JEWISH HOSPITAL 216

AT WASHINGTON UNIVERSITY-MEDICAL CENTER

MAY/JUNE 1984

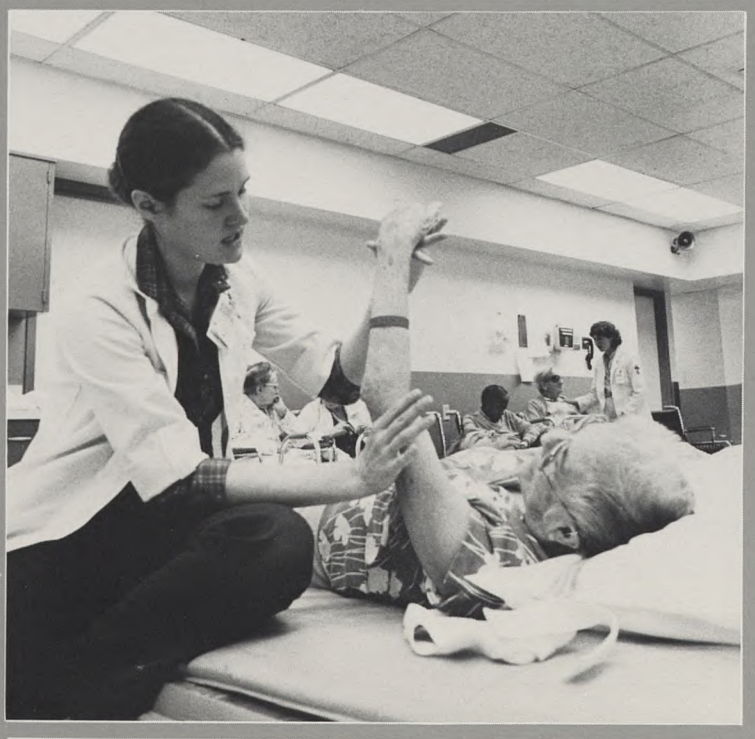
CLEARING THE THROAT OF ABNORMALITY

BLADDER AND RELATED MATTERS

STALKING THE STONES

CHECKING OUR LIST

SPECIAL CENTER PULL-OUT SECTION



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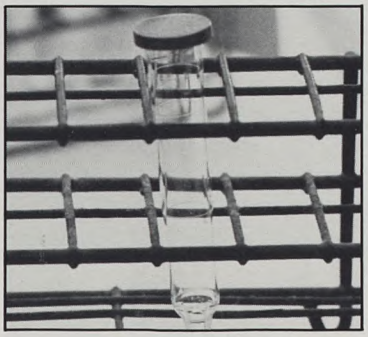

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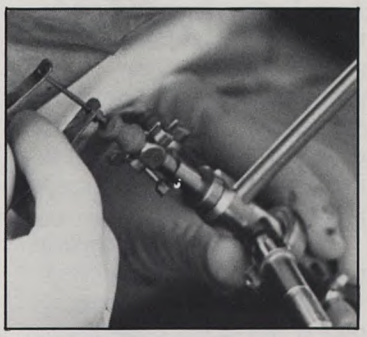

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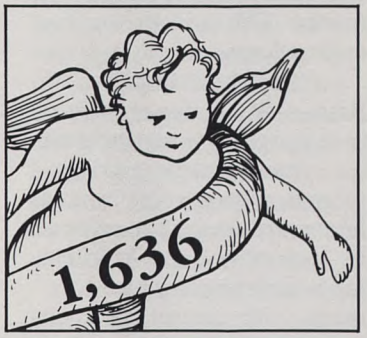

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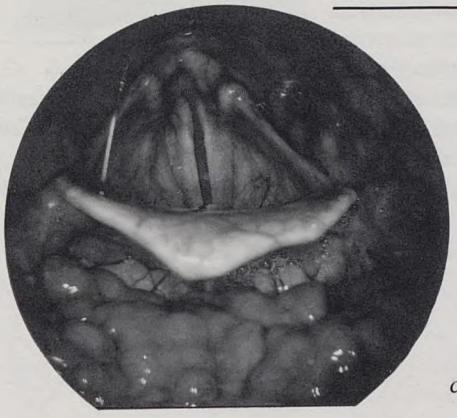


ON THE COVER: CASA diploma student Victoria Thompson, dressed for her role as Miss Pinkerton in Opera Theatre of Saint Louis' presentation of "Old Maid and the Thief," regularly has her soprano voice checked at the Jewish Hospital Voice Lab. For her, the sophisticated diagnostic equipment represents a way to prevent problems of irritation caused by usage. The lab also provides new hope for non-professional voice users, people for whom the voice is just as important because it is their primary means of communication. Key in the process is the ability to see and videotape the larynx, shown at left. (The bumpy foreground is the base of the tongue, the white triangle is the epiglottis. The vocal cords are the light vertical lines at the center of the picture.) Read about what the lab is doing to diagnose and use revolutionary treatment modalities on laryngeal growths and disease, unexplained poor voice quality, paralysis and other problems affecting the vocal cords, beginning on page 2.

MODIFYING THAT TONE OF VOICE

by Lesli K. Koppelman

A raspy squeal accompanies the pink image on the screen. The pitch increases and the center of attention stretches. The supporting parts in the action follow in sympathetic movement to a decrescendo until, in silence, the subject relaxes into resting position.

What we're looking at is not a scene from the filmed version of a Baryshnikov ballet. Nor is it a piece from a televised operatic performance. This is video laryngology.

"Say ahh," Robert Bastian, M.D., department of otolaryngology, instructs his on-camera patient, a young woman whose voice remains hoarse following the removal by laser of nodules (thickening which results from continual voice abuse). He elicits not only the warblings of a throat beset with vocal problems, but a full-color picture of her larynx. It appears on a monitor in Jewish Hospital's Voice Lab, an encouraging innovation for anyone with laryngeal growths, poor voice quality, paralysis affecting the ability to produce sound, or other conditions of the organ most of us think of as the little black box in the throat.

The "lab," which began operations in February of this year, is a carpeted examining room in the otolaryngology offices located in the Central Medical Building (4910 Forest Park Blvd. on the corner of Euclid). Next to the small TV monitor stands a bank of electronic apparatus including a VCR and two high-fidelity tape decks. Resting on a tripod is something that looks like an oversized curling iron. Its metal rod, containing a light source and camera lens, is placed all the way back in the patient's throat to allow the visualization. (Anyone who has a strong gag reflex can have his/her throat numbed.)

In the picture transmitted to the monitor, it is as if the observer were standing on the epiglottis (the leaf-shaped plate of elastic cartilage at the root of the tongue) and looking at the larynx and windpipe. As the patient raises the pitch of her tones, the vocal cords elongate. As the tones descend the scale, the cords gradually shrink back to their resting dimensions. When Dr. Bastian switches to the strobe function, which creates the illusion of slow motion, the vibration of the vocal cords, which produces sound, becomes apparent.

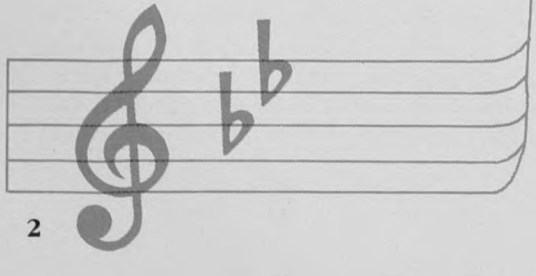
What Dr. Bastian hears, aside from the hoarseness, is a straining to reach higher tones, and diplophonia—or a simultaneous double tone, a sort of duet coming from a single voice. What he sees is a swelling in one cord, giving it a different mass and therefore a different rate of vibration (resulting in a different pitch) than the other one. Speech pathologist Mary Ann Zaggy, M.S., and the patient, can see it too. So that they will have a record to study, and a baseline with which to compare the post-therapy image, the entire examination is videotaped.

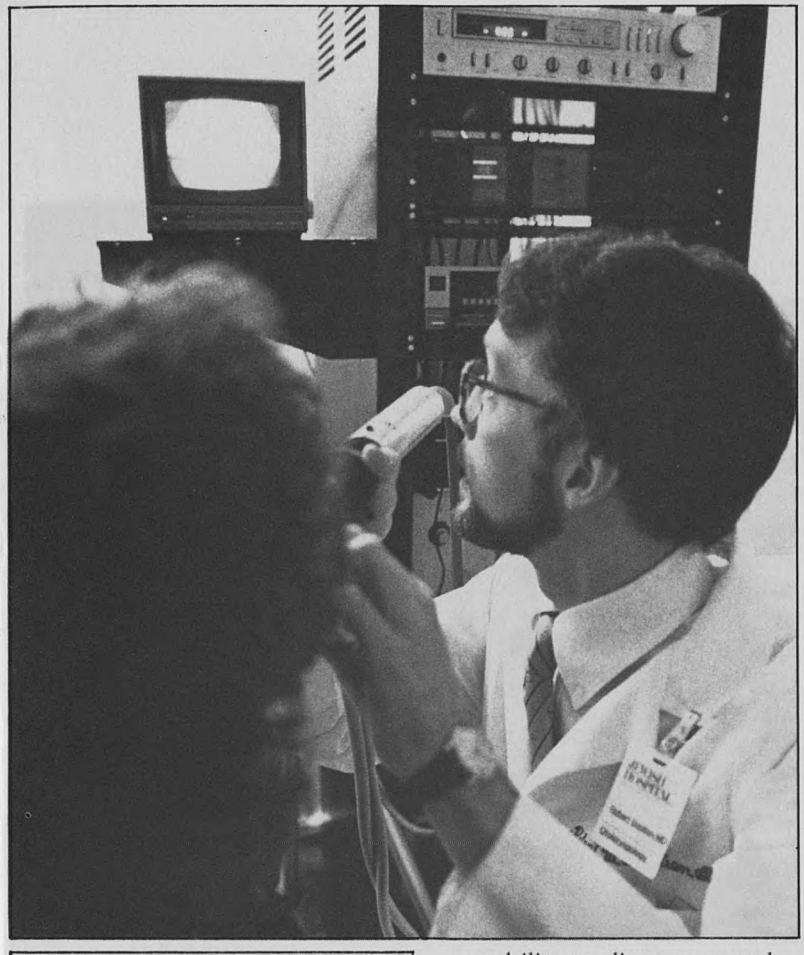
"This objectifies everything we do," explains Dr. Bastian, whose own speech is pronounced in soft-spoken, round tones. Instead of having to describe what he sees and drawing diagrams to record the condition of the larynx, an approximation and inadequate crutch to memory at best, the physician now has a perfect image.

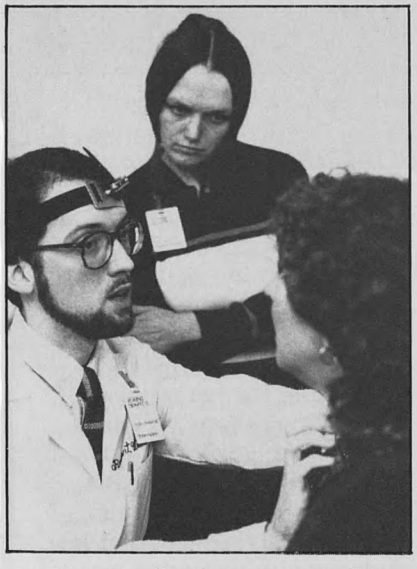
The permanent record aids the collaborative efforts between members of the voice lab team headed by Laurence A. Levine, DDS, M.D., director of both the lab and department of otolaryngology, and including Dr. Bastian and Ms. Zaggy. "Instead of each of us looking with a mirror—not a terribly good method of examination compared to this—and then talking about what we each think is wrong, all of us together can look at the very same thing and discuss it. And we can play it back 10 times if necessary," Dr. Bastian notes.

Improving the Power of the Naked Eye, the Unaided Ear

"The equipment extends







Top: Dr. Bastian positions the camera lens in the patient's throat. Below: Mary Ann Zaggy listens for voice tone while Dr. Bastian checks laryngeal function.

our ability to diagnose vocal problems, either organic—visible, pathological states, such as paralysis or growths—or those manifested in horrible voice quality whose cause cannot be determined using conventional methods of diagnosis," explains Dr. Bastian. For instance, the larynx in someone who has an abnormal voice might *look* normal upon routine examination. Under the strobe, though, a physician might discover that the cords—which move so fast that to the naked eye they don't seem to move at all—are not vibrating equally. In the past, that patient would have been told he/she had a "normal" voice, and would have been sent to the speech therapist who, no matter what was done, would not have been able to solve the problem which was organically produced.

Another advantage is that it "allows us to teach patients because you can actually show them their cords. Patients can participate more fully in the solution of their problems because they can see what the trouble is." A pause function on the equipment gives the doctor the ability to stop and analyze the image, and to explain it to the patient.

"Most people have no concept of what the larynx looks like and how it works," Dr. Levine comments, "unless they are professionally trained—singers or actors who have some increased awareness of the kinesthetics that they get through the larynx. We're hoping to take the uninitiated, the lay person, as well as the professional voice user, and show them so they can correlate visually with their feeling of what's going on in here and, we hope, modify vocal behavior."

"We're hoping... they can correlate visually with their feeling of what's going on and modify vocal behavior."

This approach, of using the video equipment for biofeedback therapy, is a new application and what is hoped may make the Jewish Hospital Voice Lab unique. The method can be particularly useful for people whose voice problems are related to improper usage, such as habitual loud talking or falsifying one's natural pitch. "It is difficult to modify vocal behavior because it is lifelong and we get very few cues from it," notes Dr. Levine.

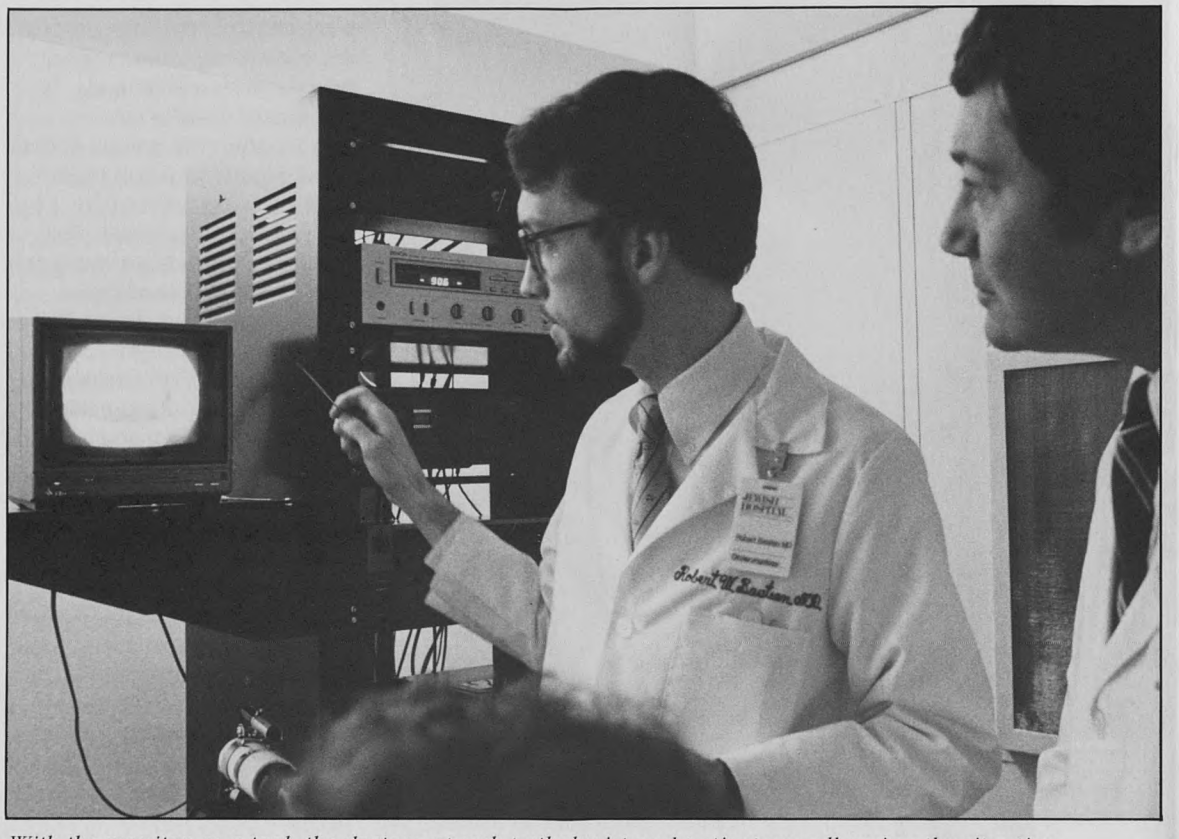
The hoarse patient readily admits that she has probably been abusing her voice for years. "I speak too quickly and talk a lot and yell from one end of the house to the other." Her naturally husky voice became easily hoarse more and more often after she began singing in a local chorus. The more strained her voice sounded, the more she strained for a clear voice.

As Zaggy explains, initiating sound too abruptly can cause the cords to become tense and habitual attempts to force sound during ongoing speech tends to slam the vocal cords together through improper muscle action in the larynx. Unfortunately, the failure to relearn proper use—easing the onset of voice, using a soft breathy voice to allow the air flow rather than muscles to do the

work—prevented appropriate recovery following the surgery.

"People may not be smart auditorially," says Dr. Bastian. "They may be perfectly intelligent, but are just not smart in understanding sound and being able to discriminate differences in quality, loudness or pitch."

Through the voice lab, Drs. Levine and Bastian will essentially be able to explain to a patient "what's wrong with this picture," showing them cords that are too squeezed or too short, for instance, and having them try to modify what they are doing not only with the sound and sensation cues, but through vision, their strongest sense.



With the monitor as a tool, the doctors, speech pathologist and patient can all review the situation simultaneously and objectively.

The Singing Doctor

The idea of using the lab for biofeedback therapy occurred serendipitously while Dr. Bastian was testing the equipment on himself, trying to move the epiglottis forward to allow a clearer look at what is beyond it. Trained and experienced as a professional singer, Dr. Bastian had greater awareness of the workings of the larynx than most people, enough to know how certain sounds produce certain actions in the throat. "Normally, you have the patient move the epiglottis by singing a high pitch on an E vowel, which tends to bring everything forward. I was watching myself on this monitor one day, not making any sound, and suddenly figured out, by the way it felt, how to do it. Now I can lift my epiglottis at all pitches. I transferred the visual to the feeling. And it occurred to me that patients could learn to manipulate their larynges similarly."

One patient was trying to make a career in musical theater. After a year of serious vocal difficulties, she stopped singing for four months because she had developed nodules. When she resumed singing, she soon found herself back in the same situation: hoarse, unable to sing high notes. A number of laryngologists gave her a number of explanations: bruised cord, sore cord, swollen cords. "But she had no understanding of what was wrong—if what she had been told all meant the same thing or were different problems—and why she kept getting into trouble," says Dr. Bastian. "Now she understands what the trouble is—because we showed her her vocal cords and that she wasn't using them properly." Voice rest and retraining are expected to change her damaging habits.

The implications of being able to definitively identify what is wrong, and then to change not only the condition but its cause, are significant. Despite the obvious application for professional voice users, and the fact that Drs. Levine and Bastian serve as the "team doctors" to Opera Theater, the Fox and Muny, they are just as interested in the plight of the former drill sergeant who now irritates his audiences by delivering lectures as though his words were being raked over a gravel path.

He, too, had been given a

Dr. Levine and Mary Ann Zaggy discuss their evaluation of the taped evidence of laryngeal problems.

variety of reasons by a number of voice specialists. "I don't know if they actually saw what was wrong or they just told him things like 'swelling' because they didn't know," Dr. Bastian comments. "The laryngoscopy showed that his voice quality comes from his laryngeal posture. He's been trying to fulfill the vocal image of a macho deep voice and in the process has gotten into bad habits. When he uses the medium range, his voice is normal. So biofeedback could be useful for him."

It can also help stroke patients whose paralysis affects the ability of the vocal cords to protect the airway during swallowing by preventing food from entering the lungs and causing aspiration pneumonia. "There can be a diagnostic problem because after a stroke, patients may have difficulty due to the neurologic situation, or as a result of intubation (putting tubes into the trachea). We'd be able to determine the cause and then respond with the proper exercises or modified behavior to avoid the aspiration," says Zaggy, who spends her afternoons in the department of rehabilitation working with patients who experience such problems.

The Thought Behind the Technological Application

For years, the emphasis at Jewish Hospital and the Washington University School of Medicine had been on otolaryngology from a structural and pathologic rather than functional standpoint. Dr. Levine wanted to add to that approach. Two years ago, after attending a symposium on the care of the professional voice, held at Julliard School in New York, he became interested in the idea of starting a voice lab, a relatively new concept presented by no more than a dozen institutions in this country.

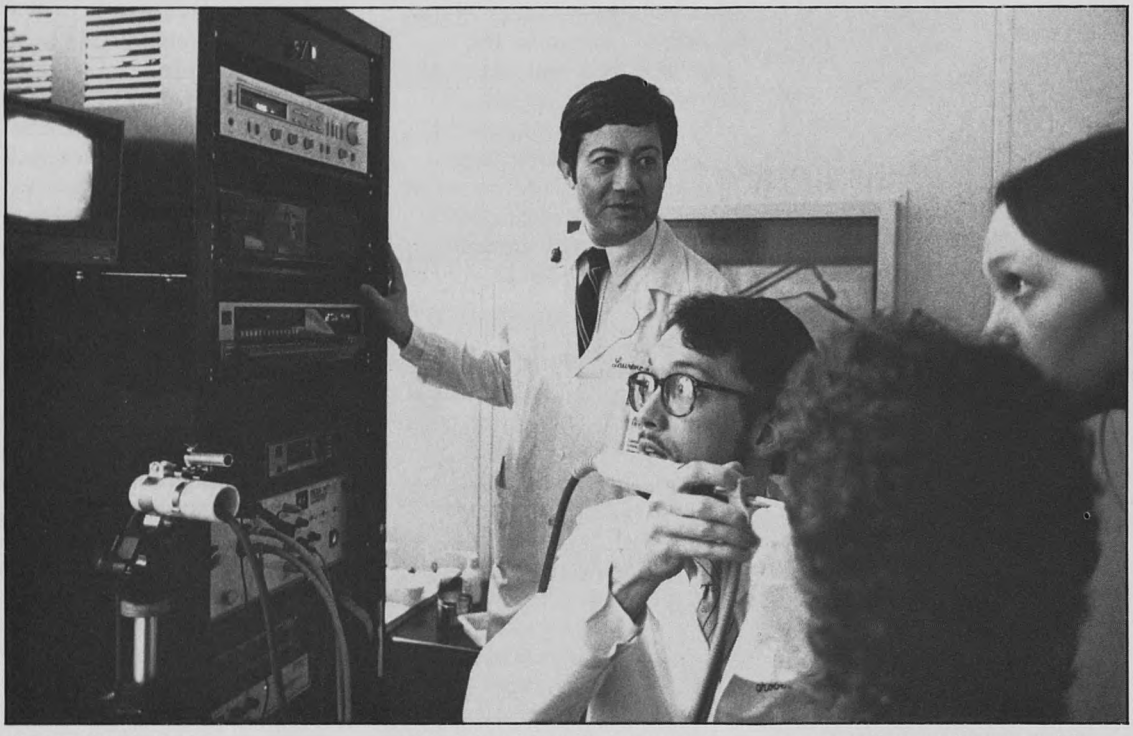
Also attending that conference was Dr. Bastian, then a resident at Washington University. Dr. Levine knew him, and about his background as a trained singer. Recognizing what an asset Dr. Bastian would be to the type of program he envisioned, Dr. Levine approached his colleague about accepting a post in his department, and last year spoke at the Julliard symposium on how to establish a voice lab.

"Bob likes to figure out an end result, I like to figure out ways to get there," observes Dr. Levine. "It's a nice complement."

