

JEWISH HOSPITAL 216

AT WASHINGTON UNIVERSITY MEDICAL CENTER

MARCH/APRIL 1984

THE MANY LIVES OF
THE ATTENDING
PHYSICIAN

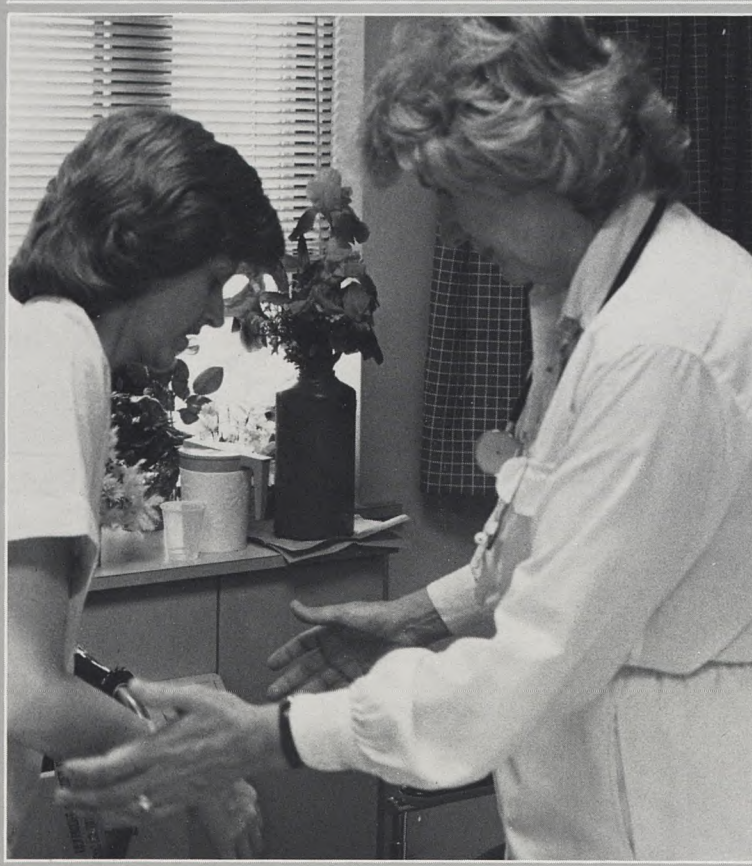
THE PAUSE THAT
INTERRUPTS

TAKING CARE OF OUR OWN
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JEWISH HOSPITAL 216

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IF THE HAT FITS, HE WEARS IT

As the attending physician does rounds, he fills many roles—whichever ones it takes to make his patients well.

ESTROGEN AND PROGESTERONE IN MENOPAUSE: ESTABLISHING THE EQUILIBRIUM

Two Jewish Hospital attending physicians are studying hormone replacement therapy and its effects.

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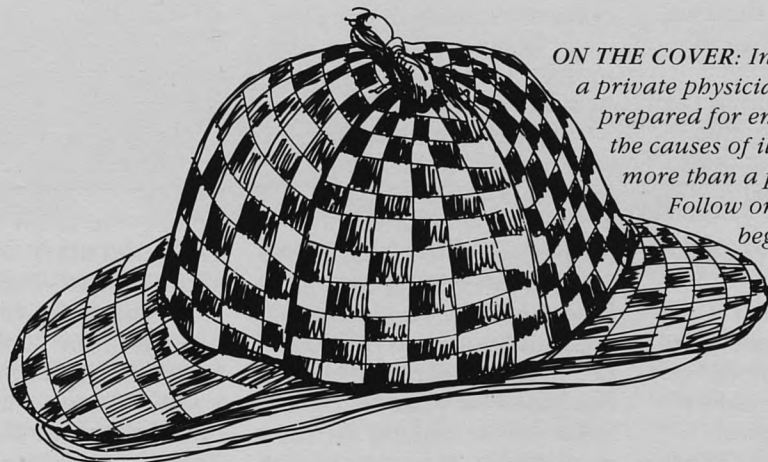


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ON THE COVER: In the course of visiting hospitalized patients, a private physician is many things to many people. Always prepared for emergencies, he shares his knowledge, searches for the causes of illness, puts out medical fires, and establishes more than a professional relationship with the people he treats. Follow one of our doctors as he makes morning rounds, beginning on page 2.

IF THE HAT FITS, HE WEARS IT



by Lesli K. Koppelman

Of the 635 doctors who comprise our medical staff, 545 are private physicians who send patients in need of acute care to Jewish Hospital. On a given day, any number of them make "rounds" to visit patients they have admitted, patients referred to them by colleagues for treatment in their specialties, or patients whose cases need their judgment as consultants in particular medical fields.

Giving bedside examinations, information, education and reassurance, they more often than not present the antithesis of the stereotypical doctor who breezes in and out of patient rooms charging exorbitant fees for abbreviated care. To provide treatment based on the most informed evaluation, they regularly confer with other members of the medical staff. They address patients and their questions with respect and concern, and give them the time necessary to learn about their situations.

One of these attending physicians is Harvey Liebhaver, M.D., an internist and infectious disease specialist, who has been associated with Jewish Hospital for 12 years. In 1979, he left the full-time faculty to enter private practice—and the practice of rounding before or after normal office hours. For him, as for his fellow physicians, the level of individual attention provided

for the sick, the pooling of expertise and the confrontation of questions on the ethics, delivery and costs of today's health care are parts of a typical day.

It is 8:15 a.m., later than he had planned after seeing a patient in another hospital, when Dr. Liebhaver rushes through the Shoenberg entrance. In the medical staff lounge, he keys into a desktop computer terminal and waits while a printer several feet away clicks out a list of the people he is to see.

The list is the usual mixture of his own private patients and "consults," some cases easily diagnosed, some which had initially seemed routine but later revealed complications, some demanding life-affecting decisions. If the patients, from room to room, from week to week, change, the questions are constant. To answer them demands a lot of investigating, thinking and communicating on the part of the attending physician, and all within the constrictions of time. But with the first step out of the lounge, Dr. Liebhaver's physical pace slows to accommodate each person he treats.

He begins in MICU (medical intensive care unit), where patients are monitored electronically and by specially-trained nurses. "How are you feeling?" the doctor greets a middle-aged

man sitting up in bed, looking less like a patient than a businessman about to get up for work.

Ralph Johnson (all patient names have been changed) has not quite adjusted to his setting. The day before, he came into the hospital for an angiogram (photographic visualization of vessels—in this case of the heart—after the injection of a radiopaque material) done in conjunction with a stress test to assess the extent of blockage to the heart—a routine outpatient procedure.

Although it had been indicated by an episode, within the past year, of angina (severe pain) associated with coronary artery disease diagnosed six years earlier, Mr. Johnson had experienced no recent discomfort and thought he'd done well on the test. But in less than 24 hours he will be in surgery, undergoing a coronary bypass operation.

"Being whisked straight up to ICU really scared me," he notes uneasily.

Nodding with understanding, his physician of five years explains, "Your arteries showed little room for passage. Two areas of the heart aren't getting enough blood. I know you're feeling well, and you're asymptomatic, so the surgery is elective. But based on your history, I think you're making the right decision by choosing to have it."



"I'm still apprehensive." "You won't lose the feeling until after surgery," Dr. Liebhaver allows, gentle reassurance in his tone. "But it's a superb group of surgeons. They've been doing the procedure three times a day for four or five years," he says to bring the patient up to date on the routine operation that six years ago would have been considered risky. As further support, Dr. Liebhaver adds, "Once you know something exists and don't do anything about it, that's foolish."

"I am only 49 years old," Johnson replies, hopeful resignation in his voice. "I don't want to walk out of here and drop dead. There are still things I want to do."



The doctor spends 20 minutes patiently presenting the likely outcomes without surgery, explaining the next morning's events, working through Johnson's feelings, instructing him on the recovery process and the diet and exercise changes

that will have to accompany it, stressing that with surgery, his life expectancy is superb.

"Guaranteed," the patient wants to believe.

"Listen," Dr. Liebhaber says lightly. "I'm going to cross the street. You want

guarantees? When you don't have tools available, you're not faced with a decision. But when there's not a shadow of a doubt, which means you should undergo an indicated treatment, you expose yourself to risks." He's talking as much about

himself as the patient facing surgery.

When he leaves the room he admits, "The public attitude about physicians makes you defensive. They think 'Oh, this doctor wants my business.' If you care about the way people look at physicians, a great deal of time has to be spent working through those feelings. And it's okay. I think

physicians have to explain why they're doing what they are—and explain what could happen if the patient doesn't have the recommended procedure."

Even then there can be resistance, as Dr. Liebhaber is finding with a patient whose leg had to be amputated following a car accident two years ago. An infection at the end of the stump was causing so much pain the patient could tolerate no pressure on it. After being treated by another orthopedic surgeon, the patient saw Jerome J. Gilden, M.D., a fellow attending physician who admitted him to Jewish Hospital and called on Dr. Liebhaber for his expertise in infectious diseases.

"The nice thing about a hospital of this size," Dr. Liebhaber observes, "is that you develop smooth working relationships with colleagues. You can almost anticipate one another." With Dr. Liebhaber's input, the orthopedic surgeon had a stronger basis for treating the situation aggressively, opened the site of infection and found the cause of the problem. The patient has been told he needs to be on

IF THE HAT FITS

IV (intravenous) drugs for four to six weeks.

"He just wants to go home," Dr. Liebhaber realizes. "He's not happy about this hospitalization at all. We're trying to arrange to put an IV line in and teach his wife to give him the medication. Otherwise, he might not be compliant. That will mean that he'll have a chronic condition."

Dr. Liebhaber kneels before the patient's wheelchair. "How do you feel?" The question is never mere courtesy.

"I had a bad night."

"When was the dressing changed?" The doctor examines it. The patient stresses that he has been taking care of it on his own at home.

"Let me talk with Dr. Gilden about how the wound looks, and about having you learn the IV procedure. While you're on the drugs, we're monitoring your blood because over the long run, you develop a certain toxicity [poisonous condition]."

"Do you have any labs out in the county, sir?"

The doctor recognizes the hostility behind the address of respect. "You don't have to worry about coming into the hospital to deliver the samples. One of our home care nurses can run out and pick them up a couple times a week." In a basket of potato chips and candies next to the bed, Dr. Liebhaber finds an opportunity to make a connection with the man. "You're going to get fat," he chides.

"Actually, I'm trying to quit smoking. That's what the lemon drops are for." There's a thaw in his voice.

"I tried myself—did quit

for a few months." The health care professional wishes his patient better luck.

In a display of the teamwork becoming commonplace in medical care, three specialists examining biological clues joined efforts to determine why Irma Weiss' hip refused to heal. The patient, Dr. Liebhaber's second consult, was admitted to the study of bone mass being conducted by Louis V. Avioli, M.D., director of endocrinology and metabolism and world-renowned expert on bone disorders. Tests ruled out a suspected disease, leaving the patient with unexplained fever, infection, lethargy, depression and immobility. "She also has some cardiac disease," Dr. Liebhaber expands on the complication. "We were faced with the problem of intervening when other problems were involved. How aggressive should we be? Often you dance on the edge of a sword," he is prone to say. "Nothing is black and white. This patient was so frail, we weren't sure she'd make it through an open biopsy of the hip, which was really necessary to determine what was causing the problem."

In the end, that was the only route to take. For nine hours, Dr. Gilden examined each layer of the jelly-like fracture site, and concluded that a total hip replacement was necessary. Within 36 hours after the operation, the patient was up and about and is now gaining strength to go home.

"How do you think you'll do when you leave the hospital?" Dr. Liebhaber inquires after checking her

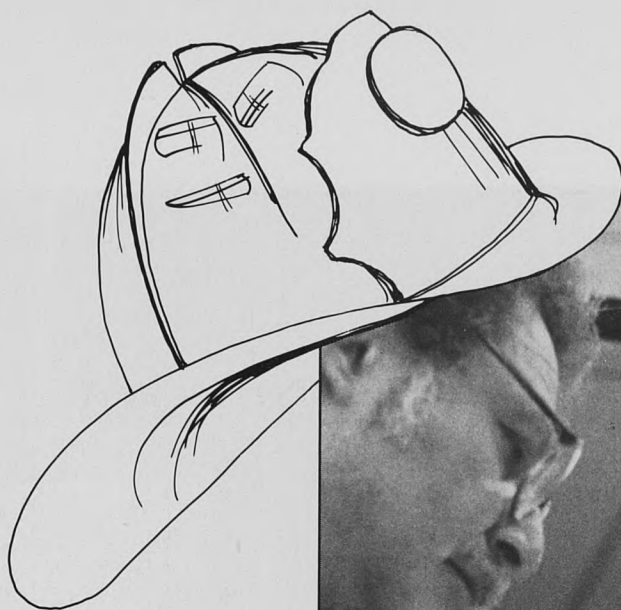
general condition. He receives a positive response, and talks with her for several minutes about the home care services available through the department of social work.

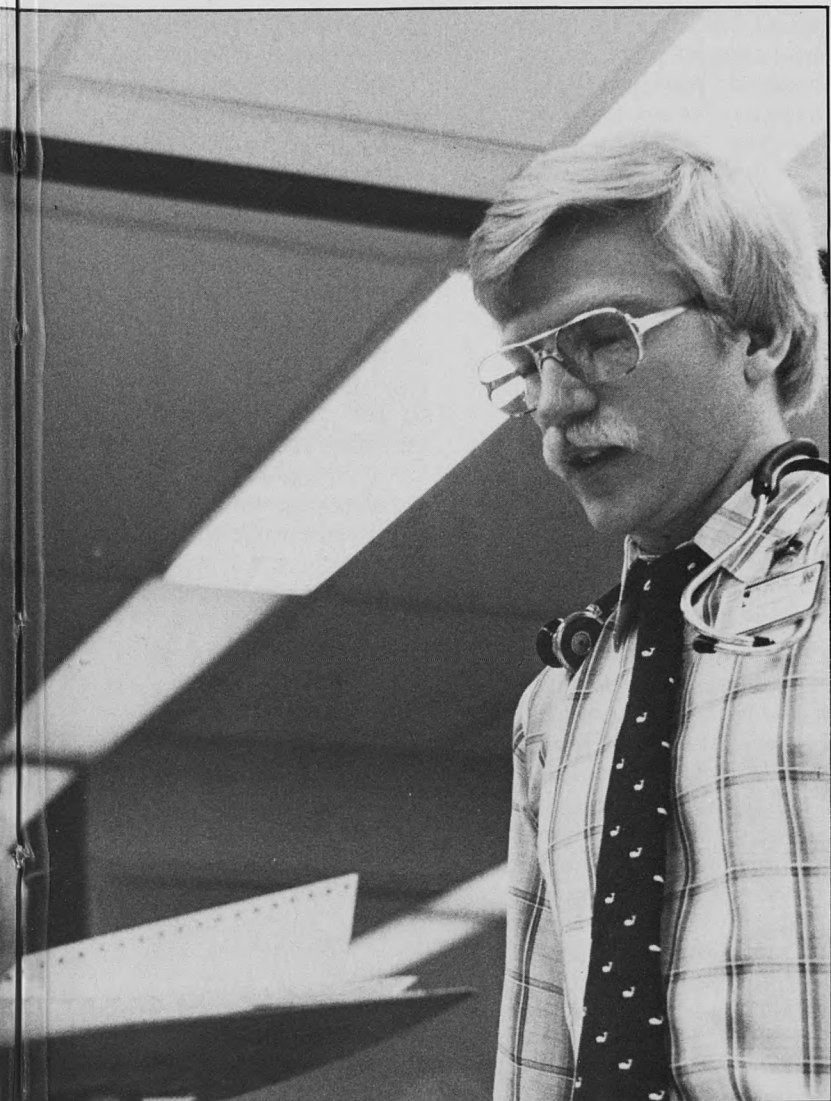
"Everybody's talking about cost containment. Sometimes you can't put down in black and white why you do what you do. It's a sixth sense. Pressure for physicians to justify what they do will kill that. You may prove to be wrong nine out of ten times, but the one time you're on the mark, it would be disastrous for the patient who doesn't have the advantage of that judgment."

That patient could be the 25-year-old man Ira Kodner, M.D., director of colo-rectal surgery, has asked Dr. Liebhaber to see. The patient's colon and rectum were removed in 1978 due to ulcerative ileitis. A mysterious high fever, which he's had for three weeks, brought him back to the hospital. Dr. Kodner suspects infection. Although antibiotics have lowered his temperature, Dr. Liebhaber insists, "We must be concerned with why the fever occurred or it will happen again. So we'll

subject him to expensive non-invasive [non-surgical] procedures to locate the site of infection, and be able to limit surgery—if it is necessary at all—rather than do an exploratory. It may turn out to be a dry hole, but since it's available, we're obligated to use it."

