke to Diahn White on the KSDK-TV news about the effect of weather on people, their attitudes and emotions. Ms. White also interviewed members of

Dr. Wasserman delivered the following speeches: "Gastrointestinal Lymphomas" at the University of California at San Francisco, March 10; "Prospectives in Radiation Therapy—The Promise of Sensitizers" at the St. Luke's West Tumor Conference, St. Louis, March 18; and "Cancer" for the American Cancer Society Volunteer Program, April 7.

**Bruce White, M.D.**, attended the Educational Foundation American Society of Plastic and Reconstructive Surgeons Convention, April 21-22, Los Angeles, California. The theme of the meeting was "Suction Lipectomy." ■

Dr. Wetzel's staff to get their brief comments about how the weather makes them feel.

"Special Delivery: Postponing Parenting and Pregnancy Past 30," a free seminar sponsored by the **Jewish Hospital Auxiliary**, was the topic of several printed articles. The *St. Louis Post-Dispatch* ran announcements in the April 27 and May 5 editions. The *Post* also highlighted the seminar in the May 13 "Calendar" section. *St. Louis Jewish Light* announced the seminar in its April 27 and May 11 issues. *The West End Word* mentioned the event, May 6. A feature story by Anita Lamont in the May 13 *St. Louis Globe-Democrat* devoted nearly a half page in the "Living" section to the seminar. It focused on the seminar's guest author, Elisabeth Bing, who explained the motivations behind her books and the impact of child-bearing trends.

**Alfred Knight, M.D.**, was interviewed by Linda Johnson, KMOX Radio, on the risks and rewards of waiting until after the

age of 30 to have a baby.

**Barbara Rohland, M.S.**, commented about amniocentesis on the 10 p.m. edition of KMOX-TV news when Betsey Bruce covered the parenting seminar. She also was featured on the May 22 "Metro Journal" on KSDK-TV when hostess Phyllis Armstrong asked about the risks of being pregnant past age 30. Ms. Rohland, a genetics associate, described amniocentesis in diagnosing chromosome abnormalities in Susan Sherman Fadem's May 19 *St. Louis Globe-Democrat* column. Dr. Knight spoke on having a child after age 30 and Ms. Rohland discussed genetic counseling and amniocentesis on KSDK-TV's presentation of "baby week" on "Mid Day A.M." The program also featured Lynn Orgel, JCCA, who spoke on prenatal and post-partum exercises.

Ob/Gyn professionals **Richard Hartman, M.D.**, and **Pat Johnson, R.N.**, joined fitness experts from Razzamajazz as they explained Childbirth Over Age 30 on KDNL-TV's "Spectrum." The 30-minute program, with Cynthia Todd, aired on May 28 and was repeated again on May 29.

**Bert Brand**, a 23-year volunteer at Jewish Hospital, was featured in the May 17 *St. Louis-Democrat* for logging more than 18,000 volunteer hours. Ms. Brand and her volunteer record were mentioned in Susan Fadem's May 24 column in the *St. Louis Globe-Democrat*.

**Harvey Liebhaber, M.D.**, joined a panel of experts to report on AIDS (Acquired Immune Deficiency Syndrome) on "Briefing Session." Chris Condon served as moderator and host of the 30-minute news program which aired on KSDK-TV, May 28.

Jewish Hospital volunteer **Rose Brumburd** was part of a special report on volunteering when KPLR-TV presented Christine Buck's documentary of May 22. ■