"We have a long-term commitment to have absolutely everything we need to make voice problems or laryngeal disorders objective and verifiable," claims Dr. Bastian. "There are parameters other than video laryngoscopy to look at. These involve coordinating the visual with the auditory through accoustical analysis."

Currently, the department is in the process of securing the equipment necessary to produce high quality audio recordings. A booth adjoining the lab allows the physicians to make accoustically-isolated tapes that will provide flat frequency response—in other words, an accurate reproduction of the patient's voice. An electronic converter will turn the analog signals on the tape into digitalized signals which can be fed into a computer. With a custom program, being worked out through the hospital's data processing department, it will be possible to isolate various aspects of the voice for analysis.

"This is another way of objectifying," notes Dr. Levine, clearly excited about the possibilities offered through the system. "We'll be able to statistically analyze differences in voice quality before and after surgery or therapy by measuring the amplitude, for instance, and combining it with the serial video record." The capability



By making sounds of varying pitches and loudness, a patient activates her vocal cords and allows the Voice Lab team to look for evidence of growths, swelling, or other abnormalities.

will be a boon to the speech pathologist.

"Right now in doing voice evaluation my equipment is limited to my eyes and my ears," notes Zaggy. "We hope to be getting equipment that will help us not only quantify the voice print, but also measure pressure and rate of air flow," both of which affect voice quality.

The data will also be used for research purposes, a priority among the team which has already begun talking about specific projects. One would involve a comparison of standard voice therapy and voice retraining using the biofeedback techniques. Another would question the long-taught practice of not allowing post-laryngeal surgery patients to make any sounds because of the belief that even whispering affects the vocal cords. A preliminary look at the evidence seems to indicate that whispering may not, in fact, involve the cords at all.

A comparison of laser and cold-steel removal of nodules, the effects of smoking and radiation on the larynx are other areas for study. The department has already discussed a cooperative endeavor with the Mallinckrodt Institute of Radiology, another member of the Washington University Medical Center. "Although the subject of surgery vs. radiation treatment is controversial, no one has sat down and photographed and accoustically analyzed what happens to the voice. We see changes, but they have not been previously documented," says Dr. Levine.

The investigative slant made it possible for the department to set up the Voice Lab using research funds. However, it will take additional funding to try to find the answers to vocal disorders and to determine the best ways to alleviate them. This will require additional input through the generosity of private donors, which Drs. Levine and Bastian are hoping will be generated due to interest in the wide application of their work.

"It will allow us to be more precise and to make decisions on a multi-disciplinary level," Dr. Levine explains. "We can each express an opinion and critique our assessments, our treatments—whether they be voice therapy, medicine or surgery—because we can sit down and ask 'How did our therapy work? Is there a difference in voice quality, in the picture of the larynx? Did our treatment really help?'"

The interest in the department is clearly to work with anyone who is experiencing a vocal difficulty and to determine which therapeutic modalities are most effective through research endeavors. With their primary commitment to organic disorders—the growths and diseases that affect the larynx—the team feels that what they are doing is "really gratifying," notes Dr. Bastian. "Especially with patients who have been to a number of doctors and have been told different things. If we were just to tell them another different thing, they'd say 'now who do I believe?' We can show them, and help them do something about the problem."■

For more information about the Jewish Hospital Voice Lab, or to make an appointment, call 454-7875.

An Answer to A VOIDING Difficulty

by Janet Ruegg-Hawks

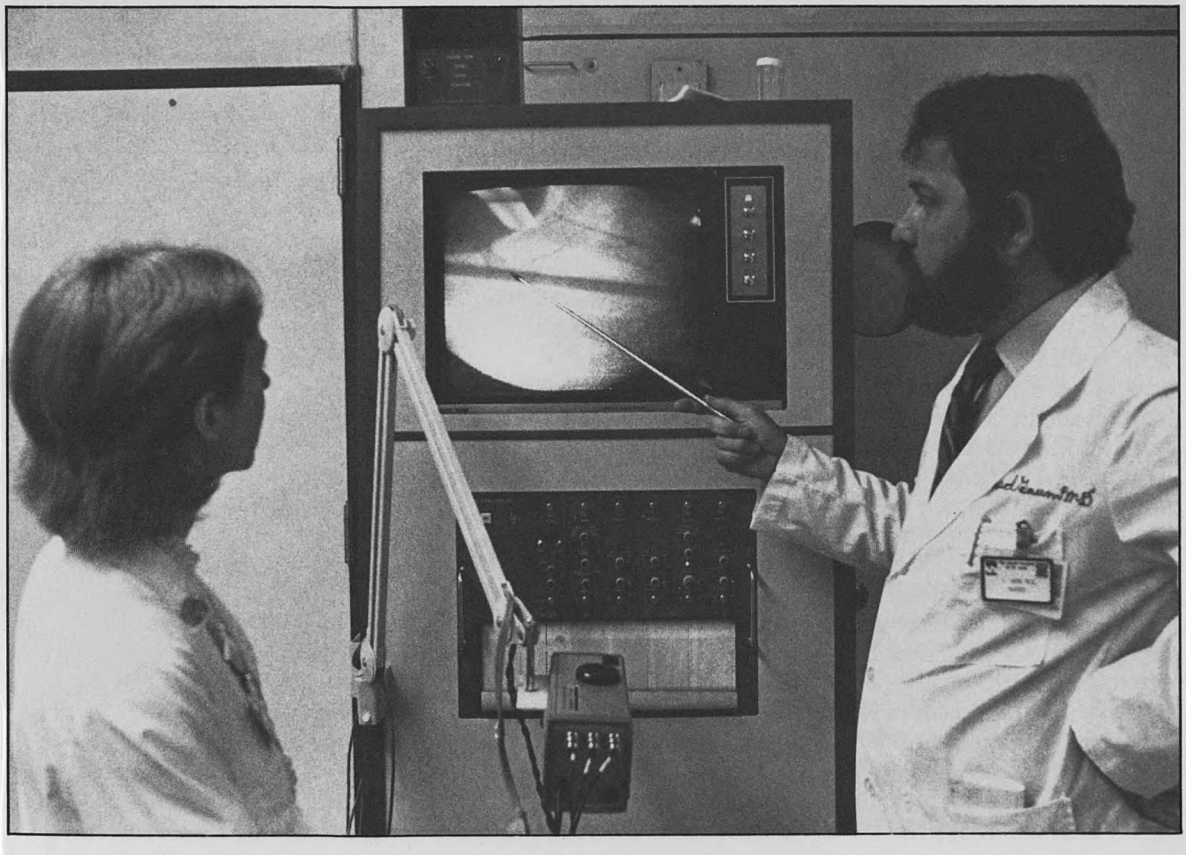
Diagnosing a medical problem in a patient's lower urinary tract is often as straightforward as discovering an enlarged prostate or local infection during an office examination. In many other cases—especially if a patient suffers from a neurological disorder—an evaluation of the complex coordination of the bladder and its sphincter (or valve) mechanism is necessary for a complete and accurate diagnosis. At Jewish Hospital, state-of-the-art equipment and the specialized training of Leonard Gaum, M.D., assistant professor of urology at Washington University School of Medicine, are combined to provide complex diagnostic measurements and evaluations of a patient's voiding cycle.

This evaluation process is known as urodynamics, the assessment of the hydrodynamics (fluid motion) of bladder-urethral function, and is performed at the Jewish Hospital Urodynamics Laboratory. Dr. Gaum explains, "Basically, the lower urinary tract does two things. It stores urine and empties it. We evaluate the fluid mechanics of the procedure from an engineering standpoint." Less than two years old, the Urodynamics Lab is located within the medical diagnostic imaging department and is staffed by Dr. Gaum and Christine Sayre, R.N., clinical nurse specialist.

The lab was established after Dr. Gaum, who served as a fellow in urodynamics at the Hospital for Sick Children in Toronto, Canada, joined the staff of Jewish Hospital in 1982, primarily to meet the needs of the spinal cord injury patients in the large rehabilitation unit. "Since I had a background in urodynamics, we thought we could offer these patients more complete treatment with a lab here," notes Dr. Gaum.

Spinal cord injury patients are not the only ones with the need for urodynamics evaluation. "We serve a wide range of patients, primarily those with neurological or neuromuscular difficulties, such as meningocele children (those with a protrusion of membranes of the brain or spinal cord due to a defect in the skull or spinal column), or patients with multiple sclerosis, diabetes, strokes, tumors in the nervous system or neuromuscular trauma. Urodynamics does not replace a basic urologic examination, but is another testing opportunity to confirm or establish a diagnosis."

Patients with complex medical situations are likely to exhibit complex symptoms, and urodynamics can assist in the management of such patients. "Our studies illustrate the interrelationship between bladder and sphincter function. Often, symptoms may initially indicate one problem, but the testing will show quite another situation. This is very important, as the wrong



Christine Sayre, R.N., and Dr. Gaum discuss the amount of fluid injected into a patient's bladder during a urodynamic evaluation by referring to the fluorscopic image (on screen).

therapy can be disastrous. Consider a patient who is voiding often, but not completely emptying the bladder. Perhaps it was decided that the bladder was hyperactive and the patient was given medication to calm it down. Since the bladder was not completely emptying—which we could only tell through urodynamics—the patient could go into complete retention with the drug therapy," explains Dr. Gaum. "Depending on what we find through urodynamics, we can decide on treatment. Do we need to treat the bladder alone? The valve? Is surgical therapy indicated or would medical therapy suffice?"

Several procedures are used for a urodynamic assessment. Depending on results of initial testing and previous physical, urine and endoscopic examinations, Dr. Gaum and Ms. Sayre may elect to use specific urodynamic tests and combinations of tests to evaluate a patient's condition.

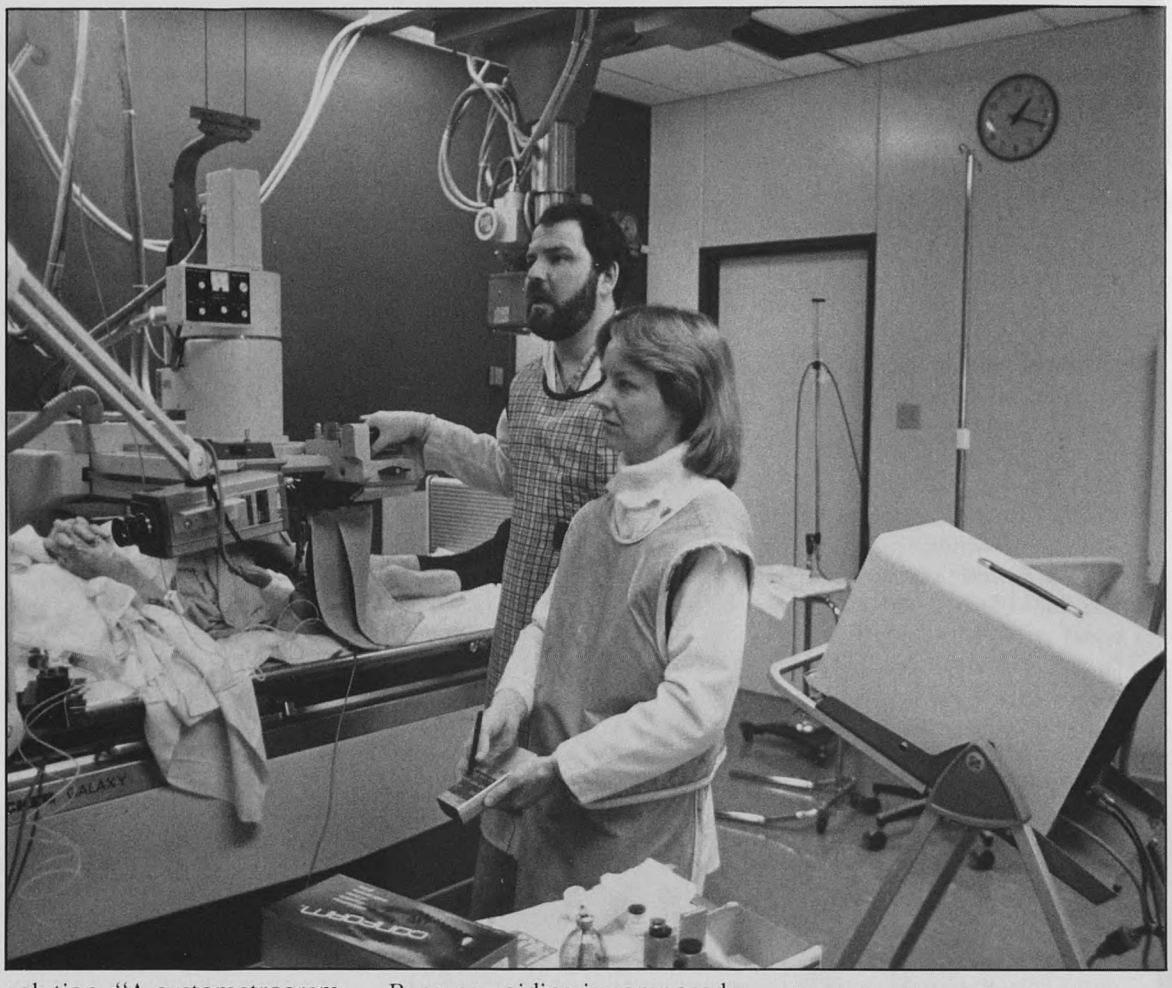
Measurements of urine storage and evacuation capacity of the lower urinary tract can be initially assessed by a flow study and cystometrogram. The flow study is a non-invasive measure of the volume of urine voided during a given time period. This test is primarily a screening procedure that assesses overall urinary function and does not distinguish between bladder or sphincter dysfunction. If the flow study is abnormal, other urodynamic tests may be indicated.

The cystometrogram determines the pressure-volume relationship in the bladder. During this test, a catheter is used to fill the patient's bladder with a saline solution. "A cystometrogram will tell us if the bladder accepts a certain capacity, if sensation is intact, if the bladder contracts, and if it is a voluntary or involuntary contraction," notes Dr. Gaum. "If a patient is incontinent, the bladder might contract without the patient wanting it to. Should a patient's problem be stress incontinence (a lack of bladder control during a physically stressful act, such as sneezing or coughing), the bladder will likely show good function and we will need a urethral pressure profile (a measure of the resistance) to assess the workings of the sphincter mechanism in maintaining urinary continence.

"That is our approach. Because voiding is composed of different events, in order to get an appreciation for what is happening, we have to monitor all events. The bladder and sphincter must work together."

Sphincter function can also be assessed by sphincter electromyography (EMG). An electrode is placed in the area of the valve and monitors electrical impulses. If the valve is closed, it emits a different electrical activity than when it is open. When the test is done along with a cystometrogram, where the bladder is being filled, the electrical impulses will register when the patient contracts the sphincter to maintain urinary continence. When the patient decides to void, he or she will relax the valve and contract the bladder, all of which can be measured by the electrical impulses.

An EMG is often used in concert with both a flow study and a cystometrogram, a synchronized video pressure/flow study. During this procedure, a radiopaque solution is injected into the bladder through a catheter and



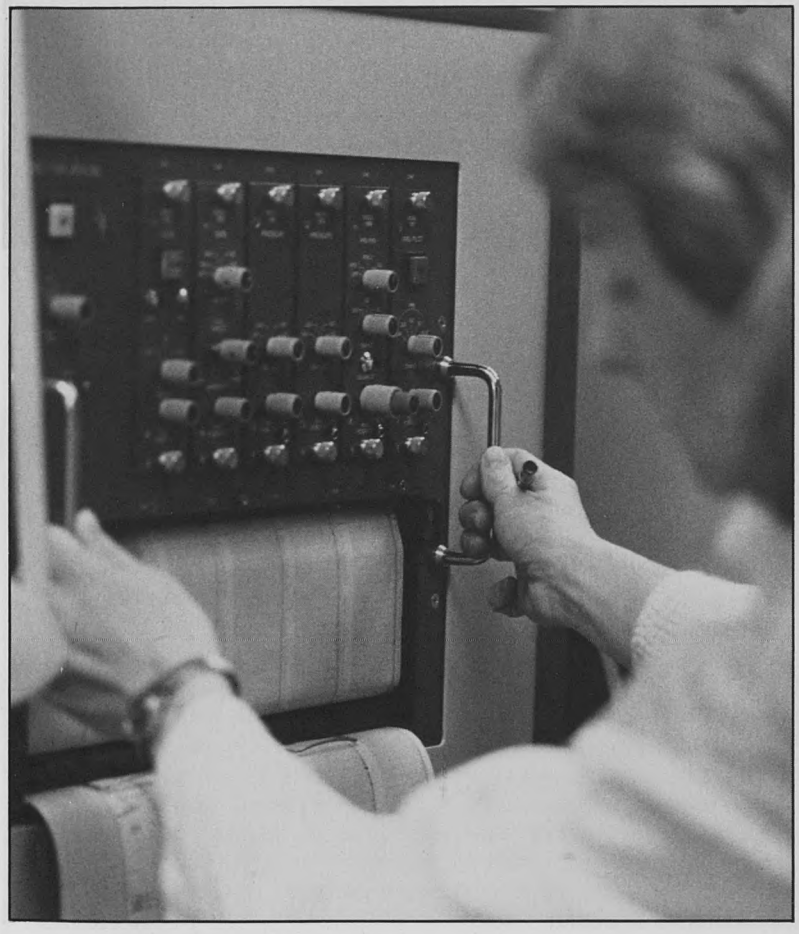
Above: Dr. Gaum dictates an audio track to be played with the video of this patient's session in the Urodynamics Lab for study and diagnostic purposes. Right: Ms. Sayre notates fluid amounts on the EMG feed out during a synchronous video pressure/flow study.

is monitored by fluoroscopy (an X-ray technique) and placement of the fluid in the patient's bladder is projected onto the video screen. Simultaneously, pressure and EMG graphics feed out on strips of paper which Sayre notates according to the amount of fluid injected. Dr. Gaum tapes an audio track over the video of the fluoroscopy indicating fluid amounts injected and voided, electrical activities, and patient response for both the current diagnosis and future study.

The tests are usually performed on an outpatient basis and may take up to one and one half hours to complete. In its first 18 months of operation, the Urodynamics Lab evaluated approximately 300 cases, comprised of Jewish Hospital patients, referrals from attending physicians at Jewish Hospital, and peripheral hospital referrals from the St. Louis area and neighboring states.

Dr. Gaum emphasizes that while spinal cord injury or patients with other neurological problems in the Jewish Hospital rehabilitation department are prime candidates, many other patients can benefit from the exacting diagnosis possible with the sophisticated equipment available in the lab.

A diabetic patient, for instance, may develop a sensory problem and not be aware that the bladder is filling. A patient recently treated by Dr. Gaum suffered from a number of problems associated with diabetes, such as high blood pressure, peripheral vascular disease and some degree of renal failure. "The patient had symptoms of prostate obstruction, but we also needed to examine if he had the poor bladder function that often occurs in diabetics. Through urodynamics, we isolated the poor bladder function as the major cause," explains Dr. Gaum. "Prostate surgery would have been very dangerous given his physical state. If we didn't have all this information, he might have been helped by certain therapies or he might have been rendered incontinent."



In another case, a rehabilitation patient with a neuromuscular disorder who exhibited discoordinate function between the sphincter and the bladder, the urodynamcis tests were used as a prognostic tool. "This type of case is very difficult to treat," comments Dr. Gaum. "Complications could develop and the deterioration of the urinary tract might occur. As it was, the tests provided useful information that indicated using a combination of catheterization and drug therapy, depending on the patient's condition at any given time. If it is understood that these tests need to be performed with a particular outcome in mind, not just a random investigation of all kinds of urinary tract disorders, they can be useful for a number of diagnostic and therapeutic decisions."

Many older women who have borne several children experience a weakness of the muscles that support the pelvis, which can cause incontinence. If they show symptoms of stress incontinence coupled with an urgency continence, where they experience a lack of control and a strong desire to urinate, a urodynamic analysis is indicated, says Dr. Gaum. "The first thing we need to ascertain is that the patient does not have any tumors, infections, or calculi (kidney stones), because these can cause irritative voiding symptoms and need to be treated. If that is not the case, we make sure the bladder isn't irritable, since surgery on an irritable bladder may make it worse. If the urodynamic assessment shows that the patient has a stable bladder and is suffering from simple stress incontinence, it is likely that the surgery will be successful. This is where urodynamics can help clarify a situation and support a physician's clinical diagnosis." ■

Many patients can benefit from the exacting diagnosis possible with the sophisticated equipment available in the lab.

Attending Jewish Hospital physicians and other referring physicians are welcome to refer patients to the Urodynamics Lab and may make arrangements by calling Dr. Gaum's office at 454-7178.

When There's Something In The Air

"People who have allergies are some of the most grateful patients," noted Phillip E. Korenblat, M.D., at the Jewish Hospital Auxiliary Seminar Series V on allergies on February 7 held at the home of Martha Scharff (Mrs. Robert). "Their problems may not be severe, but they are with them so incessantly that the patients are appreciative of any help."

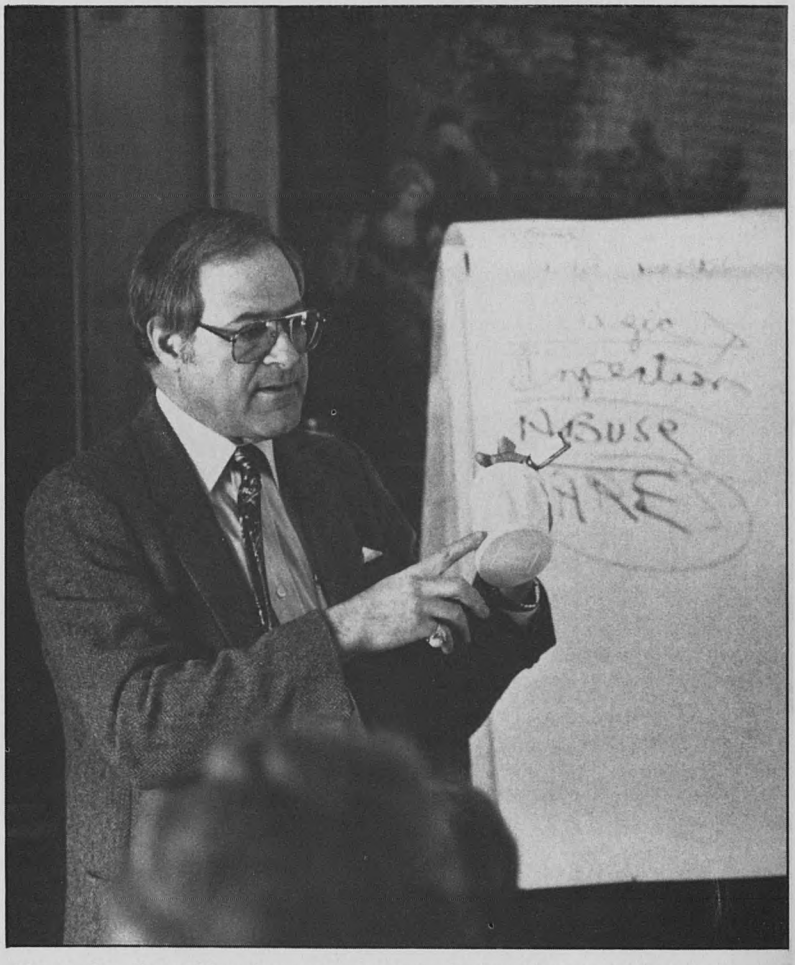
More than 50 Auxiliary members attended Dr. Korenblat's animated and informative talk. He invited participation during and after his presentation and the Auxiliary members were anxious to learn about the myriad causes and effects of allergies. Chairpersons Leslie Waldbaum (Mrs. Lawrence) and Karen Zorensky (Mrs. Mark) were in charge of program arrangements.

Dr. Korenblat said, "There has been an explosion in the knowledge and treatment of allergies." The co-editor of a book published in March, *Allergy—Theory and Practice*, he defined an allergy as "an untoward physiologic event mediated by certain immune reactions." There is an antibody responsible for allergy in the body known as IgE. For genetic reasons, the IgE will attach to certain cells and cause a specific allergy, such as one to grass or mold. When the IgE antibodies are brought in contact with an allergen, i.e. grass, animal dander, pollen, mold or food, a chemical mediator is set in action, most commonly producing a histamine. The histamine will create the allergic symptoms, perhaps sneezing, hives, runny nose or, in some cases, asthma.