Once again, he faces a quandary of modern medicine: Increasingly sophisticated technology can present the physician with more exact information through refinements in the diagnostic process. It also places a great responsibility





on him to determine when to spend the time and money on certain procedures whose outcomes may or may not prove applicable to the patient's situation.

Inside the patient's room, Dr. Liebhaber tells the family "nothing is hard and fast."

As a break from the serious questions demanded of him, the doctor pays a brief social visit. "You do have to push yourself a little to get up and around," he encourages Robert Green, who has just lost his gall bladder.

"I'll be okay when I can eat my first steak."

Medical treatment administered by Dr. Liebhaber eventually failed to manage the troublesome organ. The primary physician then became the referring physician and sent Mr. Green to a surgeon. "Well, I just stopped by to say hello," Dr. Liebhaber assures him and leaves, sadly knowing that the patient is afraid he will be billed for the courtesy call. "That's not my practice, as long as I'm not called on for medical advice, and I'm not held responsible for the patient."

When the doctor does have the responsibility, "It's a very uncomfortable position not to be an activist. You find yourself caught in a tightening spiral of treating things that can't be treated." The JCA (Jewish Center for Aged) resident next visited, in the hospital for the fifth time in the course of a year, presents one of those dilemmas that places doctors precariously on sword's edge. After multiple strokes, "He's non-viable. He has no communication. He has to be

fed, his gag reflex has deteriorated so he's chronically aspirating food into the lungs and comes in with one aspiration pneumonia after another. He's got a catheter because he can't control his bladder, which leads to chronic urinary tract infections. Everything you do makes him sick. So what *do* you do?" The question is one not of procedure, but practicality and ethics.

For a moment the good doctor steps away from the Hippocratic Oath and into the shoes of the policy maker. "If you want to be realistic and talk about numbers and statistics and the increased cost of health care, you would allow him to die quietly in his bed. But who wants to take it upon himself to make that decision? If I had my choice, I would not bring him to the hospital anymore. I would just keep him hydrated and comfortable. The potential for rehabilitation is non-existent."

Still, he affords the patient the same respect he gives to any other. "Good morning, Mr. Stanson," he calls him by name. There is no response from the sleeping man. Dr. Liebhaber looks at the inevitable sores on his skin, listens to his heartbeat, lifts the sheet to check on his feet. Shaking his head as he leaves the room, he powerlessly mutters, "He's not alive."

In sharp contrast, Ellie Marsh sits on the couch in her corner suite.

"*Schlamazel*," the patient says, meaning the rash she has developed in response to an antibiotic, as the doctor inspects it. "*Die healt ist gornisht*," she says

IF THE HAT FITS

of her poor condition without anger or self-pity.

"It's a good thing we called the allergist. We stopped the medicine yesterday."

"We'll have to take a few days 'til it gets better," the gentle woman provides her own prognosis. "How is everything—did you see?" she asks about her blood tests.

"The white cells are down. Are you eating well?"

She shakes her head slowly.

He listens to her heart, then helps her back into her robe.

"Okay, darling. Thanks a lot." She talks to him like he's her son. His cigarettes fall out of his pocket as he bends and he is quick to retrieve them. "You shouldn't see that." She pretends she doesn't.

"We've got you on two antibiotics. We're adding one."

She flashes him a look of impatient disgust. "But it takes so long..."

"What difference does it make? It'll all go in the same tube..."

"Whatever you say," she relinquishes her com-

plaint. "You're the doctor."

As the doctor emerges into the hallway, he meets some of his professional friends and they immediately become a social group. Their conversation covers mutual acquaintances and recent activities. They exchange greetings for each others' wives. As they continue on their rounds, another physician asks to confer with Dr. Liebhaver about the side effects of a new drug.

"Rounding is fun," Dr. Liebhaver later comments. "There's lots of socializing. You know everyone and if you're half-way decent, everyone, from the transporters on up to the nurses, is helpful and friendly. It's such a pleasure to come here in the morning." Having good news for a patient brings added enjoyment.

"So—you're ready to go home tomorrow," he tells Sam Golden.

"I'm going home to celebrate my 89th birthday. Dr. Jick [Sidney, M.D., the attending cardiologist who treated the patient for an irregular heartbeat which developed in response to changes in medication, and conferred with Dr. Liebhaver

about the attendant fever] says next month I can go back and play golf. But I'll have to give up disco dancing."

"Oh, yeah," laughs his wife of 63 years. "He played tennis, too. Is he supposed to have an X-ray tomorrow? Let him take it. He wants to be sure."

Dr. Liebhaver assures both of them. "It's okay if they want to take a chest X-ray—and then you can go home."

Hearing those words is not always a blessing. "Here's a chronic alcoholic, a well-educated former stockbroker who went to pieces after the death of his wife. The situation is complicated by a stepson who needs looking after, but despises my patient." Dr. Liebhaver stops at the nursing station to review Jim Smith's chart. "He's drinking rubbing alcohol," he notes, "which will blind him—and he's starving. So what's the purpose of hospitalizing him if he goes back to the same thing?"

"The hospital has to serve some humane purpose. Sometimes it has to be a haven for people. I'm going to have to look for some legitimate reason to keep him here because to send him home means death. If the government—the third-party payers—regard this as very expensive custodial care—which it is—they must provide an appropriate step down for him."

The patient is sitting with his legs over the side of the bed, grizzled, appearing somewhat dazed. "I just came from physical therapy," Mr. Smith responds to a question.

"Are you doing okay with the walker?"

"I'm doing okay. Am I supposed to have it upstairs?"

"Not until you pass their exam in rehabilitation downstairs. You have to be a little steadier. Are you eating well?"

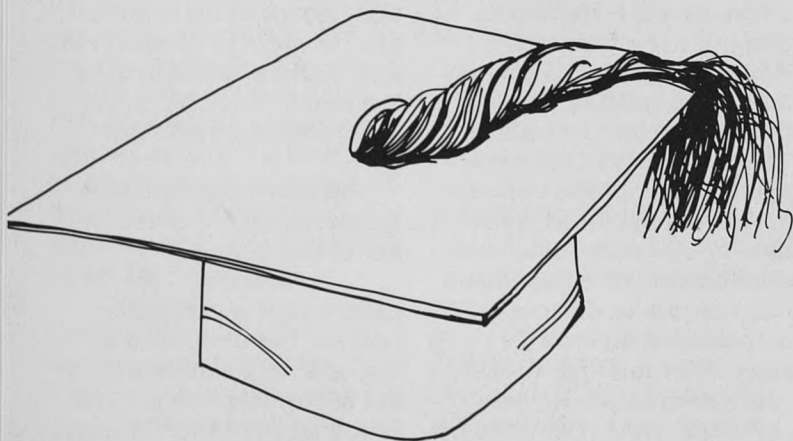
"Okay," he answers hoarsely.

"How are things at home?" The doctor receives a muffled response.

Outside the room, as he jots a message for treatment in the chart, he comments, "I'm going to ask social service to see him again."

During the course of the morning, Dr. Liebhaver visits several other patients, races—with floor nurses and house physicians—to answer a Code 222 (cardiac arrest) alarm, responds to the silent paging system of "call lights" alerting him that someone is trying to get in touch, instructs residents and nurses helping to treat his patients. He is detective, friend, colleague, teacher, consoler, philosopher, social worker—a humanitarian, a doctor.

Although he never appears to be rushing, after four years in private practice, he observes, "you're always under a sense of pressure to be someplace at sometime. To sit down and deal with individual problems—life situations—is time consuming and frustrating. There's a tendency to want to remove yourself because of time. But it's important to the patient and his family." And so the attendant doctor, dedicated to life, trying to contribute to qualitative life, accepts that role. ■



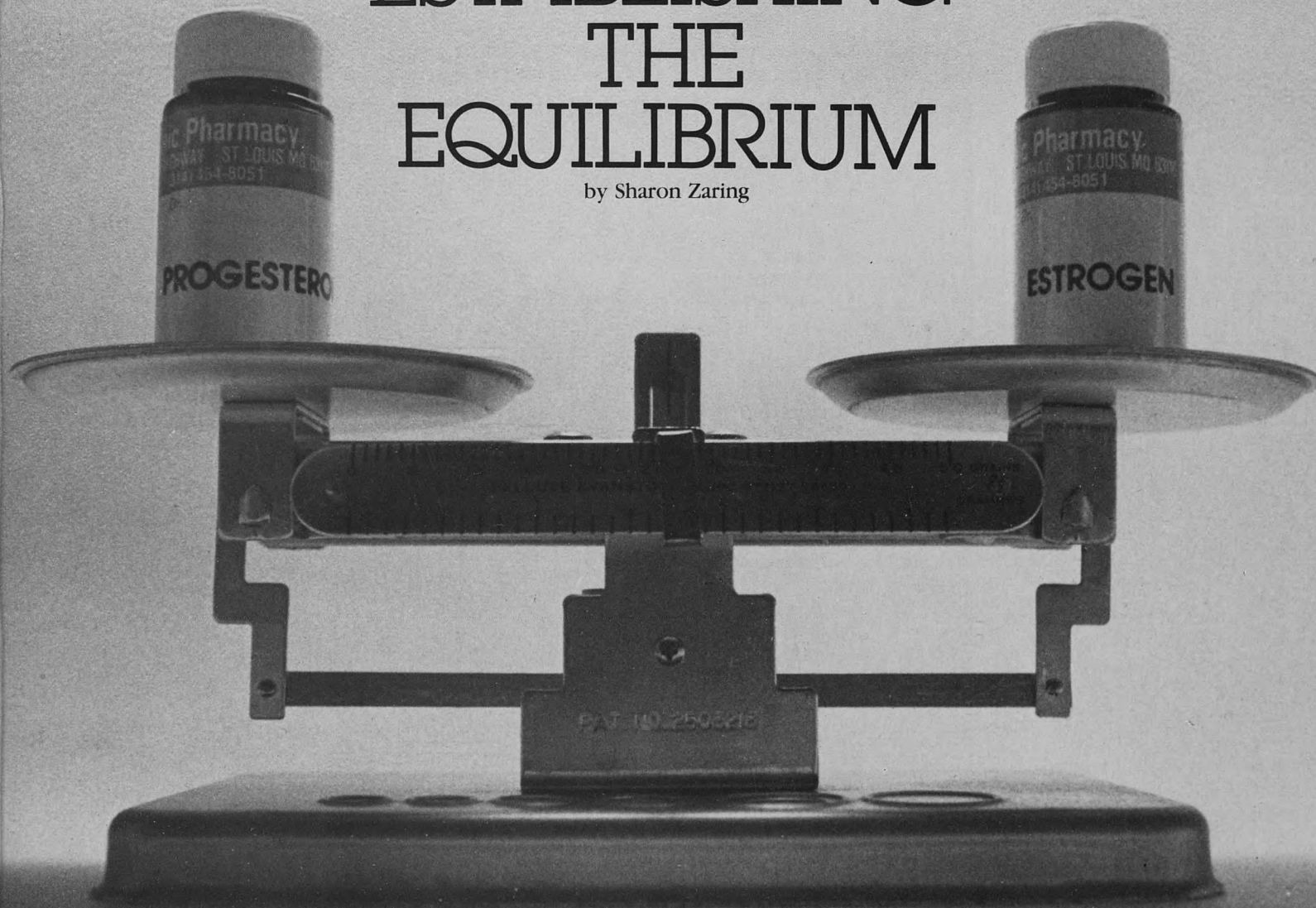
Since as early as the 1940s, women have undergone hormone replacement therapy (HRT) to alleviate postmenopausal symptoms, typically hot flashes and vaginal atrophy. More recently, HRT has been used to treat osteoporosis, the single most important health hazard associated with menopause (see accompanying story, "Living With Change of Life"). Over the years many physicians have had misgivings about estrogen, one of the hormones prescribed in replacement therapy, but it was not until 1975 that studies began to

ESTROGEN AND PROGESTERONE IN MENOPAUSE ESTABLISHING THE EQUILIBRIUM

by Sharon Zaring

emerge in medical journals linking estrogen to cancer of the endometrium (the lining of the uterus). Although researchers have found that augmenting estrogen treatment with progesterone will diminish the effects of estrogen, consistent data on the dosage and duration of treatment have yet to be established.

To develop scientific guidelines for prescribing hormone treatment, Ernst R. Friedrich, M.D., professor of obstetrics and gynecology, Washington University School of Medicine, and attending physician at Jewish Hospital,



EQUILIBRIUM

and John S. Meyer, M.D., director of the Jewish Hospital histology laboratory and professor of pathology, Washington University School of Medicine, have completed preliminary research on the effects of HRT on the endometrium. Drs. Friedrich and Meyer hope this pilot study will provide a basis to establish the optimum dosage for treating post-menopausal women with hormones.

To establish proper HRT dosage, physicians must first understand the mechanism and the nature of endometrial cancer. Although nearly 39,000 cases are now diagnosed per year, cancer of the endometrium has a high cure rate, close to 90 percent if detected in the earliest stages. However, the more advanced cases have a poor prognosis with only a 32 percent survival rate after five years.

Before endometrial cells reach a state that can be termed cancerous, they first pass through one or more of several abnormal, but non-cancerous stages, called cystic, adenomatous, and atypical hyperplasia, during which the glandular cells of the endometrium become increasingly larger in size and number. If the hyperplasia continues, it may develop into cancer which can eventually spread to the uterus or other parts of the body through the circulatory or lymphatic system.

In normal pre-menopausal women, endometrial cells are stimulated by estrogen and progesterone secreted by the ovaries during the menstrual cycle. Acting as gene activators, estrogen stimulates growth of the endometrium, and progesterone then modifies it for implantation of a fertilized egg. When fertilization

fails to occur, the production of estrogen and progesterone ceases, and the endometrium, no longer stimulated by the hormones, begins to slough off and menstruation begins.

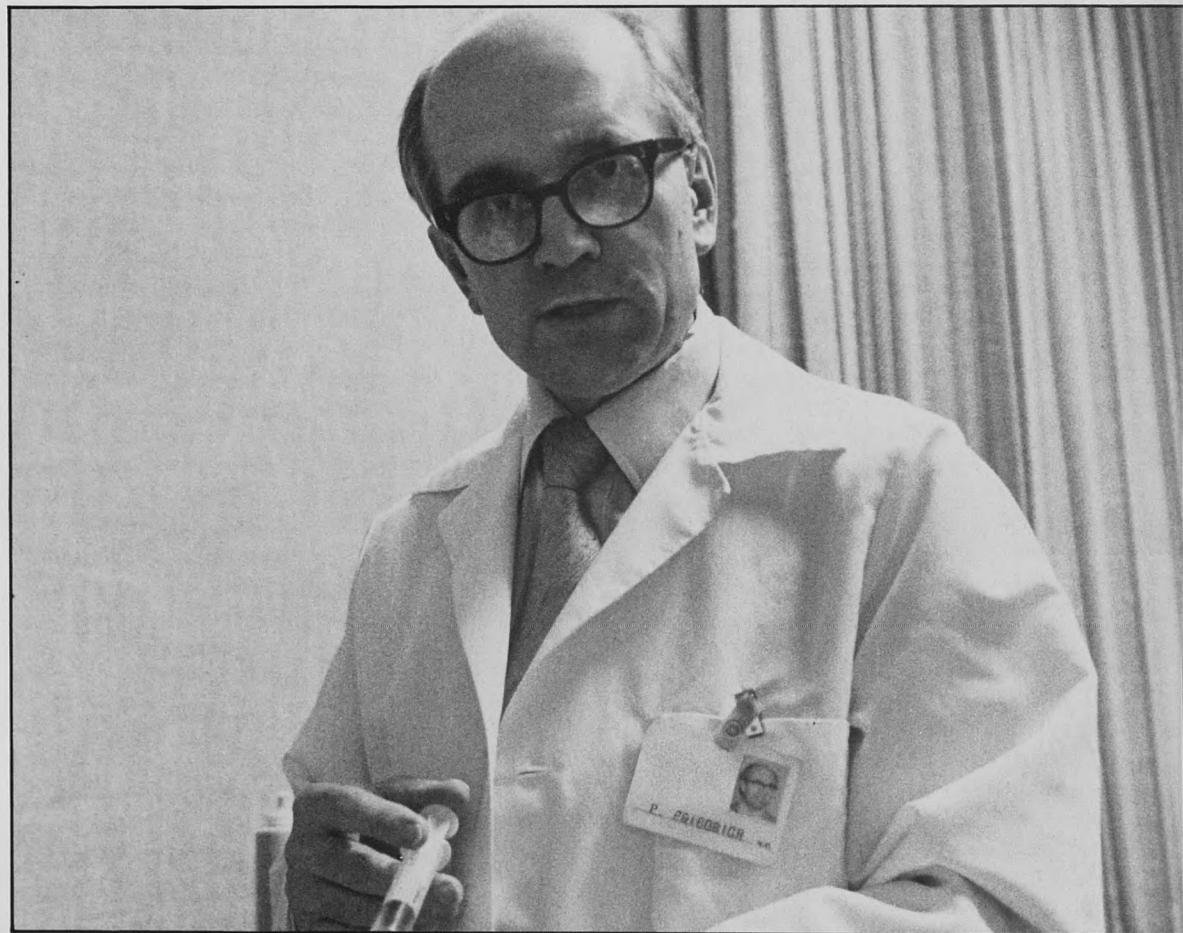
As the ovaries decrease their secretion of estrogen and progesterone during menopause, the rate of cell proliferation in the endometrium decreases considerably, and the endometrium is essentially at rest. "Paradoxically, this is the time when women are more likely to develop carcinoma of the endometrium," says Dr. Meyer. "In post-menopausal women, the endometrium continues to proliferate slowly, without shedding. Although many women find the absence of menstruation one of the benefits of