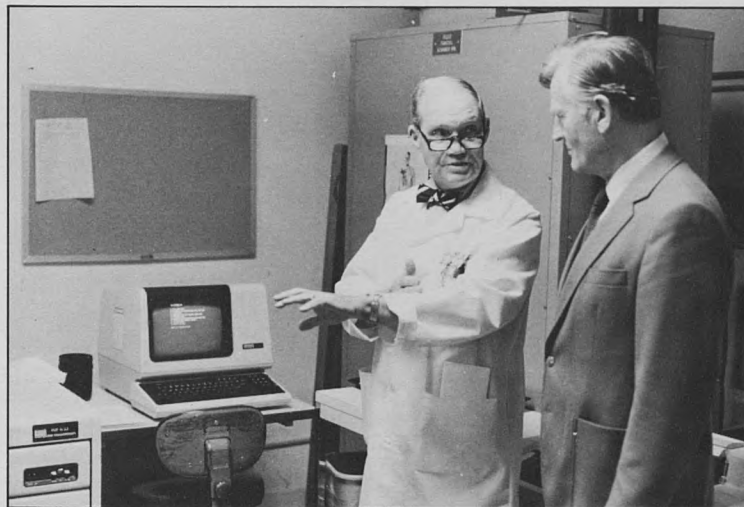
### Postmenopausal Subjects Needed

**Ernst Friedrich, M.D.**, obstetrician/ gynecologist, and **John Meyer, M.D.**, pathologist, both affiliated with Jewish Hospital and Washington University Medical Center, are conducting a research project to evaluate the effects of Premarin and Provera, tablets widely used by millions of postmenopausal women in the United States.

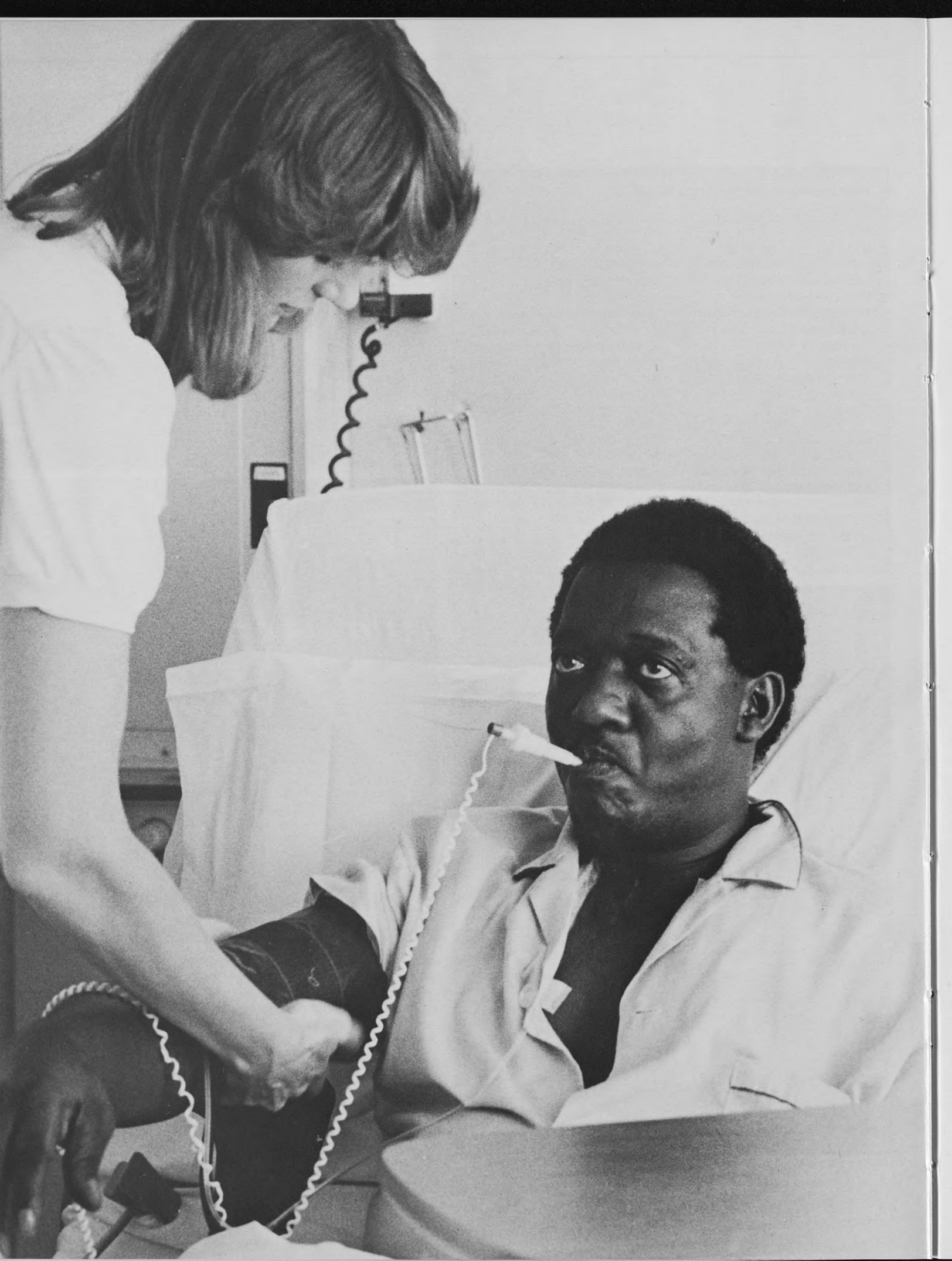
Any woman interested in participating in the research should be no longer menstruating, should have her uterus intact, and should be planning to be in St. Louis for three months. The procedure involves having a complete physical and pelvic examina-

