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# JEWISH HOSPITAL 216

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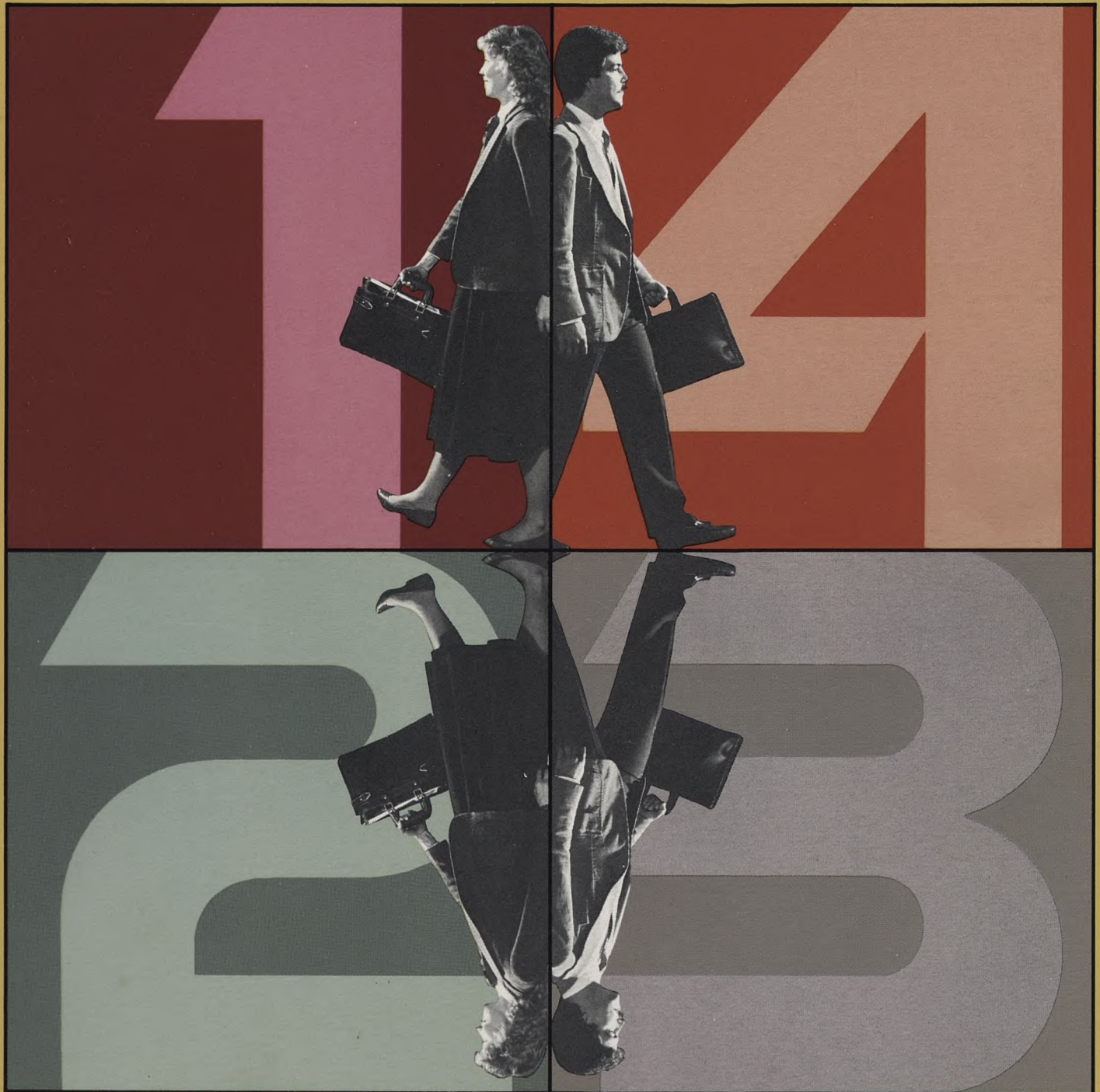
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# JEWISH HOSPITAL 216

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## MANAGEMENT, 4-D

The hospital is training its managers in the Dimensional Management System to best serve our human resources and consequently provide the best patient care.

## ON THE ROAD AGAIN

This piece features examples of the joint efforts of Jewish Hospital and the St. Louis Society for Crippled Children, Inc., in securing assistance for rehabilitated patients.

## HIGH ANXIETY

Behavioral medicine is seen in action against what is commonly referred to as "stress." Robert Carney, Ph.D., and the staff of Jewish Hospital's behavioral medicine clinic provide assistance to patients.

## AT THE HEART OF A FAMILY

Jewish Hospital's arrhythmia clinic is making a difference in the lives of several family members who have the same rare heart condition.

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Jewish Hospital's team approach to colo-rectal surgery and recuperation offers complete patient care.

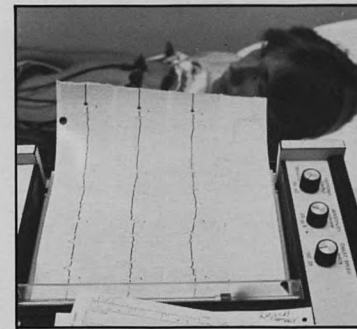
## FELLOWS SPECIAL EVENT

### FELLOWS FÊTE SURGEON GENERAL

First annual meeting of the Fellows featured an address by the Surgeon General.



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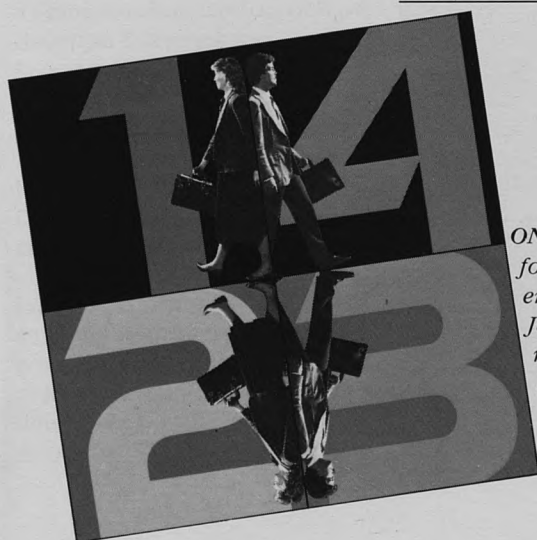
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*ON THE COVER: Quadrants representing managerial behavior form a basis for understanding and dealing with one's own behavior and that of employees. Dimensional Management Training (DMT), a program in place at Jewish Hospital, emphasizes the hospital's commitment to its employees, reflects a positive management philosophy of motivation and encourages better management. Read about how the program provides Jewish Hospital participants with insight into individual managerial behavior, beginning on page 2.*

# MANAGEMENT, 4D

**A** manager asks an employee to work on a project that the manager thinks any employee would enjoy. The project is challenging and has several motivating aspects: the opportunity to lead, to have exposure and to speak in front of groups. The employee accepts the assignment without voicing any objections, but to the manager's surprise his enthusiasm dwindles as the assignment progresses.

Although the employee never complains, he grows quieter and seems less enthusiastic about work in general. The manager senses her employee's discontent, but when she tries to discuss the situation, he only gives evasive answers to her questions.