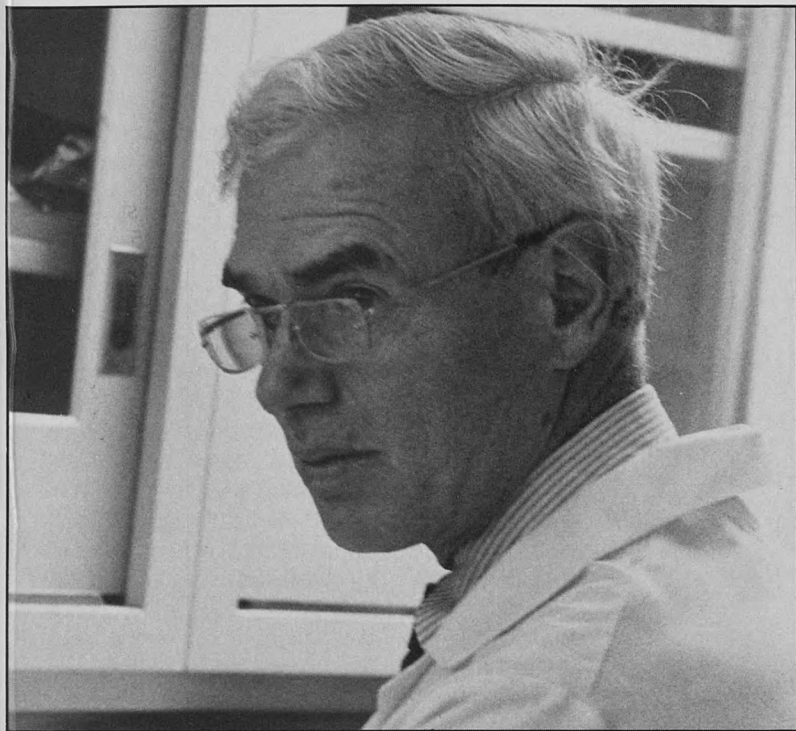
menopause, that periodic shedding is one factor that may help protect the endometrium from developing carcinoma."

According to Dr. Friedrich, combination estrogen-progesterone treatment has definite advantages, including interruption of endometrial growth. However, gynecologists presently disagree on what constitutes the optimum dosage, the amount and the duration for each hormone. "Under the present system, physicians decide on the dosage and duration which generally means a 25-day cycle every month," says Dr. Friedrich. "This may not be detrimental to women but by giving a progesterone supplement according to present

guidelines, endometrial shedding will occur every 25 to 30 days, a condition that many post-menopausal women find unacceptable."

John S. Meyer, M.D., (right) director of the Jewish Hospital histology laboratory, professor of pathology, Washington University School of Medicine; Ernst R. Friedrich, M.D., (below) attending physician, professor of obstetrics and gynecology, Washington University School of Medicine
After the biopsies have been incubated with triated thymidine, research technologist Wanda Wellington fixes endometrium biopsy with formaldehyde.





Gynecologists must also be specific regarding which days each hormone should be taken. "Ultimately, what we would like to achieve is to write only one prescription containing both hormones in the optimal dosages so that the patient punches out only one pill a day," says Dr. Friedrich. "Then, I think there would be a better chance of women going along with a cyclic treat-

ment of estrogen and progesterone. Until we have that simplification, I think we are running the risk of poor compliance by patients and physicians as well."

Although Drs. Meyer and Friedrich knew that progesterone would turn off cell growth, they wanted to know how quickly it would affect the cells, to what extent, and if it would happen in the face of continuing estrogen treatment.

They designed an experiment to find the answers. Five volunteer subjects, all postmenopausal women aged 49 to 61 years, were selected. Each woman received 1.25 milligrams of Premarin, a conjugated (derived from animals) estrogen daily for 15 days. During the next 10 days, each woman received, in addition to the Premarin, tablets containing 10 milligrams of Provera, a synthetic progesterone. Administration of both estrogen and progesterone was discontinued after the 25th day. Endometrial biopsies were obtained by Dr. Friedrich, one from each patient, 24 hours after the last treatment and immediately before the next treatment. The biopsies were continued for

six days after the last administration of Premarin and Provera.

Dr. Meyer employed the thymidine labeling index (TLI) to measure cell proliferation, a method he had used previously in studies on breast cancer. A cell, when it is preparing to divide, first must replicate its genetic material. To do so, it incorporates the nucleoside thymidine into its DNA within the nucleus. For the experiment, the tissue biopsies obtained from the women are put into a salt solution, then incubated with a tritiated thymidine, bearing a radioactive isotope. The tissues are then sectioned onto slides and are dipped in a photographic emulsion that detects the radioactive isotope in the cells which have incorporated the tritiated thymidine into their structures. Under a microscope, these cells will be covered by silver (black grains), allowing the scientists to make an accurate identification of proliferating cells.

In Drs. Friedrich and Meyer's study, the TLI began at low levels, consistent with the resting state of the endometrium. A biopsy of the endometrium on day four, during the administration of unopposed estrogen, showed an initial burst of cell proliferation. Shortly prior to the onset of progestational changes, the labeled cells, which were passing through the growth phase, were still numerous in the glands. These high levels were maintained until approximately five days after the addition of Provera tablets in the treatment. At that time, the TLI fell to much lower levels. This decrease occurred despite continued administration of estrogen, confirming the researchers' expectations about

the antiproliferative effect of Provera. After both Premarin and Provera tablets were discontinued, a further drop in the TLI was observed.

Because Drs. Friedrich and Meyer's study was only preliminary, questions remain unanswered: Since postmenopausal women consider bleeding a nuisance, how much of a progestogenic agent needs to be given? And how long and how often must it be given? "Is it really necessary that we treat these women with progesterone on a monthly basis?" asks Dr. Friedrich. "I am not convinced that it is. Perhaps two, three or four times a year would be sufficient. When we study this more extensively, perhaps we will not have to give such high dosages that women will experience bleeding. I hope that eventually we can establish a cycle that will allow postmenopausal women to have the beneficial effects of estrogen and progesterone agents and alleviate concerns over endometrial cancer without the withdrawal bleeding so that the endometrium just undergoes some type of regression without bleeding."

"These questions are of considerable importance," says Dr. Meyer. "We don't know what the proper dose is, but millions of women are receiving estrogen and progesterone in arbitrary doses and varying lengths of time. Right now the physician more or less decides the dosage, but without good clinical trials. That's the reason we're doing this study. Otherwise, we can only summarize the results of many women treated in different schedules with estrogen and progesterone, and even after many years we still may not have the answer." ■

FOR WOMEN ONLY

"As you got older and felt yourself to be at the center of your time, and not at a point in its circumference as you felt when you were little, you were seized with a sort of shuddering."

—Thomas Hardy
Jude the Obscure

While men between the ages of 45 and 55 may watch in bewilderment as their wives experience the hormonal "roller coaster ride" of menopause, they may find that they are not totally immune from experiencing a confusing, conflicting series of crises as well.

While the testicular hormone production of males does not decrease during the 60's and 70's, as does the female estrogen output, the male does undergo slight, subtle, changes in hormonal output that can affect sexuality. Yet that change varies among men, depending on alcohol intake, overall health status, history of sexual drive and current drug treatments, such as those used for high blood pressure.

While the amount of "free" testosterone, that not bound to a protein, does decrease slightly with age, this testosterone drop alone does not account for a loss of potency, says Louis V. Avioli, M.D., director of the division of bone and mineral metabolism at Jewish Hospital. In fact, Dr. Avioli believes that the level of sexual activity later in life is more related to early sexual behaviors and attitudes than to hormones. Medications and illnesses, such as diabetes,

AUXILIARY PROGRAM

Living with *Change of Life*

Since a woman's life span extends an average of 28 years beyond the age of 50, she can now expect to live one third of her life after the onset of menopause.

"If for no other reason than the demography of a changing population, physicians have been forced to pay extra attention to the menopausal years of women," said Ronald C. Strickler, M.D., director of the Jewish Hospital gynecology department and associate professor of obstetrics and gynecology, Washington University School of Medicine.

Dr. Strickler discussed menopause, its symptoms and treatment, with approximately 60 women at the Auxiliary's fall educational seminar held at the home of Robyn Mintz (Mrs. Daniel) on October 26. Karen Zorensky (Mrs. Mark)

and Leslie Waldbaum (Mrs. Lawrence) were co-chairpersons of the event.

According to Dr. Strickler, 70 percent of women who suffer from hot flashes, one of the most common symptoms of menopause, will experience them in such a mild degree that understanding and time are the best healers. Only a small percentage of post-menopausal women will have episodes of the magnitude that disrupts their lifestyles. "It is important to remember," instructed Dr. Strickler, "that in 95 percent of the women who experience hot flashes, these episodes will lessen in intensity within a year and in three years will be eliminated completely."

Of the psychogenic problems often linked with menopause such as headaches, mood changes, irritability, and insomnia, Dr. Strickler noted, at the present time, there is no evidence of a unique psycho-emotional syndrome associated with menopause. "My personal bias is that, for most women, a change in estrogen level does not affect their emotional well-being. Only in cases when hot flashes are of such frequency that sleep is continuously interrupted will a woman's psychological state be affected."

The term "hormone

spinal cord injury, epilepsy and obesity, which provoke endocrine changes, also play a larger part in sexual dysfunction than does age.

According to Dr. Avioli, applying a "risk factor" approach is helpful in identifying the basis of an individual's problem apart from obvious illness and medication indicators. The method identifies psychological (including environmental), endocrine, vascular, neurologic, pharmacological and,

possibly, aging factors.

It is more likely that the so-called male menopause, or "middle-age crazy," as it was popularly defined in a song and film of the same name, has more to do with psychological factors and a predictable mid-life assessment of goals and achievements than with extensive hormonal changes.

"Psychologically, changes at this time can be a mixed bag," says Rose Boyarsky, Ph.D., a psychologist specializing in marriage and sex

replacement therapy" (HRT), Dr. Strickler explained, is actually a misnomer. "It can be more accurately described as 'drug' therapy. The amount of hormones prescribed for treatment far exceed the amount produced by a woman's ovaries. To completely eliminate hot flashes, we must prescribe an overdose of estrogen and progesterone which can produce a variety of side effects including nausea and breast tenderness. In treating women with hormones, we should concentrate on reducing, as opposed to eliminating, hot flashes by using lower dosages. Otherwise, we run the risk of creating a pharmacological nightmare." Dr. Strickler cautioned women on the increased risk

of developing vaginal infections during menopause. "Because the lining of a menopausal woman's vagina is thinner, she is more susceptible to infection and should pay close attention to personal hygiene." He also advised women to avoid using products that are contact allergens, such as fabric softeners and scented toiletries.

The most critical medical problem associated with menopause, hip fractures, which result as the direct complication of osteoporosis, causes the deaths of approximately 15,000 women a year.

One of the key factors in the disease process is an insufficient intake of calcium, particularly during post-meno-

pausal years. The recommended dietary allowance for calcium is 800 milligrams per day, but the average intake for women aged 35 and older is 500 milligrams. With the onset of menopause and decreased levels of estrogen (a hormone that promotes the maintenance of calcium in the bone), calcium requirements increase to one and a half grams daily. Although pharmaceutical calcium supplements are available, as a cost-effective measure Dr. Strickler recommends that women take Tums, an over-the-counter indigestion tablet, at a cost of approximately 20 cents a package, to meet their calcium requirements. One Tums contains 500 milligrams of calcium in the form of calcium carbonate. Two tablets equal the calcium content of more than a quart of milk.

"We need to be able to treat women scientifically," he added, "not indiscriminately with our estrogen shotgun. I'm hopeful that, in the next few years, we will have an inexpensive method of measuring the bone density of women in substantial numbers. We could then repeat the test at three-year intervals to find out who is losing bone mass most rapidly. That is the group we should single out for estrogen treatment." ■



therapy associated with Jewish Hospital. "The kids are gone and you've likely gone as far as you can in your job and those are hard realizations. They can lead to reassessment, depression and insecurities. A man may turn toward his family for attention and find he's not really needed as much as he had been. At the time a woman goes through menopause, she's ready to make changes in her life, go to school, find a job, now that the kids are gone.

"One thing I have found is that many men who have been moderate and consistent users of alcohol over the years begin to experience occurrences of sexual dysfunction during midlife. This can be very devastating! Yet, the dysfunction is reversible if a person just cuts back to no more than two ounces of alcohol a day."

Psychologist Daniel J. Levinson of Yale University, whose research was used extensively in Gail Sheehy's

Passages: Predictable Crises of Adult Life, defines the mid-life crisis as an event occurring between the late 30s and the mid-50s. It manifests itself, according to Levinson, by a man being plagued by fundamental doubts about his work, family and goals. Properly managed, this period of self-assessment can offer the opportunity for positive growth and change, with a man moving toward greater self-fulfillment in work, increased intimacy in marriage

and relationships and a deeper connection with his children.

"What Levinson has to say is very good in telling us that adults continue to change," comments Dr. Boyarsky. "The changes are just not as regular as the stages of children. We experience a stable period of four to eight years followed by one of change for three to five years and so on. A husband and wife can start off the same and in fifteen years be out of sync. This can be a big stress. How a couple manages this stress is a challenge that requires flexibility and a sense of humor. This stress is also a reason a lot of twenty-year marriages break up."

As most people tend to think of themselves as younger than they are, being married to a menopausal woman can be stressful to a man who would like to think he is too young for that experience, notes Dr. Boyarsky.

Compounding these stresses with sexual problems can be a big blow to a man's ego, says Dr. Boyarsky. "Men who have sexual problems at this age tend to either avoid sex entirely or become obsessed with it. If you know the reasons behind sexual dysfunction, it will help you to be more aware and understand how to solve them."

Dr. Boyarsky says she counsels her clients to discuss their feelings openly and supportively. She also educates them as to expectable sexual changes with aging. It is likely that both husband and wife are experiencing dissatisfaction. Changes in their lives bring stress to both. By exploring their options and ideas they may create a better, more fulfilling, life together, as a team. ■

EAP • making life whole again

by Janet Ruegg-Hawks

Whatever was spent on this program, it was worth every cent. If it hadn't been here, I wouldn't have known where to look for help."—"Sandy helped me make a 100 percent difference in my life. I'm happier now than I have been in 14 years. My whole outlook has changed."—"I don't know where things would have ended up if she hadn't picked up on this."—"I've sent a number of my staff to see her and no one has ever come back with a negative response. Sandy can be a vital resource. The hospital is to be commended for providing this service."

These are the sentiments of Jewish Hospital employees who have availed themselves of the Employee Assistance Program (EAP), coordinated by Sandy Collins, education department. Established in 1982, EAP was created to meet the needs of employees

whose personal or work-related problems were becoming too great for them to cope with alone. Employees seeking help with their problems may call on Ms. Collins, who will assist them in finding community resources to fit their needs. Managers, suspecting that personal difficulties are affecting an employee's job performance, may refer that person to EAP. Sometimes an employee's problem may only require a few hours of talking with a sympathetic listener. That, too, is

provided by Collins.

People turn to EAP for a wide range of personal and professional problems. Among them are a woman whose adolescent son needed intense psychotherapy to cope with his parents' divorce; a man whose aggressive attitude toward his supervisor was placing his job in jeopardy; a young nursing student recently diagnosed as an alcoholic; and a head nurse concerned about the emotional well-being of her highly-stressed staff.