tion, taking Premarin tablets for 25 days a month and then taking Provera tablets for 10 days, for a three-month period. Blood samples and tissue samples from the lining of the womb will be taken at specific times in the obstetrics and gynecology offices on the fourth floor of the old Maternity Hospital, 4911 Barnes Hospital Plaza. Volunteers, accepted on a first-come basis, will be paid a modest honorarium; medication will be supplied.

For more information about the project, which has been approved by the Human Studies Committee, contact Dr. Friedrich at 454-2341.



At left: Youthful volunteers gathered June 13 for their hospital orientation, which is part of the Teenaiders program. The program provides an opportunity for young people to get involved in hospital volunteer activities during their summer vacation. Top: Harald Sverdrup, M.D., chief of the Institute of Radiology in Oslo, Norway, visited Jewish Hospital recently. Hyman Senturia, M.D., radiology, explains how the hospital's new dual photon scanner measures bone mass. Above: Rehabilitation patient Ralph Disman, an avid Cardinals fan, gets a special visit from Red Bird. The happy-go-lucky imitation of the popular Cardinal mascot made his rounds throughout Jewish Hospital during "Take Me Out To The Ballgame Day," May 16, sponsored by Jewish Hospital's Food Service Department.







# CONTRIBUTIONS TO JEWISH HOSPITAL FUNDS

## GENEROUS CONTRIBUTIONS

The Ben A'Kiba Aid Society has made a contribution to the Ben A'Kiba Rehabilitation Recreational Fund.

Daniel M. Bogard has established the Dorothy Bogard Memorial Research Fund.

The Ann B. Brand Trust has made a contribution to the Oscar and Ann Brand Memorial Fund.

Dr. and Mrs. Alvin R. Frank have established the Surgery Research Fund.

Mr. and Mrs. Harvey A. Friedman have established the Dorismae and Harvey A. Friedman Program in Geriatrics of the Jewish Hospital at Washington University Medical Center.

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

Nancy and Thomas J. Guilfoil have made a contribution to The Marilyn Fixman Cancer Center.

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

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

Mr. and Mrs. Melvin A. Pfaelzer have made a contribution to the Surgery Research Fund, as an expression of appreciation of the care given to their daughter, Mrs. Rita Wells, by Dr. Gordon W. Philpott.

Mrs. Marjorie Levitt has made a contribution to the Scherck Charitable Foundation Nursing Scholarship Fund.