After discussing the various types of allergic reactions, Dr. Korenblat introduced his audience to several breakthroughs in treatment. For asthma sufferers, new drugs and appliances have made self-treatment easier and safer. The drugs, Vanceril and Beclovent, help an asthma patient stay off or limit the use of steroids which can have dangerous side effects. "This in itself has revolutionized the care of asthma," noted Dr. Korenblat. A number of small appliances make inhalation of the drugs simpler and more direct. "This is especially useful for children and adolescents who have been known to avoid taking their medicine if it calls too much attention to them or takes too long," Dr. Korenblat commented.

He said that the most important elements in understanding the treatment of asthma are concepts such as: a little bit of asthma is not an acceptable situation; asthma should be treated at an early stage; medication is not usually effective on an as-needed basis, but must be maintained daily; and asthma is not caused by nerves or emotions. An emotional problem may be an outgrowth of asthma, as children are very sensitive to having illnessess and taking medications and a power struggle between a parent and child may result over pressure to take medicines. Dr. Korenblat believes that it is best to avoid this conflict, and have the child deal directly with the doctor to avoid a family difficulty.

Another breakthrough is in the emergency treatment of people dangerously allergic to insect stings, such as those from bees, wasps, hornets and yellow jackets. For these people, a sting can induce a number of serious conditions, including anaphylaxis, a type of life-threatening shock. A new product on the market, called Epi-pen, allows a person or bystander to safely and easily administer a dose of epinephrine (adrenaline). The Epi-pen is opened and the patient is quickly "stabbed" with its end, which contains a retractable needle. The epinephrine is injected under the skin. "Soon, it will be an act of omission not to have these available at tennis courts and swimming pools. The



Above: Dr. Korenblat demonstrates new devices that simplify inhaling asthma medications during his talk to Auxiliary members at the home of Martha Scharff (Mrs. Robert). Opposite page, bottom: Following his presentation, Dr. Korenblat dispensed advice as Auxiliary members gathered to speak with him individually. Top: Ann Morris (Mrs. Alan), left, took copius notes during Dr. Korenblat's talk for her report in the Auxiliary newsletter, Clover Leaf.

only contraindication of the Epi-pen is for people with significant hypertension. The situation must be gauged to decide if the insect sting is more dangerous than aggravating the hypertension by administering the Epi-pen,'' said Dr. Korenblat.

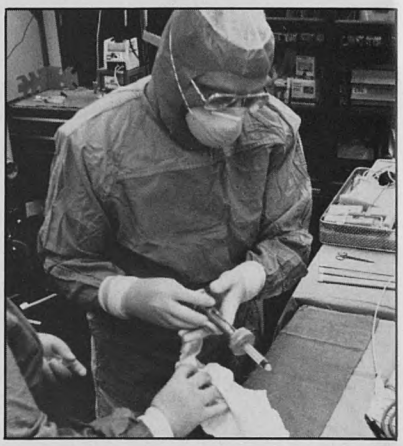
There are several new considerations for allergy sufferers to take into account, noted Dr. Korenblat. One is that people taking beta-blockers for a heart condition (usually for a mitral valve prolapse, hypertension or coronary artery disease) will find it harder to counteract an allergic reaction. Dr. Korenblat urged anyone taking such drugs to carry an information card in his/her wallet to be prepared in the event that they need to be treated for an emergency allergic reaction.

Dr. Korenblat also discussed ''restaurant asthma,'' a condition he feels is induced by the preservatives (metabisulphites) used to keep food looking fresh. People who are aspirin-sensitive are likely to have a reaction to Yellow Dye No. 5, he said. ''Food is so adulterated in restaurants today with additives, preservatives, colorings and other chemicals that 'restaurant asthma' may be more common than we think,'' he commented. Another problem experienced by food-sensitive people when they dine out is that few waiters or waitressess will accurately answer their questions about the preparation and contents of dishes. The condition known as ''Chinese restaurant syndrome,'' however, is not an allergy, but a sensitivity to MSG (monosodium glutamate), a flavoring and preserving chemical often used in the preparation of Oriental food.

Dr. Korenblat also brought some welcome news for those who take antihistamines on a regular basis. Several prescription antihistamines will soon be on the market that are less likely to make a patient drowsy, a common problem experienced by those taking such drugs for chronic allergy problems. ■

PERCUTANEOUS PROBLEM • SOLVING

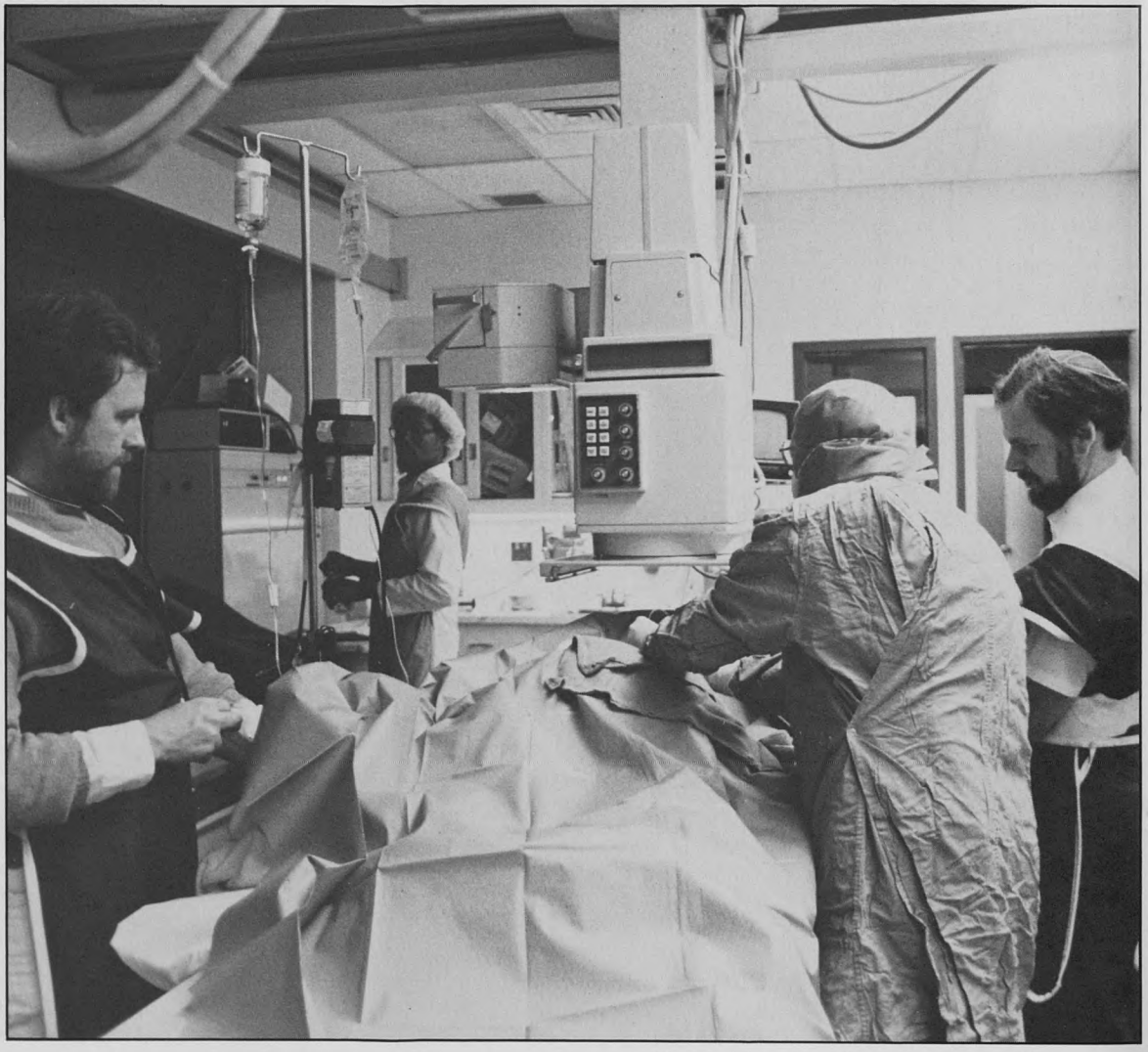
by Janet Ruegg-Hawks



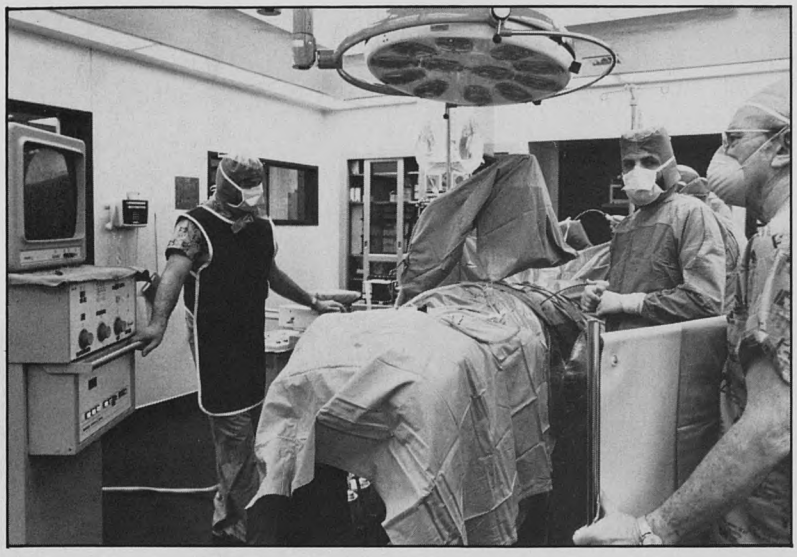
Kidney stones, while rarely considered life-threatening, if too large to pass have generally indicated major surgery and a long, slow recovery. A relatively new procedure that utilizes a gift to the hospital by the Associates in Medicine has changed that diagnosis. Called a nephroscope, it allows surgeons to non-surgically extract kidney stones. Every urologist on the staff of Jewish Hospital—as well as many attending urologists—has been trained in the procedure. Now, removing a kidney stone may only require a five- to eight-day hospital stay and patients may expect to be fully recovered within a week.

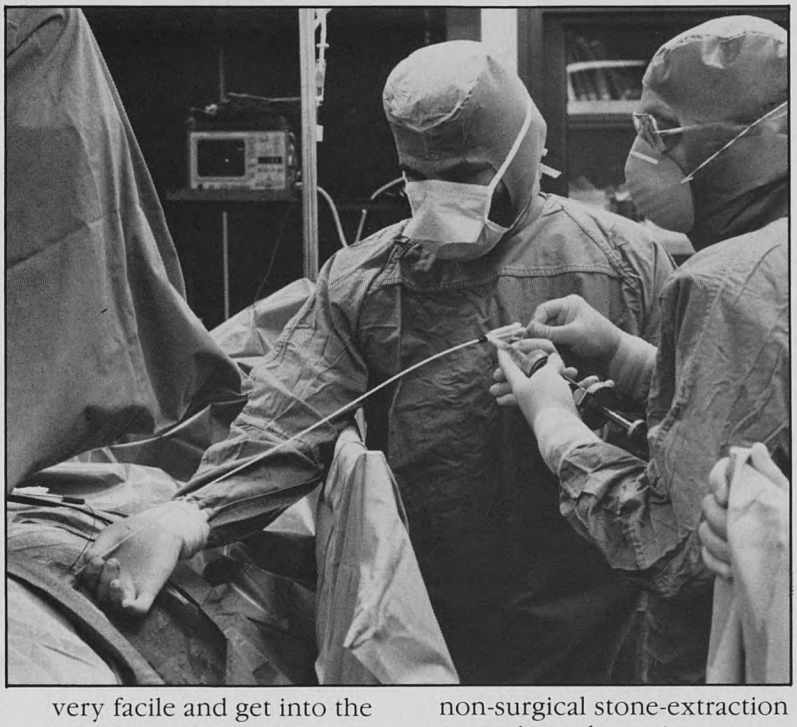
The percutaneous (meaning through the skin) technique involves a half-inch puncture in the posterior flank overlying the kidney. Wires and catheters are inserted during a radiologic pre-operative procedure to create a tract through which the metal nephroscope may be passed. When the nephroscope is in place, a variety of rigid or flexible instruments can be passed through it—among them, a basket, a pronged grasper, or an ultrasonic disintegrator—to eliminate the stone.

"It is important to recognize that this is a combined approach. There is a distinct radiologic aspect and a distinct urological aspect," explains Leonard Gaum, M.D., assistant professor of urology at Washington University School of Medicine, department of surgery. "It involves radiologic interventional techniques on the part of Noah Susman, M.D., director of radiology. On our part, this is endourology—closed manipulations within the urinary tract, particularly the upper tract—all done under radiologic fluoroscopic guidance (a form of X-ray with images transferred to a monitor in the treatment room)."



The technique was developed at the University of Minnesota and the Mayo Clinic. The University has offered a course in the procedure that has trained approximately 2,000 of the 7,000 urologists in the U.S. "The staff at Jewish Hospital has been working on this for the past two years, but the big push has been on since mid-1983," says Dr. Gaum. In terms of skill, this is more taxing to the radiologist and the urologist than an open procedure. You have to be



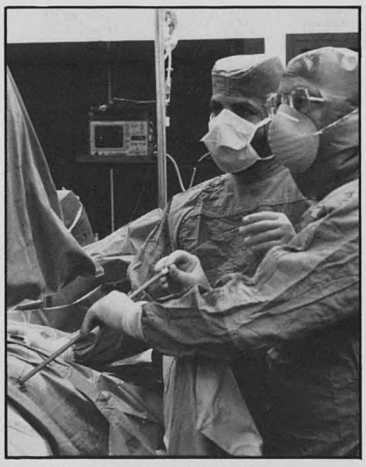


very facile and get into the kidney in such a way that you are strategically set to use the nephroscope. But there is no question that the post-operative recovery and convalescence from the open procedure is very hard on the patient as compared to the percutaneous procedure.''

The following series of photographs (clockwise from lower left) documents one Jewish Hospital patient's experience.

Radiological Intervention. The day prior to the non-surgical stone-extraction procedure, the patient, under a local anesthetic and parenteral analgesics (injected painkillers), spends several hours in the department of diagnostic medical imaging where Dr. Susman, center, gains percutaneous access to the urinary tract.

Since fluoroscopy is used during the procedure, everyone in the room wears protective lead aprons. Bill Hayes, R.N., diagnostic medical imaging (left), monitors the patient's blood pressure, reassures her and makes her as comfortable as possible. James M. Rose, M.D., diagnostic medical imaging resident (right), is assisting Dr. Susman. Since Dr. Susman is directly touching the small amount of open skin of the patient, he is in full surgical attire.



A radio-opaque solution injected into the urinary tract will permit fluoroscopic visualization of the kidney's collecting system and the location of the stone. A needle stick is used to create a strategic opening in the urinary tract to create a path which will subsequently permit the nephroscope to contact the kidney stone or stones. Dr. Susman then inserts flexible guidewires into the opening. Every few minutes, he moves the fluoroscope over the patient to check his progress. An image is projected on a monitor to the right of the fluoroscope outlining the stone, access tract, collecting system and the placement of the guidewire.

Once Dr. Susman is satisfied that the guidewire is in the proper place, he proceeds to carefully dilate the tract under fluoroscopic guidance until it is large enough to accommodate an instrument, an eight-millimeter size known as ''24 french.'' This is a slow, tedious procedure requiring painstaking exactitude on his part. This same radiologic interventional technique is used for other percutaneous procedures involving access to other tracts or blood vessels, or for draining an area. Once the tract is established, it is allowed to mature and a tube is left in until the surgical procedure is performed either the following day or several days later. The tract will recover from some of the trauma of the manipulation during this interval, bleeding will cease and the skin will tighten around the tube, forming a better-defined tract.

Operating Room

The day after Dr. Susman established the percutaneous tract to the kidney stone, the O.R. scrub nurse readies her instrument table with the array of catheters and dilators that will be used before the nephroscope is inserted. Neal Neuman, M.D., attending physician, makes preliminary preparations for the procedure, while Dr. Susman checks the instruments.

Balloon Catheter

Dr. Susman dilates the tract with a balloon catheter and is quite close to inserting the nephroscope. The fluoroscope (wrapped in fabric, above the patient) has been moved into position over the kidney and Drs. Susman and Neuman are analyzing the position of the kidney stone and the catheter on the monitor (left). Morris Abrams, M.D., director of urology (right), has arrived to observe the last stages of the procedure.

Fascial Dilator

Drs. Neuman and Susman are now passing the

fascial dilator (a probe which stretches the tract) on a wire through the tract in a final step before inserting the nephroscope.

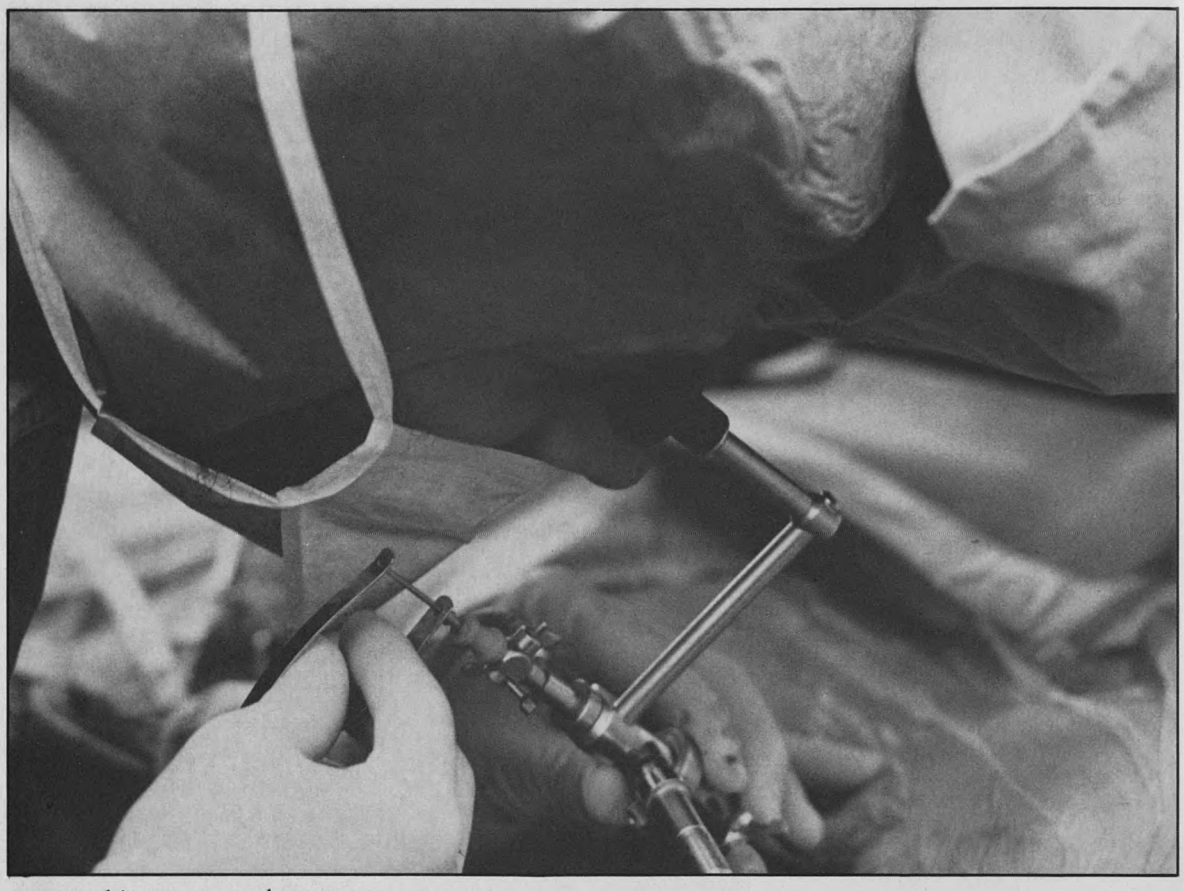
Nephroscope

Dr. Neuman has inserted the nephroscope into the dilated tract. Given the position of the stone, he has opted to pass the pronged grasper through the nephroscope to extract the stone. Should the stone have been in another position, he may have used the instrument with a basket attached to it; had the stone been larger, the ultrasonic disintegrator would have been inserted to break the stone into retrievable sizes. Each case is different in terms of the size and position of the stone, and it is during this final phase that instruments may be tried until one is successful at extracting the stone.

In this case, the stone was grasped by the instrument within seconds and Dr. Neuman is now in the process of bringing it up through the tract and into the nephroscope (note the position of his left hand) by carefully retracting the probe. In a few minutes, he will confirm radiologically that there are no remaining stone fragments.

Stone and Grasper

While the preparation for this moment took hours of exacting work, in this case, within minutes after the insertion of the nephroscope, the stone is removed and in Dr. Neuman's hand. Behind the stone is the pronged instrument that was used to extract it.



The procedure was performed at 8 a.m. By dinnertime, the patient is heartily enjoying her meal. She will have a tube in her side until it is determined that the tract is draining correctly and there is no fever. She will be released from the hospital four days after surgery with full recovery expected within one week. There are no incision and stitches, for the tract heals itself and leaves no scar. Although the nephroscope procedure is an invasive one, it produces little trauma to the overall system, a welcome alternative to major surgery. ■

WHAT GOES ON WHEN YOU GO UNDER

While the chemicals involved in anesthesia have remained virtually unchanged for almost thirty years, the technology for administering and monitoring anesthesia is changing and evolving at an incredibly rapid pace, James J. Jenkins, M.D., anesthesiologist-in-chief at Jewish Hospital, told the audience of the March 7 Associates in Medicine lecture. The program, "Anesthesia," drew more than 75 associates and guests.

The principal pharmaceuticals used in general anesthesia—nitrous oxide, muscle relaxants, barbituates, and anesthetic gases—have not changed since the 1950s, when Halothane was approved by the Federal Drug Administration (FDA). Nitrous oxide dates back to the 1860s; muscle relaxants and intravenous barbituates were introduced in the 1930s.

"Anesthetics are researched today in the same manner of many years ago," commented Dr. Jenkins. "It is trial and error. The search for a perfect anesthetic agent—one that stops pain without affecting organs such as the heart, lungs, kidney and liver—will continue. The problem in developing such an agent is that we really don't know how and why anesthetics work. It is theorized that certain receptors in the brain are involved. Our big problem is our limited knowledge of the brain.

"What I think will happen—certainly in our lifetimes, and perhaps in the next few years—is a tremendous development in the monitors used on the patient during anesthesia." Dr. Jenkins brought an anesthesia machine to the meeting to demonstrate the capabilities of the various components. He estimated the total cost of the machine and monitors to be $25,000. Apart from the apparatus to dispense oxygen, nitrous oxide, Halothane, Ethrane and Forane, the machine includes monitors for temperature, heart rate, blood pressure, and electrocardiogram (EKG) and is equipped to tie in with the SARA (Systemic Anesthesia Respiratory Analysis) monitor. The SARA machine analyzes both inspired and expired gases for oxygen, nitrogen and carbon dioxide content. "The information we can interpret from SARA is clearly a tremendous advance," noted Dr. Jenkins. "In one case, we suspected an abnormality in oxygen going into the lungs, and hooked the patient up to SARA. Within minutes, we were able to diagnose a pulmonary embolism from the information, which could have been disastrous had we continued the operation."

Vigilance is the key word in administering anesthesia, said Dr. Jenkins. "We have to

Dr. Jenkins, demonstrating how anesthesia equipment monitors a patient during surgery, explains how oxygen is administered after the patient is "under" anesthesia.

be absolutely certain that all of our equipment is working properly and need to constantly be on the alert for unusual situations, such as a drop in a patient's temperature or blood pressure. Equipment today is manufactured with a wide variety of safety measures, but the anesthetist remains alert to detect any problems." Dr. Jenkins demonstrated the alarm systems that will activate if more than one gas is switched on, if oxygen tubes become disconnected, or if a patient's oxygen level drops below the level that has been set. Alarms will also sound if blood pressure, temperature or heart rate signals indicate danger.