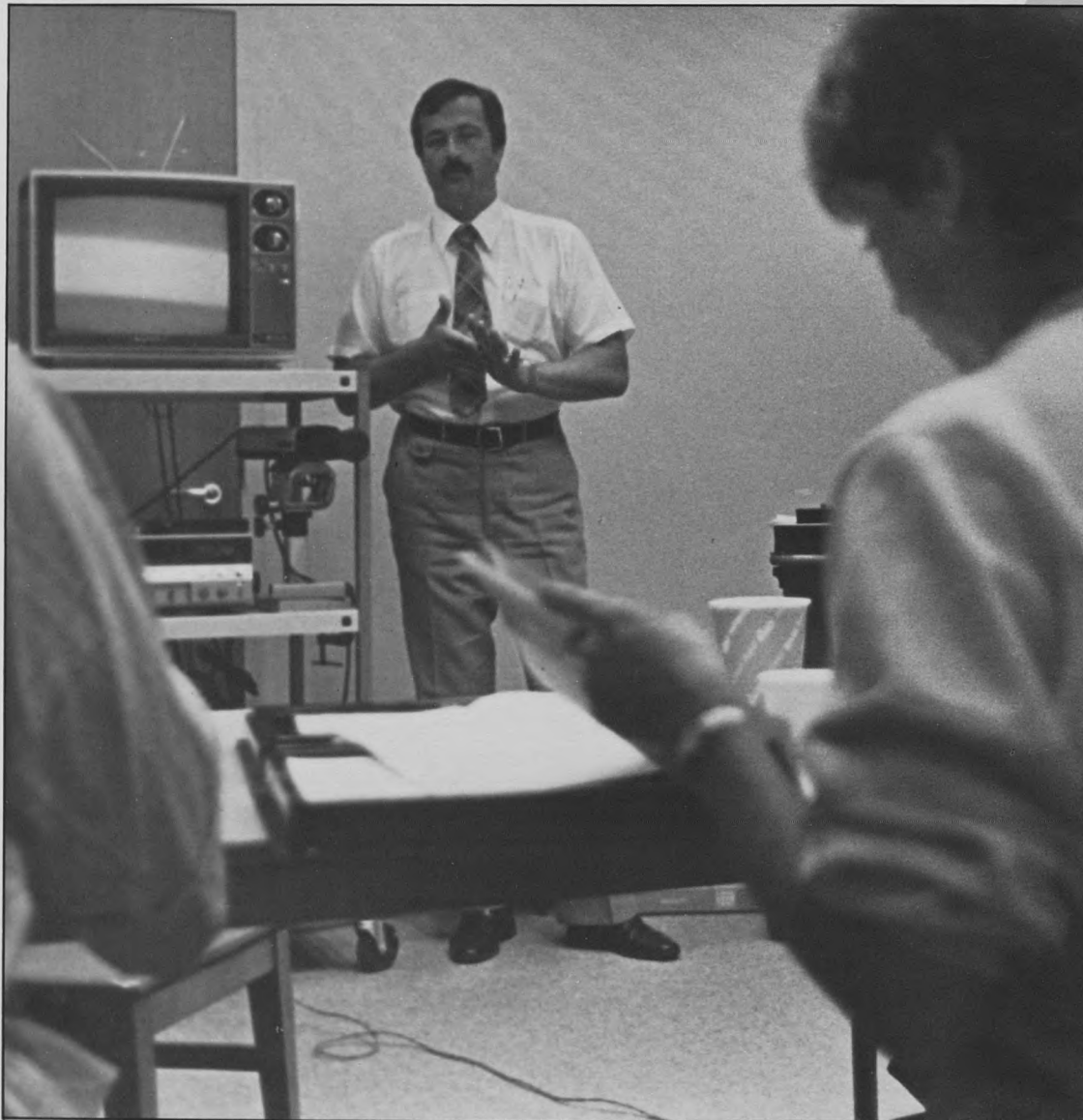
Later, during Dimensional Management Training (DMT, coursework that focuses on management behavior patterns), the manager learns about behavior traits, their effect

on manager, subordinate and peer relationships and how they can affect an employee's productivity. She realizes that the particular employee exhibited what is called Q2 behavior or indecisive and reticent behavior patterns. "What the manager was doing was de-motivating the employee. She made the mistake of assuming that other people are motivated by the same challenges that appeal to her," says Chris Cogger, director of the department of education. "She was pressur-

ing him by setting him up for situations in which he felt uncomfortable."

Ms. Cogger understands managerial behavior well. She has 14 years of experience as an educator, seven of those in management-level positions. She and her staff have trained numerous managers through internal management courses such as Management I and II, directed by Nadine Kouba, Ph.D., which teach basic and advanced management skills, and motivational, stress management and assertiveness training courses. According to Cogger, management training is essential to the productivity of any institution, particularly a hospital. "Many hospital managers have no formal management training," says Cogger. "They have wonderful credentials in their own medical fields, but they might not have backgrounds in management. Yet, they find themselves supervising large numbers of people."

In May 1983, management training took a new direction at Jewish Hospital with the implementation of Dimensional Management Training courses, designed by Psychological Associates, Inc., a Clayton-based consulting group. At Jewish Hospital, the courses are taught by Cogger, Ann Watters, R.N., M.S., and Joan Williams, R.N., who have been trained and certified by Psychological Associates, Inc. According to David A. Gee, hospital president, the DMT approach complements the hospital's existing management training courses. "The main goal of the courses is to enhance interpersonal rela-



tionships, an aspect of management that might be part of any management training course but something that employees can find difficult to put into actual practice," says Mr. Gee. "The DMT courses are very intense and focus exclusively on management behavior. Managers enact scenarios of typical situations that involve dealing with people and they receive instant feedback through videotapes and from their peers. After their training is completed, they are better prepared to implement what they have learned."

According to Robert Lefton, Ph.D., president of Psychological Associates, Inc., and Jewish Hospital board member, the idea for DMT originated in 1958 while he was in private practice as a clinical psychologist. "Many of the patients we counseled were business executives who benefitted from our behavioral approach and thought the principles of behavioral science would be applicable to situations in their corporations," says Dr. Lefton. Although Psychological Associates, Inc. originally began as an interviewing and testing service for job applicants, it eventually expanded to include training and development courses as well. Starting with one office in St. Louis, the consulting group has since expanded and now boasts offices in New York, Chicago, Atlanta, Dallas, Los Angeles, San Francisco, Toronto and London.

Although DMT covers a range of behavior-related subjects, the heart of the courses centers on behavior models that clarify pertinent behavior types. According to the tenets established by Psy-

chological Associates, management behavior falls into four areas or quadrants: dominant-hostile (Q1); hostile-submissive (Q2); warm-submissive (Q3); and warm-dominant (Q4) (see graph on page 4).

Q1 behavior is exemplified by the manager who is autocratic, overcontrolling and believes in very close supervision at all times. The basic belief of this manager, says Cogger, is that "people don't like to work. My job is to get them to work. If I don't stand over them with a stick, they won't do it." According to Cogger, Q1 is also the most common management behavior. "Most people are brought up with that kind of image and model as the boss," says Cogger. "Through DMT training, we try to dispel that misconception and to show the effects of Q1 behavior in motivating employees."

Q2 managerial behavior shows a preference for avoiding risks. This manager may rely on his or her own supervisors, preferring to take direction, to maintain the status quo and follow policies and procedures stringently. "This does not mean that Q2 managers are incompetent," stresses Cogger. "In fact, they often have a wealth of talent but they don't want to share it or take risks. They won't set the world on fire because they're afraid of making a mistake."

Managers who strive to please are typified by Q3 behavior. People who display Q3 characteristics are usually unstructured supervisors, more concerned with generalities than details. They are easygoing and compromising. "This is a person who has lots of social needs.

His or her primary concern is to be liked," says Cogger. "A Q1-style boss can be easily fooled by a subordinate who has Q3 behavior. According to the Q3-type subordinate, who wants to please his boss and be agreeable, everything is always O.K. But in reality, even though the subordinate may not verbalize his or her concerns, everything may not be fine."

The type of management behavior that DMT advocates is Q4, which falls into the dominant-warm quadrant and is characterized by collaborative, challenging and inquiring behavior. Q4-type managers consult with subordinates for ideas, but are pragmatic and productivity oriented. "Q4 is the ideal manager," says Cogger. "But it is always a dominant role. We think that managers need to take strong leadership roles, but the Q4



manager leads in a guiding rather than a pushing manner like Q1."

"The purpose of DMT is not to categorize people into quads," Cogger stresses. "It's the management of the behavior that a person is displaying at a given time. We all act out of all four quad-

rants depending on where we are in our lives and in our careers. If we are ill or having personal or emotional setbacks, we may drop into Q2 behavior because we don't want any risks at this time in our lives, even though we could be basically aggressive people."

DMT courses combine lectures, demonstrations, team activities and role playing with groups comprised of four to five managers. Initially, generic scenarios are studied and enacted in role playing, but as the course progresses, actual situations that the managers bring to seminars are used. Through feedback from the group, managers' behaviors are analyzed from the role playing and the managers are profiled, concentrating on individual assets and liabilities. Before DMT courses are completed, managers should become more aware of their behavior and set goals for themselves which they are expected to fulfill using Q4 skills when they return to work.

The groups are conducted with candor and confidentiality. "Managers are sometimes fearful of the sessions because they think they're going to be assaulted," says Cogger. "But DMT is not sensitivity training. It is strictly behavior-oriented as it is applied to management. We don't deal with people's personalities." But, she cautions, the groups can be frank. "They do some candid sharing with each other and managers get some eye openers that can be difficult to take, but by the end of the week, there's usually a real bond and unity formed within groups. They feel an allegiance to one

## MANAGEMENT

### The Five Step Format

1. Arouse Interest; Check the Subordinate's Readiness to Participate
2. Increase the Subordinate's Readiness to Collaborate; Have Him Disclose What He Knows and Thinks about the Subject of the Meeting
3. Tell the Subordinate What You Know and Think about the Subject; Spell Out Where you Agree and Disagree
4. Help the Subordinate Vent His Emotions; Spell Out Where You Agree and Resolve Any Differences
5. Work Out the Final Resolution.

another and many groups continue to meet regularly even after the course is completed. It's a wonderful support system for professionals."