*continued*



*Adelle Kelman, president of the Ben Akiba Aid Society, presents a check from the organization to John McGuire, vice president, to be used for Jewish Hospital's rehabilitation medicine program.*

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# SHOPPING LIST

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

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

*This list offers the community an idea of the many different pieces of equipment every department requires to function efficiently, and also allows 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.*

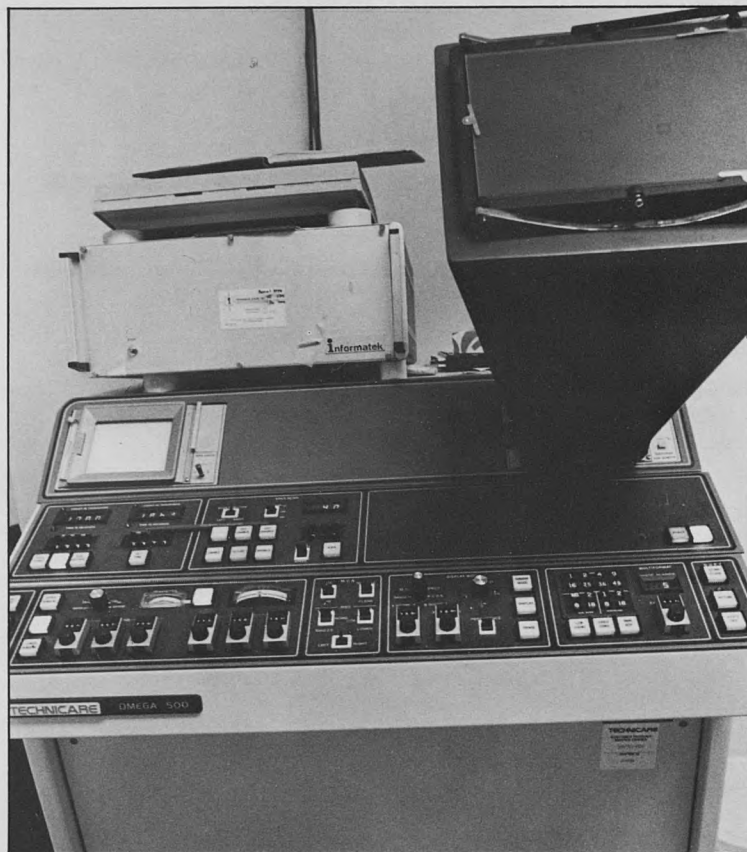
## Emission Computed Tomography Machine

The division of nuclear medicine recently purchased an emission computed tomography (ECT) machine, a gamma camera which can non-invasively reveal cross-sectional slices of various organs in the body. The only equipment of its kind in St. Louis, the machine can rotate 360 degrees around the patient to collect data.

The \$156,000 ECT machine will be used primarily for liver and cardiac diagnosis. Liver tumor spread can be detected, as can small areas of myocardial infarction. Keith Fischer, M.D., chief of the nuclear medicine division, explained that many people experiencing chest pain who might have coronary artery disease previously required a cardiac catheterization, an invasive procedure requiring a hospital stay, to make a diagnosis. ECT studies of the heart after intravenous injection of thallium, a radioisotope, can make this diagnosis non-invasively and on an outpatient basis. If a blockage is thought present, then cardiac catheterization can be done.

Low-level radioactive isotopes are introduced intravenously and accumulate in the organ being studied. The ECT counts the rays emitted by the organ and stores the data, which is used by a computer to reconstruct images in cross-section slices. Data collection takes approximately 20 minutes and the computer requires 30 minutes for reconstruction.