"Since we are researching the electrical currents in the brain, the closest potential development in anesthesia involves servo-anesthesia, where an electroencephalogram (EEG) would be monitored to watch brain patterns. Now, we are using EEGs to study the effects of anesthesia and dosages," Dr. Jenkins explained.

Dr. Jenkins also demonstrated the techniques and equipment used today in performing regional anesthetics known as arm blocks, spinals and epidurals, which put only a certain part of the body to sleep. There were no such anesthetics prior to the 1880s, when hollow needles and syringes were introduced, making injections possible. Before that, cocaine had been used as an anesthetic with some success in dental and ophthalmic surgeries, but was limited in its usage since it could only be dripped on a mucus membrane.

According to Dr. Jenkins, the introduction of regional anesthetics evoked a great deal of interest in the study of anatomy in the hopes of defining where to place an anesthetic injection in order to deaden a specific area of the body. Chemists and drug companies competed to develop local anesthetics, many of which are still in use today, albeit with some refinements. Today, the emphasis is on "developing a drug that lasts longer, since many operations take longer. The ideal local anesthetic would be one that acts immediately, lasts as long as necessary and wears off quickly," described Dr. Jenkins.

Top: Following Dr. Jenkins' talk, AIM members and guests discussed the presentation. Above: AIM president Tom Lewin (right) accepted suggestions for future AIM programs from departing guests.

Reactions to anesthetic agents present a tremendous problem, said Dr. Jenkins, not only because of the danger, but because patients confuse a reaction to an anesthetic with an allergy to it. "An allergic reaction is a very drastic event, I guarantee you. If you feel that you have had a true allergic reaction, you owe it to yourself to check with your physician to find out what happened," emphasized Dr. Jenkins. "Feeling lightheaded or like you might faint usually indicates that you absorbed the anesthetic too rapidly. Since many anesthetics also contain epinephrine (adrenaline), you might feel like your heart is racing or your blood pressure is elevated. Yet, if you come to me and say you had an allergic reaction to some anesthetic, I would be forced to avoid using it. It's best to know what really happened."

Dr. Jenkins also explained, during a question and answer session after his talk, the difference between anesthesiologists and nurse anesthetists. Certified Registered Nurse Anesthetists are nursing school graduates who serve several years in acute patient care units and then enter a two-year training program. An anesthesiologist is an M.D. who has served an internship in anesthesiology and completed a two- to four-year training course. "At Jewish Hospital, we have 21 CRNAs and nine anesthesiologists. Our nurse anesthetists are very excellent and bring a great deal of knowledge to their work." ■

a touching solution

"Even though we can unquestionably be proud and thankful for many recent advances in cancer research, prevention, detection, and treatment, these efforts cannot answer all of our questions, nor do they define the ways of our hopes," said Sandy Siehl, R.N., MSN, at the March 21 Jewish Hospital Auxiliary education seminar, co-chaired by Karen Zorensky (Mrs. Mark) and Leslie Waldbaum (Mrs. Lawrence).

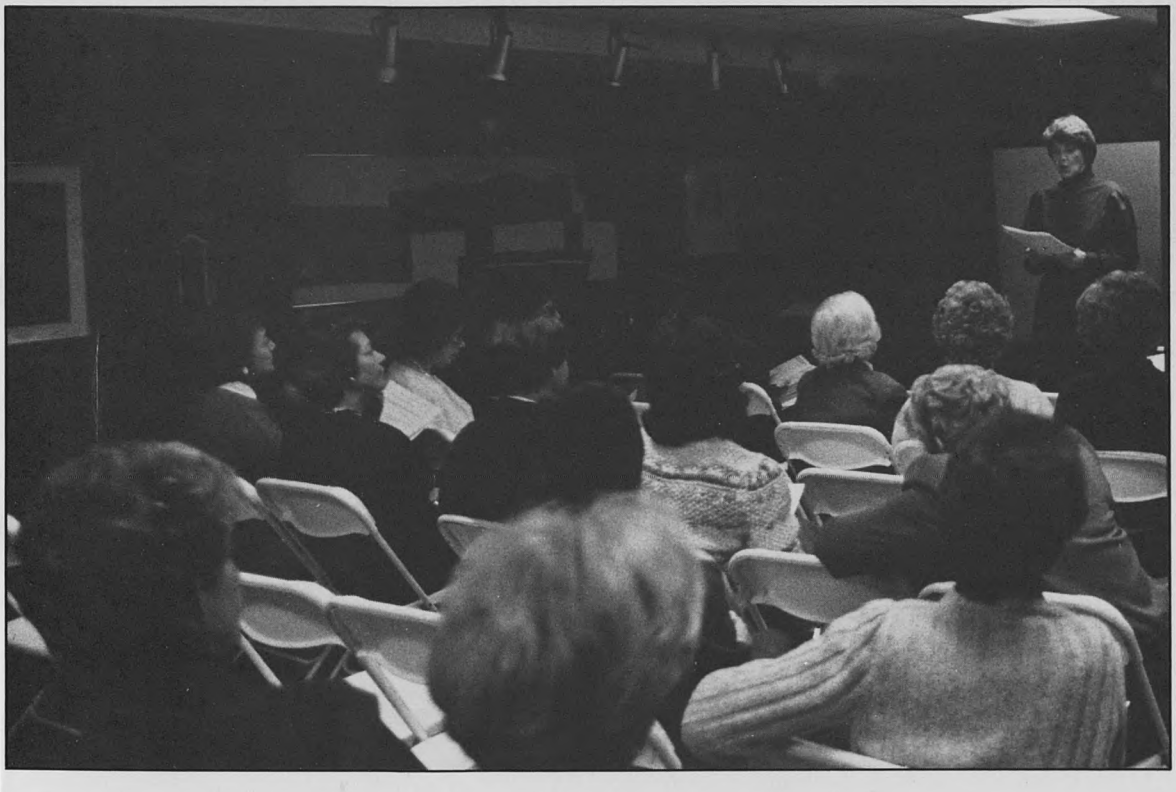
Ms. Siehl, a clinical nurse specialist in oncology, spoke on breast self-examination (BSE) to approximately 50 Auxilians at the home of Kay Loomstein (Mrs. Arthur). "Everyone here should practice breast self-examination to identify early abnormalities in the breast, and to assist the physician in early detection of cancer, but primarily to give each of us the reassurance that we are healthy," Siehl advised.

"Breast cancer is one of the most worrisome of diseases among women," Siehl noted. "Not only is it a major cause of cancer death for us, but it occurs frequently when we are in our prime years, long before a disease of such severity is expected."

Siehl emphasized that the specific cause or causes of breast cancer are not known. Instead, she said it appears to be a disease that depends on an interrelationship among a number of factors. According to data compiled by Siehl from nursing literature, women in the highest risk category are those who have a direct family history of the disease (particularly if an individual's mother had bilateral breast cancer or cancer diagnosed during premenopause). Women also at an increased risk for breast disease are those who are nulliparous (have not borne a child) until after age 35, or have had a previous diagnosis themselves of breast cancer. Siehl also enumerated other less-substantiated risk factors including excessive exposure to ionizing radiation, long-term estrogen replacement, early onset of menses and late menopause, obesity, the number of years that a woman has menstruated and a history of cancer of the endometrium, ovary or colon.

Siehl was assisted in the breast self-examination discussion by Jane Roodman Weiss, R.N., BSN, and Margaret Burns, R.N., BSN, both of the division of medical oncology. The nurses emphasized that during BSE women should be aware of the range of symptoms that might indicate breast disease. A lump or thickening in the breast is the most frequent warning signal, but the majority of lumps which occur in the breast are not malignant. Other symptoms may include discharge from the nipple, scaliness of the skin, change of skin texture or color, dimpling or puckering of the skin, and an enlargement of a gland or node in the axilla (armpit).

For premenopausal women, it is recommended that BSE is performed monthly, preferably on the 10th day after the onset of menses because of the possible effects that menstruation



Sandy Siehl, R.N., MSN, discussed breast self-examination with approximately 50 Auxilians at the home of Kay Loomstein (Mrs. Arthur).

The nurses, Jane Roodman Weiss, R.N., BSN, above right, also pictured with Margaret Burns, R.N., BSN, above left, demonstrated how to detect breast abnormalities through self-examination on life-like models.

has on breast tissue, typically swelling and tenderness. Postmenopausal women should practice BSE on a convenient, easy-to-remember date, and continue examinations on a regular monthly basis. "The important thing to remember," Siehl stressed "is for each person to learn what is 'normal' for her during BSE."

Following an American Cancer Society (ACS) film on BSE, the nurses distributed ACS brochures. Both the film and the brochures emphasized the individual steps necessary for thorough breast self examinations. Ms. Weiss and Ms. Burns demonstrated the techniques of BSE on life-like breast models, assisting Auxiliary members individually in learning how to detect abnormalities in the models. Private, individual instruction on BSE, conducted by Burns, Siehl and Weiss, were also available to the participants.

Concluding the presentation and discussion, Siehl emphasized the necessity of practicing BSE for physical and emotional well-being. "I think that our first suspicions of a breast cancer abnormality arouse deep fears, fears of cancer, of breast loss, of the unknown, of changes in our emotional and social well being. We have had patients and friends tell us that the fear of breast disease—cancer—threatens the fundamental components of their identities: their femininity, self-image—how they measure themselves.

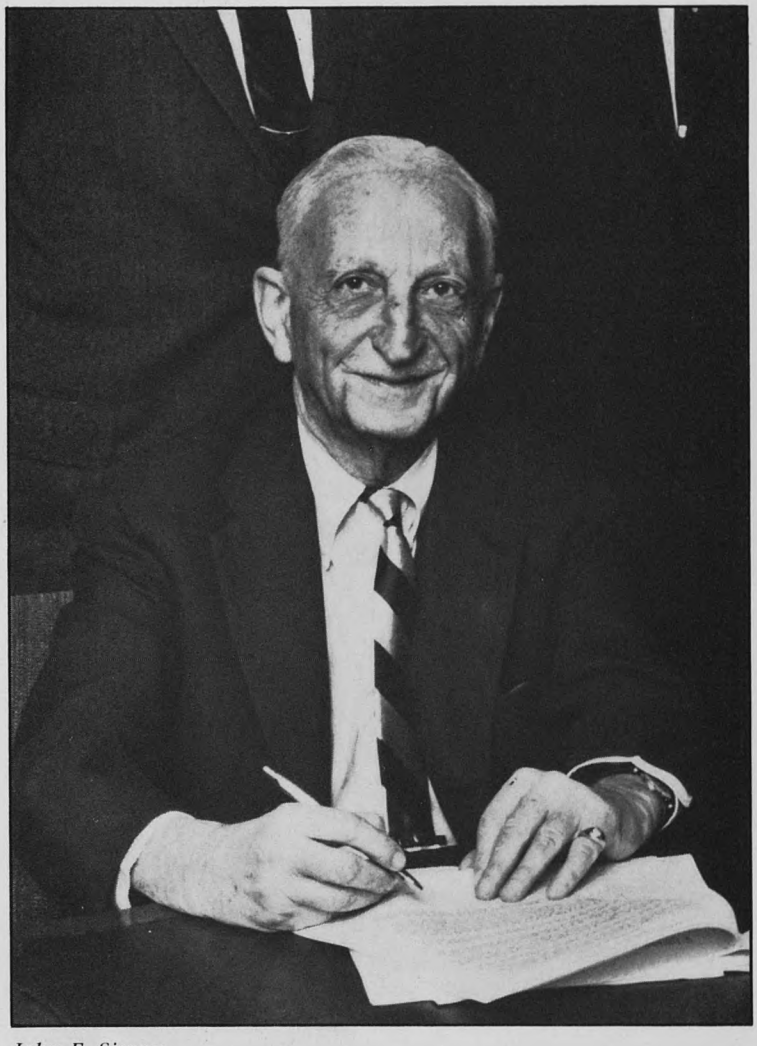
"We hope in our being with you today that we have helped allay your anxieties, answered your questions, and that we all may be spokeswomen in the community to encourage others to seek health through the process of self-examination."

For information on breast and other types of cancer, call the American Cancer Society Helpline toll-free, 1-800-ACS-2345, or contact the Jewish Hospital Department of Oncology, 454-7463.■

VIP PROFILES

John E. Simon, a long-standing friend of The Jewish Hospital of St. Louis, has established the John E. Simon Fund for Research in the Department of Medicine. A noted philanthropist, financial genius and community leader, Mr. Simon has been a dedicated member of the Board of Directors of the hospital since 1963 and a major contributor to the hospital's success.

In 1965, Mr. Simon endowed the John E. and Adaline Simon Chair in Medicine, and in 1971, established the John Simon Scholar in Medicine, designated for the physician-in-chief. Recently, he contributed a gift of $600,000 for the support of medical research at the hospital. According to William A. Peck, Jewish Hospital physician-in-chief and John E. and Adaline Simon Professor of Medicine at the Washington University School of Medicine, "Jack Simon feels strongly about improvement in the social condition and in the welfare of mankind, and is very sensitive to the needs of those institutions dedicated to that end. His support has greatly enhanced all activities of the Jewish Hospital—research, teaching and patient care."



John E. Simon

A graduate of Harvard University, where he studied pre-medicine, Mr. Simon joined I.M. Simon and Company, founded in 1874 by his great-uncle; it is one of the oldest member companies of the New York Stock Exchange. Following service during World War I, Mr. Simon planned to leave the brokerage firm to attend medical school. Instead, he became a pace setter of the St. Louis investment community and expressed his interest in medicine through service, counsel and financial support.

For this support, and his generous contributions to Washington University, St. Louis University, Westminster College, Maryville College and the St. Louis Art Museum, Washington University honored him with the degree of Doctor of Humane Letters, and Maryville College with the Doctor of Laws. His keen financial mind is one also skilled at bridge: he represented America at the World Bridge Olympics in 1962, 1966 and 1978, and he and his wife are past U.S. bridge champions and life masters.

"Because of key board members and people in the community, Jewish Hospital has achieved greatly in academic functions and patient care," notes Dr. Peck. "Although we have accomplished a lot, we have much more to do. The kind of support we are getting through the John E. Simon Fund for Research will help expedite it."

Marcia Shapiro

The unbridled enthusiasm Marcia Shapiro (Mrs. Robert E.) displayed when she first became active in the Jewish Hospital Auxiliary has not waned. "I wanted to do something that had not been done before," she recalls of her experience as a program co-chairperson. Confident in her will for things to work and her belief in the reward for sincere effort, she hand wrote a three-page letter to Abigail Van Buren explaining why the renowned columnist should speak at an Auxiliary function. "Dear Abby" liked the letter, and appeared at the event.

"From there, things just mushroomed," notes Ms. Shapiro, now in her second year as president of the Auxiliary. "If I was asked to do a job, I believed in doing it well." The mother of two daughters, Shapiro had served as a volunteer aide at Miriam School, as well as in the Jewish Federation Women's Division, as membership chairperson of The National Council of Jewish Women, and as corresponding secretary and antique show chairperson of the Brandeis University National Women's Committee prior to becoming active in the Auxiliary. For that organization, she has been assistant recording secretary, vice president for fund raising services, director, health fair volunteer chairperson, volunteer committee co-chairperson, and on the cookbook, nominating, Clover Ball 1982 and by-laws committees. She also serves as a member of the Committee on Nursing of the Jewish Hospital Board of Directors. Says the veteran volunteer, "the more involved I became, the more committed I got. There has never been a dormant time, there are always new projects, new ways that the Auxiliary can help get the message of the hospital out in the community."

Shapiro sees the Auxiliary as being a service and a promoter for the hospital. "During my term in office, I want to intensify the image of both the Auxiliary and the hospital in the community."

As part of her position, she sits on the Board of Directors of Jewish Hospital. Appreciative of the support and recognition afforded to her organization by the board, Shapiro has been inspired by the caliber of the board members and the expertise they bring to their guidance of the hospital. It is Shapiro's responsibility to report on the acitivities which make the Auxiliary one of the largest benefactors of the institution.

Feeling like she's "on a high, even on a tired day," when she leaves Jewish Hospital, Shapiro realized her involvement was solid when she became a docent. "Five years ago I had the privilege of seeing behind the scenes, of meeting the professionals in the hospital and I really got hooked. In learning about the hospital, I realize even more that the volunteers and the Auxiliary really do make a difference. There's a warmth here at Jewish Hospital, and I think the Auxiliary helps provide that." One of her goals is to try to generate more understanding among employees of the role of the Auxiliary and the volunteers. She herself looks forward to serving as a volunteer in patient relations when her term ends in 1985. "I love the hospital and hope that I will continue to have a contribution to make to it."

Tom Lewin

In his capacity of president of the Associates in Medicine (AIM), a "friend-raising" organization for Jewish Hospital, Thomas Lewin serves as an ex officio member of the hospital's Board of Directors. Notes Mr. Lewin about to begin his second term as president, "I appreciate the opportunity for the interaction because I've learned a great deal—about hospital activities and the health care industry—which has helped make me more effective as a spokesperson for AIM."

A partner in the St. Louis firm of Gallop, Johnson & Neuman, where he specializes in corporate, securities and banking law, Lewin says of the Associates, "Organizations such as AIM and the Auxiliary are becoming very important for hospitals. Anything a hospital can do in today's highly competitive health care environment to make the community more aware of its services and commitment to excellence will be beneficial. That's a role we can play for the hospital—for example, through the programs we offer to the general public. This year they were attended by many non-members. It's an easy way for people to become comfortable with the hospital environment and become aware of what services the hospital is performing."

Attracting more people to the programs and expanding the membership base are two goals Lewin has set for himself as the organization's president. He is also working to gain support for the hospital through promotion of the Speakers Bureau.

Lewin, who previously served as treasurer and membership chairman of the Associates, came to the board of that organization in 1979 with a history of active involvement in Shaare Emeth congregation. A former board member and vice president of its Young Adult Congregation, participant in fund-raising efforts, member of its overall board and legal chairman, he currently is vice president in charge of the religious and nursery school. His involvement with the hospital goes back many years.

"My three sons were born at Jewish Hospital, and my wife and I felt the care and professionalism of the staff was of the highest quality. These experiences first stimulated my interest in Jewish Hospital. I've always had a strong feeling that working for the Hospital was worthwhile, and through my experiences in the Associates, my feelings have been confirmed." ■

CONTRIBUTIONS TO JEWISH HOSPITAL FUNDS

GENEROUS GIFTS

Mr. and Mrs. Arthur E. Ansehl have made a contribution to the OB/GYN Library Fund in honor of Dr. Robert Burstein.

Mr. and Mrs. S. Charles Baer have made a contribution to the Research Endowment Fund.

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

Mr. and Mrs. Martin Bloom have made a contribution to the Education Fund.

Mr. and Mrs. Paul R. Cahn have made a contribution to the Research Endowment Fund.

Mr. Charles D. Cohen has made a contribution through the Danpearl Foundation to the Building Fund in honor of Mr. and Mrs. Daniel R. Cohen.

Mrs. Rubin Cohen has made a contribution to the Rubin and Mary Cohen Endowment Fund.

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

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

Mr. and Mrs. Alyn V. Essman have made a contribution to the Research Endowment Fund.

Mr. and Mrs. Bennett Frelich have made a contribution to the Research Endowment Fund.

Dr. and Mrs. Bernard T. Garfinkel have made a contribution to the Research Endowment Fund.

Mr. and Mrs. Burton Garland have made a contribution to the Research Endowment Fund.

Mr. Louis F. Glaser has made a contribution to the Research Endowment Fund.

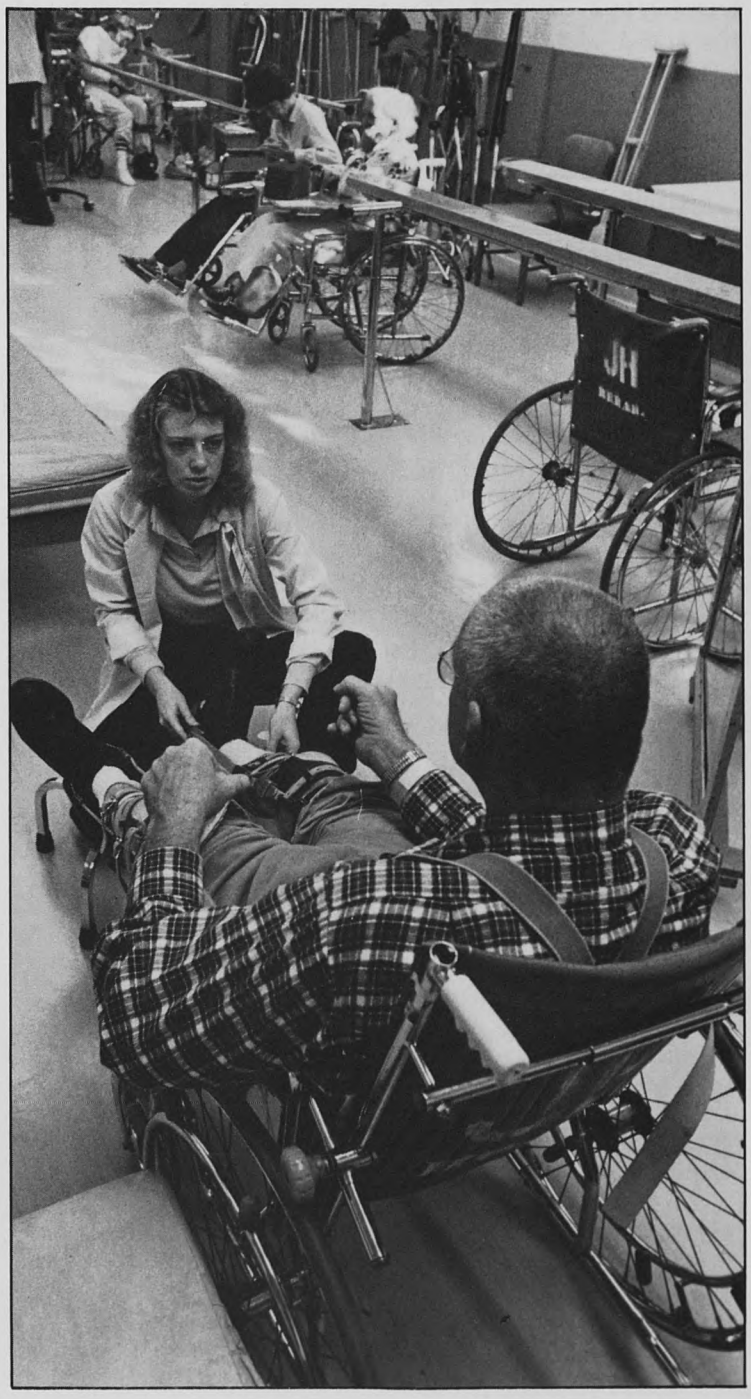
Mr. and Mrs. Hymen Goldberg have made a contribution to the Building Fund.

Mr. Samuel J. Goldenhersh has made a contribution to the Probstein-Koplar Brace Fund in honor of the Department of Rehabilitation Medicine.

Mr. I.E. Goldstein has made a contribution to the Mary Goldstein Nursing Scholarship fund in memory of Mary Goldstein.

Mr. and Mrs. Thomas R. Green have made a contribution to the Research Endowment Fund.

Mr. and Mrs. David Gutman have made a contribution to the Dr. Alfred Goldman Pulmonary Fund and the Rehabilitation Research Fund.



GENEROUS GIFTS

The estate of Mr. John A. Isaacs, Jr. has made a contribution to the Eleanor M. and John A. Isaacs, Jr. Research Fund.

The estate of Mr. Ben Katz has made a contribution to the Research Endowment Fund.

Elaine and Harvey Kornblum have made a contribution to the Research Endowment Fund in honor of the Special Birthday of Mrs. Selma Seldin.