Managers learn how to improve one-on-one interactions through a five-step format (see graph, above) which emphasizes generating input from subordinates, discussing differing opinions and working out final solutions. They also develop probing skills (a dialogue for generating questions) as part of the process to help them interact with other employees. "A lot of time is spent in class working on the five-step format," says Cogger. "It is very useful in difficult, serious or controversial situations when you feel there are differing opinions or important conclusions to be reached."

"DMT models give you outlines that allow other people to have input," says Richard Roettger, physical therapy coordinator, and a DMT graduate. "Managers are

too frequently put in the position where employees expect their supervisors to provide the answers. A lot of managers carry that around as a very heavy burden. DMT gives the manager the opportunity to have interactions with employees, without giving up his or her own knowledge base, and to come up with a method of solving problems."

According to Mr. Roettger, DMT can keep managers from reacting inappropriately to employees' behavior. "If one practices DMT, you're just going to react to an employees' behavior instead of thinking, 'Oh, he just doesn't like the assigned task or what I said.' It keeps the

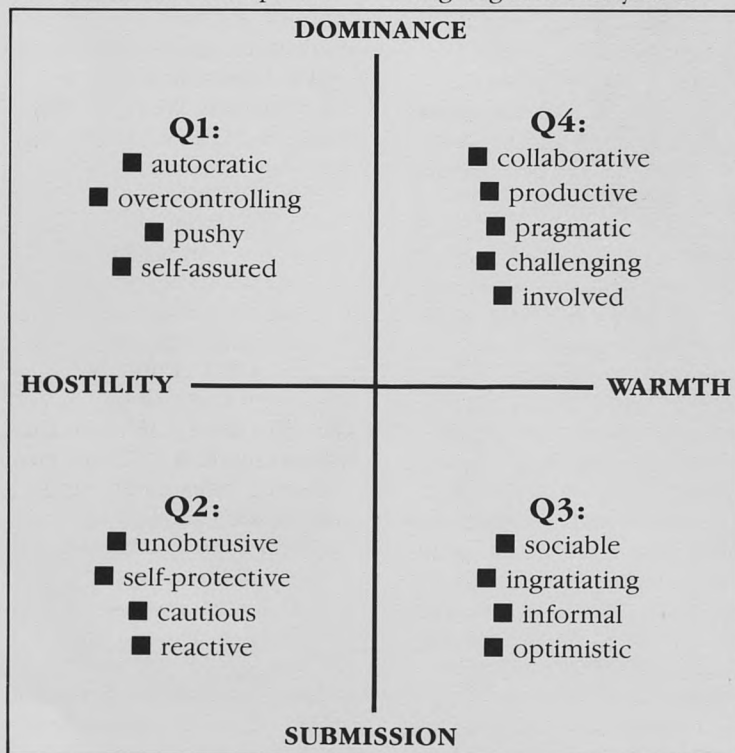
pharmacy director, who also completed DMT training. "Through DMT, managers can look just at the behavior. When you detach behavior from intent, you've separated a person's behavior from himself. This makes it possible to discuss a person's behavior without creating the defensive reaction that will occur if you were to question a person's intent."

According to Mr. Manchester, the behavioral approach also helps managers focus constructively on their employees' failures. "Usually, we all feel clumsy discussing a problem or an employee's weaknesses. In the past, if I had something negative to say to an



be able to discuss errors with those employees. After taking DMT, I'm gaining more confidence that I can tell anyone anything in a relaxed and candid manner."

Managers may be surprised by self-realizations that occur throughout the course. Darnetta Baker, director of respiratory care services, discovered that she had neglected one-on-one relationships with employees in her department. "I had become so wrapped up in the business and financial aspects of management that I stopped interacting and sharing ideas. I was giving solutions instantly without asking for input because I thought I could get things done quicker and move on to something else," she says. "I was becoming a cut and dried manager. During DMT training, I realized what had happened and I was shocked because I'm not like that at all. Before I moved into management, I was an educator and a therapist and had always enjoyed people and interacting with them." One of the goals that Ms. Baker set for herself during DMT was to schedule weekly individual meetings with her first-line supervisors to help



petty 'I'll get back at you' type of reactions from happening."

"DMT focuses on behavior rather than the intent or the purpose behind an employee's actions," says Robert Manchester, R.Ph.,

employee, I tended to gloss over it because I didn't have a way to help employees feel supported when I was discussing negative issues. We have a lot of good employees who make mistakes and somehow, employers have to



involved in a group that's trying to solve a problem, I tend to sit and listen to the conversation for a long time. The way I put it is 'I wait, I wait, I wait and I pounce.' Actually, I'm being the scientist, very analytical, slowly drawing my conclusion and then I share my hypothesis. And it's usually a nice insight. But I would become stubborn and overbearing if the group disagreed with me because I had spent so much



keep communication open with her staff and to encourage their input.

Behavior may be more visible than managers realize. "We all think we wear facades that no one can see through but it's hard to disguise your behavior," says Manchester. "When I'm

time arriving at the solution. The DMT group pointed out this behavior and encouraged me to involve others in my decision-making process. Before DMT, I didn't know that people saw what I was doing."

According to Cogger, the results of DMT have been

overwhelmingly positive. "Unless they're 'Q3ing' me, hospital managers feel great about the results of DMT," says Cogger. "I think it's because they are really getting in touch with themselves." Although the response has been encouraging, Cogger cautions participants not to expect immediate results. "DMT is not a panacea for all problems. This is a course that has a long-lasting effect, but full comprehension and appreciation comes after months of practicing the skills."

"With nearly 40 hours of preparation and 40-50 hours of classwork during the course, I expected to come back immediately proficient," says Manchester. "But it's taken the better part of a year to get to the point where I'm feeling comfortable with the system."

To help reinforce his DMT skills, Roettger designed a condensed version of the five-step process and behavior traits which he keeps on his desk. "I won't practice DMT skills everyday unless I'm reminded," he says. "It's always here on the side of my desk. When I violate some of its tenets, and find myself caught, I can salvage a situation, even when someone is pretty hot."

At Jewish Hospital, Dimensional Management Training has been taken by all levels of hospital management. "In some institutions, DMT is offered at one level," notes Cogger. "The response is 'This is really great, but why doesn't my boss have to take it?' At Jewish Hospital, we developed a complete cascading effect. Here, everyone's boss has taken it, starting with Mr. Gee, the presi-

dent, to the vice president and on down. Now people can speak a common language and try their DMT skills. They can use the quadrants and the five-step process. For instance, if two managers are beginning to disagree during a discussion, one might say, 'These last several statements were really Q1 and that's making me revert into Q2 behavior.'"

In fact, the Dimensional Management Training programs have been so successful that managers are branching into new programs sponsored by Psychological Associates such as Dimensional Appraisal Training to create a mechanism for doing performance appraisal that Cogger believes will be a more consistent and developmental system for evaluating employees. "Employees' past performances will be evaluated but more emphasis will be placed on their future and helping them set goals to improve their skills." There is also a team-building course under consideration, already taken by top management, in which, says Cogger, managers and employees may participate as departments to help work collaboratively for universal goals.

Cogger believes that DMT courses demonstrate the hospital's commitment to its employees and to increasing productivity. "The hospital believes in its employees and wants to motivate them to be productive, to have self esteem and to grow in their work. DMT promotes a positive management philosophy to attain that goal. It's a belief in the importance of human relationships and human needs." ■



# ON THE ROAD AGAIN

I've gone quite a distance in this," says Gloria Bozeman as she

maneuvers her electric wheelchair around her Central West End apartment. "I'm an outdoor person, so

I'm on the go all the time." Ms. Bozeman, a quadriplegic since age 22 and a former Jewish Hospital patient,

attributes her independent lifestyle, in part, to the wheelchair that she received through funds from the St. Louis Society For Crippled Children, Inc. (SLSCC), a local not-for-profit organization. Through its Kids On their Own equipment purchase program, the society provides funds for costly orthopedic equipment to help disabled St. Louis city and county children and young adults participate to their fullest capabilities in community life. In 1983 alone, the society contributed over \$15,000 to Jewish Hospital for this specialized care.

"It is very devastating for a teenager or a young adult to have a crippling accident," says Jane Kurt, operations manager for the SLSCC. "Many of them have been so active, and suddenly they have an accident and they can no longer walk. Having a specialized piece of equipment can give some of that independence back to them."