These problems and the problems of other Jewish Hospital employees mirror those experienced by many individuals and their families across the country. In as much as the 3,000 employees of Jewish Hospital represent a microcosm of society, the range of problems found in today's society will likely be present among Jewish Hospital employees.

"You will find this broad spectrum of society present in many institutions. Not too many other kinds of employers deal with such a variety of types of employees," notes David W. Nations, vice president of human resources. "What is different about our experi-



ence is the long-standing commitment Jewish Hospital has had to managers and employees for fair treatment. This commitment to responsible and responsive management is present in the Board of Directors and is felt all the way down the management ladder."

"To seek help when you need it is the intelligent thing to do," says Collins. "It takes a certain mentality to say to yourself 'I have never needed help from another person and would never ask for it.' It is not degrading to seek help. If you know you have to work through a difficult personal problem, you know you will have to do the hard part yourself, but you can hire someone who is an expert to help you facilitate it."

When an employee makes an appointment to see Collins, whether by his or her own choosing or on the recommendation of a supervisor, Collins spends the session assessing the situation and the employee's perception of the problem. Typical questions she may try to answer could be: Is family therapy needed? Is there a personality conflict at work? Does he or she need information about finding a lawyer? Is a child or spouse with a problem the one causing the difficulty? Does a leave of absence need to be arranged so the employee can enter a treatment center?

Following this assessment, Collins presents the employee with several options for additional help in varying price ranges. For instance, in the case of a marital or family problem, she may suggest several therapists in private practice,

a local service agency, or a counselor at a religiously-affiliated agency. These counselors may work within different parameters, using one-on-one therapy, group sessions or family unit counseling.

"I tell them to make some phone calls and check these people out to see if they meet their needs. I encourage them not to go to someone they don't trust or feel comfortable with. It is also not advisable to go to someone who is too expensive for the employee to afford to see them long enough to successfully work out the problem," explains Collins. She has a comprehensive list of resources, culled from long hours of talking with therapists, counselors and representatives from agencies about their techniques, specialties and fee structures, and following up on recommendations. She, along with others involved in setting up EAP, visited most of the treatment centers for chemical dependency in the area. "She tracks the success of the treatment centers she recommends," comments Mr. Nations. "The same holds true for service agencies."

After an employee has decided on a course of treatment, Collins follows up to see how he or she is progressing and to provide support and assurance. While her office is in a secluded corner on the second floor of the School of Nursing, she is very visible and accessible around the hospital and often stops to chat with employees about how things are working out for them. To many others,

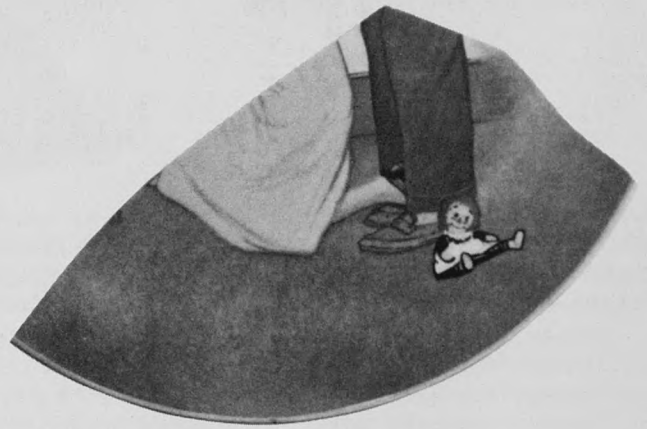
she is a familiar face, due to her previous position as an instructor in the education department, where she taught classes in management, stress and assertiveness.

An important element of the program is the carefully-guarded privacy of the employee. In the case of the management-referred employee, Collins tells the supervisor involved only that the individual met with her and is (or isn't) electing to seek help. The particular problem or the nature and place of treatment is not mentioned. On only one form is an employee's name, address and phone number listed, so that Collins—and only Collins, for no one else has access to the files—can contact the person. On all other records no names are used, since only statistics dealing generally with the problem and the employee's position are compiled. All records are destroyed after one year and nothing ever appears on an employee's personnel record.

In the course of preparing this story, a letter was sent by Collins to 100 employees who had made use of EAP, asking them to share their stories anonymously. Nearly 20 percent responded and were interviewed. Their situations illustrate the variety of support services made available to Jewish Hospital employees through EAP.

Mona [no real names are used in these examples], who works in a patient service department, has an alcoholic husband. Jackie Kasnetz, benefits coordinator, suggested that Mona see Collins when she inquired about insurance coverage for alcoholic treatment centers. "I hadn't realized that I would need help, too, but I certainly did!" Mona recalls. "Sandy showed me that spouses of drug-dependent people are usually 'enablers'—we help fix things for them so that they can continue with their destructive habits. I would never say no to my husband, I would do anything to help him with his business and I didn't know that I was helping him continue drinking." Mona has had several sessions with Collins and calls whenever she is going through a particularly difficult time.

Mona continued to go to work every day while her husband was undergoing treatment, but was not coping well with the stress. With Mona's permission, Collins called her supervisor and explained the situation. "Then I was able to talk openly with her. I took a week off to go to a program for families at my husband's treatment center, with my supervisor's support," recalls Mona. "It was wonderful to feel that my job was protected while I was going through



EAP

this. I'm so glad that companies are beginning to treat emotional disturbances like the illnesses they are."

Hattie's head nurse noticed that her job performance was becoming erratic and she was often absent. She referred Hattie to EAP. Collins believed that Hattie showed many signs of alcoholism and encouraged her to visit a treatment center near her home. Hattie entered the program and has been sober for nearly a year. "Meeting Sandy was the best thing that ever happened to me. She is a beautiful person who has helped me learn to deal with this. During the first months after treatment, on a particularly bad day, I have called her late at night when I wanted a drink so badly I thought I would run out to the nearest bar and she talked me out of it and even came to see me. If this program had not been here, I don't know where I would've gone for help. I knew I needed it, but I didn't know where to go."

"When my wife left me, I kept all the pressure inside, sure that I could continue to function. Yet it began to affect my job. I found myself taking things out on my co-workers. I went to see a counselor, but felt I wasn't getting very far with her and decided to see Sandy. I needed help in coping with my life," says Bob. "She helped me see that I was taking all the blame about what happened in my marriage and that I needed to learn to find the answers to my problems within myself. I've come to accept the divorce and that

life doesn't end then. Sandy got me involved back in my life and my whole outlook has changed," he says.

Loretta had a personality conflict with her supervisor and felt she was close to being terminated. She saw information about EAP in *Employee Update*, the monthly hospital newsletter, and made an appointment with Collins. "She understood my problem right away and gave me suggestions on how to deal with it. I learned that it was probably not all my fault that this situation began. Sandy talked to my supervisor and her director, and we began to meet regularly to discuss my job performance and their expectations," says Loretta. "Once we talked about it, I think we all felt better. I know my job performance has improved now that I understand what is expected of me. It's wonderful we have a program like this at the hospital."

Paula knew her teenage son was involved with drugs and she didn't approve of his friends. He was also not going to school and was eventually expelled. It wasn't until he was arrested on a felony charge that she made the decision to seek help for him. She made an appointment with Collins to get information about possible treatment programs. "I learned it was not good to make excuses for him and that I should force him to take the consequences of his actions," says Paula. Her son eventually entered a treatment program. "He didn't

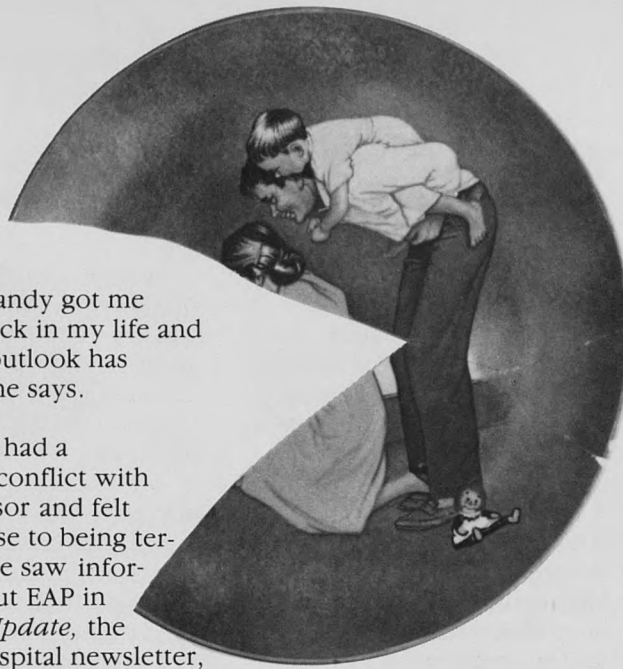
want to go in, but realized he needed to get back on the right track," she recalls. Although she thought the program was very good, it wasn't long afterwards that she realized her son was spending time with the same group of people and taking drugs again.

"I threw him out, telling him that if he was on drugs and drinking, he could not live in my home. I had other children there I didn't want exposed to this and I did not want to put up with it. Talking with Sandy and understanding that chemical dependency is an illness gave me the courage to deal with it this way," says Paula. Her son is now living in a very strict home for teenagers into which he voluntarily moved. He has received his high school equivalency certificate and expects to enter a junior college soon.

These employees had the advantage of a program that took several years to fully develop. Ann Watters, R.N., education, and Collins were interested in starting such a program. With Nations' support, they took a course in employee assistance counseling at Washington University and were cer-

tified as trained counselors. Interest was growing among several hospital departments, and an ad hoc committee—comprised of Bob Jewell, director of personnel, Brenda Ernst, R.N., vice president, nursing, Phyllis Jackson, R.N., assistant director of nursing, psychiatry, Rod Klein, vice president, finance, and Herman Litwack, ACSW, director of social work, along with Ms. Watters, Collins and Nations—was formed to gather information. Together, they put form to the idea of EAP, and Nations submitted the proposal to the administrative council, the policy committee of upper management. Watters and Collins were to jointly administer the program, while retaining some of their teaching responsibilities in the education department. Shortly thereafter, Watters took maternity leave and Collins became the program coordinator.

In the 1983 annual report for EAP, costs were calculated on the effects of reduced absenteeism for 48 employees who had entered the program. Statistics for the quarter before entry into the program and the quarter after entry were compared. The difference amounted to 1,733.49 hours of reduced absenteeism. That number was multiplied by \$10, an amount approximating the average hospital salary and cost of benefits. A cost savings was estimated of \$17,334.90 for those employees who were studied. Furthermore, eight of the 48 employees who were tracked had reached the point of termination. Entry into EAP



constituted a turning point for those employees and avoided the costs involved in turnover. Using personnel department estimates of the costs in terminating and rehiring for a position, avoiding the termination of those eight employees resulted in a \$25,232 savings. Combined with the savings on sick time and absenteeism, it is estimated that EAP may have saved the hospital \$42,566.90 in the first six months of operation. Collins' report notes that uncalculated savings in increased productivity and reduced errors or accidents should also be considered.

"It should be kept in mind that each person whose life was deteriorating in 1983 will not cost the hospital money just in 1983. That person's poor job performance and absenteeism will continue to drain the hospital until termination, when another substantial amount of money is lost. Conversely, each employee whose life is turned around for the better in 1983 is not just a cost savings in 1983. As recovery continues and [the employee] grows stronger, a salvaged employee represents a cost savings that multiplies through the years," concludes Ms. Collins' report.

"The development of the program is very much a joint effort by many people in several hospital departments. If it was one person's project, it wouldn't have the same feeling behind it," notes Collins.

Yet, there is one person who personifies this program that resulted from the input of many individuals. She brings to her position a wide range of training and

experiences. Collins holds both an B.A. and an M.A. in theology and taught for several years at a girls' college. She left academia to marry and have children and chose not to return. Several years later, Collins joined the staff at Jewish Hospital as a secretary and later entered the education department as an instructor.

"I feel like all the different experiences that I've had in my life seem to just meld together to do this kind of work. When a secretary comes in and talks about her job, I know how she feels. I know what it is to be a 'service' employee, and a 'professional' one. I know what it is to stay at home, and to work when you have children. I know what it is to come from a sick environment, for both my parents were alcoholics. I also know what it is to get well. These are important things to know and make me feel like I can help," she explains. "I think that if you have had enough experiences, you are not judgmental. You just have to make enough mistakes yourself to realize that you cannot judge others. Often, people think they are the only ones to have ever had a certain problem. I tell people that if I haven't done it, probably a close member of my family has. These things make people feel comfortable. I don't do therapy. I help people figure out what's wrong and what to do about it and, I hope, motivate them."

The employees she has dealt with respond to her non-judgmental desire to help. "She is definitely the right person for the job. I knew her before EAP, and

she was always a person you could talk to and know that your thoughts would go no further," comments a unit secretary.

Part of the dynamics in the success of EAP has been in the attitudes of managers and supervisors. Collins explains, "Let's take the example of an employee who has a long absentee record. Her manager refers her to me, suspecting a problem, for this absenteeism is a new thing for her. I find out that her husband has started to beat her and she doesn't want to come to work bruised. Let's say she goes for counseling at a women's self-help center and is facing her problem. It is to her advantage for me to call her supervisor and let him or her know that the employee is truly working on her problem. An employee has nothing to lose and a lot to gain by a program of this type. This doesn't mean that an employee seeking treatment isn't expected to do his or her job. What a person

gets fired or disciplined for is not whether or not he or she comes to EAP for help, but job performance."

Nations concurs with this assessment. "There were lots of managers looking for help for employees who were suddenly not productive, but had been valuable in the past. They were happy to have some alternative to help them deal with these employees," he explains. "If a manager refers an employee to Sandy for help, that does not get the person off the hook. They've got to try to change. In some cases, they don't, and those people don't work here anymore. In other cases, they succeed, and those are people who have a very good attitude towards how this hospital treats its employees."

Collins concludes, "It is extraordinary how supportive the administration and management is of EAP and I hope to help other employees recognize that and feel free to see me when they have a problem." ■



FACTOR FINDING

by Sharon Zaring

In an elaborate chain of biochemical reactions, the plasma proteins respond almost the instant a blood vessel is injured. Assembling on the surface of blood platelets and other cells, they begin to activate each other, one serving as a catalyst for the next, each promoting a specific reaction. Although the proteins fulfill separate, but necessary, functions, their eventual target is the same—the formation of thrombin, the critical enzyme for blood coagulation. Thrombin then acts on fibrinogen to produce the long thread-like fibrils of fibrin, the basic constituent of a blood clot.

It is thought that the proteins which perform these catalytic roles, also called clotting factors, all play important parts in the coagulation of blood. By scientific agreement, these clotting factors have been designated by Roman numerals, I through XIII, and more recently by letters, proteins C, S, and Z, as new factors were discovered. One in particular—Factor VII—has been the focus of a team of researchers at Jewish Hospital. Under the direction of George Broze, Jr., M.D., assistant professor of medicine, Washington University School of Medicine, and Joseph P. Miletich, M.D., Ph.D., assistant professor of medicine and laboratory medicine, Darryl Higuchi, Dan Withaus and Dena Traylor, technicians, are trying to better understand how clotting factors function during normal coagulation and how they affect disease processes such as hemophilia, arteriosclerosis, and thrombosis. According to

Dr. Broze, "Although we know the basic scheme of the clotting mechanism, we are still learning exactly how the clotting factors interact with themselves and cells of the blood and vessel walls. With a better understanding of these interactions, we should be able to develop more effective methods of diagnosis and treatment for bleeding and thrombotic disorders."

One step toward those goals was met when Dr. Broze and his co-workers were the first to purify Factor VII, which is present in only trace quantities in human plasma. The researchers confirmed that Factor VII is a member of a family of clotting factors which require vitamin K for synthesis in the body and that it can be "activated" by enzymes, into a form, called Factor VII_a, which has much greater potency. During their research endeavors, they also demonstrated that Factor VII and its activated form, Factor VII_a, need to bind to Factor III, often referred to as tissue factor, to express clotting activity.

When a wound occurs, cells are damaged, releasing tissue factor into the blood plasma. Factor VII then binds to the tissue factor and that part of the clotting mechanism is set into motion. But the researchers found that by treating monocytes, a type of white blood cells, with endotoxin, which is present on the surface of bacteria, or with other agents frequently present at inflammation sites, the monocytes could be stimulated to produce tissue factor on their surfaces without damaging the cell. Factor VII, or VII_a, then



Darryl Higuchi, research technician, isolates Factor VII.

binds to tissue factor on the surface of the cell and initiates coagulation. According to Dr. Broze, the experiment may help to explain the pathological process of Disseminated Intravascular Coagulation (DIC), a disease characterized by excessive blood clotting which frequently accompanies bacterial infection in the bloodstream.