Mr. and Mrs. Rodney Klein have made a contribution to the Gus Nations Pulmonary Research Fund and the Henry Levin Fund for Cancer Research.

Mr. and Mrs. Joseph Kutten have made a contribution to the Mr. and Mrs. F. Bert Baer Endowment Fund in honor of the Special Birthdays of Mr. and Mrs. F. Bert Baer.

Mr. and Mrs. Paul J. Levy have made a contribution to the Equipment Fund.

Mr. Lee Liberman has made a contribution to the Directors Fund.

The Morton J. May Foundation has made a contribution to the May Loan Fund at The Jewish Hospital School of Nursing.

The Morton J. May Foundation has made a contribution to the Morton J. May Research Fund.

Mr. Roswell Messing, Jr. has made a contribution to the Dr. William Peck Research Endowment Fund.

Mr. and Mrs. Daniel Mintz have made a contribution to the Edna Malen Scholarship Fund.

Mrs. Rosalind M. Mintz has made a contribution to the Research Endowment Fund.

Mr. and Mrs. Victor Packman have made a contribution to the Research Endowment Fund.

Mr. and Mrs. Charles M. Peltason have made a contribution to the Research Endowment Fund.

Mr. and Mrs. Joseph R. Perll have made a contribution to the Research Endowment Fund.

Mr. and Mrs. Sidney Rich have made a contribution to the Research Endowment Fund.

Mrs. Hannah Rosenfeld has made a contribution to the Research Endowment Fund in memory of Dr. Henry Rosenfeld.

Mrs. Frances Rothman has made a contribution to the Dr. David Rothman Fund in memory of Dr. David Rothman.

Dr. and Mrs. Llewellyn Sale, Jr. have made a contribution to the Dr. Llewellyn Sale, Sr. Memorial Fund.

Mr. and Mrs. Sol Schumitzky have made a contribution to the Research Endowment Fund.

Mr. and Mrs. Arnold H. Schwab have made a contribution to the Tribute Fund and the Research Endowment Fund.

Mrs. Herman Seldin has made a contribution to the Patient Care Fund.

Mr. Marc Seldin has made a contribution to the Research Endowment Fund.

Mr. Marc Seldin has made a contribution to the Research Endowment Fund in honor of the Special Birthday of Mrs. Selma Seldin.

Dr. and Mrs. Hyman R. Senturia have made a contribution to the Rebecca Senturia Memorial Library Fund.

Mr. and Mrs. Gerald Siegel have made a contribution to the Research Endowment Fund.

Mr. John E. Simon has established the John E. Simon Fund for Research in the Department of Medicine.

Mr. and Mrs. Alvin L. Siwak have made a contribution to the Building Fund in honor of Betty and David Siwak.

Mr. and Mrs. Jack Spewak have made a contribution to the Cancer Research Fund in memory of Mr. Ben H. Spewak.

Mr. and Mrs. Charles J. Steiner have made a contribution to the Evelyn B. Stern Nursing Scholarship Fund in memory of Evelyn B. and Henry H. Stern.

Mrs. Earl Susman has made a contribution to the Research Endowment Fund.

Mr. B.H. Tureen has made a gift of equipment to the Food Service Department at Jewish Hospital.

The Department of Microbiology and Immunology at Washington University School of Medicine has made a contribution to the Dr. Alex Sonnenwirth Research Endowment Fund in memory of Dr. Alex Sonnenwirth.

The estate of Mrs. Evelyn S. Wurdack has made a contribution to the Research Endowment Fund.

SPECIAL GIFTS

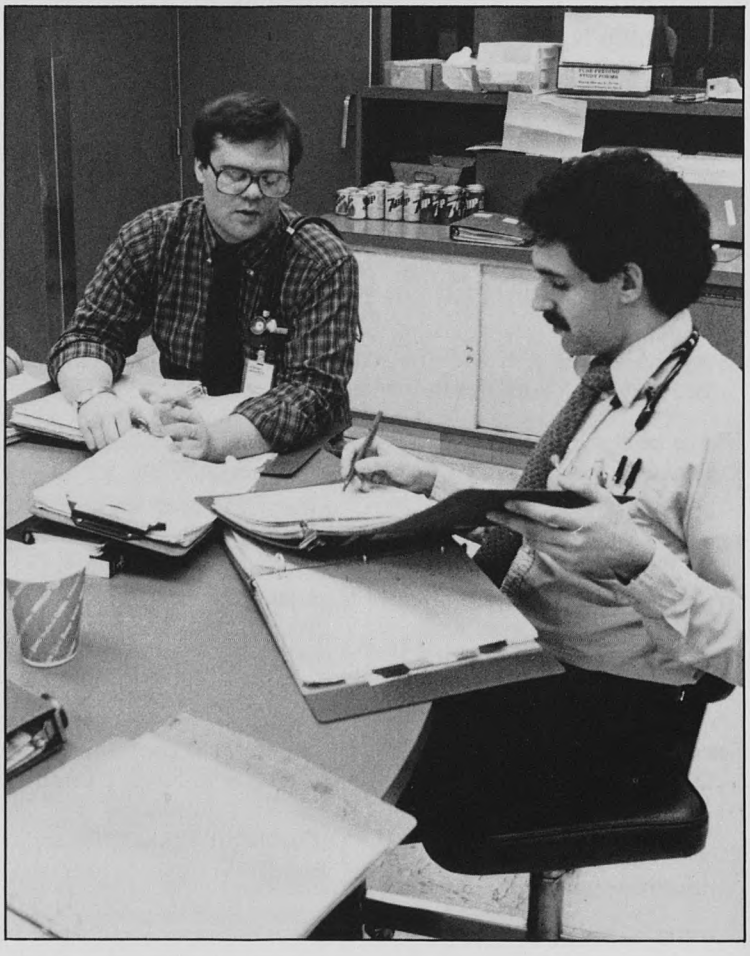
IN HONOR OF	DONOR
Special Anniversary of Mr. and Mrs. Dave Goldstein	Mr. and Mrs. Jack Goldstein (Borman-Harris Parkinson Research Fund)
Special Birthday of Mrs. David Grosberg	Mr. and Mrs. Frank Friedman Mr. and Mrs. Mel Friedman Mr. and Mrs. Gene Grosberg Mr. and Mrs. Don Ross (Edna Malen Scholarship Fund)
Special Anniversary of Mr. and Mrs. Lester Handelman	Mr. and Mrs. Harris Cohen Mr. and Mrs. Bernard Weitzman Mrs. Rebecca Weitzman (Frieda and Lester Handelman Cardiology Research Fund)
Special Birthday of Mr. Philip N. Hirsch	Jane Goralnik Levi (Jacqueline Hirsch Brown Memorial Fund)
In Appreciation of Dr. Saul Klein and Dr. Noah Susman	Mr. Herbert Soule (Urologic Research Fund)
In Appreciation of Mr. and Mrs. Robert Levin	Mr. and Mrs. Zallie Levin (Borman-Harris Parkinson Fund)
In Appreciation of Mr. and Mrs. Tom Levin	Mr. and Mrs. Zallie Levin (Hortense Lewin Nursing Scholarship Fund)
Speedy Recovery of Mr. Willard L. Levy	Mr. Elliot Stein (Mary Ann and Elliot Stein Endowment Fund)
In Appreciation of Dr. S. Michael Orgel and the Nursing Staff of Division 5800	Miss Mary Friday (Edna Malen Nursing Scholarship Fund)
Special Birthday of Dr. Jacob G. Probstein	Officers and Directors of the Harry and Flora Freund Memorial Foundation (Probstein-Koplar Brace Fund)
Special Birthday of John L. Roos	Mr. John J. Roos (Selma K. Roos Fund)
Special Birthday of Dr. Hyman R. Senturia	Mrs. Harry L. Franc, Jr. (Dr. Hyman R. Senturia Radiology Fund)
In Honor of Josh Strelic	Herman G. Spector (Jeanette Spector Nursing Scholarship Fund)
Special Birthday of Rose Tureen	Mr. and Mrs. Nathan Sharney (Hermann and Erna Deutsch Cardiovascular Research Fund)

SPECIAL GIFTS

IN SUPPORT OF	DONOR
The Jewish Hospital of St. Louis and its programs for patient care, research education and community service;	Bannes-Shaughnessy, Inc. (Research Endowment Fund) Mr. and Mrs. Harris J. Frank (Directors Fund) Mr. and Mrs. Fred Grand-Jean (Messing Chair in Pathology) Estate of Adolph Klaus (Adolph and Emma Klaus Endowment Fund) Mr. and Mrs. Gunther Kohn (Messing Chair in Pathology) Mr. and Mrs. Phillip Rashbaum (Building Fund) Mr. and Mrs. Meyer K. Weil (Ethel and Meyer K. Weil Otolaryngology Fund)

SPECIAL GIFTS

IN MEMORY OF	DONOR
Marian Hirsch Blumoff	Brentwood Management Group Mr. and Mrs. Irwin Gittelman Carol Gray Mr. and Mrs. James S. Henerson Mr. and Mrs. Philip N. Hirsch Mr. and Mrs. Jeffrey Korn (Ralph Hirsch Cancer Fund)
Esther Collinger	Mr. Harry A. Collinger (Esther Collinger Brain Research Fund)
Natalie Wald-Dickler	Ms. Dale Gagen Dr. and Mrs. Jeffrey Wald Dr. and Mrs. Mark Wald Dr. Stanley M. Wald (Natalie E. Wald Nursing Scholarship Fund)
Henry Levin	Mrs. Babette Levin Birenbaum (Henry Levin Fund for Cancer Research)
Hortense Lewin	Mrs. Henry L. Freund (Hortense Lewin Nursing Scholarship Fund)
Lucille McDonald	Friends at Southwestern Bell (Cardiology Research Fund)
John J. Roos	Fredric S. Freund and Family Mrs. Michael W. Freund Rosemary Roos Mr. and Mrs. Richard K. Weil (Selma K. Roos Fund)
Morris Schlensky	Burton and Lynne Garland (Heart Research Fund)
Sarah Schwartz	Mr. Leonard Schwartz and Family (Heart Research Fund)
Jack Smith	Carol Gray (Ralph Hirsch Cancer Fund)
Ben H. Spewak	Mr. David Spewak Dr. Robert Spewak Mr. Steven Spewak (Cancer Research Fund)
Dr. Alex Sonnenwirth	Mrs. Roma Broida Ms. Lois E. Burgard Mr. and Mrs. Alex Gottesmann Dr. and Mrs. Alexander Schonfeld Mr. and Mrs. Louis I. Zorensky (Dr. Alex Sonnenwirth Research Endowment Fund)
Anna Strauss	Vida Goodman (Goodman Cancer Research Fund)
Harry and Berenice Tenenbaum	Mrs. Charles S. Rice (Harry and Berenice Tenenbaum Research Fund)



JEWISH HOSPITAL NEWS BRIEFS

Arthur I. Auer, M.D., attended the Midwestern Vascular Surgical Society annual meeting in Chicago, Illinois, September 23-24. Dr. Auer presented a paper on "Distal Tibial Vein Grafts for Limb Salvage," co-authored with J.J. Hurley, H.B. Binnington, J.D. Nunelee and F.B. Hershey, to the Gateway Vascular Society on June 1, 1983. He was elected president of the Gateway Vascular Society, St. Louis, for the 1984-1985 term.

Donald R. Bassman, M.D., served as team physician for the National Junior Hockey team at an international tournament in Norrkopping, Sweden, December 23-January 3. Dr. Bassman attended meetings on Intradiscal Therapy Course, Chicago, Illinois in March 1983 sponsored by AADS/AANS; Extensor Mechanism of the Knee, Hilton Head, South Carolina, in September 1983 sponsored by Howard University; and Second International Symposium on Anterior Cruciate Reconstruction using Synthetic Materials, New York, New York, sponsored by the University of New Jersey.

William S. Brandhorst, DDS, addressed the Congress of the Mexican National College of Dentists November 13-16 in Acapulco, Mexico, on "Flexible Retainer" and "Personal Observations of an Orthodontist."

Raymond S. Dean, M.D., published a paper "On the Multivariate Analysis of Clinical Group Profiles" in the February 1984 issue of *Journal of Consulting and Clinical Psychology*. In October, he addressed Baylor College of Medicine, Houston, Texas, on "Neuropsychological and Emotional Variables in Remediating Learning Disabilities." Dr. Dean was elected president of the National Academy of Neuropsychologists for the 1984-1986 term.

Linda A. Fisher, M.D., spoke on "Managing and Protecting Your Health" to a seminar for women on Managing It All in St. Louis, February 25. She was elected president of the St. Louis Chapter of the American Medical Women's Association for the 1983-1985 term.

Alvin Frank, M.D., while attending the American Psychoanalytic Association convention in New York, New York, December 13-18, participated in the program committee for the 34th International Meeting of the International Psychoanalytic Association to be held in Hamburg, Germany, in 1985, the psychoanalytic glossary editorial board meeting, the psychoanalytic compendium editorial board meeting, and attended a reception and dinner in honor of Dr. Harold Blum, retiring editor-in-chief of the *Journal of the American Psychoanalytic Association.* Dr. Frank has served as a member of the publication's editorial board.

Michael J. Gast, M.D., published a paper in *Biochemical and Biophysical Research Communications* in January 1984 co-authored with K. Heilig, J. Willand and G. Hortin. He spoke in "Electronic Fetal Monitoring" at Southeast Missouri Hospital, Cape Cirardeau, Missouri, on February 15. Dr. Gast was elected 1983-1984 secretary-treasurer of the St. Louis Maternity Hospital Society.

Jerome J. Gilden, M.D., attended the American Academy of Orthopaedic Surgeons annual meeting February 10-14 in Atlanta, Georgia.

Randy L. Hammer, Ph.D., spoke on "Relationships, Marital Myths and Life Changes" to the Shaare Zedek annual dinner program February 20 at Shaare Zedek synagogue.

Jack Hartstein, M.D., was the guest speaker at the 24th annual meeting of the Rudolph Ellender Contact Lens meeting in

FELLOW SUPPORTERS—In its first few months of existence, the Fellows of Jewish Hospital has received enthusiastic response from the community. More than 250 families have pledged their support to the continued success of the hospital by becoming members of the annual giving society which recognizes 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 given throughout the year, entitles each member 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 parking 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.

New Orleans, Louisiana, May 24-26. He is slated to speak at the World's Fair of Ophthalmology meeting, also in New Orleans, Louisiana, June 28-July 1. He has been invited to co-chair the Annual Ophthalmology meeting of Hadassah Hospital in Jerusalem, Israel, June 14-15 and will be responsible for the American and European speakers.

Joseph Hazan, M.D., received the Physicians Recognition Award from the American Medical Association.

Aaron Hendin, M.D., participated in two panel discussions on "Bioethics of Death and Dying" one on February 24 at the Washington University Hillel, St. Louis, and the other at the St. Louis Chapter of the American Jewish Congress meeting on March 11.

Arnold Jacobson, M.D., was elected in January to the advisory board of *Health Views*, a publication of Washington University Medical Center.

FETUS FOCUS—Certificates were presented on December 22 to 12 obstetrics nurses who tested out of a training program on the fetal monitoring machines present in each Jewish Hospital labor room. These nurses studied the operation of the equipment and interpreting the data it prints out on their own.

From left to right, they are Elaine Raines, R.N.; Linda Lacaillade, R.N.; Linda Baras, R.N.; Jocelyn Rhodes, R.N.; Bonnie Lubet, R.N., Donna Fellin, R.N.; and Nona Swank, R.N. Not pictured are Donna Higginbotham, R.N.; Sharon Nevels, R.N.; Lily Dougherty, R.N.; Maggie Hasser, R.N.; and Debbie Holland, R.N.

The fetal monitoring machines are used to evaluate antepartum (last months of pregnancy) fetal heart rate in response to a baby's movements or uterine contractions, especially for mothers with known complications. Almost all patients are monitored at some point during labor, with high risk patients often being monitored continuously.

"We are now ready to offer the course to the rest of the obstetrics staff. All of our labor and delivery nursing staff will be certified in these procedures," notes Pat Johnson, R.N., clinical specialist in obstetrics.

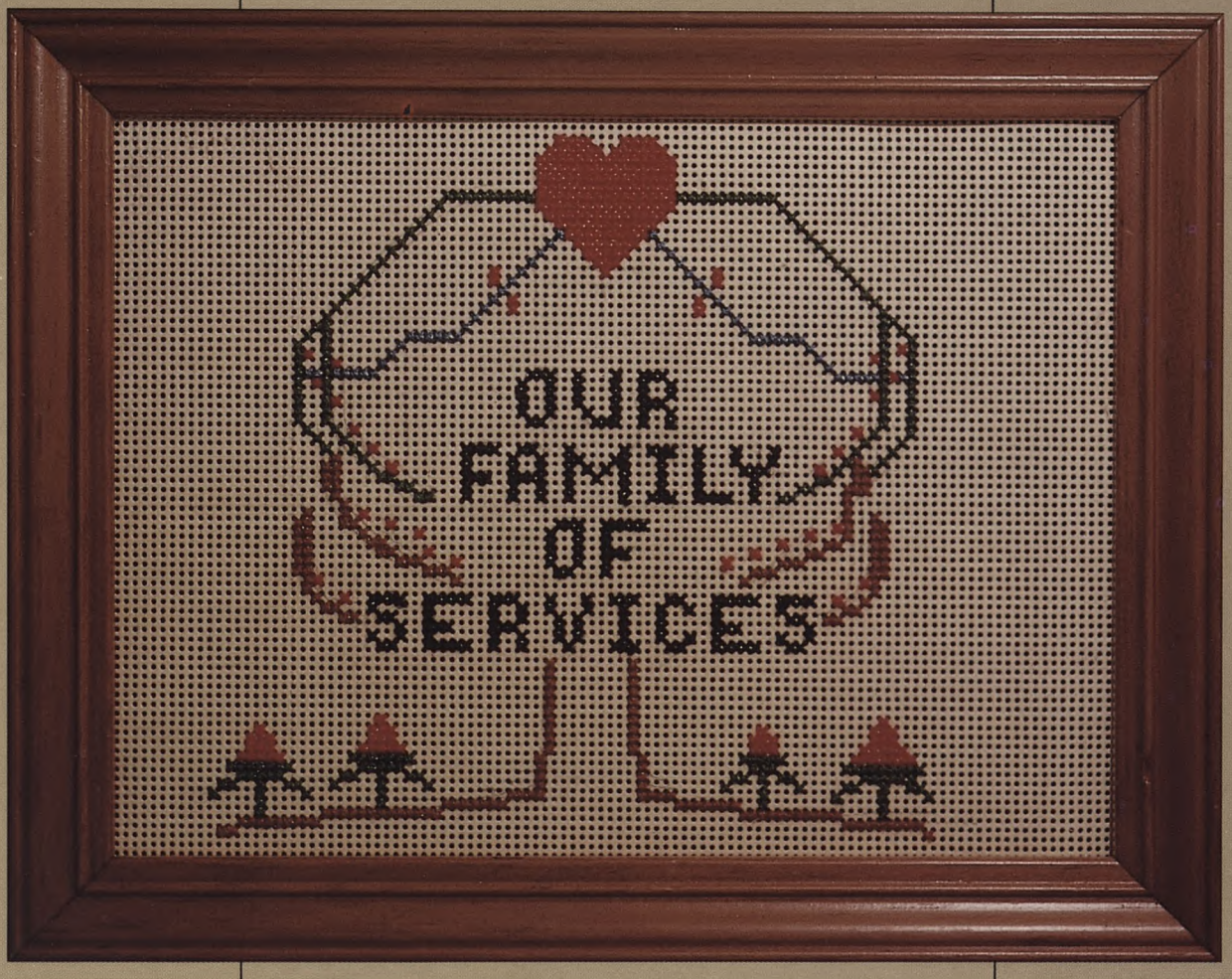
Johnson will be one of the teachers of the course. Other instructors include three of the nurses who tested out of the program, Linda Baras, R.N., Jocelyn Rhodes, R.N., and Nona Swank, R.N., as well as Lesley Martin, R.N., head nurse Ob/Gyn, and James Crane, M.D., director of obstetrics and gynecology, Alfred Knight, M.D., director, division of obstetrics, Mike Nelson, M.D., and Alan Wasserman, M.D., all of the Jewish Hospital department of obstetrics and gynecology.

Ronald Krone, M.D., presented a paper on "Stress Testing Soon After Myocardial Infarction in Patients Taking Beta Blockers" to the American College of Cardiology in Dallas, Texas, March 28. He co-authored the paper with J. Philip Miller, John Gillespie and Francis Weld.

Robert C. Lander, M.D., attended a seminar in Advanced Arthroscopy in Snowmass, Colorado, in January. He also attended meetings of the American Academy of Orthopaedic Surgeons and the Orthopaedic Society for Sports Medicine in Atlanta, Georgia, during February.

Continued on page 31

SEAL OF APPROVAL—Last month's issue of *Good Housekeeping* magazine published the results of a survey conducted among 400 doctors in the United States. Department chairpersons and clinical-program chiefs at 87 medical schools were asked to name the best of America's 450,000 licensed M.D.s in 24 specialties. Included as one of the seven top endocrinologists (doctors who diagnose and treat glandular and hormonal disorders such as diabetes and thyroid disease) is Jewish Hospital's Louis A. Avioli, M.D., director of the division of bone and mineral metabolism, who is recognized internationally in his field. To avoid biases in the selection process, the editors asked the nominating physicians not to name experts at their own institutions, or to cite doctors who do not see patients. Out of the several thousand names provided, the 120 mentioned most often were chosen for the list.



As health care consumers, you are becoming more knowledgeable and critical, taking the time to research and evaluate all components of medical care. Whether you need physicians or laboratories, elective procedures or emergency treatment, it is increasingly important that you demand answers to the questions that will help you select appropriate health care providers.

We believe that an informed decision is a wise decision. To provide you with information that will help you make the right choice of patient care, we present the following details about the many ways we do our best to provide the best in medicine.

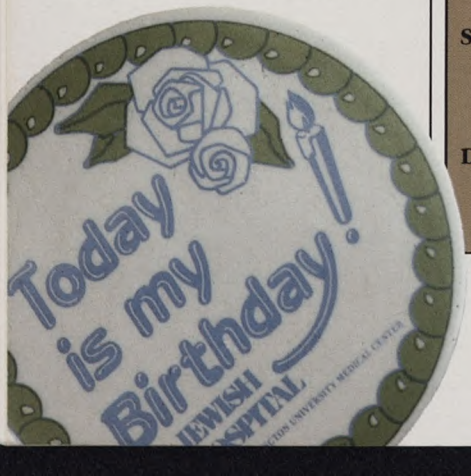
JEWISH
HOSPITAL
AT WASHINGTON UNIVERSITY MEDICAL CENTER

SPECIAL PROGRAMS:

Smoking Cessation Clinic
Genetics Counseling
Birthing Rooms
In Vitro Fertilization
Urodynamics Lab
Voice Lab
Stress Management Program
Behavioral Medicine
Tumor Registry
Dental Clinic
Total Parenteral Nutrition
Home Care Services
Hospice Services
Marilyn Fixman Cancer Center
Marilyn Fixman Breast Center
Harvey A. Friedman Program on Aging
Oncology Consultation Service
Back Reconditioning Program
Hand Rehabilitation Program
Patient Education Programs
Russian Interpreters
Osteoporosis Evaluation Center

SPECIAL PATIENT SERVICES:

Hospital pre-registration
Special admissions kit
Full-time Patient Relations staff acting in advocacy capacity
Cable television
Two patient education television channels
Full-time Rabbi as director of pastoral care
Patient newsletter
Activity Cart craft kits
Bookmobile and patient library
Yiddish-speaking Shalom Volunteers
Kosher kitchen
Russian interpreters
Birthday recognition program
New parents candlelight dinners
Baby booties for newborns



OUR MISSION

Founded in 1902 as a nonprofit, nonsectarian general hospital, Jewish Hospital is dedicated to a broad range of acute, chronic and specialized patient care, to the education of health professionals, to various forms of community service and to medical research. The hospital seeks to provide the financial and human resources necessary to guarantee excellence in attaining these goals.