For Bozeman, the accident that would irreversibly alter her life occurred almost casually, and in a matter of seconds, as her brother-in-





Bozeman

owed her a gun he  
nt was unloaded. "He  
ook' and pointed the  
ward me. I said 'don't'  
I remember is a red  
efore I dropped to the  
Bozeman recalls. "I  
remember any pain but  
ke I was being wrung  
e a dishrag."  
ozeman was taken to  
e's East Hospital  
she underwent emer-  
surgery to remove the  
that had lodged in her  
When she woke three  
ter she was told that  
ould be paralyzed.  
an underwent eight  
s of rehabilitation at  
Hospital before she  
scharged to live at her  
r's home. "My biggest



concern," Bozeman recalls, "was how I was going to take care of my children. They were only five and three at the time."

With the electric wheelchair and, says Bozeman, "lots of support from my family," she was able to resume living in her own apartment with her children within two years of the accident. Today, nearly 20 years later, she is an active member of the St. Louis community as a volunteer for Paraquad, an organization that helps disabled people learn to live independently.

There are now approximately 150,000 people in the St. Louis city and county

area who, like Bozeman, have disabilities that significantly limit their activity, according to research compiled by the St. Louis Society For Crippled Children, Inc. Although advances in technology have made increasingly sophisticated equipment available, a significant number of patients cannot afford anything beyond what is considered standard equipment, typically wheelchairs, hospital beds and trapezes, which most insurance policies cover. "But standard equipment alone is not always comensurate with the overall rehabilitation of the patient," says Herman Litwack, ACSW, director of

## THE ROAD

According to Mr. Litwack, the program has proven itself. "We have an exceptional working relationship. We couldn't ask for a better one. It's a structured, formal program, but there are never hang ups in terms of decisions being made," he says. "In just one year, the St. Louis Society For Crippled Children has become an active member of the hospital's rehabilitation team."

Before a patient is eligible for assistance through the hospital fund, his or her rehabilitative equipment needs are assessed by a physical therapist. If funding is needed, the case is referred to the department of social work where a rehabilitation social worker evaluates the patient's financial needs and his or her access to funding resources. If there are no state or insurance resources available, the case can be referred to the SLSCC. For most applicants, funds are approved within 24 hours.

According to Mr. McGuire, having accessible funds for the hospital's rehabilitation patients is proving to be a cost-effective measure. "If patients have a ready source of equipment, we can discharge them earlier and help prevent recurring admissions to the hospital," says McGuire. "And everyone can come out a winner."

For Melvin Bonner, having orthopedic equipment was the factor that helped him avoid repeated and costly hospitalizations. Mr. Bonner, who was paralyzed after he was tackled playing sandlot football, underwent eight months of therapy in the Jewish Hospital rehabilitation department, learning to sit up,



regain his balance and lift objects. But the care Bonner received and the progress he made was jeopardized after his discharge. Although the Veteran's Association equipped him with a hospital bed and wheelchair, he could not afford the \$1,300 roho mattresses (foam, air-vented padding) for his bed and wheelchair to protect his skin from decubitus ulcers (bed sores). Neither his insurance or state funds would cover the cost of the additional equipment. Twice Bonner would be hospitalized for surgical treatment of the ulcers before his case

was presented to SLSCC and funding was approved.

When youngsters have crippling accidents, unrealized potential can be threatened. Seemingly simple but costly items like \$150 writing splints, which improve finger mobility, can be a factor in whether a child completes a homework assignment or, in a case like Tammy Koirtyohann's, to practice her talents. "I love to draw and I'm a whiz at math," says Tammy. "I've come a long way."

Just two years ago, Tammy did not have enough mobility to press her hospital

call button following a horse-back riding accident which left her paralyzed. At the time, Tammy's mother feared that her daughter would never regain any mobility. Today, Tammy, equipped with an electric wheelchair, back brace and writing splints, has an active social life that includes a boyfriend, and is out the door every morning to catch a school bus to the Litzinger School where she is completing her high school education.

According to Tammy's mother, her daughter's present level of independence would never have been possible without help from the Society For Crippled Children, Inc. "The situation could have been a disaster," she says. "We have been financially strapped. Alone, we would never have been able to purchase the equipment Tammy needs."

Families like the Koirtyohann's often "did without" until the society stepped up its efforts through the Kids On Their Own equipment purchase program, according to Savannah Davis, ACSW, Jewish Hospital rehabilitation social worker. "Those patients either borrowed the money or purchased the items on time payments," says Ms. Davis. "The SLSCC has made a tremendous difference. Now, our patients are discharged with the equipment they need."

No one needs to convince Tammy's mother of the program's worth. "Five hours after Tammy's accident, a surgeon told me to accept the fact that Tammy was all she would ever be," Mrs. Koirtyohann recalls. "She has accomplished more than I ever dreamed she would." ■

# STRESS

"Oh, I could never handle that job. There's too much **stress** in it."

"My days are so **stressful** with three small children at home, sometimes I wonder if I'll get through it."

"It's exciting to return to school, but there's so much **stress** involved in taking a full course load at my age."

"Training for a marathon is definitely a challenge, but I wonder if the **stress** is worth it all."

**W**hat does *stress* mean in these examples? Is it long hours of work, physical taxation, an impending deadline, or constant pressures on one's time? It could be, but you cannot tell from the above comments.

We are being besieged by articles about stress and its effects on our bodies. They are found in periodicals ranging from the *St. Louis Post-Dispatch* to *Time*

and *McCall's*. We are queried daily by headlines such as these: "Are you a Type A personality?" "Is your lifestyle heading you for a heart attack?" "Is stress robbing you of your vitamins?" "Is your complexion showing your stress?" For all the interest these questions arouse, most of us find very few real answers in the articles. Perhaps that is because, in the words of Ralph Chavez, psychology doctoral candidate and inpatient counselor for the Jewish

Hospital Behavioral Medicine Clinic, "stress is a generic term and we have no generic patients or situations."

For instance, in the first example, the secretary might be reacting to her dislike of constantly ringing telephones and the pressure of doing more than one task at a time. The mother might feel stifled in meeting the needs of three small children all day, with little or no time for her own interests or friends. The person who has returned to school may not

feel comfortable with the competition for grades and other achievements with the other students, who are ten to fifteen years younger. The athlete may be wondering if the daily discipline and the time required for intensive training is worth the thrill of finishing well in a marathon.

What is commonly called stress is actually an incomplete reference to the stressor, the immediate situation in which an individual is having difficulty. Our stressors are very much our own,



## ANXIETY

which is why stress is not an exact word. The same situations often can elicit completely different reactions in other people. For instance, the mother could feel very fulfilled in satisfying the needs of others, the athlete thrill to the realization of a long-term dream, the student stimulated by finally having the chance to attain a degree, and the office worker believe that managing many projects at once shows how well-organized and efficient she is. What we may call our stress levels are, to some degree, the result of how we perceive and react to the particular forces and situations in our lives—our stressors—and we have a large role in determining what those stressors are and how we handle them.

Often, our inability to cope with our stressors becomes a contributing factor to illness, such as an ulcer or heart attack. Our physicians may tell us that "stress is the cause of your problem," or "you need to learn to relax," but only recently have they begun to tell us of a method to learn to decrease tension or anxiety.

At Jewish Hospital, trained behavior therapists in the Behavioral Medicine Clinic work with both inpatients and outpatients to teach progressive muscle relaxation (PMR) (a method to induce relaxation by systematically contracting and relaxing muscle groups) and other behavior modification methods to cope effectively with one's individual stressors. The techniques utilized at the clinic, which has been in operation for five years under the direction of Robert M. Carney, Ph.D., have become an increasingly

accepted modality of treatment by many physicians who are now referring a large number of patients to the clinic's therapists. Cardiologists, neurologists, psychiatrists, internists, and other medical specialists have seen the benefit of behavioral medicine treatments and how, in a number of cases, it may be the preferred treatment.

Overall, behavioral medicine is the outgrowth of a number of disciplines, and uses elements of medical, psychiatric and psychological models. The basic premise is that many of the physiological processes that go on in one's body could be modified by behavior, thoughts, lifestyle, medications and specific treatments, such as relaxation training.

Behavioral medicine therapies are not absolute, but rather are tailored to meet the needs and lifestyle of the individual patient. At Jewish Hospital, they may involve learning progressive muscle relaxation (PMR). Along with that training, a functional analysis of the patient's situation is made, which takes into consideration the environmental and individual determinants of a patient's reaction to the stressor. In a stressful situation, there are three ways to react, according to Chavez. "You can leave the situation, change the situation, or change yourself and the way you react. Most of the time, we work on changing the individual, but sometimes the best thing to do is get out of an overly stressful situation."