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



## Department of Otolaryngology

Language board for communicating with deaf patients .....\$3,708

## Dentistry

Mobile dental X-ray unit .....\$3,290

## G.I. Endoscopy

Fiber Colonoscope .....\$7,000

## Emergency Room

Intravenous Pumps .....(five needed) \$2,000 each

## Operating Room

Defibrillator .....\$7,800

Gall stone disintegrator .....\$6,064

Cast cutter .....\$ 920

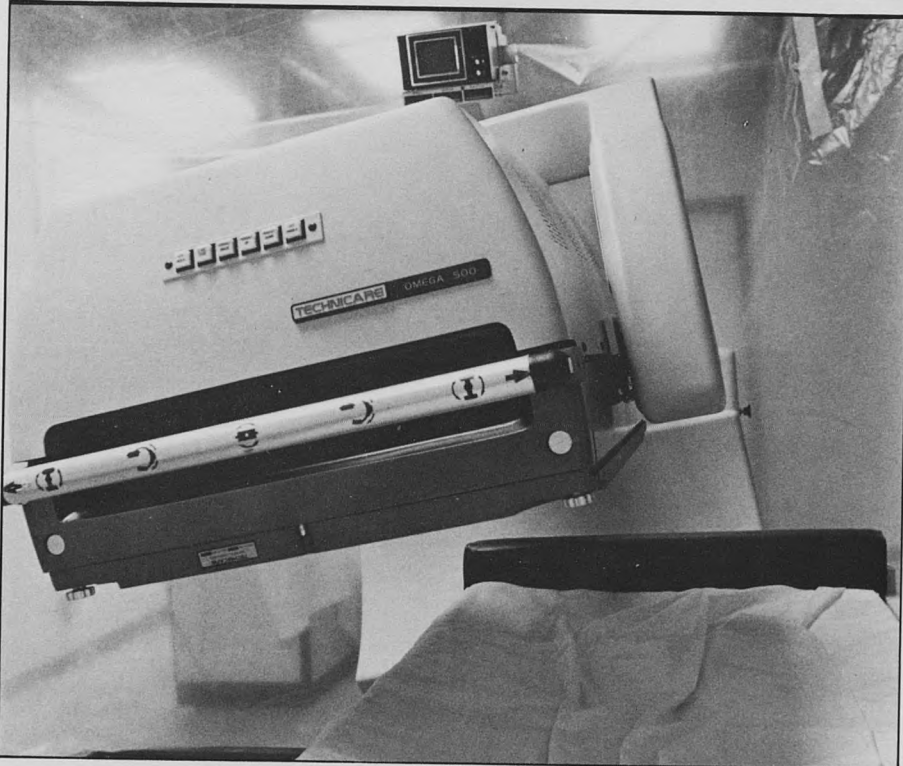
## School of Medical Technology

Tissue incinerator .....\$ 819

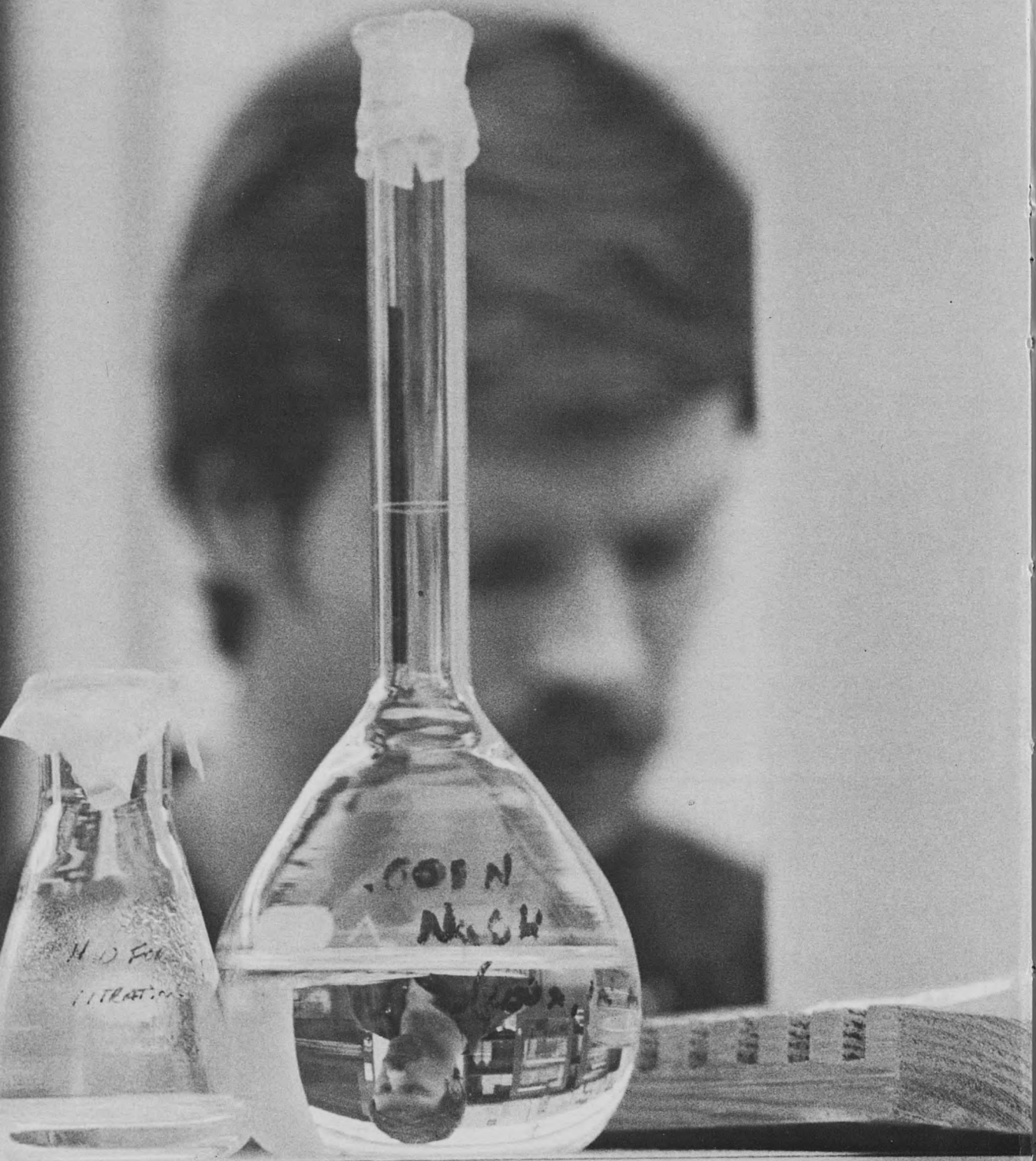
Student chairs .....(ten needed) \$1,551 each

## Bacteriology

Pipette plugger.....\$1,670



Three components make up the ECT machine. Other page: The control panel is housed in the room with the camera, at left. The computer, located in another room, is shown above with a cross-section on its screen.



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# TRIBUTE FUND



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 April 11, 1983 through June 3, 1983. Any contributions received after June 3 will be listed the next 216.

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..... **Graduation of MISS KAREN MONROE**  
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Mr. and Mrs. Martin Pultman

..... **Dr. and Mrs. Harold D. Wolff (Irving Brin Cancer Research Fund)**  
..... **Graduation from Medical School of MR. NEAL PERLMUTTER**  
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..... **Dr. and Mrs. Harold D. Wolff (Irving Brin Cancer Research Fund)**  
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..... **Birthday of MR. STANWOOD PORTNOY**  
Mr. and Mrs. Harvey Frohlichstein (Ruth W. Portnoy Memorial Cancer Fund)

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 Mr. and Mrs. Sam Langsdorf (Evelyn B. Treumann Stroke Fund)  
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..... **Confirmation of CAROL PUTZEL**  
 Marcia and Robert Pass (Carl Pass Diabetic Research Fund)

..... **Recovery of MRS. JOANN RASKAS**  
 Dr. and Mrs. Stephen E. Snitzer (Dr. David Rothman Fund)