JUST SOME OF OUR STATE-OF-THE-ART TECHNOLOGY:

Dual Photon Densitometer: to measure bone mineral content to identify candidates for preventive therapy against excessive bone loss

Beckman Metabolic Cart: to ascertain nutrition needs and intakes of patients in compromising nutritional situations

Varian Ximatron Simulator: to simulate any radiation therapy treatment so that treatment will be more accurate and normal tissue will be spared the effects of radiation treatment

CO_2 Laser: for the efficient, surgical removal of tissue

Yag Laser: to surgically remove tissue interfering with functioning of the digestive tract

Haemonetic Cell Saver: to clean a patient's blood lost during surgery so that it may be returned to the patient, eliminating the necessity of transfusion

Coulter Epics V Fluorescence-Activated Cell Sorter: to perform measurements of tumor kinetics and analyze and sort the cells in order to tailor therapy to a particular patient's situation

Nephroscope: to extract or disintegrate kidney stones during a non-surgical procedure

SARA: to analyze gases inspired and expired under anesthesia to determine the patient's respiratory condition during surgery and increase the speed and accuracy of detecting and diagnosing respiratory problems

Doppler Echocardiograph: to measure velocity and direction of blood flow at any given point in the heart or its vessels while transmitting images of the heart itself

OUR FAMILY C

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a teaching hospital in a university set
nurses who are known for their indiv
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community.

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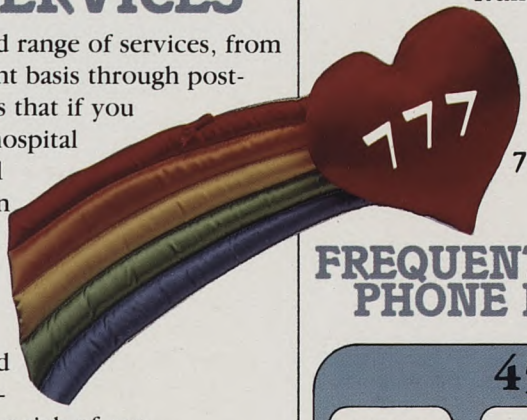
nber of full-time employees: 2,652

Average daily employee/patient ratio: 5.4 employees per patient

Number of operating rooms: 16

ber of deliveries/year: 1,636

r of annual clinic visits (Aaron Jaldheim Clinics): 20,942



Nearly 200,000 I.V. Room preparations dispensed per year

More than 2,000,000 pharmaceutical doses dispensed per year

More than 1,000,000 laboratory tests per year

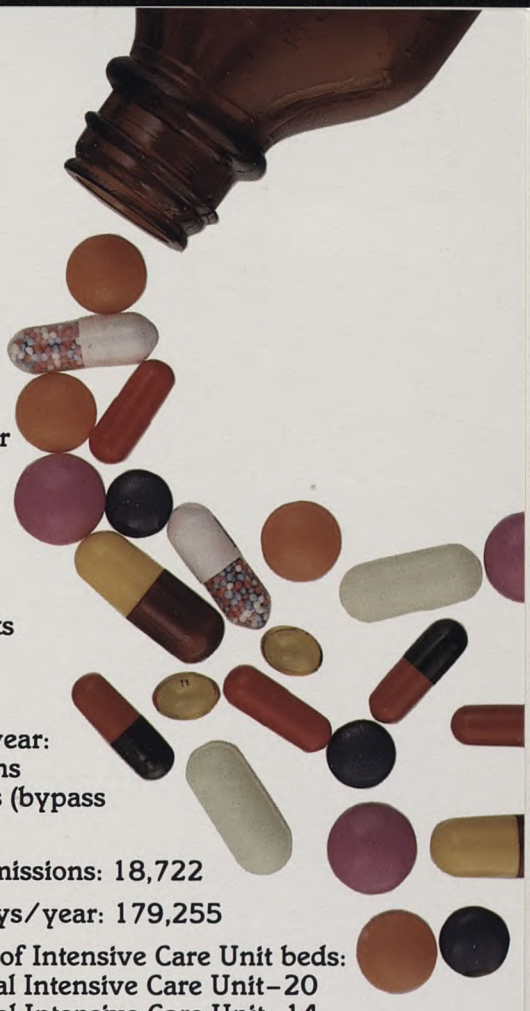
Number of patient meals served: 487,884 per year

Amount of laundry: 3½ million pounds per year

Number of beds: 588 plus 25 bassinets

Number of Emergency Room visits/year: 22,008

Number of heart procedures/year: 1,211 cardiac catheterizations 777 open heart surgery procedures (bypass and valve replacement)



Annual admissions: 18,722

Patient days/year: 179,255

Number of Intensive Care Unit beds: Medical Intensive Care Unit–20 Surgical Intensive Care Unit–14

Number of surgical operations/year: 10,826 (inpatient and outpatient)

Average number of operating procedures/day: 41

Number of physicians on staff: 672

Number of house staff (interns, residents and fellows): 41

Number of nursing students: 300 maximum enrollment

Number of active social work cases: 8,633

Number of in-house volunteers: 250

Annual hours of volunteer service: 58,673

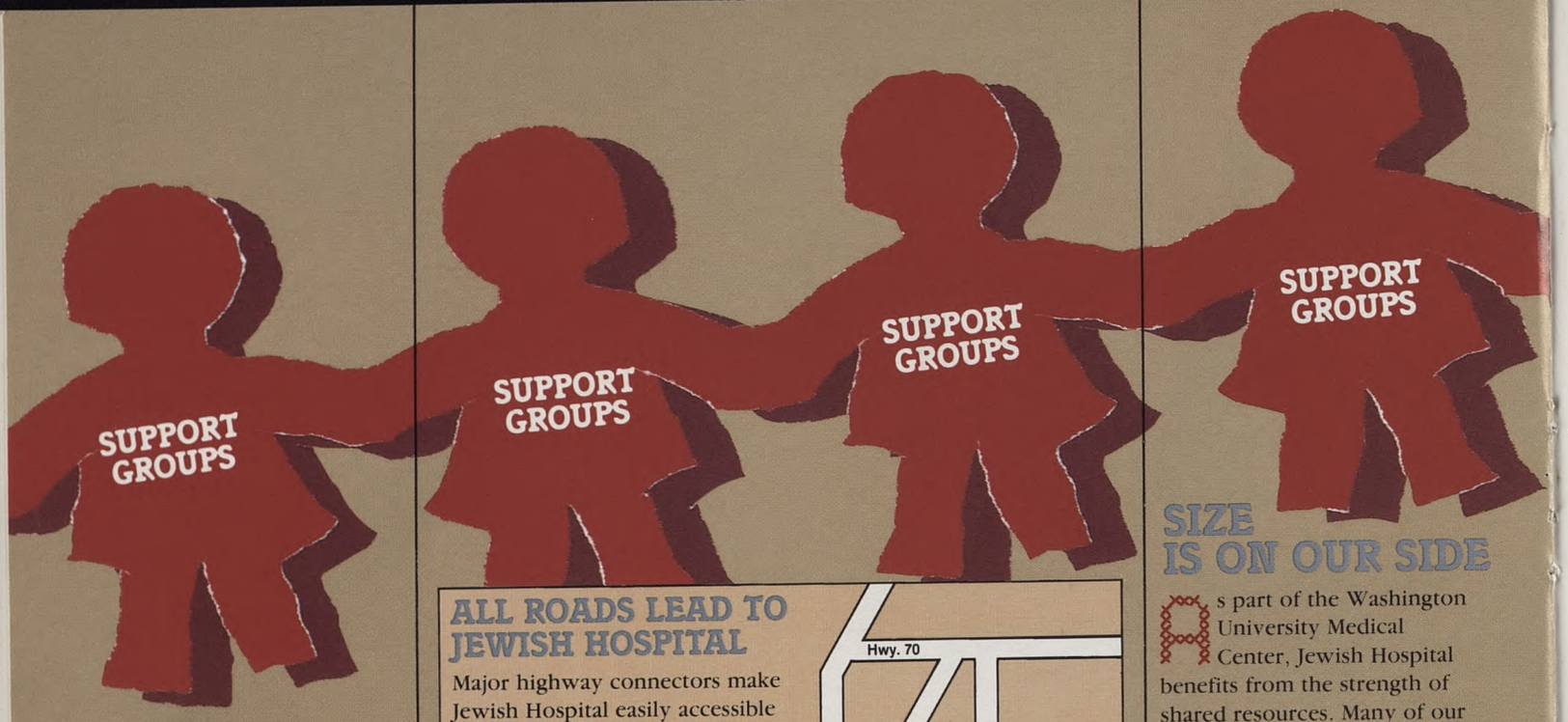
FREQUENTLY CALLED PHONE NUMBERS:

454-

7000 Jewish Hospital	**7420** Patient Information	**7900** Emergency Room
7045 Admitting	**7240/1** Patient Relations	**7245** Community Relations
7130 Auxiliary	**7239** Associates	**7250** Fellows
7134 Patient Accounts	**8180** Physician's Referral	**7166** Clover Garden (Flower Shop)

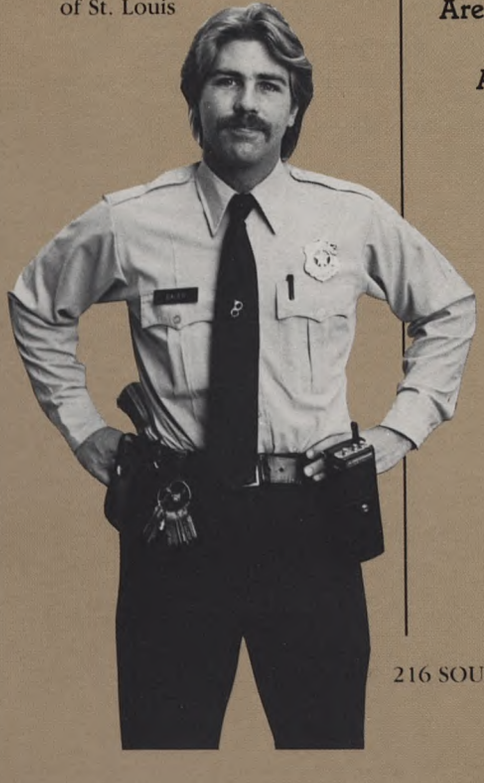
DIAL-A-DOCTOR:

Under Jewish Hospital's physicians' referral service, you may call **454-8180** to obtain the names of physicians on staff at the hospital. Call Monday through Friday, 8:30 a.m.-4:00 p.m. to receive the names of two physicians in the specialty and office location you specify.



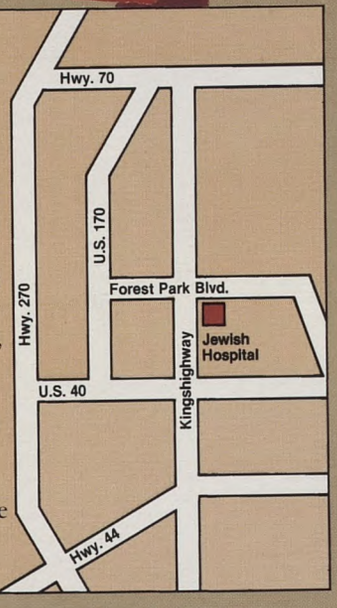
SUPPORT GROUPS:

Bikur Holim (Visit the Sick)
Diabetes Support Group
Grandparents Refresher Course
Heart-to-Heart and Mended Hearts (pre- and post cardiac surgery)
I Can Cope Program (cancer)
Parkinson's Educational Program
Reach to Recovery (mastectomy)
Rehabilitation Support Group
Super Siblings
United Ostomy Association of St. Louis



ALL ROADS LEAD TO JEWISH HOSPITAL

Major highway connectors make Jewish Hospital easily accessible from any part of St. Louis and the surrounding region. Situated at the corner of Kingshighway and Forest Park Boulevard, it is less than two miles north of Highway 44 and just a few blocks north of Highway 40. In the revitalized Central West End, an attractive and exciting neighborhood of boutiques, galleries, specialty shops, cafes and restaurants serving a variety of international cuisines, the hospital stands next door to Forest Park, the location of some of St. Louis' grandest attractions.



Annual operating expenses: $105,013,053

Area covered by ten buildings owned and operated by Jewish Hospital: 1,350,566 square feet

Amount spent annually on research: $6.9 million

Charity budget: $4 million

Number of Auxiliary members: 3,000

Number of members of the Associates in Medicine: 520

ASSOCIATES IN MEDICINE

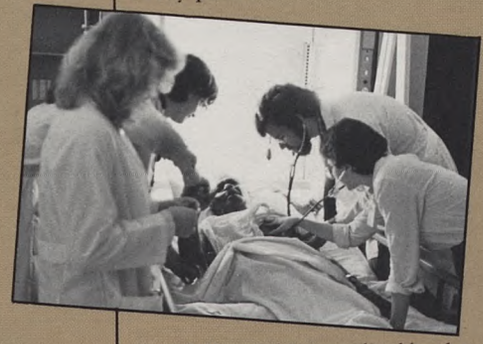
Number of Fellows of Jewish Hospital (annual supporters): 250

On-site parking facilities: 1,200 parking-space garage monitored 24 hours a day. Escort service and valet parking available.

SIZE IS ON OUR SIDE

As part of the Washington University Medical Center, Jewish Hospital benefits from the strength of shared resources. Many of our physicians received their training at Washington University School of Medicine. Our affiliation with the school stimulates our physicians intellectually, by keeping them abreast of medical developments, and prepares them to handle the most complex medical problems. It also helps us attract the highest caliber of full-time faculty and house staff, doctors who tend to be drawn to teaching hospitals because they provide the most comprehensive and qualitative care.

Within the complex of the medical center, Jewish Hospital is large enough to provide most medical services on its own. At the same time, it cares enough to give personalized attention to every patient.



Jewish Hospital is accredited by the Joint Commission on Accreditation of Hospitals

Jewish Hospital is a member of the Jewish Federation of St. Louis

216 SOUTH KINGSHIGHWAY • BOX 14109 • ST.LOUIS, MISSOURI 63178

REFRESHING THE MEMORY—The news of an impending arrival of a grandchild is usually met with great joy by the soon-to-be grandparents and often accompanied by daydreams of babysitting for the newest member of the family. However, it is unlikely that the happy grandparents have had much recent experience in diapering and bathing babies. So the Jewish Hospital Auxiliary has developed a Grandparents Refresher Course to bring them up to date on those skills.

The program's origins stem from a conversation between two prospective grandmothers who are members of the Auxiliary. As they discussed their concerns, the idea grew into a popular quarterly program. "We learn from our children, just as they learn from us," comments Elaine Levinsohn, director of volunteer services. "Since we knew that child care had changed since we had our babies, we wanted to learn what to do and learn it from a professional."

Nurses and aides from the ob/gyn unit teach techniques in bathing, diapering and feeding infants, discuss hygiene matters and answer questions during the two-hour classes. For more information, please call the volunteer office at 454-7130.

JOINT COMMISSION—In February, the Jewish Federation of St. Louis held a fundraising breakfast for physicians as part of its 1984 campaign to raise $10 million for social service programs. The event, planned by Robert Senior, M.D., pulmonary medicine, and featuring guest speaker David A. Gee, president of the hospital, generated gifts of more than $23,000 and pledges for several more, an increase of 17 percent from the same group last year. As a constituent agency of the Jewish Federation, Jewish Hospital receives funds from the Federation each year to help defray the costs of some of its community programs.

Marvin Levin, M.D., has been appointed to the Medical Advisory Board of a new publication for diabetics, Diabetes Self-Management.

Alan P. Lyss, M.D., co-authored a paper on "Chemotherapy for Breast Cancer—A General Survey" with Virgl Loeb, Jr., published in the February 1984 issue of *Cancer.*

Charles Mannis, M.D., attended the American Orthopaedic Society meeting on Sports Medicine held February 7-10 in Atlanta, Georgia. Dr. Mannis also attended a meeting on Advanced Arthroscopic Update held January 10-14 in Sandpiper Bay, Florida.

John S. Meyer, M.D., co-authored a paper on "Estrogen and Progesterone Receptor Assays on Breast Carcinoma from Mastectomy Specimens" with Kenneth Schechtman and Roland Valdes, Jr., published in the December 1983 issue of *Cancer.* Dr. Meyer spoke on "Cell Kinetics and the Prognosis of Breast Cancer" to both the 6th annual San Antonio Breast Cancer Symposium at the University of Texas, San Antonio, Texas, on November 5, and at the 1984 oncology lecture series at the University of Louisville School of Medicine in Louisville, Kentucky.

Stanley Misler, M.D., Ph.D, published a paper "Diptheria Toxin Fragment Channels in Lipid Bilayer Membranes: Selective Cieves or Discarded Wrappers?" in the January 1984 issue of *Biophysical Journal.*

Stephen A. Moser, Ph.D., gave a speech on "Opportunistic Fungal Infections" to the St. Louis Area Microbiologists at St. John's Mercy Medical Center, St. Louis, on February 7.

Scott M. Nordlicht, M.D., spoke on "The Approach to the Individual with Chest Pain" to executives of Southwestern Bell on January 13 in St. Louis.

Carlos A. Perez, M.D., spoke to the 36th Midwinter Oncology Conference, Los Angeles Radiological Society, held January 27-29 in Los Angeles, California, on: "Clinical Hyperthermia: Indication, Contraindications and Treatment;" "Combined Mode Cancer Therapy and Adjuvant Therapy;" "Carcinoma of the Prostate—Diagnostic and Therapeutic Radiologist Perspectives;" "Management of Carcinoma of the Oropharynx;" and "Should Hyperthermia be Used Today in the Community Hospital?" At the Los Angeles Radiological Society Post Conference Seminar, held January 29-February 4 in Hawaii, Dr. Perez spoke on: "Treatment of Carcinoma of the Prostate;" "Radiotherapy for Non Small Cell Carcinoma of the Bonchus;" "The Use of Hyperthermia in Clinical Practice;" "Multimodality Treatment for Carcinoma of the Rectum: Indications and Results;" and "Treatment Planning for High Energy Photons and Electrons." At the meeting of the Medical Society of the National Cancer Insititute of Mexico held February 16-18 in Mexico City, Mexico, Dr. Perez spoke on "Radiotherapy in Carcinoma of the Uterine Cervix;" "Radiotherapy in Carcinoma of the Breast;" and "Carcinoma of the Larynx."

Gordon Philpott, M.D., spoke on "Research at the Resident Level—How Much and What Type?" to the Association of Program Directors of Surgery on February 17 in Atlanta, Georgia.

Kenneth L. Russ, Ph.D., was appointed a member of the Mental Health and Health Education committees of the St. Louis Metropolitan Medical Society, effective January 1984.

Benjamin D. Schwartz, M.D., was elected president-elect for May 1983-April 1984 and president for May 1984-April 1985 of the American Federation for Clinical Research.

Morton E. Smith, M.D., was guest speaker at the Mid-Winter Research Study Club meeting in Los Angeles, California, January 22-25.

Daniel J. Santa Cruz, M.D., has been appointed editor-in-chief of *Seminars in Diagnostic Pathology,* a new pathology journal.

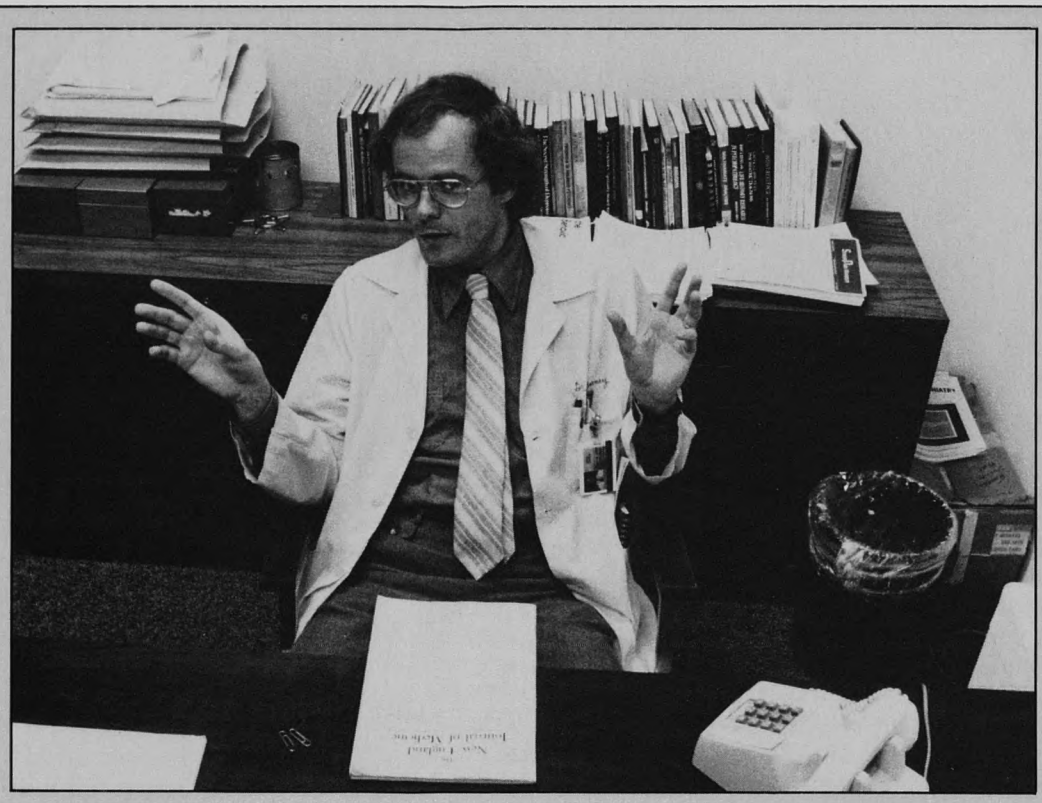
Herbert Sunshine, M.D., attended a seminar in Adult and Pediatric Urology at the University of Miami, Miami Beach, Florida, January 18-22.

Franz U. Steinberg, M.D., presented a paper on "Advances in the Care of Geriatric Amputees" to a conference on Musculoskeletal Disorders in Old Age held at St. Lukes Hospital in Phoenix, Arizona, January 28. Dr. Steinberg authored a paper on "Education in Geriatrics in Physical Medicine Residency Training Programs" published in the January 1984 issue of *Rehabilitation.* He participated in a panel discussion on Adverse Drug Effects in Geriatrics presented by the American Academy of Physical Medicine and Rehabilitation in Los Angeles, California, in November 1983.

Patrick R.M. Thomas, M.D., co-authored a paper on "An Analysis of Neuroblastoma at a Single Institution" with J.Y. Lee, B.B. Fineberg, A.A. Razek, C.A. Perez, V.J. Land and T.J. Vietti to be published in *Cancer.* Dr. Thomas spoke on "Gastrointestinal Tumor Study Group Rectal Trial" at the Royal Marsden Hospital in London, England, February 21.

Roland Valdes, Jr., Ph.D., was awarded a grant for study of the "Digoxin-like Factor in Hypertensive Pregnancies" from the American Heart Association.

Todd H. Wasserman, M.D., published a paper on "Promise of Radiosensitizers and Radioprotectors in the Treatment of Human Cancer" in the 25th anniversary issue of *Cancer Treatment Reports.* He attended the semi-annual Radiation Therapy Oncology Group



POUNDS VS. PUFFS—The results of research conducted by Robert M. Carney, Ph.D., director of behavioral medicine at Jewish Hospital, may eliminate the excuse some people use for not quitting smoking—a fear that they will gain weight. It may even send habitual dieters straight to a candy bar for consolation.

The study was designed to predict how much weight smokers would gain during the few weeks following their entering a smoking cessation program. It involved measuring LPL activity—or the activity of the enzyme lipoprotein lipase, which is largely responsible for regulating fat cell size—and hence total body weight. The more active the LPL, the larger the fat cells and the larger the person. Those with less active LPL tend to weigh less. Contrary to what would be expected based on the fact that smokers tend to weigh less than non-smokers, LPL activity in smokers is higher on the average than in non-smokers.