To change an individual's response, the therapists will deal with three systems: the cognitive, which



is how the person thinks about a situation and how he or she processes information; the physiological, the way the person physically responds and labels a situation, which is the precursor of the emotional reaction; and the behavioral, which is the way the person manages his or her lifestyle and response.

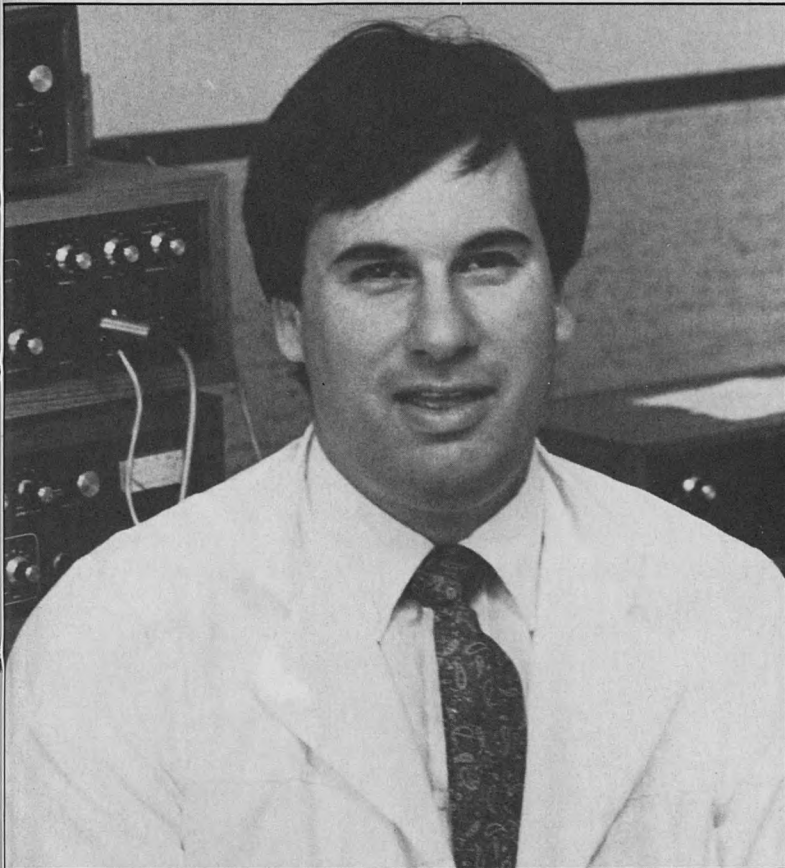
### The tools

Progressive muscle relaxation, or relaxation training, is a cornerstone of behavioral medicine treatment. Sometimes referred to as "behavioral aspirin" because of its effectiveness in a wide variety of situa-

tions, PMR has been shown to be effective in treating such diverse problems as migraine and tension headaches, insomnia, hypertension, phobias, gastrointestinal tract disorders, and chronic pain.

PMR is not the simple, "just learn how to relax," panacea many of us have heard, although it is a deceptively uncomplicated therapy. It is estimated that five to ten sessions with a trained therapist are necessary to learn the technique and the individual patient is responsible for administering his or her own "prescriptions."

Very simply, the patient is taught how to contract a



*Don Sloane, MSW*

then relax muscle groups, starting with a hand and progressively moving around the entire body, contracting and relaxing. The patient learns to recognize any specific tension point in his or her body, for instance between the shoulder blades, and to "let it go." This regimen is often customized for the individual as the therapist learns about the patient and incorporates that knowledge into the treatment. "Many patients who are anxious or not used to relaxing may have a problem just concentrating," notes Dr. Carney. "They need to be given something to do. Relaxation therapy requires your body and your mind. It is not a passive activity."

At the beginning of ther-

apy, a patient may be told to practice PMR three times a day, for twenty minutes a session. As they become more efficient at producing a relaxed state, the process becomes more automatic. "We ask them to practice frequently in the beginning of treatment to enhance the learning of the skill," comments Don Sloane, MSW, coordinator of outpatient treatment, "Few people can afford to spend an hour a day for the rest of their lives practicing relaxation. After weeks of practice, many patients will automatically begin the process of relaxing as soon as they recognize tension or pain."

Patients tend to respond to the control over their own situations and symptoms offered by relaxation training. The benefits of the ther-

apy are not limited to changing one's physiologic response at a given time, but PMR has been shown to have a "rebound" effect, with the patient remaining in a relaxed state for a longer period of time than they could previously. Patients tend to feel reinforced by the therapy and their successes with it, especially if they have been previously treated for their disorders without lasting success.

Although the technique is winning proponents by its widespread applications, little is known about how PMR actually works. It is known that it decreases autonomic nervous system activity, which regulates involuntary action of the heart, intestines and glands; decreases skeletal neuromuscular activity and the perception of anxiety; and increases alpha brain wave activity, which suggests a direct effect on the reactions of the central nervous system. The direct relation of these efforts to the success of the treatment is unclear, but the accomplishments are heralded by the medical community nonetheless.

It is this success that has given behavioral medicine such credence within a relatively short period of time, according to Dr. Carney. "The acceptance is incredible to me," he comments. "At this medical center, physicians do not accept a lot of purely fashionable ideas, but scrutinize things very carefully. That is why this institution is known for its science. It has taken a number of years, but now we are getting referrals from people who are tops in their fields. I think it is because there are an increasing number of

well-controlled studies showing that what we do does have positive effects. In some situations, it might be the treatment of choice. Many patients are now being referred to us when they are not responding to medications or experiencing side effects.

"I think behavioral medicine will become as commonplace in medicine as some types of medications. It is a viable—often preferable—alternative, at least until some better treatments come along. A lot of well-known cardiologists have said that the best thing they can do for some of their patients is to teach them to relax, to find effective ways of dealing with their stressors without resorting to medication or medical techniques."

As well as coming into favor with cardiologists, behavioral medicine therapists are also receiving referrals from oncologists, recommending patients to the clinic with the expectation that the training would help attenuate some of the effects of chemotherapy. More common applications of behavioral medicine are in treating patients suffering from headaches, depression, gastro-intestinal tract disorders, and mild labile hypertension.

### **Headaches**

In the case of a person who suffers from chronic headaches, first the problem is defined and certain parameters are established from the information given by the patient on an assessment form. The data from this form, which shows the location of headache pain and indicates the frequency

## ANXIETY

and duration of the pain, situations and symptoms associated with the headache and medications used, along with related information, is analyzed for indications of whether the patient seems to have the symptoms of a muscle contraction (tension) headache or a migraine (vascular) headache. The frontalis muscle, the prominent muscle of the forehead, is often measured electrically to determine if there is a difference in its electrical activity (which would indicate level of tension) with and without a headache. In cases of tension headaches, relaxation training alone usually solves the problem for 60 to 70 percent of patients.

The clinic's success rate with migraine headache management is a source of great pride for the staff. For 60 percent of all patients completing treatment, the frequency of headaches decreases significantly and,

in many cases, do not return, a significant achievement, given the years of pain and drug therapy most migraine patients have endured. A migraine headache is believed to be caused by vascular activity which produces an increased amount of blood to flow to the arteries serving the scalp and the brain. Behavioral medicine therapists teach patients to increase the blood flow to their arms and hands. This technique is augmented by using biofeedback, where a temperature-sensitive probe is attached to the patient's skin, providing immediate information about his or her physiological state. This training is designed to enable a patient to increase the temperature, and thus blood flow, to the hands in response to the slightest indication that a migraine headache is imminent. The temperature of a patient's hands may rise as much as 15



*Ralph Chavez, M.A.*

degrees during the hand-warming effort. Usually relaxation training is also taught to the patient, since relaxation appears to be essential for successful thermal biofeedback. "We are very pleased with our record here. There are a lot of people in St. Louis walking around with very warm hands, but at least they do not have migraine headaches," comments Sloane.

"Feeling out of control in regard to your surroundings is one of the symptoms often associated with depression," according to Chavez. "Many times a person is more out of control with his environment than with himself. He feels he cannot control stressors like marital problems, overdue bills, pressures on the job or family needs. Depression is

similar in many ways to the grief people feel following the death of a person close to them. However, unlike a grief reaction, depression may last a long time and the individual is not able to experience even momentary happiness or pleasure."