..... **Anniversary of MR. AND MRS. R.S. RATKIN**  
 The Ratkins

..... **Special Birthday of MRS. HEDWIG REICHENBERG**  
 Edith R. Levi (Edna Malen Scholarship Fund)  
 Selma Kaufmann and Edith Mannheimer (Cancer Research Fund)

..... **Recovery of MR. GEORGE RICHARDSON**  
 Nursing Service of Jewish Hospital (Edna E. Peterson Scholarship Fund)

..... **Special Anniversary of MR. AND MRS. STANLEY RICHMAN**  
 John J. Roos and Rosemary

..... **Special Birthday of MR. SEYMOUR RIECK**  
 Fannie Nelson

..... **Marriage of daughter of DR. AND MRS. SHALE RIFKIN**  
 Larry and Susan Boxerman

..... **Graduation of son Robert of DR. AND MRS. SHALE RIFKIN**  
 Abe and Anita Kaufman (Jerom Simon Library Fund)

..... **Special Birthday of MR. DAVID RONES**  
 Mr. and Mrs. S.A. Silverstein

..... **In Appreciation of MR. AND MRS. JOHN ROOS**  
 Barry and Rita Worth (Selma K. Roos Fund)

..... **Marriage of MRS. BEVERLY BACHMAN & MR. AL ROSE**  
 The Ratkins

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 Mrs. Irven Dubinsky (Irven Dubinsky Memorial Fund)

..... **Birthday of MRS. EARLE ROSEN**  
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..... **Recovery of MR. LEO ROSEN**  
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..... **Special Birthday of FATHER JOSEPH D. ROSS**  
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..... **Remarkable fortitude and friendship of MRS. PEGGY ROSS**  
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..... **Recovery of MRS. PEGGY ROSS**  
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 Mr. and Mrs. John Weiss (Saul & Rebecca Rubin Cancer Fund)

..... **Special Birthday of MR. ROBERT ROSS**  
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 Mr. and Mrs. I.S. Harris

..... **Graduation of MS. ELSIE ROTH**  
 Rubin, Brown, Gornstein & Co. (School of Nursing Fund)

..... **Special Birthday of MRS. LESLIE ROTH**  
 Ada and Abe Lieberman (Bernard Lieberman Parkinson Fund)

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 Mr. Alan Koplar (Sadie Koplar Nursing Scholarship Fund)

..... **Recovery of MR. SAM ROWITT**  
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..... **Recovery of sister Margaret of MR. AND MRS. IRVEN RUBENSTEIN**  
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..... **Recovery of Granddaughter of MR. AND MRS. NORMAN RUBENSTEIN**  
 Shirley and Sidney Librach (Dorothy Bogard Memorial Research Fund)

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 Jan and Seymour Krout (Bernard Lieberman Parkinson Fund)

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 Nita Pass (Carl Pass Diabetic Research Fund)