As Dr. Carney reported during a press conference held at the hospital on March 8, the day his research was published in the *New England Journal of Medicine*, smokers do not necessarily gain weight when they stop smoking. The study showed that by measuring the LPL acitivity just before smokers quit smoking, it was possible to predict reasonably well not only who would gain weight, but also approximately how much weight they would gain. "We can't conclude that elevated LPL activity is what causes people to gain weight when they quit smoking because the kind of study we did does not allow us to draw that kind of conclusion," noted Dr. Carney. "But it certainly suggests that might be true. In any event, we know that LPL seems to play an important role in helping to maintain body weight and it allows us to predict short-term weight gain after smokers quit smoking." LPL seems to serve a counter-regulatory role in maintaining fat cell size, so that after a person has been dieting for about two weeks, LPL activity shoots up higher than the pre-diet level, presumably to help maintain the size of the fat cell. "Studying LPL activity may provide us with another piece of the puzzle concerning weight maintenance and weight gain and why it is very difficult for some people to lose weight and to maintain a lower body weight when they diet."

BABES IN JOYLAND—On the second Monday of each month, the Super Sibling Program, sponsored by the Jewish Hospital Auxiliary, is offered for parents who are expecting children in their families. The primary objective of the program is to help prepare families for new infants and prospective brothers and sisters for life with a new sibling.

Under the supervision of a registered nurse, the siblings are instructed on how to help parents with feeding and diapering. The highlight of the hour and a half-long program is a visit to the Ob/Gyn division where the children view newborns in the nursery. Preferably, expectant parents should be in the third trimester of pregnancy and the participating children should be between the ages of two and one half and six. For further information on the program, contact the Jewish Hospital Auxiliary office at extension 7130.

meeting in Philadephia, Pennsylvania, in January. Dr. Wasserman spoke on "New Developments in Radiation Oncology" to the St. Louis Medical Oncology Society on February 9 in St. Louis, and to the Bi-State Tumor Registrars meeting in St. Louis on February 21.

Robert S. Weinhaus, M.D., spoke on "Psychiatry and Personal Value Systems" at the St. Louis University department of psychiatry Grand Rounds January 31.

Richard Wetzel, Ph.D., co-authored a paper on "Cognitive Therapy and Pharmacotherapy Singly and Together in the Treatment of Depression" with George E. Murphy, Anne D. Simmons, and Patrick J. Lustman, published in the January 1984 issue of *Archives of General Psychiatry.* He also published a paper on "Primary and Secondary Affective Disorder: Part III, Longitudinal Differences in Depression Symptoms," co-authored with John Brim, Theodore Reich, Dennis Wood, John Viesselman and Carl Rutt in the *Journal of Clinical Psychiatry,* February 1984 issue. ■

FIXING AN ERROR—In the last issue of *216* we reported about a nicotine gum smoking cessation clinic to be started by the hospital ("Oral Fixation," page 24). The phone number given for the program was misprinted. The correct number is 454-8188. We are sorry for any inconvenience the mistake may have caused.

LET'S GET PHYSICAL THERAPY— Jewish Hospital at Washington University Medical Center has opened its new outpatient physical therapy service in Creve Coeur. The service is offered at Chai House on the Millstone Campus near the intersection of Lindbergh Boulevard and Schuetz Road.

The new facility, operated by Jewish Hospital's Rehabilitation Medicine Department, offers the same physical therapy services as the main hospital complex. The Creve Coeur location was chosen to provide more convenient service to ambulatory patients who live or work in West County.

The Chai House facility will treat patients with musculoskeletal disorders such as back pain, whiplash injuries, bursitis, as well as those recovering from fractures and orthopedic surgical procedures. It will also provide follow-up therapy to patients recently discharged from an in-hospital rehabilitation program for conditions such as stroke, arthritis, and amputations. Patients must be referred to the service by their physicians.

Chai House is open Monday through Friday. For information, call 993-5440 or 454-7750.

"WE'RE THE CARING KIND"—Jewish Hospital joined hospitals throughout the country between May 6 and 12 to pay tribute to the people who are so vital to the health of the community—its employees. During National Hospital Week, Jewish Hospital inducted 26 new members into the 20+Club, comprised of the people who have been actively employed at the hospital for 20 years or longer. Current enrollment is 150. The annual dinner for them was held on May 7 at the Chase-Park Plaza Hotel.

Two days later, 360 long-term employees were honored during service award ceremonies for giving between 5 and 35 years of service to the hospital. Throughout the week, Jewish Hospital saluted its employees and volunteers through a message on the billboard along Highway 40 eastbound between the Hampton and Kingshighway exits. Also during the week, the hospital administration provided doughnuts and coffee during break times to employees of all three hospital shifts.

A P.M. OF PREVENTION

Reserve the afternoon of Sunday, October 28, for the Jewish Hospital Auxiliary's program of seminars, screenings, self-help techniques and support systems presented to help you reduce the risk of developing cancer. Experts in many disciplines connected with the subject will participate in the special health fair. Watch *216* and local media in the coming months for more information.

SHOPPING LIST

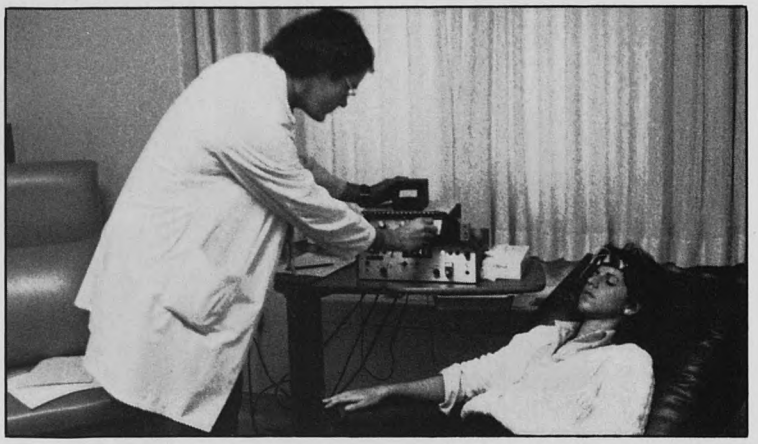
In an effort to provide high-quality medical service, Jewish Hospital at Washington University Medical Center continually purchases new equipment. Because of the ever-increasing costs of medical supplies, gifts to the hospital, whether large or small, are greatly appreciated.

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.

Biofeedback Unit



"Through the use of biofeedback units and relaxation exercises, some patients can learn to exert control over their own symptoms," says Robert Carney, Ph.D., director of behavioral medicine, department of psychiatry.

According to Dr. Carney, this is achieved by performing "progressive muscle relaxation" (PMR) exercises and by monitoring muscle activity through biofeedback units. In this process, the electrical activity of specific muscle groups is recorded by first placing electrodes on the patient's skin surface. The electrical activity measured from the muscle site is then amplified electronically and translated into an auditory signal on the biofeedback unit, increasing or decreasing in response to the patient's level of muscle activity. According to Dr. Carney, the amount of electrical activity from the muscle correlates with the general tension level of that muscle. Under the guidance of a therapist, the patient is instructed in PMR exercises to reduce the level of activity, and eventually, says Dr. Carney, will learn to gain control of the signals and achieve a state of relaxation.

"The majority of patients whom we treat with biofeedback suffer from tension or migraine headaches," notes Dr. Carney. "The consensus of recent investigation is that 60 to 70 percent of patients with tension headaches and 40 to 50 percent of those with migraine headaches can reduce the frequency of their headaches by at least 50 percent."

Patients who suffer from chronic pain, regardless of its origin, can also benefit from biofeedback-assisted PMR techniques. "When patients feel pain, their automatic response is to tense their muscles," explains Dr. Carney. "But the additional muscle tension often amplifies the pain. Through biofeedback relaxation exercises, we can teach patients to cope with pain rather than respond to it." In the majority of cases, chronic pain patients can experience a 10 to 20 percent reduction in discomfort. "Although the success rate is not as high compared to our treatment of headache, patients can certainly find the treatment worthwhile," says Dr. Carney. "That 10 percent could make the difference in whether or not an individual can stoop or walk up and down stairs."

"Biofeedback is not a panacea for all functional disorders," emphasizes Dr. Carney. "But it can offer the physician a frequently effective, generally side-effect-free alternative to medication for treatment, particularly for those patients who have not responded well to medication." ■

Nursery

Breast Pump $1,115

Labor Room

Fetal Monitor $10,215

Medical Clinical Practice

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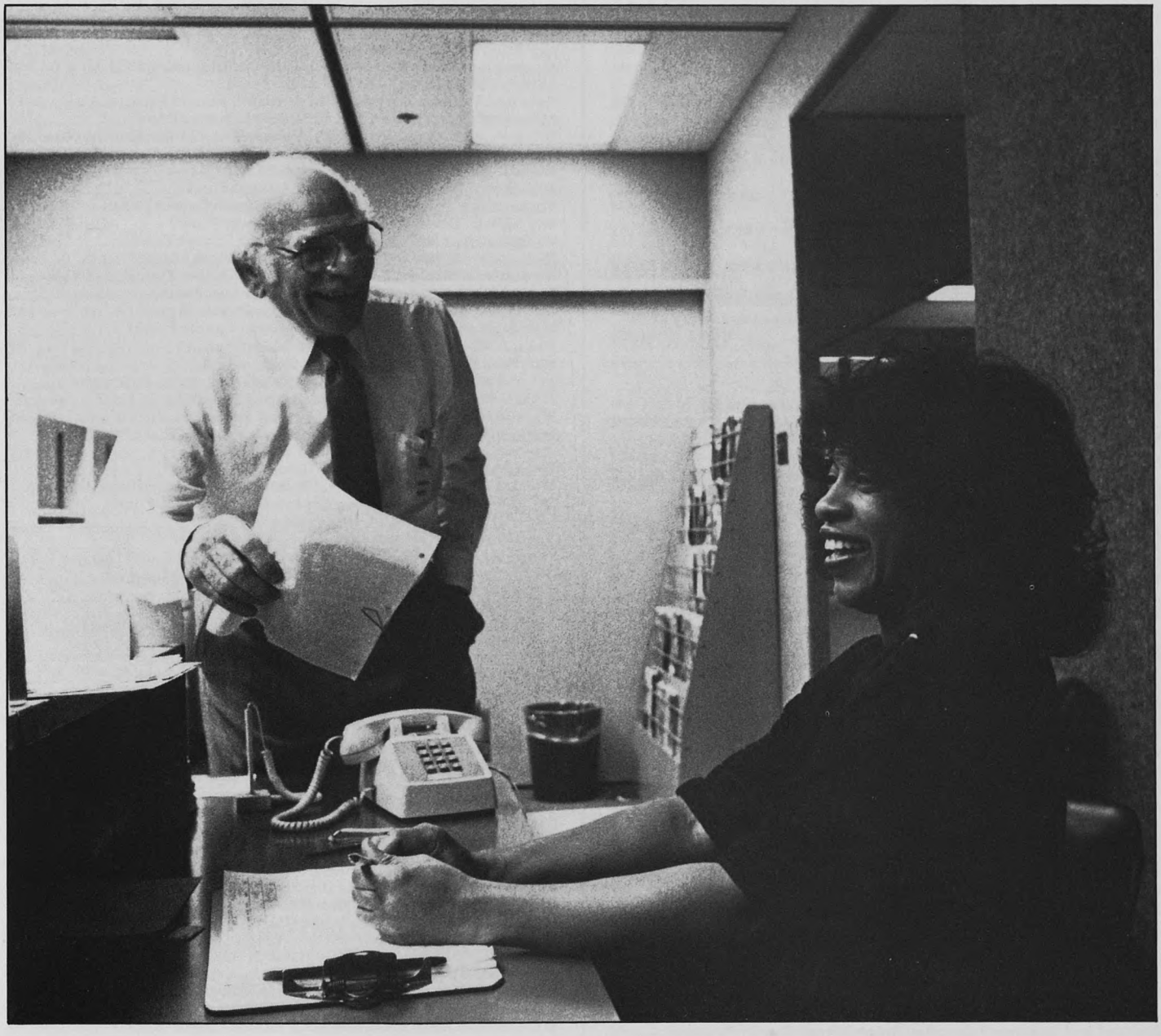

The Tribute Fund, initiated by the Jewish Hospital Auxiliary in 1952, receives approximately $140,000 a year for research and aid to the needy. To make the donation process convenient, drawing accounts have been established. Anyone can open a drawing account by mailing a deposit of at least $25 to the 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.

Donors who do not have drawing accounts can send checks payable to The Jewish Hospital Tribute Fund to the address given above. When a tribute is made this way, both the sender and recipient receive an acknowledgement of the donation.

The following contributions were received from February 14 to April 6, 1984. Any contributions received after April 6 will be listed in the next issue of 216.

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Wedding of MR. AND MRS. HAROLD MESSING
Selma and Elmer Gidlow (Shirley W. Cohen School of Nursing Fund)

Birthday of JULIAN MEYER
Mr. and Mrs. I.S. Harris

Recovery of SOL MILLMAN
Mrs. Anna Agris

Anniversary of MR. AND MRS. CARL MIROWITZ
Irene and Al Hyman (Cancer Research Fund)

Recovery of ADELE MITCHELL
George M. Kornblet (Marilyn Fixman Cancer Research Center)

Anniversary of MR. AND MRS. IRWIN MOHR
Mr. and Mrs. Arthur Bierman (Rubin & Mary Cohen Endowment Fund)

Birthday of HORTENSE MORGAN
Mrs. Herman Gram (William, Dorothy & Jerome Molasky Memorial Fund)

New Granddaughter of MR. AND MRS. HERMAN MORGANSTERN
Lester and Rita Applestein (Irven Dubinsky Memorial Fund)
Leah and Shirley Morganstern (Irven Dubinsky Memorial Fund)

Birthday of MONROE MORGANSTERN
Mr. and Mrs. Marvin Cherry (Ben & Marilyn Fixman Cancer Research Fund)

Birth of John Ryan to MR. AND MRS. AL MUELLER
Ken and Geri Rothman (Geri Jaffe Rothman Breast Cancer Research Fund)

Appreciation of JILL NEWGENT
Mrs. Edith Brown (Nursing Education Fund)

Wedding of MR. AND MRS. ANDREW NEWMAN
Phyllis and Ken Langsdorf (Langsdorf Fund for New Americans)

Anniversary of MR. AND MRS. IRWIN OLIAN
Mr. and Mrs. Louis M. Leipziger (Ralph Hirsch Cancer Fund)

Appreciation of OTOLARYNGOLOGY DEPARTMENT
Ann M. Dunn (Dr. Kinney Otolaryngology Research Fund)

Recovery of BETTY PACKMAN
Mrs. Anna Agris
Linda, Harvey, Brad and David Wallace (Ben & Marilyn Fixman Cancer Research Fund)

Bas Mitzvah of Daughter of MR. AND MRS. GERALD PADAWER
Robyn, Danny and Zachary Mintz (Edna Malen Scholarship Fund)
Mr. and Mrs. Robert E. Shapiro (Harry & Nancy Shapiro Scholarship Fund)

Special Anniversary of MR. AND MRS. JERROLD H. PASS
Madlynn and Adrian Levin (Dorothy P. Jasper-Rita Polinsky Memorial Fund)

Birthday of JERRY PASS
Marcia and Robert Pass

Birthday of JOYCE PASS
Marilyn and Larry Alton (Carl Pass Diabetic Research Fund)
Barbara Cooper (Carl Pass Diabetic Research Fund)
Mary and Dick Dalton (Carl Pass Diabetic Research Fund)
Dr. and Mrs. Richard Feldsher (Carl Pass Diabetic Research Fund)
Gussie Frenzel (Carl Pass Diabetic Research Fund)
Tillie Frenzel (Carl Pass Diabetic Research Fund)
Mr. and Mrs. George Glass (Carl Pass Diabetic Research Fund)
Helane and Warner Isaacs (Carl Pass Diabetic Research Fund)
Marcia and Robert Pass (Carl Pass Diabetic Research Fund)
Nita Pass (Carl Pass Diabetic Research Fund)
Lynn and Jim Pollak (Carl Pass Diabetic Research Fund)
Mr. and Mrs. Walter G. Shifrin (Carl Pass Diabetic Research Fund)

Recovery of MARY PEARLSTEIN
Alan and Peggy Schaffer (Paula & Ludwig Michel Surgical Research Fund)

Election as President of ASBMR to DR. WILLIAM A. PECK
Dr. Frank Cohen (Frank & Dorothy Cohen Education in Medicine Fund)

Recovery of DR. MAX PEPPER
Mr. and Mrs. Harry Shear

Recovery of ALVIN PERLMUTTER
Mr. and Mrs. Harvey Friedman (Dorismae & Harvey Friedman Program on Aging)
Mr. and Mrs. Robert Watel
Mrs. H.B. Wittcoff
Mr. and Mrs. Richard Yalem

Special Anniversary of MR. AND MRS. JERRY PERLSTEIN
Mr. and Mrs. Earl Susman

Recovery of MORRIS PERSKY
David and Betty Moulton (Jerry Kaiser-Irma Blank Cancer Fund)
Mr. and Mrs. Leslie Roth (Dr. Sam Schneider Enterostomy Fund)

Speedy Recovery of BARBARA PESKIND
Rose Schneider (Marilyn Fixman Cancer Research Center)

Speedy Recovery of MRS. LEE PLOTKIN
Harry and Nancy Shapiro (Harry & Nancy Shapiro Scholarship Fund)
Adele and Harry Smith (Breast Cancer Research Fund)
Mr. and Mrs. Jules Pass (Carl Pass Diabetic Research Fund)

Recovery of ISADORE POGER
Melva and Joe Blath
Mr. and Mrs. Lester Handelman
Henrietta Horwitz (Horwitz-Neuman Cardiology Research Fund)
Mildred Neuman (Horwitz-Neuman Cardiology Research Fund)

Speedy Recovery of LOUIS POGER
Elsbeth and Rudolph Singer

New Grandchildren of MR. AND MRS. ALLEN PORTNOY
Trudy and Dick Paley (Sanford Gad Hospice Fund)

Birthday of DOROTHY PORTNOY
Harvey and Cynthia Frohlichstein (Ruth W. Portnoy Memorial Cancer Research Fund)

Special Birthday of LESLIE PORTNOY
Mrs. David B. Portnoy (Ruth W. Portnoy Memorial Cancer Research Fund)

Recovery of SELMA PORTNOY
Alice Klearman (Edward J. Lawson Dialysis Fund)

Recovery of MYRA POTASHNICK
Mr. and Mrs. Jerry Hirsch (Jacqueline Hirsch Brown Memorial Fund)

Good Health to DR. ROBERT POTASHNICK
Mr. and Mrs. Samuel R. Cohen (Jackie Sue Margulis Liver Research Fund)
Mr. and Mrs. Jerry Hirsch (Jacqueline Hirsch Brown Memorial Fund)

Special Birthday of DR. JACOB PROBSTEIN
Don and Beverly Abrams (Elsie Probstein-Harry Koplar Brace Fund)
Gladys and Irven Barker (Elsie Probstein-Harry Koplar Brace Fund)
Mr. and Mrs. Saul Dubinsky
Dr. and Mrs. Alfred Fleishman
Mrs. Beatrice Ginsberg (Elsie Probstein-Harry Koplar Brace Fund)
Mr. I.E. Goldstein (Mary Goldstein Nursing Scholarship Fund)
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Jewish Hospital Dept. of Surgical and Mecical Staff(Jewish Hospital Medical Nursing Scholarship)
Mr. and Mrs. Frederick M. Kipp (Probstein Chapel Fund)
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Mrs. Edna Mathes (Nathan & Sadye Mathes Special Fund)
Mrs. Herman Meyer (Dr. & Mrs. Herman Meyer Scholarship Fund)
Dottie Nauman (Dr. David Rothman Fund)
Alma Paulich (Probstein Chapel Fund)
Dr. Harold Scheff (Elsie Probstein-Harry Koplar Brace Fund)
Dr. and Mrs. Hyman Senturia
Richard Turner
Buddy Walton

Special Birthday of MARILYN RATKIN
Mr. and Mrs. Sidney Goldberg (Hortense Lewin Scholarship Fund)

Special Birthday of ETTA REICHMAN
Shirley and Sidney Librach (Dorothy Bogard Memorial Research Fund)

Speedy Recovery of SAM REYNOLDS
Dr. and Mrs. Lawrence Aronberg (Dr. Lawrence Aronberg Urology Fund)Mr. and Mrs. S.J. Bronstein (Nathan & Sadye Mathes Special Fund)

Recovery of Daughter of THE SAM REZNIK FAMILY
George M. Kornblet (Marilyn Fixman Cancer Research Center)

New Baby Boy of MR. AND MRS. RICHARD RIEZMAN
Cynthia Frohlichstein (Ruth W. Portnoy Memorial Cancer Research Fund)

New Grandchild of DR. AND MRS. SHALE RIFKIN
Mr. and Mrs. Adolph Sherman (Dr. Jerome I. Simon Medical Library Fund)
Aida Timmerman (Dr. Jerome I. Simon Medical Library Fund)