Often what these patients require is "cognitive restructuring," a technique by which the therapist seeks to help patients see things in perspective, understand the reactions their behaviors are causing, and show them ways to express themselves so that they might exert some control over their situations. They may also need to learn how to relax so they can change the way they physically feel. "It adds up to the idea that if you can teach



a person to change the way he or she views the world, you will often change the emotional response," says Chavez. "The final goal is changing the behavior. You accomplish that by helping them change the way they perceive their situation and by helping them to improve their ability to function in their life situations."

### Gastro-intestinal tract disorders

The diagnosis of G.I. tract disorders, such as ulcers, spastic colons, and irritable bowel syndrome are often followed by admoni-

*Robert M. Carney, Ph.D.*

tions to "learn to take it easy, don't take everything so personally and find ways to unwind." While this may be very true, it is rarely accompanied by relaxation training.

"Basically, these are people who will respond to a number of techniques," notes Sloane. "Their situations are more complicated because they may involve both behavioral and dietary changes and the patients certainly require relaxation training. We might try inducing relaxation prior to eating."

### Mild labile hypertension

This form of hypertension may occur when a per-

son's reaction to a situation involving a personal stressor causes him or her to elevate blood pressure to a dangerously high level. Perhaps it is weekly sales meetings, or a family gathering; these people are "cardiac responders," absorbing their stress into their cardiac systems. Others

most of these patients. Therapists are experiencing a high degree of success in helping many of these patients with labile hypertension keep their blood pressures within the normal ranges and to decrease or eliminate the need for medication.

### "Type A" Characteristics

by Myer Friedman, M.D.

Ray Rosenman, M.D.

*"Type A Behavior and Your Heart," 1974*

1. Physical signs of personal conflict, such as tics, clenched fist, jaw or teeth.

2. Personal commitment to having things, not being in a particular state.

3. Unaware of greater environment; ignore elements not associated with the immediate task.

4. Excessive need to make subjects one's special interest; uninvolved with them if they are not.

5. Compelled to challenge another Type A instead of understanding him or her.

6. Characteristic speech: hostile, explosive accentuation and acceleration of last few words in a sentence.

7. Chronic sense of time urgency; scheduling more and more into less and less time.

8. Polyphasic thought or performance (thinking or doing more than one thing at a time).

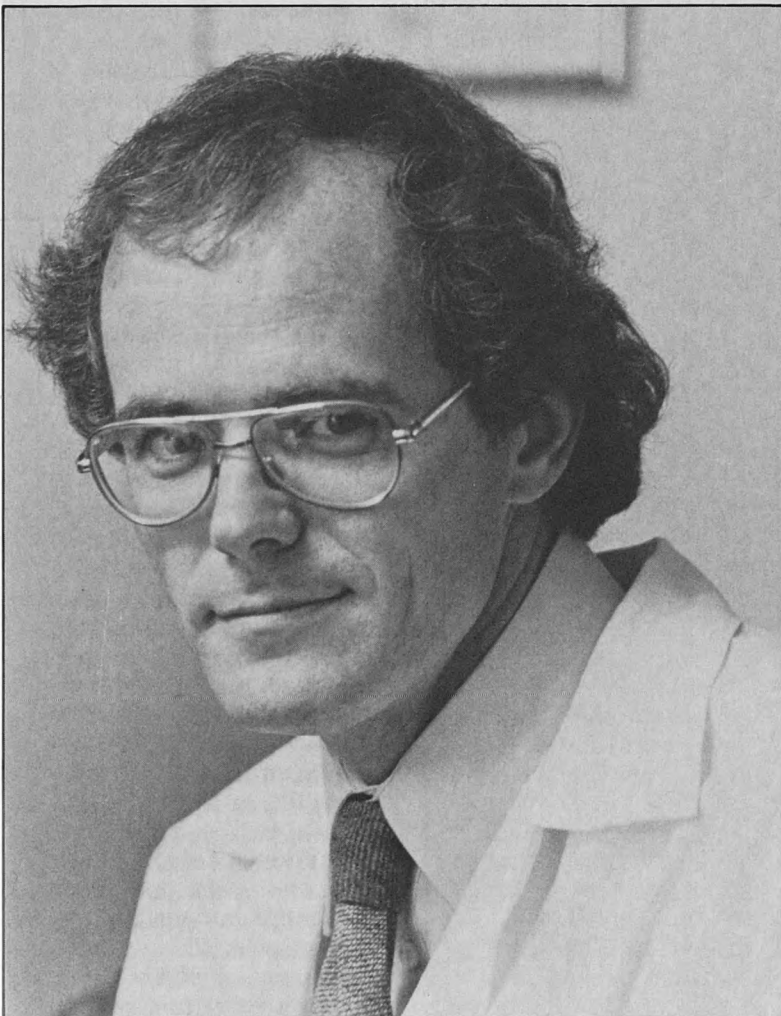
9. Impatient with the speed of events. Person may finish others' sentences for them and is very irritated if he must wait in line.

10. Do all things rapidly.

11. Always some guilt when relaxing.

12. Increasingly committed to evaluating activities in terms of numbers (How much did I make on this sales call? How many cars did I pass on the highway? Did I do this faster than before?)

13. Believe "Type A" style is what made them successful.



may respond with their gastro-intestinal tract or by getting headaches. Your response system is usually one which has been weakened by too much stimulus.

Lifestyle modifications that include diet and exercise changes and relaxation training are usually required for

### The "Type A" personality—

If there is a single message gleaned from the magazine and newspaper articles on stress, it is the simplistic profile of a personality termed "Type A." It is easy to believe that if we exhibit any of the qualities of a Type A (see accompanying box for

## ANXIETY

the medical definition of "Type A") person, we are pushing our bodies toward a heart attack.

"A person who is totally a Type A is very rare in the population, as it is an extreme," explains Dr. Carney. "Somewhat more common are people who exhibit "Type A" traits in some parts of their lives and it is true that people who are high achievers do tend to lean toward that personality type, at least in terms of their work."

What Dr. Carney cautions against is the popular notion, gained no doubt through magazine quizzes, that having several "Type A" characteristics drastically increases your chances of a heart attack. "It is not a linear relationship, as many of the magazine articles suggest," he explains. "The correlation between Type A behavior and heart attacks comes when a person is at the upper end of the Type A continuum. Then, certain medical disorders, such as heart attacks, occur with greater frequency than for persons with fewer of these characteristics."

Also, there are negative psychosocial repercussions to being a Type A person, says Dr. Carney. He cites characteristics often found in Type A people, such as being obnoxious, not functioning well as a team player and being uninterested in subjects other than one's particular interests. If he were working as the therapist with such an individual, Dr. Carney says that he would help the person redefine success. "To be a success, it is not necessary to do three things at once, for such a situation may create a lot of

failure; it is not necessary to structure time so that you may never take a break; and it is necessary to learn valued social skills."

Or as Sloane comments, "We teach these people to schedule time by a calendar, not a stopwatch."

Research attempting to understand certain behavioral styles that seem to be present in a number of heart attack victims helps illustrate how behavioral medicine therapists look at a patient's situation. "Research has not gone very far in defining stress parameters by a personality type," explains Dr. Carney. "What we do is look at the problem and go

backwards. If a person has an array of symptoms, we find out how they got them. It is a backward way of understanding the situation. With many phenomena, it is easier to explain than to predict."

Unlike the deep and extensive analysis of the past a Freudian psychiatrist might require, behavioral medicine therapists treat a situation as it presents itself. An obvious example of the divergence of the two schools of thought is in the treatment of a phobia case. Recently, Sloane worked with a patient who had severe acrophobia (fear of heights). Using a systematic desensitization

model, he worked with the patient during four sessions, after which he and the patient took a leisurely walk on the overpass bridge between two Washington University Medical Center buildings. "We use a hierarchy of fear-producing situations, gradually moving to more frightening scenes. Thus, the patient imagines the situation while relaxed and learns to feel more in control of the fear. Then, we actually practice it. We often go with the patients," explains Sloane. "We use relaxation therapy as it applies to a stressful situation and work to change the patient's thoughts regarding the experience. This replaces fear with a relaxation response, which is physiologically incompatible with being anxious. When the patient demonstrates more control over the fear, he or she experiences a renewed sense of confidence. In the case of our patient on the overpass, he casually showed us all the St. Louis landmarks he could see."

Does a therapist ever find out the underlying reason for a phobia? "That might happen as dessert, not as the main course," comments Sloane. "Normally, we don't see the relationship between someone having a good understanding of why they have a particular problem and seeing them handle it any better. We feel it is more important that the thinking and the behavior change first."

### What should I do?

It isn't always possible to turn distress into eustress (good stress), although the physiological effects of becoming very upset and





winning the lottery are very close. However, we can all make personal choices about how we choose to handle our individual stressors and attempt to mitigate their negative effects.