..... **In Honor of MRS. ROSALIE RUDMAN**  
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 ..... **Special Birthday of DR. JOHN SAMPSON**  
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 ..... **Recovery of mother of MR. AND MRS. BARRETT SCALLET**  
 Florence Newman  
 ..... **Special Birthday of MR. EDWARD D. SCHAPIRO**  
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 ..... **Recovery of MR. EDWIN SCHIELE**  
 Mr. and Mrs. Farrell Miller  
 ..... **Recovery of DR. SEYMOUR SCHLANSKY**  
 Dr. and Mrs. Murray Chinsky (Dr. Sidney Goldenberg Nursing Scholarship Fund)  
 ..... **Marriage of Grandson of MR. AND MRS. BEN SCHMIDT**  
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 Helen Marie and Milton Freund  
 ..... **Recovery of SOPHIE SIGOLOFF**  
 Gussie Frenzel (Carl Pass Diabetic Research Fund)  
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 ..... **Recovery of MR. ABRAHAM SILVERMAN**  
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 Elsie Weil (Cancer Research Fund)  
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 The Berzon Family  
 ..... **Being safe from accident of MR. JOHN SILVERMAN**  
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 ..... **Bat Mitzvah of MRS. SHARON SILVERMAN**  
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 ..... **Recovery of MR. BEN SINGER**  
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 Willy and Helen Herrmann  
 ..... **Special Birthday of MRS. JANE SITRIN**  
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 Pam and Craig Toder (Edna Malen Scholarship Fund)  
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 Mr. and Mrs. Adolph Sherman (Merla & Abe Small Cancer Fund)  
 ..... **Recovery of MR. ALBERT SOKOLIK**  
 Mr. and Mrs. Harry Shapiro (Harry & Nancy Shapiro Scholarship Fund)  
 ..... **Thinking of DR. ALEX SONNENWIRTH**  
 Les and Edyce Perlmutter (Abe & Lottie Schneider Cancer Fund)  
 ..... **Recovery of MR. EDWARD SORKIN**  
 Bert Newman and Shirley Seigel (Heart Research Fund)  
 ..... **Engagement of Joan of MR. AND MRS. GARY SOSNOFF**  
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 ..... **Special Honor given by Washington University to DR. SAMUEL D. SOULE**  
 Mr. and Mrs. Daniel Bluestone (Dr. Samuel D. Soule Research Fund)  
 Mr. and Mrs. Ronald Prince (Dr. Samuel D. Soule Fund)  
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 ..... **Recovery of MR. BEN SPEWAK**  
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 Mr. and Mrs. Charles Meyerson (Dr. & Mrs. Herman Meyer Scholarship Fund)  
 ..... **Confirmation of MR. JEFFREY STONE**  
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 ..... **Birthday of MRS. JEANE SUSMAN**  
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 Judy and Jeff Pass (Carl Pass Diabetic Research Fund)  
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 ..... **Graduation of SHARON WORTH**  
 Marcia and Robert Pass (Carl Pass Diabetic Research Fund)  
 ..... **Continued good health of MRS. JOYCE YALEM**  
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 Mr. and Mrs. Howard Hurwitz (Ralph Hirsch Cancer Fund)  
 ..... **Birth of daughter to MR. AND MRS. HAROLD ZINN**  
 Mr. and Mrs. Myles Tenzer (Max Tenzer Cancer Fund)  
 ..... **Bat Mitzvah of Lorie of MR. AND MRS. LESLIE ZUCKER**  
 Mr. and Mrs. Edwin Abrams (Joseph Abrams Memorial Heart Fund)



# CALENDAR OF EVENTS

## AUGUST 8

**Super Sibling Program:** for children ages 2½ to six and their parents during the third trimester of pregnancy, to help the family adjust to the expected baby, 10 to 11:30 a.m., by reservation only, 454-7130.

## AUGUST 15, 16, 31 & SEPTEMBER 1

**Jewish Hospital Auxiliary Activity Cart Production Meeting:** for volunteers who want to help assemble activity cart packets for patient distribution, 9:30 a.m. - 4 p.m., Jewish Hospital Brown Room; all volunteers welcome, 454-7130 for information.

## SEPTEMBER 12

**Super Sibling Program:** for children ages 2½ to six and their parents during the third trimester of pregnancy, to help the family adjust to the expected baby, 10 to 11:30 a.m., by reservation only, 454-7130.

## SEPTEMBER 14

**Grandparents Refresher Course:** for expectant grandparents to learn the newest techniques in infant care, 10 a.m. to 12 noon, by reservation only, 454-7130.

## SEPTEMBER 15

**Associates In Medicine Wine & Cheese Program:** 7:30 p.m., Jewish Hospital Brown Room; complimentary refreshments; reservations required, 454-7239.

## SEPTEMBER 22

**School of Nursing Open House:** tour of school and hospital for those interested in a nursing career, 7 to 9 p.m. in the school residence, open to the public, no charge, 454-7057 for information.



*A Jewish Hospital patient converses in sign language with friends.*

# THE JEWISH HOSPITAL OF ST. LOUIS

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