Because lesions found on the walls of arteries in patients with arteriosclerosis contain high concentrations of tissue factor, Dr. Broze and his co-workers believe that Factor VII might play a role in the complications which occur in people who have this disease, such as heart attack and stroke, or even in the progression of the disease itself. A similar process may also explain many of the pathological

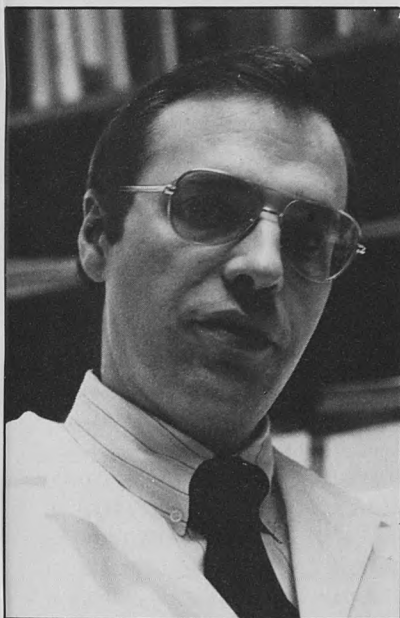
changes found at sites of inflammation, for example, in transplanted kidneys undergoing rejection.

In addition, recent developments suggest that Factor VII may prove to be effective in the treatment of bleeding disorders, such as hemophilia. Ninety percent of hemophiliacs suffer from either hemophilia A, resulting from the Factor VIII deficiency, or from hemophilia B, characterized by a lack of Factor IX. Both are hereditary disorders, marked by excessive bleeding, and found almost exclusively in males.

Presently, the standard treatment for hemophilia is the infusion of semi-purified concentrates of Factor VIII or IX, fractionated from donated blood plasma. Though effective in most hemophiliacs, the use of



(Left) Joseph Miletich, M.D.,
(Below) George Broze, Jr., M.D.



these concentrates is not only expensive, but it exposes a hemophiliac to the blood of thousands of people every year, carrying the risk of transmitting viral diseases such as hepatitis and possibly acquired immunodeficiency syndrome (AIDS). "The

dilemma over AIDS has certainly not reached a crisis level yet for hemophiliacs," Dr. Broze emphasizes. "But I think it is a problem that will become more severe."

Based on theoretical considerations and recent experiments at Jewish Hospital and elsewhere, Dr. Broze and his co-workers believe that Factor VII_a may be useful in treating approximately 10 to 15 percent of hemophiliacs for whom there is no effective treatment. This subgroup develops inhibitors, or antibodies, to infusions of Factor VIII or IX. When a patient is injected with Factor VIII or IX concentrates, his antibodies attack the factors and deactivate them. Early data suggests that Factor VII_a, in conjunction with tissue factor, can initiate coagulation in the absence of Factors VIII and IX. In other words, Factor

VII_a may be able to bypass the need for the clotting factors which are lacking in the plasma of hemophiliacs.

Dr. Broze and his colleagues have developed a markedly improved method of isolating Factor VII from plasma. Their objective is to activate this purified Factor VII to its more potent form Factor VII_a, to use for infusion therapy in hemophiliacs. Because there is no optimal treatment for hemophiliacs with inhibitors, clinical trials using Factor VII_a will begin with this subgroup. If successful, Factor VII_a as a treatment might be expanded to include all hemophiliacs. "This would certainly be the case if it can be shown that treatment with Factor VII is less expensive than treatment using Factor VIII or IX concentrate," says Dr. Broze, "and if the purified Factor VII proves to be free of

viruses."

In another facet of their work, the researchers have focused on Protein C, an anti-coagulant that inhibits clotting. Protein C is activated during the clotting process when thrombin binds to the endothelium surface (the layer of cells lining the blood vessels). Activated Protein C then stops further coagulation by destroying clotting Factors VIII and V. "It is thought that this mechanism prevents a clot which forms at the site of an injury from extending to involve the entire length of a blood vessel," notes Dr. Broze. "Activated Protein C appears to play the important role of localizing a clot only to the area where it is needed—at the site of an injury. If a person has just a 50 percent deficiency of Protein C, their chances of developing pathological coagulation, an embolism or thrombosis is greatly increased. People who lack Protein C completely die as infants, due to generalized thrombosis."

At this point no one knows how many of the numerous patients admitted to hospitals yearly with thrombosis and other clotting disorders have Protein C deficiency. Presently, only a few slow and tedious screening tests for Protein C are available in a handful of laboratories throughout the United States. Since one of the first steps in understanding the process of thrombosis and developing appropriate therapy is to identify the people who are at risk, Dr. Broze and his assistants are now developing a simple and reliable test for the protein. ■

Dealing with Old-Age Questions

"There's good news and bad news about aging," noted William A. Peck, M.D., physician-in-chief of Jewish Hospital, as he spoke to an audience of more than 200 people at the January 11 Associates in Medicine (AIM) of Jewish Hospital lecture series program.

"The good news is that many more people lead healthy lives in the middle and younger years, which leads to a greater lifespan," said Dr. Peck. The bad news is that we have developed a population of older people who suffer the ravages of chronic diseases that medical science has not been able to deal with.

"The inevitable process of growing old is not necessarily a gloom and doom phenomenon. There is reason to be optimistic," commented Dr. Peck. "We need to develop some of the oriental reverence for our elderly. They gain certain experience-related functions as they age, such as vocabulary and wisdom. There is much to gain by utilizing our older population."

Dr. Peck introduced the

audience to a credo he has developed on aging. "The goals for an aging individual should be the maintenance of humanity, identity, independence, individuality and dignity. We must recognize that the term "elderly" does not refer to a homogeneous group, but to individuals with diverse backgrounds, personalities, interests and needs."

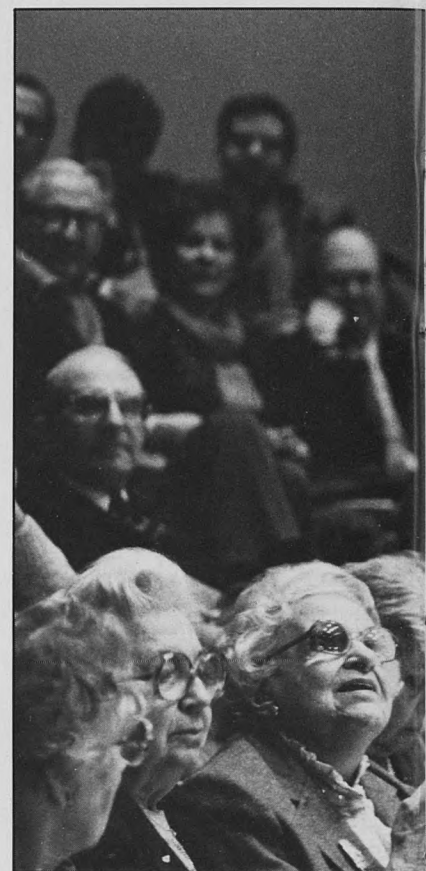
The factors that contribute to a lengthened life span occur during the years between birth and age 15. Strides in public health, the development of vaccines, nutrition knowledge and increased medical care are credited by Dr. Peck as factors in increasing life span.

"Unfortunately, we don't understand the nature of the aging process and precious little about chronic diseases," said Dr. Peck. He presented statistics referring to the elderly to illustrate their situation. For instance, one-third of the elderly are over 75; there will be 10 women for every 5 men in the year 2000; of those born in 1975, 25 percent will live to 85 or beyond; persons over 65 use one-third of the available hospital beds; and two-thirds of the physically

impaired are over the age of 65. While the elderly have the highest need for medical care of any age group in the country, they are the least likely to be able to afford it. In 1977, health care for the elderly cost \$41.3 billion, with \$15 billion of that going for nursing home care. It costs approximately \$1,745 per year for the health care of an older person, compared with \$665 for a younger person. Public funds account for the payment of two-thirds of those costs. "Social Security, Medicare and Medicaid alone will not suffice to provide reasonable support to the elderly, at least not at current funding levels," noted Dr. Peck.

There are problems peculiar to geriatric medicine, said Dr. Peck. Certain diseases occur preferentially among the aged. Also, symptoms of diseases may be different among the aged than those exhibited by a younger person, the elderly are extraordinarily sensitive to certain drugs, and the sick elderly require multidisciplinary diagnostic and therapeutic approaches.

While chronic illnesses, such as arthritis or diabetes, may be common disorders



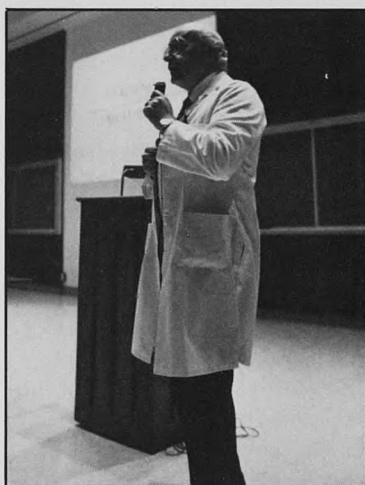
for older people, a number of disorders are frequently overlooked. Hyper- and hypo-thyroidism, alcoholism, nutritional or vitamin deficiencies, depression, and medication errors or "poly-pharmacy" were among the problems Dr. Peck enumerated.

Problems related to medications are all too common, said Dr. Peck. With the chronic disorders that they tend to have, many elderly people take numerous pills for multiple disorders every day. He noted statistics showing that many of the elderly take more than three medications and that another nearly 20 percent take more than six medications daily. In a skilled nursing facility, the average daily number of medications is seven per patient. Dr. Peck



pointed out that this statistic refers only to a specific medication and does not take into account how many times that medication is administered each day. "Drug intoxication is a very common cause of hospitalization among the elderly. They do not metabolize drugs the way younger people do. It is a small wonder that drug toxicity accounts for many of the problems we see," explained Dr. Peck.

Dr. Peck, who describes himself as a "gerontophile," said he has seen a dramatic shift in the societal outlook towards our older population. "It's not going to go away. We must reach our younger people in order to benefit ultimately our older people. Probably 25 to 30 percent of us are geronto-



philes and perhaps 30 to 40 percent more can be educated to that position. We are seeing society learning to cope with the situation."

Dr. Peck suggested ways to achieve the goals of compassionately caring for our older population. While families can do much to help an

older relative (or to help plan for one's later years) by providing relationships and contributing to fiscal and physical well-being, society needs to effect an attitude shift towards prizing the elderly as a cultural resource. "We also need to provide a range of support services, aimed at satisfying the individual's needs and to expand our basic and clinical research of the aging process and chronic disorders. The Jewish population has been in the forefront of providing

care for the aged and that needs to be expanded to federal and private co-sponsorship of programs for educational opportunities." ■

The Associates in Medicine of Jewish Hospital is a "friend raising" organization that meets for four programs each year on topics of current medical interest given by members of the hospital staff. If you are interested in joining the Associates, please call 454-7239.



VIP PROFILES

Editor's Note: In this space, during the past few years, you have met many of the men and women who, with their professional knowledge and personal commitments, provide the expert and enthusiastic guidance Jewish Hospital enjoys. While we will continue to feature members of our board of directors, from time to time we will introduce some of the many other people without whom Jewish Hospital could not be as responsive to the needs of the community as it is.

Prime among them are the Jewish Hospital Auxiliaries. Responsible for donating to the hospital hundreds of thousands of dollars in money, equipment and volunteer hours each year, the 3,000-strong, 32-year-old organization has been able to capture the enthusiasm of hundreds of dedicated women who have remained active for many years, going from one position of responsibility to another and helping countless patients in the process. Meet two of them.

Corinne M. Schmidt (Mrs. Gunter) shares that special quality of the women who make the Auxiliary the vibrant, effective force it is: the ability to give without limit. President of the organization between 1975



Corinne Schmidt

and 1977, she has enjoyed a volunteer career of 27 years.

Its start in 1957, when she helped create puppets for pediatric patients, was a natural step for her. "Gunter has been on the teaching staff here for 35 years," she says of her husband, a dentist. After that initiating year, she has never been off the board of directors of the Auxiliary.

One of her talents is identifying needs and then developing a way to fill them—such as the Reach to Recovery mastectomy support group, which Mrs. Schmidt introduced in the state of Missouri, although she had not had the operation herself. "But I'd been a chief nurse in the U.S. Air Force during World War II, and knew how to approach the doctors." It took her two years to get the physicians to refer patients who could help counsel other women, and train those volunteers to do so.

Several years after that service was fully operational, she started the Docents program to train volunteers to lead tours of Jewish Hospital. She herself serves as guide for new employees.

Upon stepping down from the presidency during which the Auxiliary's pledge to provide \$1 million in funds to the hospital was paid off, Mrs. Schmidt went right to work as a

hostess in the surgical waiting area. "It made sense because of my background. And I think it is a most worthwhile place in the hospital to volunteer. It's a real help to people waiting. You can keep them informed, and when a surgery lasts longer than expected, you can provide the necessary reassurance." With her gentle voice and ready smile, her presence can be a soothing element in a normally tense scene.

One of five women, one each weekday, who work in the third-floor lounge, Mrs. Schmidt greets visitors, keeps the coffee pot full, and alerts surgeons that family members are waiting so they will report to them at the conclusion of surgery. "I wanted a small conference room—and finally got it—so doctors can talk to families in private, especially when they have bad news to report."

The congenial and optimistic attitude so necessary in the surgical waiting area has carried her into other positions of leadership, as secretary and women's club president of Temple Emanuel, former editor of the Missouri Dental Society's state newsletter and co-chairperson of the Washington University Dental School faculty wives club. For many years she has been part of the committee on nursing, a sub-committee of the Jewish Hospital Board of Directors. The auxiliaries of the Missouri Dental Society and St. Louis Dental Society have also benefitted from the contributions of the mother of two and grandmother of two who is also a puppeteer at the Dental Health Theater.

In addition to her once-a-week work in the hospital, Mrs. Schmidt arranges, as chairperson of board education, for hospital personnel to address the board in an effort to keep



Letty Korn

members informed about activity at the hospital she believes is "only the best. I'm completely dedicated to it."

"I want to give back some of what I've received in life," says Letty Korn (Mrs. Jeffrey), chairperson of the Gift Gallery for the past three years. Ironically, when she first volunteered at Jewish Hospital five years ago, it was after a long hiatus from charity work and she did not want any responsibility. Six months after her mother, Sara Lass (Mrs. Ben), a Clover Garden volunteer, encouraged her to donate her time, Ms. Korn became a soft goods buyer for the Gift Gallery. A year and a half later, she became responsible for overseeing the 18 buyers and their budgets, six part-time and four full-time paid employees and 48 volunteers who work in the shop.

Now on the job three or four days a week, Korn sees her major responsibility as being visible, supportive and accessible to the people in the shop. "I'm on the floor all the time, doing whatever anyone else does." When the position was given to her, she had already agreed to be vice-chairperson for Clover Ball '82, a demanding job in itself. "I was very busy and I loved it," she exclaims



JEWISH HOSPITAL NEWS BRIEFS

with enthusiasm. Having the support of her husband and three children added to the satisfaction it provided.

As of the installations at the Auxiliary spring meeting in April, Korn will join the executive board and retire from her current job. "It's time to move on to other things," she realizes, but wants to remain hospital-based and work with patients. Top on her priority list are to continue as a docent, and as a Reach to Recovery volunteer.

"Quite unexpectedly, I was a mastectomy patient myself—twice," she explains. "It was terribly gratifying that all the good work I'd put out really came back to me in the form of excellent treatment. I assume every patient is treated that way. That's how we feel in the Gift Gallery—that we are a service to patients, employees and visitors. So we try to make it pleasant, and extend courtesies, like the free gift wrap.

"I'm particularly pleased with the employees who support us. We don't take advantage of a captive audience. We want people to feel good about what we do, what they've bought, and the hospital. If someone stops on the way out to buy a pack of gum, that could be his or her last impression of Jewish Hospital. We want it to be a good one."

Chairperson Korn, whose speech exudes the love of the hospital, the people she works with and what she is doing, talks about the Auxiliary as "an exceptional group of women. Those in the Gift Gallery, along with the paid staff, make being chairperson rewarding and fun. Even when things have been difficult, there has never been a day that I haven't left feeling satisfied that we had made a contribution." ■

Susy Alias, M.D., and Franz U. Steinberg, M.D., presented a paper on the "Management and Outcome in Rehabilitation of Patients with Acute Intermittent Porphyria," at a meeting of the American Academy and Congress of Rehabilitation Medicine, November 6-11 in Los Angeles, California. At the same meeting, Dr. Alias and Mary Ann Jacobs, R.N., presented a paper on "Cardiopulmonary Resuscitation in Patients with Halo Traction and Unstable Cervical Spine Injuries."