For instance, if you have a sales job and the monthly quota deadline is nearing, you can make the conscious choice to take it in stride this month instead of letting the approaching deadline make you irritable and anxious, aggravating your ulcer. "Very often, our reactions are the result of what we are saying to ourselves," notes Sloane. "Some people tell themselves that they will get a job done and thus see it as a challenge. Then when the job is done, they can relax and have some fun. Others tell themselves that the job will not get done on time, or that it will not be done well. These people get themselves so worked up that they add additional stress to the situation. This additional stress may often hamper their performance. People who are relaxed tend to perform much better—look at athletes!"

Dr. Carney theorizes that the crossover point of handling or not handling a given stressor properly is if your body remains in a state of arousal for a protracted period of time. "We all respond to, say, a slammed door with an increased galvanic skin response and a jump in our blood pressure. The problems seem to occur when a person experiences an acute rise in response to a stimulus and holds at that point. It seems to be the maintenance of hyperarousal that wears out our systems and gives rise to many stress-related problems."

Following a stressful situation or "bad day" that is causing anxiety, Dr. Carney sometimes recommends aerobic exercise training as a reducer of hyperarousal. "Continued aerobic activity seems to have the same response of disarming stressful reactions as does relaxation therapy. People who practice either technique do not respond as strongly to stress as do others," he comments. Dr. Carney also suggests developing one's own system of coping methods, adapted to the situation and even a reward system if it helps to alleviate the impact of stressors on your body. "It is just a matter of common

sense to take care of yourself when you know you are going through a difficult time."

Exercising control over your own responses is important on a day-to-day basis for developing coping mechanisms that meet your needs. Those mechanisms are also becoming increasingly important in the management of the diseases of the late twentieth century—cardiovascular disease and cancer. The major killers of the earlier part of the century have essentially been conquered and in their place are the chronic diseases of an older population that require management, not cure.

Behavior plays a major role in that management, since such behavior-related components as smoking, obesity, hypertension and serum lipid levels are significant determinants in the outcome of such illnesses. For these reasons, a revival of interest is occurring in how environmental and psychological factors interact with physiologic processes, and it is in that interaction that behavioral medicine is proving itself to be an effective tool in medical management. ■

*For more information about the Jewish Hospital Behavioral Medicine Clinic, please call 454-8665.*

**Q:** I seem to have a lot of headaches. How would I know if your treatment would work for me?

**A:** If your physician or neurologist advises you that you have tension or migraine headaches, we can offer you treatment. Relaxation training has been effective in eliminating pain for 70 percent of our patients with tension headaches.

At the Behavioral Medicine Clinic, with the addition of biofeedback, we have a 60 percent success rate in treating patients with migraine headaches.

**Q:** I think I might have agoraphobia (a fear of being out in public). Can that be treated in the clinic?

**A:** Yes. We would probably use a combination of relaxation training paired with the phobic stimuli. Gradually, we would expose you for longer periods of time to those stimuli until you felt

more comfortable and more in control.

**Q:** Sometimes I feel unable to unwind from work once I get home. I can't quit thinking about what is due tomorrow and often have trouble sleeping. Would exercise help me?

**A:** Certain types of exercise, such as jogging, swimming and biking, have been found to improve both the physical and emotional well-being of a person. After you exercise, a feeling of satisfaction and increased self-control often occurs.

In addition, most people report a decrease in tension and hostility. Exercise has been reported to help certain kinds of insomnia.

**Q:** Sometimes, I become very afraid. I can't breathe well, only in short gasps, and my chest hurts. My doctor says there is nothing wrong with my heart. Can behavioral medicine tech-

niques help me?

**A:** You are describing symptoms which suggest you may be experiencing panic attacks. A person can become so anxious that heart and breath rate change, muscles tighten, and chest pain is experienced. Then, you are likely to be afraid you are having a heart attack and your anxiety level will only increase. In a situation like this, behavioral medicine is the appropriate treatment. We would have you talk about your symptoms and in what situations they occur. Then, we probably would use cognitive therapy to help you change your thinking about these particular situations and would teach you an anxiety management technique to use during those times. You would learn a new way of talking to yourself during an anxiety-producing situation and reduce your anxiety level by the messages you send your body.

**O**n September 11, 1983, 17-year-old Matthew McCluskey suddenly fainted. When the spell repeated itself two days later, the high school basketball player lost more than consciousness: he had no pulse. Revived by a teacher who performed CPR, young McCluskey was taken to a hospital in Piggott, Arkansas, from where he was transferred to the arrhythmia service at Jewish Hospital in St. Louis.

The move was made at the suggestion of Gerald Wolff, M.D., attending cardiologist. His diagnosis was immediate: Prolonged Q-T Syndrome, a rare form of heart disease characterized by an abnormal Q-T interval, a segment of the electrocardiogram (ECG). "Doctors told me the impulse from my brain to my heart is abnormal," explains the patient, at Jewish Hospital for a regularly-scheduled follow-up. "It causes the heart to beat erratically."

Dr. Wolff knew that his young patient should be seen by the Jewish Hospital arrhythmia service headed by Rodolphe Ruffy, M.D., because eleven years earlier, he had treated the patient's aunt, Carla Williamson. Her unexplained episodes of syncope (loss of consciousness) had begun at age 11. In 1972, she experienced a blackout accompanied by seizure activity which medical practitioners at a hospital near her home in Gideon, Missouri, attributed to nerves. When her private physician referred her to Dr. Wolff, who was full-time director of a cardiac care unit at Washington University Medical Center at the time, hers

became the first case of Prolonged Q-T Syndrome observed at the medical center.

#### **Confusing Characteristics**

The disorder is a particularly nefarious one because of the variables surrounding its manifestations—and

no matter when the reading is taken. For one who has not had an ECG, the only manifestations of the disease are generally syncope and sudden death, which may occur at any time from childhood on to adult age. However, since not everyone with the syndrome develops

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# AT THE HEART OF A FAMILY

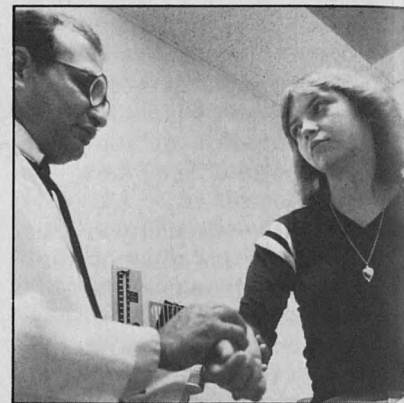
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because it is quietly life-threatening.

Besides the prolonged interval on the ECG, its cardinal manifestation is a dangerous arrhythmia, or sudden, disorganized acceleration of the heart beat. Unlike other arrhythmias, it occurs in absence of apparent abnormality of the heart—such as the scar from a previous heart attack or a congenital defect. The heart of the Prolonged Q-T Syndrome patient is anatomically normal. The only way to diagnose the disease is through an ECG, which in most—but not all—cases will reveal the elongated interval

symptoms, someone could be unaware that he or she has the disorder. It is believed that a fair number of young people who die suddenly and are not resuscitated may fall into this category. The syndrome might also be responsible for crib death.

An episode of syncope or cardiac arrest can be triggered by stressful activity, such as sports, or can occur during sleep, and one or both situations could be experienced by any victim of the disorder. Since the risk is constant, yet often not recognized, the disease tends to be fatal before one reaches