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Claire A. Steiner-Diggines (Chester A. Steiner Fund)
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Nita Pass (Carl Pass Diabetic Research Fund)	Recovery of MRS. SAM ROSENBLOUM
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Pam and Craig Toder (Edna Malen Scholarship Fund)	
Nita Pass (Carl Pass Diabetic Research Fund)	New Grandchild of MR. AND MRS. GEORGE ROSENBLUTH
Ellen Ross	Special Birthday of LEO ROSENSTOCK
Mr. and Mrs. Ben Shapiro	Special Birthday of MRS. ADAM ROSENTHAL
Carolyn and Jay Henges	Birthday of RICHARD ROSENTHAL
Mrs. Jean Sherman	
Letty and Jeffrey Korn (Breast Cancer Research Fund)	Birthday of PEGGY ROSS
Edna Malen (Edna Malen Scholarship Fund)	
Charline Baizer (Edna Malen Scholarship Fund)	Recovery of PEGGY ROSS
Max and Henriette Barken (Messing Chair in Pathology Fund)	
Carol and Frank Flotken (Dr. Sidney Goldenberg Nursing Scholarship Fund)	
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Dr. and Mrs. John Hirsch (Jacqueline Hirsch Brown Memorial Fund)	
Sara T. Kaiser	
Letty and Jeffrey Korn (Breast Cancer Research Fund)	
Kay and Arthur Loomstein (Edna Malen Scholarship Fund)	
Edna Malen (Edna Malen Scholarship Fund)	
Robyn, Danny & Zachary Mintz (Edna Malen Scholarship Fund)	
Mr. and Mrs. Ronald Ross (Edna Malen Scholarship Fund)	
Sara B. Rudman (Edna Malen Scholarship Fund)	
Irene Sherman (Edna Malen Scholarship Fund)	
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Mr. and Mrs. Samuel R. Cohen (Jackie Sue Margulis Liver Research Fund)	Recovery of MRS. HARRY RUBENSTEIN
Helen Hyatt (Harold M. Zager Blood Research Fund)	Special Anniversary of MR. AND MRS. SIMON RUBENSTEIN
Leo S. Rosen (Diana Rosen Recreational Therapy Fund)	
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The Karl Libermans (Geri Jaffe Rothman Breast Cancer Research Fund)	
Sue and Sam Weintraub	Recovery of MRS. DAVID SAMUELS
Mrs. John M. Shoenberg	Special Birthday of HERBERT SCHIELE
Nathan Z. Polinsky (Dorothy P. Jasper-Rita Polinsky Memorial Fund)	Special Anniversary of DR. AND MRS. NORBERT SCHMELZER
Mrs. Edna S. Rosenthal (Ben L. Shifrin Endowment Fund)	
The Minyanettes (Ruth W. Portnoy Memorial Cancer Research Fund)	Recovery of BEN SCHMIDT
Selma Silverman (Dr. Sam Schneider Enterostomy Fund)	Engagement of Grandson of ALYCE SCHNEIDER
Mrs. Nathan Cohen (Joseph Abrams Memorial Fund)	Recovery of MRS. BEN SCHNEIDER
Mr. and Mrs. Samuel R. Cohen (Jackie Sue Margulis Liver Research Fund)	
Mr. and Mrs. Sam Goldblatt (Dorothy P. Jasper-Rita Polinsky Memorial Fund)	Speedy Recovery of DORIS SCHNEIDER
Rachel and Maurice Guller	Speedy Recovery of HASCAL SCHNEIDER
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Ken and Marilyn Steinback (Dr. Sam Schneider Enterostomy Fund)	Bas Mitzvah of MARY BETH SCHNEIDER
Ken and Marilyn Steinback (Dr. Sam Schneider Enterostomy Fund)	Bar Mitzvah of MICHAEL SCHNEIDER
Mr. and Mrs. Samuel R. Cohen (Jackie Sue Margulis Liver Research Fund)	Marriage of MR. AND MRS. BERT SCHNURMACHER
Phyllis and Saul Wolff (Cancer Research Fund)	
Mr. and Mrs. Richard Yalem	Special Birthday of MRS. BEN SCHULEIN
Phyllis and Ken Langsdorf (Langsdorf Fund for New Americans)	Birth of Daughter of MR. AND MRS. ROBERT SCHULTE
Marcia and Robert Pass (Carl Pass Diabetic Research Fund)	Recovery of BLANCHE SCHWARTZ
Mr. and Mrs. Ernst A. Freund (Dr. & Mrs. Herman Meyer Scholarship Fund)	Special Anniversary of MR. AND MRS. JOSEPH SCHWEICH
Mrs. Herman Meyer (Dr. & Mrs. Herman Meyer Scholarship Fund)	
Mrs. Louis Stein	
Mrs. Joseph Kutten	Special Birthday of MRS. MALVERN SCHWEIG
Frank and Carol Flotken (Dr. Sidney Goldenberg Nursing Scholarship Fund)	Special Birthday of BERT SCHWEIZER II
Helen M. Weiss (Helen & Walter Wolff Cardiovascular Fund)	
Dr. and Mrs. Joseph L. Portnoy (Helen & Walter Wolff Cardiovascular Fund)	
Mr. and Mrs. Joseph Berger (Helen & Walter Wolff Cardiovascular Fund)	Special Birthday of ELIZABETH SCHWEIZER
Art and Sally Breckenridge (Helen & Walter Wolff Cardiovascular Fund)	
Mr. and Mrs. Daniel J. Breckenridge (Helen & Walter Wolff Cardiovascular Fund)	
Mr. and Mrs. Donald Cornbleet (Helen & Walter Wolff Cardiovascular Fund)	
Gerry and Chuck Francis (Helen & Walter Wolff Cardiovascular Fund)	
Mr. and Mrs. Ralph A. Herzmark (Helen & Walter Wolff Cardiovascular Fund)	
Claire and Lionel Kalish (Helen & Walter Wolff Cardiovascular Endowment Fund)	
Mr. and Mrs. Rodrick Lewin (Helen & Walter Wolff Cardiovascular Fund)	
Mr. and Mrs. Harry S. Rosenberg (Helen & Walter Wolff Cardiovascular Fund)	
Mr. and Mrs. Sigmond Seelig (Helen & Walter Wolff Cardiovascular Fund)	
Mr. and Mrs. Edward Silverman (Helen & Walter Wolff Cardiovascular Fund)	
Violette Simon (Sam S. Simon Blood Research Fund)	
Mr. and Mrs. Harry Steiner, Jr. (Helen & Walter Wolff Cardiovascular Fund)	
Mr. and Mrs. John S. Steiner (Helen & Walter Wolff Cardiovascular Fund)	
Mr. and Mrs. Mel S. Shaikewitz (Cancer Research Fund)	Engagement of PATTI SCISSORS AND JOSHUA KATZ
Morris and Marlene Lefton (Cancer Research Fund)	New Daughter of MR. AND MRS. MICHAEL SEIDER
Mrs. Milton Frank (Milton Frank Vascular Research Fund)	Recovery of ELI SEIGEL
Sam and Helen Klein	
Mrs. A.M. Manlin	
Jean and Bert Schnurmacher (Dr. Sam Schneider Enterostomy Fund)	
Mr. and Mrs. William A. Stern	
Ruth B. Seldin	Birthday of MARC SELDIN
Mr. and Mrs. Phillip Rashbaum (Mabel & Simon Frank Memorial Research Fund)	Birthday of DR. HYMAN SENTURIA
Mr. and Mrs. Harvey Friedman (Dorismae & Harvey Friedman Program on Aging)	Recovery of AL SERKES
Mr. and Mrs. Charles Liebert	
Paul and Emily Ullman	
Mrs. H.B. Wittcoff	
Mr. and Mrs. Robert L. Levin (Borman-Harris Parkinson Disease Fund)	Special Anniversary of MR. AND MRS. DAVID SESLEN

DONOR	IN HONOR OF
Mrs. Marvin Harris	Recovery of BENJAMIN SHAPIRO
Mr. and Mrs. Lou Karpf (Lou & Alma Karpf Emphysema Research Fund)	
Mr. and Mrs. Meyer Weil (Meyer K. & Ethel Weil Otolaryngology Fund)	
Mary and Edward Silverman (Helen & Walter Wolff Cardiovascular Fund)	Special Anniversary of MR. AND MRS. HARVEY SHAPIRO
Mr. and Mrs. Jules L. Pass (Carl Pass Diabetic Research Fund)	Special Anniversary of MR. AND MRS. RICHARD SHAPIRO
Don and Peggy Ross (Edna Malen Scholarship Fund)	Speedy Recovery of SYLVIA SHAPIRO
Mr. and Mrs. Jake Altman (Milton E. Kravitz Memorial Heart Research Fund)	Birthday of BARRY SHARON
Mr. and Mrs. Jake Altman (Milton E. Kravitz Memorial Heart Research Fund)	Birthday of MATTHEW SHARON
Mrs. Pat Kaiser (Jerry Kaiser-Irma Blank Cancer Fund)	Birthdays of MR. AND MRS. HARRY SHEAR
Mrs. Samuel J. Freund (Jacqueline Hirsch Brown Memorial Fund)	Special Birthday of HARRY SHEAR
Mr. and Mrs. Howard Hurwitz (Ralph Hirsch Cancer Fund)	
Peggy and Burt Remis (Ralph Hirsch Cancer Fund)	
Mrs. Idah Rubin (Louis W. Rubin Medical Research Fund)	
Mrs. Irven Dubinsky (Irven Dubinsky Memorial Fund)	Susan B. Anthony Award to SUE SHEAR
Mr. and Mrs. Isadore Pass (Carl Pass Diabetic Research Fund)	Special Birthday of MRS. HARRY SHERMAN
Jane and John Weiss (Saul & Rebecca Rubin Cancer Research Fund)	Recovery of MARY SHERMAN
Mr. and Mrs. Earl Kessler	Recovery of SUSAN SHERMAN
Don and Peggy Ross (Edna Malen Scholarship Fund)	
Mr. and Mrs. Sylvan Agatstein (Ben L. Shifrin Endowment Fund)	Anniversary of MR. AND MRS. EDWIN SHIFRIN
Bill and Donna Nussbaum (Florence M. & Bernie A. Ross Endowment Fund)	
Mr. and Mrs. Sylvan Agatstein (Ben L. Shifrin Endowment Fund)	Birthday of BARBARA SHIFRIN
Donna and Bill Nussbaum (Florence M. & Bernie A. Ross Endowment Fund)	
Mr. and Mrs. Mark Mehlman (Rose & Sam Feldman Memorial Fund)	Birth of Daughter of MR. AND MRS. ROBERT SHULTE
Mr. and Mrs. Edward Hopper (Heart Research Fund)	Recovery of MELVYN SHYRES
Leslie Waldbaum and Karen Zorensky	Excellent Seminar on Breast Self-Examination of SANDY SIEHL, MARGARET BURNS, & JANE WEISS
Mr. and Mrs. Joseph B. Steinbach (Nathan & Sadye Mathes Special Fund)	Speedy Recovery of MRS. A.J. SIGNORELLI
Mr. and Mrs. I.S. Harris	Recovery of MRS. J.E. SIGOLOFF
Sally and Don Friedman (Harold M. Zager Blood Research Fund)	Special Birthday of MORRIS SILBERGELD
Mr. and Mrs. Sylvan Agatstein	Recovery of IVAN SILBERMAN
Mary and Edward Silverman (Helen and Walter Wolff Cardiovascular Fund)	
Mr. and Mrs. Merlin Lukhalter	Recovery of DR. BERND SILVER
Harry and Nancy Shapiro (Harry & Nancy Shapiro Scholarship Fund)	Special Birthday of MRS. MERLE SILVERSTEIN
Nita Pass (Carl Pass Diabetic Research Fund)	Recovery of NANCI SIMON
Jack and Delores Toder (Heart Research Fund)	Speedy Recovery of ARNOLD SINGER
Mr. and Mrs. Ben Shanfeld (Jackie Sue Margulis Liver Research Fund)	Speedy Recovery of PHILIP SINGER
Helen Hyatt (Harold M. Zager Blood Research Fund)	Bat Mitzvah of SHARON SNYDER
Beverly and Gene Winterman (Harold M. Zager Blood Research Fund)	
Mr. and Mrs. Richard Baizer (Mary McKeever Memorial Fund)	Special Birthday of FRED SOBEL
Perry and Marle Mehlman (Rose & Sam Feldman Memorial Fund)	Recovery of STANLEY SOFFER
Sylvia and Stanley Weiser (Heart Research Fund)	

DONOR	IN HONOR OF
Mr. and Mrs. Norman Bierman	Special Birthday of DR. SAMUEL SOULE
Chuck and Judy Eckert (Dr. Samuel D. Soule Research Fund)	
Dr. and Mrs. Clarence T. Eckert (Dr. Samuel D. Soule Research Fund)	
Helen and Jerry Flexner (Dr. Samuel D. Soule Research Fund)	
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Merilyn and Chick Moonshine (Dr. Samuel D. Soule Research Fund)	
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Bob and Bernadine Shucart (Dr. Samuel D. Soule Research Fund)	
Mr. and Mrs. Jake Altman (Milton E. Kravitz Memorial Heart Research Fund)	Birthday of CAROLYN SPECTOR
Dr. and Mrs. Donald Dickler (Chester A. Steiner Fund)	Anniversary of MR. AND MRS. ARTHUR SPRUNG
Mr. and Mrs. Robert L. Levin (Borman-Harris Parkinson Disease Fund)	
Dr. and Mrs. Samuel Soule (Dr. Samuel D. Soule Research Fund)	
Joyce and Harold Yalem (Jerry Kaiser-Irma Blank Cancer Fund)	Recovery of JEAN STEIN
Betsy and Dan Breckenridge (Helen & Walter Wolff Cardiovascular Endowment Fund)	Speedy Recovery of HARRY STEINER, JR.
Sylvia and Frank Josephson	
Mr. and Mrs. Lee Kaufman, Jr.	
Mr. and Mrs. Arnold Schwab	
Earl and Jeane Susman	Special Birthday of JERRY STEINER
Mr. and Mrs. Ben Shanfeld (Jackie Sue Margulis Liver Research Fund)	Speedy Recovery of RUTH STEINFIELD
Don and Beverly Abrams (Joseph Abrams Memorial Fund)	Special Birthday of WILLIAM STERN
Mr. and Mrs. Edwin Abrams (Joseph Abrams Memorial Fund)	
Mrs. Joseph Abrams (Joseph Abrams Memorial Fund)	
Mr. and Mrs. Arthur Bierman (Saul & Rebecca Rubin Cancer Research Fund)	
Selma and Elmer Gidlow (Joseph Abrams Memorial Fund)	
Mr. and Mrs. I.S. Harris	
Mr. nd Mrs. Melvin Hilb (Julian Simon Research Fund)	
Mr. and Mrs. Maurice Jackman (Mary Goldstein Nursing Scholarship Fund)	
Sam and Helen Klein	
Pearl and Maurice B. Lasky	
Mr. and Mrs. Irwin Mohr (Rubin & Mary Cohen Endowment Fund)	
Elvin K. Popper	
Mrs. Herbert B. Simon (Julian Simon Research Fund)	
Mr. and Mrs. I. Treiman	
Jenny Strauss (Leonard Strauss Memorial Research Fund)	Special Anniversary of MR. AND MRS. MELVIN STRASSNER
Zelda and Sonny Harris	Continued Good Health to MARY STRAUSS
Mrs. Anna Agris (Nursing Education Fund)	Appreciation of SURGICAL AND INTENSIVE CARE UNITS
Mr. and Mrs. Jerry Hirsch (Jacqueline Hirsch Brown Memorial Fund)	Special Birthday of HARVEY SUSSMAN
Dr. and Mrs. Justin Kraner (Natalie E. Wald Memorial Scholarship Fund)	
Mark and Julie Mehlman (Rose & Sam Feldman Memorial Fund)	Speedy Recovery of RO TABER
Mr. and Mrs. Frank Friedman (Edna Malen Scholarship Fund)	Special Birthday of HARRY TAFT
Mrs. Ben Loeb (Benjamin M. Loeb Endowment Fund)	Special Birthday of CHARLES TOBER
Mr. and Mrs. Gordon Scherck (Gordon & Marjorie L. Scherck Endowment Fund)	
Dr. and Mrs. Lawrence Aronberg (Dr. Lawrence M. Aronberg Urology Fund)	Speedy Recovery of MARGE TOBER

..... **Special Birthday of ROSE TUREEN**
Dr. and Mrs. Edward J. Berger
Mrs. Erna Deutsch (Hermann & Erna Deutsch Cardiovascular Fund)
Dr. and Mrs. Samuel Soule (Dr. Samuel D. Soule Research Fund)
..... **Birthday of MRS. EDWARD TURNER**
Mrs. Emil Tamm (Emil Tamm Memorial Fund)
..... **Recovery of SARAH WAGMAN**
Eleanor Brin (Irving Brin Cancer Research Fund)
Robert and Sheila Cohen (Irving Brin Cancer Research Fund)
Bob and Carol Jones (Cancer Research Fund)
..... **Marriage of DR. AND MRS. STANLEY WALD**
Edna Malen (Edna Malen Scholarship Fund)
..... **Recovery of SALLY WALDHEIM**
Leona Fuchs (Merle & Abe Small Cancer Research Fund)
Miss Betty McNichols (Waldheim Rehab.)
Mrs. A. Ernest Stein (Waldheim Rehab.)
..... **Recovery of MR. AND MRS. AL WARSHAW**
Mr. and Mrs. Marvin Cherry (Ben & Marilyn Fixman Cancer Research Fund)
..... **Anniversary of DR. AND MRS. HELMAN WASSERMAN**
Mr. and Mrs. Norman Bierman (Koven-Wasserman Research Fund OB/GYN)
Mr. and Mrs. Leon Bodenheimer
Dr. and Mrs. Max Deutch (Koven-Wasserman Research Fund OB/GYN)
Mr. and Mrs. Alan Lewin (Koven-Wasserman Research Fund OB/GYN)
Mr. and Mrs. Bernard Mellitz (Koven-Wasserman Research Fund OB/GYN)
Mr. and Mrs. Richard Prager
Mr. and Mrs. Frank Prins (Koven-Wasserman Research Fund)
Mr. and Mrs. Joseph Ruwitch (Joseph F. & Elizabeth R. Ruwitch Endowment Fund)
Mrs. Walter Sears (Koven-Wasserman Research Fund OB/GYN)
Margery and Malcolm Steiner (Koven-Wasserman Research Fund OB/GYN)
Mr. and Mrs. William Wallbrunn
..... **Recovery of JERRY WATTS**
George M. Kornblet (Marilyn Fixman Cancer Research Center)
..... **Speedy Recovery of DAVID WEIL**
Mr. and Mrs. Harold Lewin
Mr. and Mrs. Abe Lieberman (Bernard Lieberman Memorial Fund for Parkinson Disease)

..... **Recovery of MEYER K. WEIL**
Mrs. Joseph E. Corn (Meyer K. & Ethel Weil Otolaryngology Fund)
Mrs. Raymond Freed (Meyer K. & Ethel Weil Otolaryngology Fund)
Mr. and Mrs. Louis Karpf (Meyer K. & Ethel Weil Otolaryngology Fund)
Pat, Lois and Paul Kennedy (Lou & Alma Karpf Emphysema Research Fund)
Mr. and Mrs. Ben Shapiro (Meyer K. & Ethel Weil Otolaryngology Fund)
..... **Birthday of MRS. RICHARD K. WEIL**
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Mrs. Ralph Lowenbaum, Sr.
John J. Roos
..... **Anniversary of MR. AND MRS. SOL WEINBERG**
Mr. and Mrs. Marvin Cherry (Ben & Marilyn Fixman Cancer Research Fund)
..... **Birthday of ETHYLE WEINSTEIN**
Dena Cohen (Julius & Dena Cohen Endowment Fund)
Mr. and Mrs. Howard Cohen (Shirley W. Cohen School of Nursing Fund)
Mrs. Mary Cohen (Rubin & Mary Cohen Endowment Fund)
Leona Fuchs (Merle & Abe Small Cancer Research Fund)
Mrs. Bernice Grossman (Shirley W. Cohen School of Nursing Fund)
Letty and Jeffrey Korn and Family (Shirley W. Cohen School of Nursing Fund)
Mr. and Mrs. Robert Levinsohn (Shirley W. Cohen School of Nursing Fund)
Mr. and Mrs. Irwin Mohr (Shirley W. Cohen School of Nursing Fund)
Billie Oxenhandler (Shirley W. Cohen School of Nursing Fund)
Irene Rubin (Shirley W. Cohen School of Nursing Fund)
Jeane and Earl Susman (Shirley W. Cohen School of Nursing Fund)
Tudy Zwibelman (Shirley W. Cohen School of Nursing Fund)
..... **Recovery of SAM WEINTRAUB**
Mrs. Ruth S. Berger (Heart Research Fund)
Cynthia and Harvey Frohlichstein (Ruth W. Portnoy Memorial Cancer Research Fund)
Mr. and Mrs. Irving Goldstein
Shirley and Ralph Grosberg (Edna Malen Scholarship Fund)
Shirleen and Perry Mehlman (Rose & Sam Feldman Memorial Fund)
Ken and Geri Rothman (Geri Jaffe Rothman Breast Cancer Research Fund)
Mr. and Mrs. Burt Wenneker (Social Service Department Fund)
..... **Special Anniversary of MR. AND MRS. MALCOLM WEISS**
Jerry and Joan Kaskowitz and Family (Mr. & Mrs. Ben Emert Kidney Research Fund)
..... **New Granddaughter of DR. RENATE DOHRN WEISSMAN**
Cynthia and Harvey Frohlichstein (Ruth W. Portnoy Memorial Cancer Research Fund)
..... **Recovery of ROBERT WEITZER**
Carol and Frank Flotken (Dr. Sidney Goldenberg Nursing Scholarship Fund)
Mr. and Mrs. Earl Kessler
Mr. and Mrs. Donn Lipton
Mr. and Mrs. Jules Mathes (Nathan & Sadye Mathes Special Fund)
Mr. and Mrs. Arnold Schwab
Mrs. Eugene S. Schweig, Jr. (Eugene Schweig, Jr. Fund)
Judy and David Smith
..... **Recovery of HERMAN WILLER**
Mrs. Ben H. Senturia
..... **Recovery of CHARLES WILLIAMS**
Mr. and Mrs. Jerry Hirsch (Jacqueline Hirsch Brown Memorial Fund)
..... **Appreciation of PAT WILSON R.N.**
Bernadine Brown (Nursing Education Fund)
..... **Recovery of TOMMIE WILSON**
Mr. and Mrs. S. Lester Feldman (Lisa Bry-James Dreyer Memorial Fund)
..... **Recovery of MILTON WINTER**
Mrs. Paul Goldblum (Joseph Abrams Memorial Fund)
Mrs. Reggie Klein (Heart Research Fund)
Mr. and Mrs. Charles Schwartzman (Adolph Safron Cancer Research Fund)
Mr. and Mrs. Jerome Shainman
..... **Special Birthday of LOU ANN WINTERS**
Mr. and Mrs. Richard Baizer (Mary McKeever Memorial Fund)
..... **Recovery of HOWARD WITTNER**
Shirley Coltman (Carl Pass Diabetic Research Fund)
Ellen and Jack Deutsch (Hermann & Erna Deutsch Cardiovascular Fund)
Mr. and Mrs. Howard Hurwitz (Ralph Hirsch Cancer Fund)
Mr. and Mrs. Harvey Wallace (Ben & Marilyn Fixman Cancer Research Fund)
..... **Special Birthday of DAVID WOHL**
Cynthia and Harvey Frohlichstein (Ruth W. Portnoy Memorial Cancer Research Fund)
Mr. and Mrs. Martin Hendin (Diana Rosen Recreational Therapy Fund)
..... **Birthday of MRS. PAUL WOLF**
Phyllis and Saul Wolff (Cancer Research Fund)
..... **Special Birthday of SIDNEY WOLF**
Mrs. Raymond Freed (Meyer K. & Ethel Weil Otolaryngology Fund)
Edna Malen (Edna Malen Scholarship Fund)
..... **Birth of Grandchild of MRS. ALVIN WOLFF**
Mr. and Mrs. Richard Baizer (Mary McKeever Memorial Fund)
..... **Special Anniversary of MR. AND MRS. GARY WOLFF**
Mr. and Mrs. Craig Toder (Irving Brin Cancer Research Fund)
..... **Speedy Recovery of JEFFREY WOLFF**
Al and Irene Hyman (Cancer Research Fund)
..... **Anniversary of MR. AND MRS. RICHARD WOLFF**
Al and Irene Hyman (Cancer Research Fund)
..... **Special Birthday of HAROLD YALEM**
Mrs. Pat Kaiser (Jerry Kaiser-Irma Blank Cancer Fund)
Letty and Jeffrey Korn (Breast Cancer Research Fund)
..... **Recovery of ALVIN YEAI**
Ken and Geri Rothman (Geri Jaffe Rothman Breast Cancer Research Fund)
..... **Speedy Recovery of CECILE ZIMBALIST**
Mr. and Mrs. Daniel Zimbalist
..... **Speedy Recovery of SHELLY ZIMBALIST**
Mr. and Mrs. Neil Marglous
Barbara and John Tureen
Mrs. Nathan Tureen
..... **Birth of Grandson of JEAN AND MILTON ZORENSKY**
Mr. and Mrs. Sam Goldblatt (Dorothy P. Jasper-Rita Polinsky Memorial Fund)

CALENDAR OF EVENTS

June 2

Nursing School Class of 1934 50th Reunion at the School at 11 a.m.; lunch in the Brown Room; tour to follow.

June 6, 13, 20, 27

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

June 11

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.

June 13

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

June 26, 27

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

July 4, 11, 18, 25

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

July 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.

July 22

Parkinson's Educational Program (PEP) featuring Barry Hong, Ph.D., speaking on "Coping with Parkinson's Disease;" 2 p.m. in the Steinberg Amphitheater; open to the public at no charge; for reservations, call 454-7130.

JEWISH HOSPITAL

AT WASHINGTON UNIVERSITY MEDICAL CENTER

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The Jewish Hospital of St. Louis is a 600-bed acute care teaching hospital affiliated with Washington University School of Medicine. Located in the Central West End of St. Louis, it is dedicated to distinctive patient care and medically-advanced research. The medical staff of 635 physicians and dentists comprise a group of full-time academic faculty and private physicians. These professionals are reinforced by a house staff of 150 residents and interns, along with nurses and technicians, service and support personnel to deliver 24-hour high quality patient care. The Jewish Hospital of St. Louis is fully accredited by the Joint Commission on Accreditation of Hospitals.

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