David J. Ban, M.D., recently discussed the "Medical Consequences of Nuclear War," on the KPLR Television show "Phone Power" and radio stations WGNU, KATZ-AM, and KADI-FM.

Leonard Berg, M.D., program director, National Institute of Aging, recently received funding for a five-year grant for research on "Healthy Aging and Senile Dementia." Dr. Berg participated in a panel discussion on the "Early Diagnosis of Alzheimer's Disease" at the National Institute of Health, in Bethesda, Maryland, December 4-7. Dr. Berg also attended the 50th anniversary meeting of the American Board of Medical Specialties September 22-23 in Chicago, Illinois. He was elected treasurer of the American Board of Psychiatry and Neurology, effective January 1.

Rose Boyarsky, Ph.D., was appointed by Governor Bond to a five-year term as a member of the state committee

of psychologists of the Department of Consumer Affairs and Licensing which regulates the practice of psychology in Missouri.

Robert Burstein, M.D., was one of three physicians voted "Teacher of the Year" by the Jewish and Barnes Hospitals' Ob/Gyn house staff.

William J. Catalona, M.D., authored "Pelvic Lymphadenectomy is Essential to Staging Accuracy in Most Patients with Stages A2 and B Prostate Cancer Before Radical Prostatectomy" published in *Urology*, 1(3):212-215, 1983. He authored "Comparison of the Efficacy of Intravesical Bacillus Calmette-Guerin with Thiotepa, Mitomycin C, Poly I:C/Poly-L-Lysine and Cis Platinum in Murine Bladder Cancer" with A.

WHO BECOMES A LEGEND MOST?—One hundred and thirty women said "I do!" by joining the Jewish Hospital Auxiliary in time for the December 15, 1983, membership event at The Fur Centre (601 South Lindbergh). Following a catered breakfast, Alex Bornstein, sales manager at the Centre, instructed the current and new members in attendance on how pelts are chosen and garments manufactured. Several Auxilians had the chance to swathe themselves in the luxury of Japanese raccoon, fitch, lynx and Russian sable.

"There are only two questions to ask," Mr. Bornstein said about making a decision to buy a fur. "'How often will I wear it?' and 'Does it make me feel fantastic?' If you like it and it feels right, don't go for price." Phyllis Langsdorf (Mrs. Kenneth), immediate



Margie Horowitz (Mrs. Merle) and Pam Toder (Mrs. Craig), who planned the membership event, watch one of the Auxilian models.

Alex Bornstein explains the difference in quality of male and female fur.

Anyone who would like to join in the Auxiliary's valuable work by becoming a member (\$15 a year) can get more information from Pam Toder (Mrs. Craig) at 994-0994 or Margie Horowitz (Mrs. Merle) at 432-5645, membership chairpersons and hostesses for the event.

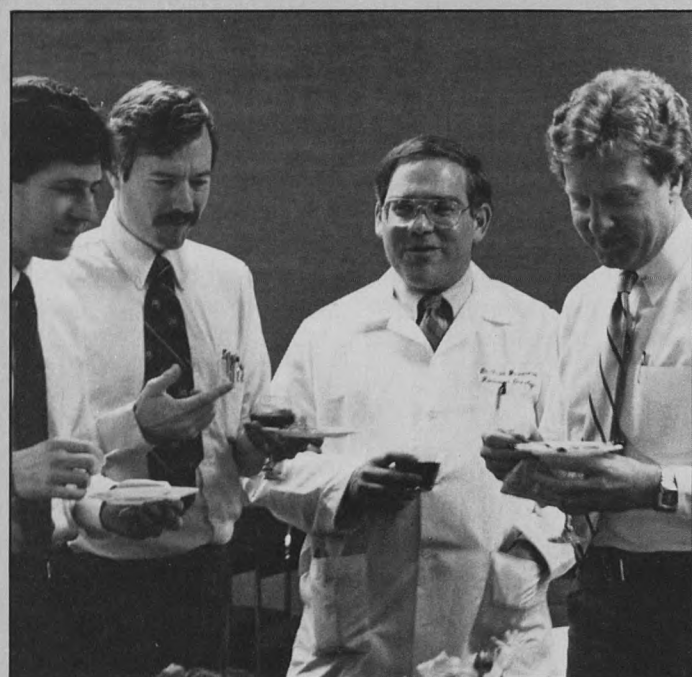


past president, got the best price of the morning, a free fur-lined bomber jacket provided by The Fur Centre as an attendance prize.

Shapiro, T.L. Ratliff, and D.M. Oakley, published in the *Journal of Urology*, 131:139-142, 1984; "Tumor Markers in Prostatic Cancer" published in *Oncodevelopmental Marker: Biological, Diagnostic and Monitoring Aspects*, Academic Press, New York, 1983, p.279-298, and "Carcinoma of the Penis," published in *Principle and Management of Urolog-*

ic Cancer, Williams and Wilkins Publishing Co., Baltimore, Maryland, 1983, p.581-597. He attended the American Board of Urology Examination Committee Meeting, January 15-19 in Captiva Island, Florida and was appointed acting chief, division of urology, Washington University School of Medicine, October 23, 1983.

John P. Connors, M.D.,



RADIATING OPTIMISM—Jewish Hospital's new department of radiation oncology was formally dedicated on Tuesday, December 6, 1983, in conjunction with a cancer conference co-sponsored by Jewish Hospital, Mallinckrodt Institute of Radiology and Washington University School of Medicine. Todd Wasserman, M.D., chief of radiation oncology, Phillip Rubin, M.D., chief of radiation oncology at the University of Rochester School of Medicine, Stephen K. Carter, M.D., vice

president of anticancer research at Bristol-Myers Corp., and Carlos A. Perez, M.D., director of the division of radiation oncology at Mallinckrodt Institute of Radiology, spoke. Visits to the remodeled cobalt facility and the new Varian Ximatron Simulator followed the program. Above, Mallinckrodt physicians Jay Heiken, M.D., Dennis Balfe, M.D. (to the left), and Bruce McClennan, M.D. (right) helped Dr. Wasserman (third from the left) celebrate the occasion during a reception in the Brown Room.

BUILDING FOR THE FUTURE—On December 12, 1983, the hospital received Certificate of Need approval from the Missouri Health Facilities Review Committee for \$11,122,777 in projects that will improve inpatient and outpatient care. Approval of these projects is the result of a strategic planning process undertaken by the Board Planning Committee. The projects will be supported by hospital funds.

The approved projects include a \$10.5 million nine-level (including basement)

ambulatory care building designed to meet the increasing number of outpatient visits, which exceeded 100,000 in 1983. To be located between the Shoenberg Pavilion and Central Medical Building, the 91,620-square-foot building will house the radiation therapy department, four ambulatory surgery suites, nuclear medicine, outpatient radiology waiting rooms, hospital outpatient functions and physician offices. Construction of the ambulatory care building is scheduled to begin in August 1984.

spoke on "Acute Infarction Bypass Surgery," to the American College of Chest Physicians in Chicago, Illinois. At the same meeting he participated in a panel discussion of "Surgery for Ischemic Ventricular Arrhythmias."

Mary Davis, M.D., gave a speech on "Moodswing Disorders," at a meeting of the Temple Israel Brotherhood on November 1, 1983. Dr. Davis attended the Berkshire Psychotherapy Conference in South Egremont, Maine, to discuss "Psychoanalytic Psychotherapy of Narcissistic Disorder."

Raymond S. Dean, M.D., authored a paper on "Cerebral Laterality in Schizophrenia and Affective Disorders" published in the 1983 *International Journal of Rehabilitation Research*, issue 6. Dr. Dean spoke on "Neuropsychological and Emotional Variables in Remediating Learning Disorders" at the October 1983 meeting of the National Academy of Neuropsychologists in Houston, Texas. He was elected as a Fellow of the National Academy of Neuropsychologists.

Robert M. Feibel, M.D.,

authored "John Vetch and the Egyptian Ophthalmia," published in the September/October 1983 issue of *Survey of Ophthalmology*, volume 28, number 2.

Alvin Frank, M.D., has been appointed to the executive committee of the North American Program Committee for the 34th International Psychoanalytic Congress to be held in Hamburg, Germany, in the summer of 1985.

Ronald I. Gaskin, M.D., attended the Sports Medicine Now Convention, November 19-23 in Maui, Hawaii.

Leonard D. Gaum, M.D., authored "Endoscopic Urethral Vesical Neck Suspension in the Treatment of Stress Incontinence" with William R. Fair, M.D., and Nancy Ricciotti, R.N., MSN. Dr. Gaum presented the paper at a meeting of the South Central Section of the American Urological Association held November 6-9 in St. Louis, Missouri. He attended a conference on "Endourology: Percutaneous Access to the Urinary Tract," November 19-20 at the University of Minnesota, Continuing Medical

Education, Minneapolis, Minnesota. In December, Dr. Gaum was elected a Fellow of the American College of Surgeons.

Jerome J. Gilden, M.D., spoke on "Spare Parts" for joint replacement surgery to the St. Louis Chapter of the City of Hope in St. Louis, November 27. Dr. Gilden attended a convention of the American College

of Surgeons in Atlanta, Georgia, October 16-21. He was elected fellow of the American College of Surgeons, October 20.

Jordan H. Ginsburg, M.D., spoke on the "Role of the Orthopedist in Sports Medicine" to the Hertzler Research Foundation at the Hertzler Clinic in Halstead, Kansas.

David A. Goran, M.D., authored "Esophageal Dyspla-

sia: Assessment by Light Microscopy and Scanning Electron Microscopy" with Helen M. Shields, Margaret L. Bates, Gary R. Zuckerman, and Katherine DeSchryver Kecskemeti in the January 1984 issue of *Gastroenterology*, volume 86, number 1.

Jack Hartstein, M.D., was visiting professor at the Veteran's Administration Medi-

cal Center, Tuskegee, Alabama, February 14.

James O. Hepner, Ph.D., authored "A Fresh Start for Life-Long Learning: Reuniting the Faculty-Practitioner Partnership" published in the July/August 1983 issue of *JACHA*, volume 28, number 24.

Godofredo Herzog, M.D., spoke on "Prospective Evaluation of Patients with Premenstrual Syndrome" for a postgraduate course titled "Premenstrual Syndrome" at the Washington University School of Medicine-Continuing Medical Education on November 19.

Keith A. Hruska, M.D., authored "Stimulation of Calcium Uptake by Parathyroid Hormone in Renal Brush Border Membrane Vesicles: Relationship to Membrane Phosphorylation" with Sami Khalifa and Stephen Mills, published in the December/January issue of *Journal of Biological Chemistry*. Dr. Hruska and B.R.C. Kurnik presented an abstract on "Studies on the Mechanism of Stimulation of Renal Phosphate Transport by 1,25(OH)2D3" at the 16th annual meeting of the American Society of Nephrology, December 4-7 in Washington D.C. Dr. Hruska also presented an abstract on "Calcium Transport in Renal Basolateral Membrane Vesicles: Effects of Parathyroid Hormone" with S. Mills and J. Scoble. Also accepted for presentation at the Chilton Conference on Inositol and Phosphoinositides at the University of Texas Health Science Center, Dallas, Texas, January 9-11, was an abstract on "Stimulation of Phospholipid Phosphorylation and Turnover by Parathyroid Hormone in Basolateral Membranes of Renal Tubular Cells In Vitro" by Dr. Hruska and Pedro Esbrit.



IN MEMORY OF A. SONNENWIRTH—

Alexander C. Sonnenwirth, Ph.D., microbiologist-in-chief of Jewish Hospital, died on March 1, 1984, after a long illness. Born in Oradea, Romania, on August 12, 1923, he was 60 years old.

A survivor of two concentration camps in Poland and Germany, Dr. Sonnenwirth came to the United States following World War II. He became a United States citizen and pursued college

degrees at the University of Nebraska, and Purdue University in Lafayette, Indiana, and received his Ph.D. from Washington University. In 1952 he came to Jewish Hospital as assistant director of the division of bacteriology. Upon the retirement of Dr. Moyer Fleischer, Dr. Sonnenwirth was named bacteriologist-in-chief, a title later broadened to microbiologist-in-chief.

Throughout his career, he was actively engaged in the educational process. He

secured a faculty appointment at Washington University Medical School in 1958 and rose to the rank of professor in the departments of microbiology and immunology, as well as in pathology.

An internationally recognized investigator with a special interest in anaerobic organisms, he was the author of numerous articles and publications, appeared frequently at scientific meetings and was widely consulted on matters concerning microbiology by colleagues throughout the United States.

In addition to his purely scientific and academic pursuits, he also served as a consultant to the McDonnell Douglas Corporation in its various space missions aimed at collecting samples from the moon which might have contained bacteriologic materials.

At the time of his death, Dr. Sonnenwirth was to have received the Becton-Dickinson National Award in Clinical Microbiology, given by the American Society for Microbiology, as well as recognition from Jewish Hospital as a 30-year employee.

He is survived by his wife, Rosaline, and his children, Betty Sonnenwirth Ozar, and Maurice.

NEWS BRIEFS

Darwin Jackson, M.D., was one of three physicians voted "Teacher of the Year" by the Jewish and Barnes Hospitals' Ob/Gyn house staffs.

Ming Shian Kao, M.D., was one of three physicians voted "Teacher of the Year" by the Jewish and Barnes Hospitals' Ob/Gyn house staffs.

Patrick Lustman, Ph.D., authored "Factors Influencing College Student Health/Development of the Psychological Distress Inventory" in the January 1984 issue of the *Journal of Counseling Psychology*, volume 31, number 1.

Alan P. Lyss, M.D., spoke on "Cancer—The Disease Process" at Temple Israel to the Bikur Holim volunteer organization sponsored by the Union of American Hebrew Congregations, Jewish Hospital and the Jewish Family and Children's Service. He attended a meeting of the American Society of Hematology on new developments in hematology, December 1 in San Francisco. He participated in the Scripps Memorial Cancer Symposium, November 1-3 in San Diego on "Recent Advances in Cancer Treatment."

Robert McDivitt, M.D., has established a flow cytometry laboratory at Jewish Hospital for breast cancer research. As a guest of the Chinese Medical Society Dr. McDivitt recently visited the Peoples Republic of China, where he lectured on breast cancer research at medical schools in Canton, Peking, Nanking, and Shanghai. Dr. McDivitt was appointed a member of the committee on medical education, Washington University Medical School.

John P. McGuire, vice president, Jewish Hospital, participated in a seminar on "Ethical Perspectives," January 20, co-sponsored by the Health

Administration Programs of Washington University and St. Louis University. Mr. McGuire spoke on "Diversifying Health Care Services: Marketing For What?"

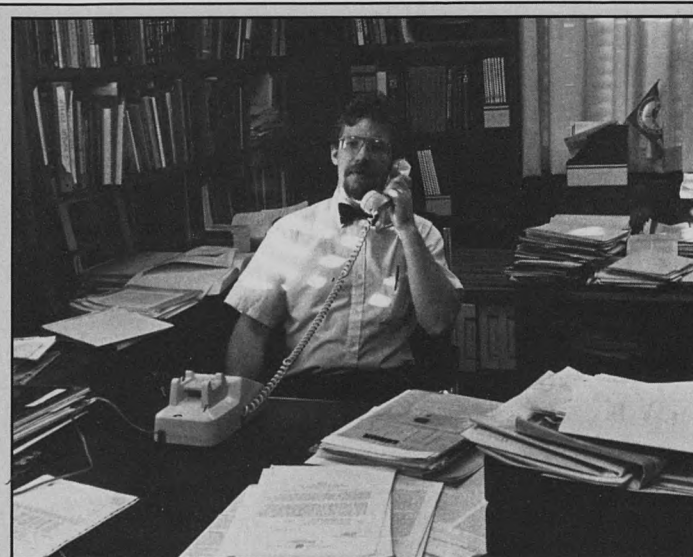
Robert P. Mecham, Ph.D., was appointed grant assessor for the National Health and Research Council of Australia.

John Meyer, M.D., authored "Estrogen and Progesterone Receptor Assays on Breast Carcinoma From Mastectomy Specimens," with K. Schechtman and R. Valdes, Jr., published in the November 1983 issue of *Cancer*, volume 52. Dr. Meyer spoke on "Use of Cell Kinetics in Breast Cancer Therapy" at the sixth annual San Antonio Breast Cancer Symposium in San Antonio, Texas, November 4-5.

Neal Neuman, M.D., attended the annual meeting of the North Central Section of the American Urological Association (AUA) in Maui, Hawaii, October 31-November 5.

Scott M. Nordlicht, M.D., spoke on "Clinical Cardiology" to the Clinton County Medical Society in October 1983.

Carlos Perez, M.D., authored "Clinical Results of Irradiation Combined with Local Hyperthermia" with Gilbert Nussbaum, Ph.D., Bahman Emami, M.D., and Debbie VonGerichten, B.S., published in the November 1, 1983, issue of *Cancer*, number 9. Dr. Perez authored "Carcinoma of the Prostate, a Vexing Biological and Clinical Enigma," published in the *International Journal of Radiation Oncology Biology Physics*, October 1983, number 10, and presented his research to a conference of the American Society of Therapeutic Radiologists in Orlando, Florida, October 25-29. Dr. Perez spoke on "Radiation



ORAL FIXATION—

"It's a staged way to quit smoking. First you are weaned from the nicotine addiction by chewing nicotine gum (nicorette) and then you deal with the social and behavioral aspects of quitting smoking," explains Kevin T. McCusker, M.D., researcher in the nicotine chewing gum project that Jewish Hospital participated in along with 15 other national health institutions. Robert M. Senior, M.D., co-director of the pulmonary care division, heads the research team at Jewish Hospital.

Dr. McCusker reports that the program has a 56 percent success rate, as compared with a 20 percent success rate of other smoking cessation programs. "We are very excited with our findings. We have been involved with a number of smoking

cessation programs and we are sold on nicorettes. They seem to relieve some of the stress of smoking cessation," notes Dr. McCusker. The marketing of the nicotine gum was approved by the FDA in January.

Jewish Hospital will be operating clinics to provide nicorette gum and instruction in smoking cessation upon availability of the product from the pharmaceutical company that is manufacturing the gum, Merrell Dow.

The U.S. studies represent findings from 500 patients. That information supports ten years of experience in nicotine gum research done in Sweden and England.

For more information about the nicotine gum smoking cessation clinics, please call the pulmonary department, 454-7118.

Therapy Alone in the Management of Carcinoma of the Uterine Cervix—Twenty Year Experience" to a meeting of the Radiological Society of North America, November 13-18 in Chicago, Illinois.

Timothy L. Ratliff, M.D.,

authored "Comparison of the Efficacy of Intravesical Bacillus Calmette-Guerin with Thiotepa, Mitomycin C, Poly I:C/Poly-L-Lysine and Cis Platinum in Murine Bladder Cancer" with D.M. Oakley and W.J. Catalona, published in the *Journal of*

THE BEST IN BREAST TREATMENTS

—Stephen K. Carter, M.D., spoke at a special session of the Marilyn Fixman Clinical Cancer Conference in the Brown Room December 7 on the question "Is there an Optimal Adjuvant Treatment for Breast Cancer?"

Dr. Carter, vice president of anticancer research for the Bristol-Myers company and adjunct professor of medicine, New York University School of Medicine, spoke to a near-capacity audience of interns, residents, fellows and members of the medical staff of Jewish Hospital. Alan P. Lyss, M.D., hematology/oncology and associate professor of medicine at Washington University School of Medicine, and Todd H. Wasserman, M.D., director of radiation oncology, hosted the luncheon event.

Urology, 131:139-142, 1984. Dr. Ratliff attended the twentieth National Reticuloendothelial Society Meeting, October 9-12, 1983, in Portland, Oregon, where he spoke on the "Role of an Immune Response in the Inhibition of Mouse Bladder Tumor Growth by Bacille Calmette-Guerin (BCG)." He attended the Tenth Annual National Bladder Cancer Project—Investigators Workshop, January 4-7, in Sarasota, Florida, where he presented a paper on "Inhibition of Mouse Bladder Tumor (MBT-2) Proliferation by Interferon."

Michael Rumelt, M.D., attended a meeting of the American Academy of Ophthalmology, October 30-November 4.

Moisy Shopper, M.D., spoke to the St. Louis County Juvenile Justice Association on "Approaching the Resistant Patient," January 4.

Richard G. Sisson, M.D., was elected vice president of the St. Louis Surgical Association for 1984.

Samuel Soule, M.D., wrote the following articles for the "Monthly Biographic Sketch—Our Medical Ancestors," a regular feature in the *Bulletin of the St. Louis Metropolitan Medical Society*: "Use of the Speculum," February, 1983; "Dr. Moses Montrose Pallen, 1810-1875," March, 1983; "Dr. John Joseph McDowell, 1833-1880," April, 1983; "Dr. Daniel Stohl, 1807-1874," April, 1983; "Dr. William Taussig, 1826-1913," June, 1983; "Dr. Charles Hamilton Hughes, 1839-1916," July, 1983; "Dr. Armand Derivaux, 1849-1903," August, 1983; "The Life of the Oocyte," September, 1983; and "Dr. Warren B. Outten," October, 1983. Dr. Soule spoke on "William Beaumont" for the program "Creative Aging," KWMU radio.

Roger K. Stoltzman, M.D., discussed preliminary research on "Post-Traumatic Stress Disorder Identified in a

General Population Sample" to the Second Annual Conference on Post-Traumatic Stress Disorder in Chicago, Illinois, October 26. Dr. Stoltzman spoke on "Demographic Correlates of Psychiatric Illness in Young Adults" to the 111th Annual Meeting of the American Public Health Association, November 16 in Dallas, Texas.

Robert Taxman, M.D., authored "Cardiovascular Evaluation of Patients Treated With PEEP" with R.J. Eaton and L. Avioli, published in the October 1983 *Archives of Internal Medicine*.

Herman Turner, DDS, spoke on "Preprosthetic Oral Surgery" and on "Dental Implants" to the Academy of General Dentists Masters Study Course at Washington University Dental School. Dr. Turner spoke on "Preventive Dental Care for the Long Term Hospital Patient" to nurses of the Long Term Care Facility at St. Louis County Hospital on November 15.

Roland Valdes, Jr., Ph.D., presented his study on "Endogenous Digoxin-Immuno-

reactive Substance Causing False-Positive Digoxin Measurements in Several Patient Populations" to the first annual meeting of the Gateway Clinical Ligand Assay Society, November 17. At the same meeting, Dr. Valdes participated in a panel discussion on "Establishment of Policy for Definitive Analysis and Measurement of the Cardiac Glycoside Digoxin." Dr. Valdes was elected to the Jewish Hospital Medical Staff Council.

E.A. Wallach, M.D., attended a meeting of the American Academy of Dermatology, November 30-December 6, Chicago, Illinois.

Bruce Walz, M.D., authored "4,500 versus 2,000 Rad Given Pre-operatively for Cancer of the Rectum" with I. Kodner, R. Fry, J. Roe, S. Breaux, and M. Hederman. Their research was presented to

DIAL-A-DOCTOR—As a service to our medical staff and to the St. Louis community, Jewish Hospital is revising and expanding its existing telephone physician referral system. Under the new service, the public may call 454-8180 to obtain referrals to physicians on staff at the hospital.

Referrals will be made on the basis of specialty needed and office location preferred by the caller. Two physician names will be given in each specialty area requested, if appropriate. Each physician will receive a note indicating that his name has been given to a patient.

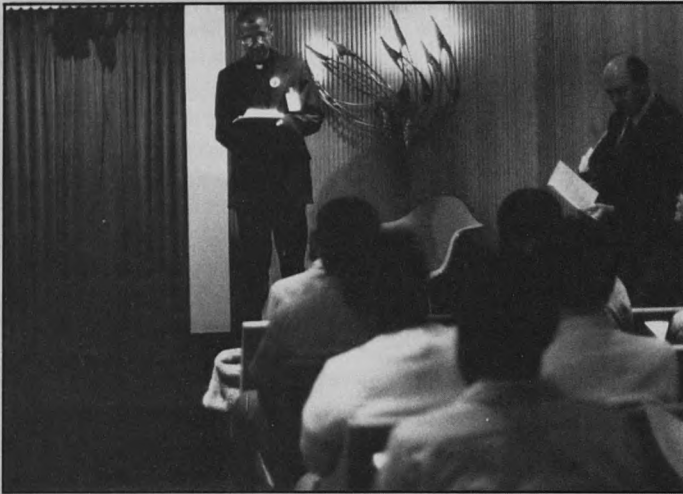
The referral service will operate Monday through Friday, from 8 a.m. to 4:30 p.m. Requests for emergency medical help should be directed to the emergency department at 454-7900, or to 911.

FELLOW SUPPORTERS

—An annual giving society, the Fellows of Jewish Hospital, has been established to recognize regular supporters of the hospital's work in patient care, education and research. A gift of \$1,000, provided in one sum or as the accumulation of smaller amounts, entitles one to several privileges of membership, including an invitation to the Fellows banquet, hospital pre-registration and courtesy discharge, valet parking at no charge above normal fees, and tuition-free participation in a series of wellness programs. Donations made

through the Auxiliary-sponsored Tribute Fund are counted toward the \$1,000 minimum for yearly membership. Major benefactors and those whose cumulative contributions to Jewish Hospital reach \$50,000 are honored as life members.

For more information about the Fellows, and how your gift can help in the advancement of medical care, contact Donald Levin, Director of Development, The Jewish Hospital of St. Louis, 216 South Kingshighway Blvd., P.O. Box 14109, St. Louis, MO 63178, 314-454-7250.



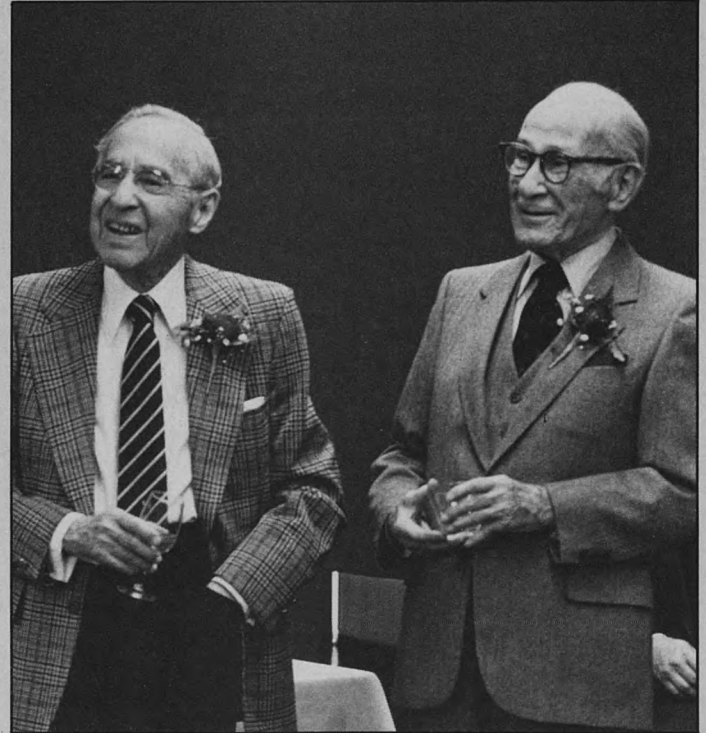
ON A HYMN AND A PRAYER—The J.G. Probstein Chapel at Jewish Hospital has been well used by patients, visitors and employees of all faiths since its dedication in 1977. Rabbi Dr. Jay Goldberg, director of pastoral care, regularly conducts Sabbath and Jewish holiday services. Catholic mass is led daily by Father Xavier Albert, the full-time priest at the hospital. Many

people use the facility, which embraces visitors within its gently curved walls, for private prayer and meditation. The rabbi also conducts an informal talk on the meaning of each major Jewish holiday for interested employees and patients in the chapel. In January, Rabbi Goldberg and Father Albert jointly officiated at a memorial service for Dr. Martin Luther King, Jr.

AND THE BEAT GOES ON—The 900 children who attend religious school at Congregation Shaare Emeth (Ballas and Ladue Roads) contributed their holiday grab bag money for something other than coloring books and plastic cars: a fetal pulse detector for the neonatal unit at Jewish Hospital. Resembling a small transistor radio with a microphone, the pulse detector, when placed on the abdomen of a pregnant woman, allows the physician to hear a baby's heartbeat and determine if the fetus is developing normally.

The gift was presented by student council president

Amber Auslander and vice president Mark Grazman at Shaare Emeth's Sunday youth services on January 22. Accepting the \$480 fetal pulse detector were Sandy Brooks, R.N., and Lilly Dougherty, R.N., both of Jewish Hospital's obstetrical staff. Rabbi Jeffrey Stiffman commented during the presentation that he was extremely proud of the children for giving up their individual gifts. Janice Sanders, religious school coordinator, noted that the idea was entirely the children's and that the excitement on their faces as they heard a baby's heartbeat was a gift in itself.



CELEBRATING 180 BIRTHDAYS—On February 6, family, friends, colleagues and patients helped Paul S. Lowenstein, M.D., and Jacob G. Probstein, M.D., observe their 90th birthdays at a party held in the hospital's Brown Room. The doctors, both general surgeons, "grew up" together, following similar medical paths at Jewish Hospital, noted Dr. Probstein following a tribute by William Berman, M.D., attending obstetrician/gyne-

cologist, loosely based on the Gettysburg Address. "We have come here to dedicate this day and to honor them with this celebration," he told the crowd gathered. "It is altogether fitting and proper that we should do this, but in a greater sense we, who are assembled here, do not have to honor them for their accomplishments. It is their patients from the past who were recipients of their talents who should honor them and dedicate this day to them. It is also for us here, the living, to dedicate this day to them and to continue the work that these two men so nobly advanced." In honor of the milestone, the Medical Staff Association made contributions in the names of both venerated doctors, to the Tribute Fund for Dr. Lowenstein and to the School of Nursing Scholarship Fund for Dr. Probstein.

WOMEN—AND MEN—IN WHITE—The eightieth graduating class of the Jewish Hospital School of Nursing received diplomas at ceremonies on January 28 at Temple Israel.

After an invocation by Rabbi Frank Muller of Temple Israel, and a welcome by Brenda Ernst, R.N., BSN, M.A., vice president, director of nursing of the hospital, congratulations were extended to the graduates by Shirley Cohen (Mrs. Stanley M.) on behalf of the Jewish Hospital Board of Directors, and Sidney Jick, M.D., president of the Jewish Hospital Medical Staff Association. The sixty-seven women and six men received their pins from Susan Graves, R.N., BSN, M.A., director of the School of Nursing.

Patricia Ann Herzog, president of the Student Association, was chosen by her peers to address the senior class, an honor she saved as a surprise to members of her family who came to the commencement exercises from their home in DeSoto, Missouri. In an emotional speech, she made reference to friendships and how much she would miss the students who had shared so much time working side by side. She tearfully thanked her parents "for their love and gentle pushes to keep trying."

"The future is created by ourselves," said Sandy Siehl, R.N., MSN, oncology clinical specialist at Jewish Hospital, as she addressed the audience. "The paths we take will be ones we make." Ms. Siehl told the nurses that they would be judged by their actions, and their



"success would be ensured by keeping high professional standards and good moral values."

Nineteen members of the graduating class had received financial assistance from scholarship and loan funds, such as the one set up by Edna Malen, R.N., who was attending her fifty-first consecutive nursing school graduation. Several members of the class received the Franc Honor Awards, given by Mrs. Harry Franc. Mrs. Cohen presented a \$200 bond to Donna Fehlig Barbaud for ranking first in her class at the completion of first level courses; a \$100 bond to Nancy Ann Yadro for outstanding kindness and consideration to patients, and a \$100 bond to Ms. Herzog for outstanding participation in student activities.

Leah Noel Beckman and Kathleen Schermann Hoffmeyer shared the \$150 J.L. London Nursing Award. Made possible through the estate of St. Louis attorney



Jack L. London, it is presented annually to the student ranking third in the class. The \$500 Hattie Waldheim Scholarship was awarded to the student ranking second in the graduating class, Margaret Chan-A-Sue Sheffner. The Jewish Hospital Auxiliary Award of \$1,500 was presented by president Marcia Shapiro (Mrs. Robert) to Christine Marie McCarthy Powers, who ranked highest in her class.

a meeting of the American Society of Therapeutic Radiologists, October 5, in Los Angeles, California. Dr. Walz presented research on "Radioactive Implantation of Brain Tumors" authored with J. Marchosky, J. Simpson, and D. Rao. Dr. Walz was elected president, Therapeutic Radiology Section of the St. Louis Radiology Society.

Todd Wasserman, M.D., recently attended the fourth International Conference on Chemical Modifiers held in Banff, Alberta, Canada. He presented a paper on the "Clinical and Neuropathological Changes of Peripheral Neuropathy from Radiosensitizers." Dr. Wasserman was asked to serve on the editorial review committee of the proceedings of the meeting and was elected to serve on the organizing and program committee for the next conference.

Robert Weinhaus, M.D., spoke on "Holiday Depression" on station WKRV/WPNB, Vandalia, Illinois, and to a meeting of the SSA Federal Employees Group, November 18 in St. Louis.

Michael Winer, M.D., spoke on "Sciatica and Spinal Stenosis" to the St. Louis Rheumatological Society, November 8.

Mitchel L. Wolf, M.D., authored "Electrophysiologic Tests in Assessment of Senile Macular Degeneration" with M. Marcus, F. Menin, and M. Flinson published in the March 1983 issue of *Annals of Ophthalmology*, number 15:3. Dr. Wolf spoke on "Visual Evoked Responses" at a meeting of the St. Louis Evoked Potential Society on December 7, and discussed "Retinitis Pigmentosa" on the television Channel 2 program "Turnabout" on September 26. ■



SHOPPING LIST

In an effort to provide high-quality medical service, Jewish Hospital at Washington University Medical Center 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 presented to give the community an idea of the many different pieces of equipment every department requires to function efficiently. The list designates areas in which contributions are most necessary to help offset the high costs of the items (cited with their approximate prices), and allows prospective donors to choose a specific gift if they so desire.

The need exists. Your generosity could help save a life.

For more information on The Shopping List, contact the development office, 454-7250.

Doppler Echocardiography

New technologies that provide images of the inside of the human body are constantly reaching new levels of sophistication. In the field of cardiology, physicians have for years relied on echocardiography, an ultrasonic screening technique that reconstructs reflected sound waves into images of the heart. Now, with the development of Doppler echocardiography, cardiologists have an added dimension for diagnosis, one which not only transmits images but also measures velocity and direction of blood flow at any given point in the heart or its great vessels.

Like traditional echocardiography, Doppler echocardiography is painless, safe, and takes approximately 15 minutes. A gel, which helps to transmit sound waves, is first applied to the patient's chest while he or she is lying in a supine position. A hand held transducer, or probe, placed on the patient's chest transmits high frequency sound waves into the chest and samples reflected sound waves. The machine then reconstructs the reflected sound waves to form an image of the heart on a screen so that the heart chambers and valves can be visualized. In addition, blood flow velocities are measured using the Doppler principle.

The Doppler will prove useful for detecting abnormalities of heart valve function, says Stanley Biel, M.D., division of cardiology. "It is very sensitive for detecting regurgitant [leaky] blood



flow through normally closed valves," says Dr. Biel. "For stenotic [tight] valves, the Doppler can detect the turbulent, high velocity blood flow past the valve and give us a good estimate of the severity of the stenosis. It is also useful for detecting abnormal flows between the right and left sides of the heart."

According to Dr. Biel, Doppler echocardiography will provide a complementary technique to standard echocardiography proced-

ures. "Standard echocardiography provides information about cardiac structures and their motions, whereas the Doppler gives us information on how well the valves are functioning physiologically," notes Dr. Biel. "We are excited about the potential for the Doppler because it is the first noninvasive technique to provide such information. In some patients it may provide enough information to avoid cardiac catheterization or other invasive tests." ■

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Education

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Patient Pulse Transmitter and Receiver \$2,600

Neonatal Intensive Care Unit \$1,200

School of Nursing

Piano \$2,000

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Videotape player/recorder \$600



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Mr. J. Arthur Baer II has made a contribution to the Directors Fund.

Mr. and Mrs. Joseph Berger II have made a contribution to the Mary Goldstein Nursing Scholarship Fund.

Mr. and Mrs. Norman Bierman have made a contribution to the Research Endowment Fund.

Mr. Stanley J. Birge has made a contribution to the Stanley Birge Research Fund.

Mr. and Mrs. Harold Blatt have made a contribution to the Building Fund.

Mrs. Eleanor Brin has made a contribution to the Irving Brin Cancer Research Fund.

Mr. M. Erwin Bry has made a contribution to the Building Fund.

Mr. and Mrs. Keith L. Callahan have made a contribution to the Medical Staff Library.

Mr. and Mrs. Jerry Chod have made a contribution to the Ob/Gyn Fund.

Mr. and Mrs. Dudley J. Cohen have made a contribution to the Building Fund.

Dr. and Mrs. Frank Cohen have established the Frank and Dorothy Cohen Research and Education Fund in Medicine.

Mr. and Mrs. Hermann Deutsch have made a contribution to the Hermann and Erna Deutsch Cardiovascular Research Fund.

Mr. and Mrs. Harold I. Elbert have made a contribution to the Research Endowment Fund.

Mrs. Brenda Ernst has made contributions to the Gus W. Nations Pulmonary Research Fund and the Nursing Education Fund.

Mr. and Mrs. Milton Ferman have made a contribution to the Surgical Research Fund in honor of the Surgical and Nursing Staff of The Jewish Hospital of St. Louis.

Mr. and Mrs. Alfred J. Fleischer have made a contribution to the Directors Fund.

Mrs. Harry L. Franc, Jr., has made a contribution to the Harry L. Franc, Jr., Fund for the Study of Depression.

Mr. and Mrs. John M. Fraser have made a contribution to the Gus W. Nations Pulmonary Research Fund.

Mr. and Mrs. Harvey A. Friedman have made a contribution to the Harvey A. and Dorismae Friedman Program on Aging.

Mr. and Mrs. Norman Friedman have established the Jeanette Spector Nursing Fund.

Mr. and Mrs. Donald P. Gallop have made a contribution to the Research Endowment Fund.

Mr. and Mrs. Bernard Gerchen have made a contribution through the Bernard Gerchen Foundation to the Messing Chair in Pathology.

Mr. Albert Golde has made a contribution to Dr. Robert Senior's Pulmonary Research Fund.

The John R. Goodall Estate Trust had made a contribution to the Building Fund.

Mr. and Mrs. Edward Greensfelder have made a contribution to Dr. Robert Senior's Pulmonary Research Fund.

Mr. and Mrs. Thomas Guilfoil have made a contribution to the Marilyn Fixman Cancer Center in memory of Maureen O'Keefe Thomann, A.J. Cervantes, Judge Jim Ruddy and Elbert Lipe.

Mr. and Mrs. Neil Handelman, Mr. and Mrs. Howard Handelman and Mr. and Mrs. Gary Handelman have established the Frieda and Lester Handelman Cardiology Research Fund in honor of the Special Wedding Anniversary of their parents, Mr. and Mrs. Lester Handelman.

The G.L. Harris Trust has made a contribution to the Gustav L. and Jean F. Harris Endowment Fund.

Mrs. Ruth A. Heiman has made a contribution to the Dr. Ralph Graff Cancer Research Fund.

Mr. Gerald Hirsch has made a contribution to the Jacqueline Hirsch Brown Memorial Fund.

Mr. Neil S. Hirsch has made a contribution to the Jacqueline Hirsch Brown Memorial Fund in honor of the Special Birthday of Mr. Philip N. Hirsch.

Mr. and Mrs. Philip N. Hirsch have made a contribution to the Ralph Hirsch Memorial Cancer Fund.

Mr. and Mrs. Stanley N. Hollander have made a contribution to the Directors Fund.

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Mr. and Mrs. Erwin S. Jaffe have established the Geri Jaffe Rothman Endowment Fund for Breast Cancer Research.

Mr. and Mrs. Louis Karpf have established the Alma and Louis Karpf Fund for Emphysema Research.

Mr. I.M. Kay has made a contribution to the Physician-in-Chief Fund and the Mr. and Mrs. I.M. Kay Endowment Fund.

Mr. and Mrs. S. Lee Kling have made a contribution to the Directors Fund.

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Mr. and Mrs. Harold Koplar have made a contribution to the Probststein-Koplar Brace Fund in honor of the Special Birthday of Dr. Jacob G. Probststein.

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Mr. Tobias Lewin has made a contribution to the Hortense Lewin Nursing Scholarship Fund.

Mr. and Mrs. Al Loeb have made contributions to the Tribute Fund and to the Cancer Research Fund in memory of Rosaland Korach.

Mrs. Benjamin M. Loeb has made a contribution to the Benjamin M. Loeb Fund.

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Mrs. Edna Malen has made a contribution to the Edna Malen Scholarship Fund.

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Mr. and Mrs. John P. McGuire have made contributions to the departments of OB/GYN, Psychiatry, Rehabilitation Medicine and the Gus W. Nations Pulmonary Research Fund.

Mr. and Mrs. Roswell Messing, Jr., have made a contribution to the Messing Chair in Pathology.

Mr. and Mrs. Roswell Messing, Jr., have made a contribution to the newly established Dr. William A. Peck Research Endowment Fund.

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Mr. and Mrs. Hubert C. Moog have made a contribution to the Hubert P. and Irma C. Moog Endowment Fund and the Directors Fund.

The National Council of Jewish Women has made a contribution to the Alvin Arndt Nursing Scholarship Fund.

Mr. and Mrs. David W. Nations have made a contribution to the Gus W. Nations Pulmonary Research Fund.

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Mr. and Mrs. Kenneth Poslosky have made a contribution to the Research Endowment Fund.

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Ralston Purina Company has made a matching gift contribution to the Mary Ann and Elliot Stein Endowment Fund to match the gift given by Mr. Elliot Stein.

Mrs. Charles Rice has made a contribution to the Directors Fund.

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Mrs. Louis W. Rubin has established the Louis W. Rubin Fund for Medical Research.

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Mr. Joseph F. Ruwitch has made contributions to the Evelyn B. Treumann Stroke Fund, the Benjamin M. Loeb Fund, the Helen and Henry Putzel Nursing Scholarship Fund and the Joseph F. and Elizabeth R. Ruwitch Endowment Fund.

Mr. Wallace Ruwitch has made contributions to the Evelyn B. Treumann Stroke Fund, the Benjamin M. Loeb Fund, the Helen and Henry Putzel Nursing Scholarship Fund and the Joseph F. and Elizabeth R. Ruwitch Endowment Fund.

Mr. Louis S. Sachs has made a contribution to the Building Fund for the Ambulatory Care Center.

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Mr. Robert H. Shoenberg has made a contribution to the Building Fund for the Ambulatory Care Center.

Mr. Sydney M. Shoenberg, Jr., has made a contribution to the Building Fund for the Ambulatory Care Center.

Dr. and Mrs. Charles Silverberg have made a contribution to the Research Endowment Fund.

Mrs. Herbert Simon has made contributions to the Ira and Herbert Simon Research Fund and to the Julian Simon Research Fund.

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The Estate of Virginia Stults has made a contribution to the Virginia Fisher Stults Nursing Scholarship Fund.

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Dr. Stanley M. Wald has made a contribution to the Natalie E. Wald Memorial Scholarship Fund.

Dr. and Mrs. Helman Wasserman have made a contribution to the Koven-Wasserman Fund in Ob/Gyn.

Dr. and Mrs. Todd H. Wasserman have established the Radiation Oncology Fund for Research, Education, and Patient Support.

Mr. Paul P. Weil has made a contribution to the Research Endowment Fund.

Mr. and Mrs. Sanford Weiss have made a contribution to the Department of Otolaryngology in appreciation of special care given by Dr. Laurence Levine, Audrey Sullivan, Estel Kram, and their associates.

Mr. Raymond H. Wittcoff has made contributions to the Building Fund and the Directors Fund.

Mr. and Mrs. Robert L. Wolfson have made a contribution to the Directors Fund.

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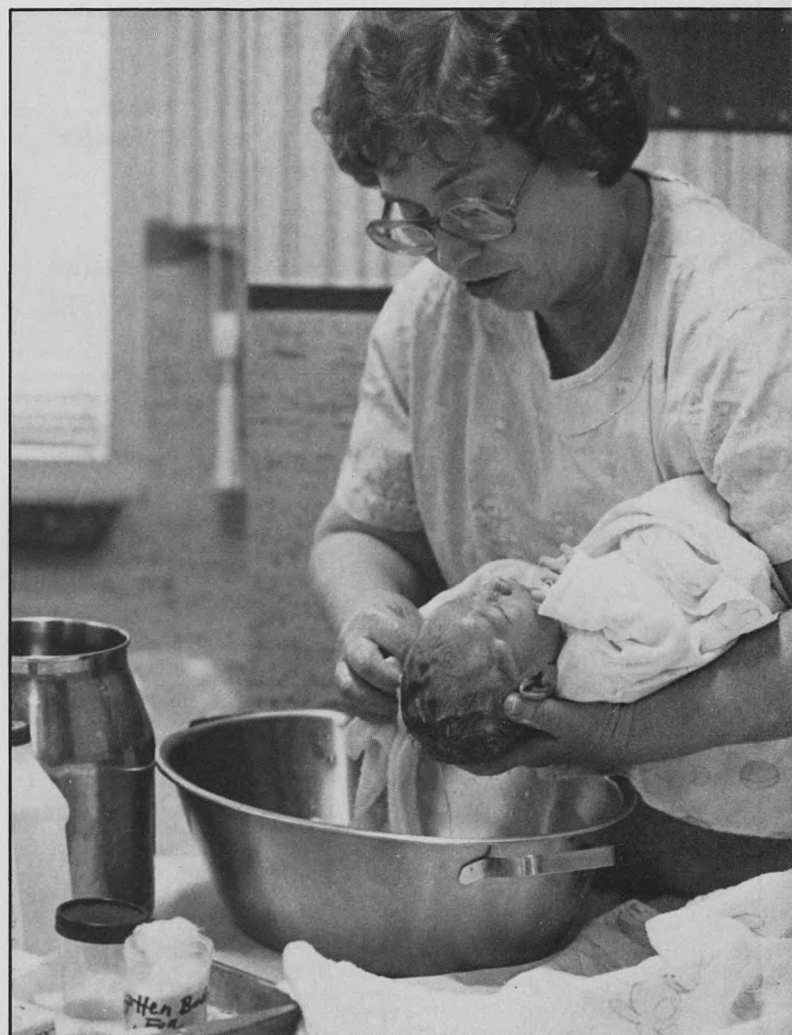
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TRIBUTE FUND

The Tribute Fund, initiated by the Jewish Hospital Auxiliary in 1952, receives approximately \$195,000 a year for research and aid to the needy. To make the donation process convenient, drawing accounts have been established. Anyone can open a drawing account by mailing a deposit of at least \$25 to the Tribute Fund, 216 South Kingshighway, P.O. Box 14109, St. Louis, MO 63178. Once the account is open, the donor can call 454-7242 anytime he or she wishes to make a tribute. Tributes can commemorate any occasion—birthday, promotion, birth, Bar Mitzvah or marriage. They can also be used to express appreciation or sympathy. The sender may specify that the money be put into a special fund. A notice is immediately sent to the recipient and the amount, a minimum of \$3, is deducted from the balance of the account. So that all the money can be used for the purpose intended, the drawing account holder will not be sent a thank you acknowledgement.

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The following contributions were received from December 5, 1983 to February 3, 1984. Any contributions received after February 3 will be listed in the next issue of 216.

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CALENDAR OF EVENTS

APRIL 4 AND EVERY WEDNESDAY

The Rehabilitation Support Group for patients and their families going through rehabilitation for stroke, head, neck, and back injuries; 4 to 5 p.m.; Rehabilitation Conference Room; call Jean Hamlin, 454-7759.

APRIL 5

Jewish Hospital Auxiliary Educational Seminar Series V on "Eating Disorders" with guest speaker Marvin Levin, M.D.; 9:45 a.m.; Auxiliary members only, by reservation; call 454-7130.

APRIL 9

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; call 454-7130.

APRIL 25

Auxiliary Annual Spring Meeting featuring a fashion show presented by Neiman-Marcus and installation of officers for the coming year; luncheon; 11:30 a.m.; Meadowbrook Country Club; members only, reservations required by April 18; call 454-7130.

MAY 2 AND EVERY WEDNESDAY

The Rehabilitation Support Group for patients and their families going through rehabilitation for stroke, head, neck, and back injuries; 4 to 5 p.m.; Rehabilitation Conference Room; call Jean Hamlin, 454-7759.

MAY 2

Associates In Medicine Annual Dinner Meeting with cocktails and guest speaker Al Wiman, Channel 4 medical reporter, and election of officers for the coming year; 6:30 p.m.; Top of the Sevens restaurant; members only, reservations required by April 25; call 454-7239.

MAY 6

Parkinson's Educational Program "United Parkinson Foundation of Chicago" features panel of four neurologists who are Parkinson specialists; 2 to 5 p.m.; Edison Theatre at Washington University; open to the public at no charge; for reservations, call 454-7130.

MAY 14

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; call 454-7130.



JEWISH HOSPITAL

AT WASHINGTON UNIVERSITY MEDICAL CENTER

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