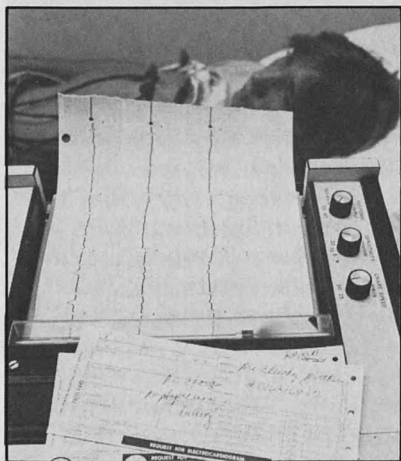
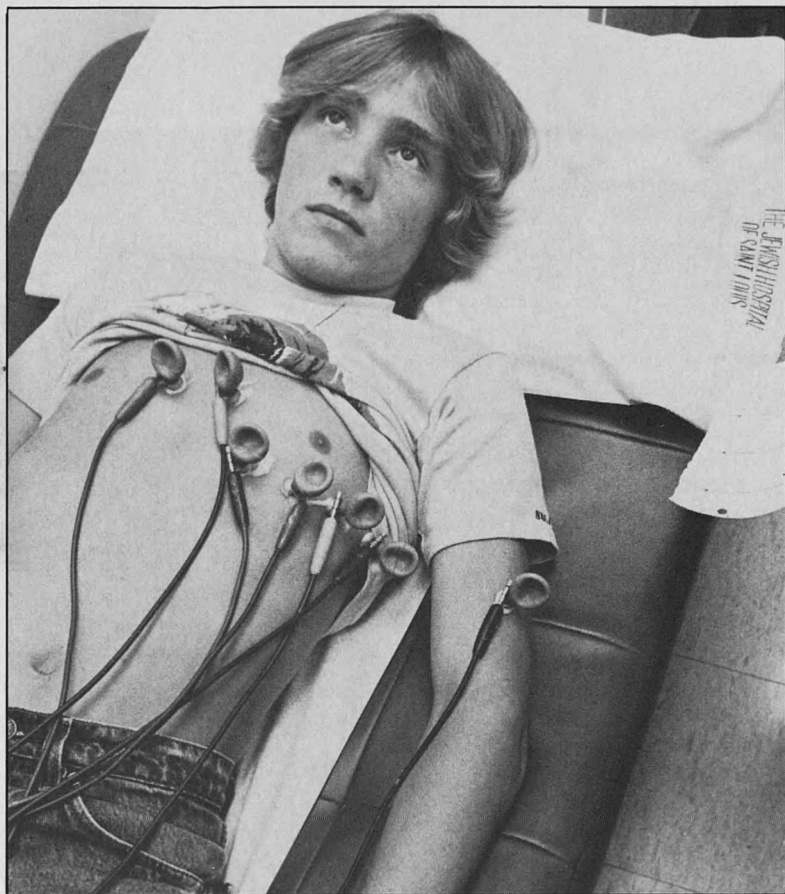


*Roop Lal, M.D., co-director of the arrhythmia service, examines Lisa Williamson during one of her quarterly visits to Jewish Hospital.*

maturity. However, if one survives adolescence and early adulthood, there is a good chance of outgrowing the problem—unless an unsuspecting physician inappropriately administers an antiarrhythmic drug such as quinidine (a standard drug for the treatment of irregular heart beats), which only exacerbates the situation and brings on its symptoms.

The disorder is also genetically transmitted, which means it can strike several close relatives. "Yet, even within the same family," Dr. Ruffy points out, "you may have members with the abnormality who never have symptoms whereas others are constantly passing out. And both could have the same ECG abnormality. Some will have lots of problems during adolescence and early adulthood, then the symptoms—if not the prolonged Q-T—disappear. And there are no indications about what causes some people to have symptoms and others not."

The fact that it is a problem which runs in families was the key in diag-



*Matt McCluskey has his heart checked every three months by the Jewish Hospital arrhythmia service.*

nosing Matthew McCluskey, and in discovering additional cases among his cousins. "When you screen a family," notes Dr. Ruffey, "you are likely to find several members with abnormal ECGs. You scratch the surface and find that in a previous or following generation, there were several cases of unex-

plained fainting or sudden death." So when Matthew was admitted to the hospital, inquiries were made among the coterie which came to visit him. Questioning revealed that his aunt Carla's sister, one of her nieces and a cousin who lives in Virginia have the disorder; Dr. Ruffey also learned that several members of the immediate family were passing out—five of them, in fact. Seven were found to have abnormal ECGs, including Carla's children, Terry and Lisa, now aged 20 and 17. Even though the two had had fainting spells from early ages, they had never been diagnosed as having heart trouble. Consequently, until his mother's diagnosis was made, Terry thought that his fainting, which seemed to come on when his body was weakened, was due to another cause.

#### **A Family "Secret"**

Although not the first

Prolonged Q-T Syndrome patients Dr. Ruffey has treated during the five-year existence of Jewish Hospital's arrhythmia service, "the McCluskey family is unusual because it is such a big kindred," the physician explains, "probably the largest I've seen, either as patients or reported in the literature." The number of well-studied and documented cases is limited, notes Dr. Ruffey, who has had personal experience with perhaps a dozen in half as many years. Due to its nature, the disease may go largely undetected, a possible reason that it was not described in any medical literature at all until 1957 and has a known incidence in the population of only one in 10,000 people.

In an attempt to learn more about the disorder, cardiologists in Rochester, New York, in association with counterparts in Italy, established an International Registry to collect data on cases throughout the world.

What is known about the syndrome is that the central nervous system, rather than the heart itself, mediates the problem. Therefore, once the disease is diagnosed, through an ECG, the first goal is to prevent the symptoms by modifying the neural input to the heart.

As Dr. Ruffey explains, the heart responds to two main neurological systems: the sympathetic—or "fright and flight"—which is excitatory, as during stress and activity; and the parasympathetic, which is inhibition, as during sleep, digestion and other sedentary functions. "There is evidence that the problems these people experience are due to an

inbalance in the sympathetic control of the heart, not so much in its overall activity, but that the adrenalin which activates it is not distributed properly." Treatment consists of beta blockers, drugs that in essence blunt the effects of adrenalin to the sympathetic system. One of the findings of the International Registry of Prolonged Q-T Syndrome is that beta blockers are, in fact, making a difference in the ability to control patients' symptoms.

All young members of the McCluskey family who displayed abnormal ECGs were recommended for treatment with the beta blocker propranolol (Inderal). Activity identified as being precipitous of episodes of syncope or cardiac arrest—for example, baseball for Matthew—was restricted. "We also have to serve an educational function," asserts Dr. Ruffey. "The first thing you want to protect patients against are substances that make things worse. No classic antiarrhythmic drugs can be used, and you have to be cautious with psychiatric drugs, such as anti-depressants. Medication that could change potassium content, such as diuretics, are dangerous. Therefore, if the patient has high blood pressure or diet needs that call for use of water pills, this has to be strictly monitored. And patients must avoid situations that make their chemistry fragile—such as severe dieting."

#### **Related Troubles and Treatment**

Despite this regimen, five months after his cousin Matt developed symptoms, Terry contracted pneumonia, and began fainting four or

## FAMILY

five times a day. Two weeks later, his sister Lisa had a prolonged syncopal episode, nearly a cardiac arrest.

Until he had witnessed the severity of his wife's problem, then seen his daughter's seizure, Cliff Williamson had attributed the fainting to "weak constitutions." Now the Portageville, Missouri, police officer is considering moving his family to St. Louis. "With the kids having this condition, I think it would be safer for them to be in this area, close to the medical help they need."

Following the attacks, medication for the Williamsons was increased to include phenytoin (Dilantin), traditionally an anti-epileptic, and phenobarbital, a sedative. Due to the severity of their cases, Lisa and Terry make the 185-mile, three-and-a-half-hour trip from Gideon to Jewish Hospital every three months for evaluation. Matt and his brother Miles, who has not had any symptoms of the disorder as yet, come a comparable distance from Rector, Arkansas. "We monitor the side effects of the drugs [which can include dizziness, double vision, depression and fatigue], do blood tests to check the phenobarbital and Dilantin levels, and record ECGs," says Dr. Ruffy.

Although her children and their cousin are stable, Ms. Williamson admits, "It scares the hell out of me. Since Lisa got sick, I'm afraid to have her out of the room for more than a few minutes."

Lisa herself says she was frightened to learn the extent of the disorder which has caused her to faint since she was five. Aside from the



obvious worries created by the disorder itself, she notes, "I always wanted to have children. But the Dilantin can cause birth defects."

Dr. Ruffy admits "there's not a good end point to treatment. It's tricky to evaluate because you're confined to empirical treatment, and you don't know what it is doing at any time. In several patients, treatment has not changed the ECG, but the symptoms go away. In some, I have seen a shortening of the Q-T interval. It always makes us a bit nervous when we send a patient home with the ECG unchanged."

If drug therapy proves unsuccessful, there is an option of removing from the neck a major relay of nerves to the heart, the left stellate ganglion. "There is good evidence that by being overac-

tive, this side of the neural supply is responsible for some of the cases of Prolonged Q-T Syndrome," observes Dr. Ruffy. Unfortunately, long-term follow-up of patients who have undergone the procedure has not been terribly encouraging, and recurrences may appear within several months, attributable to a regrowth of neural fibers or overcompensation in the remaining relay system. "But it remains an option for those who do not respond to drug therapy. If a patient keeps having life-threatening recurrences, despite our best efforts, we offer an AID," automatic implantable defibrillator, a device which can automatically shock the heart out of a fatal arrhythmia.

"It is a frustrating, elusive disease," admits

*The McCluskey kindred represents almost half of all the patients with Prolonged Q-T Syndrome Rodolphe Ruffy, M.D., director of the arrhythmia service, has seen.*

Dr. Ruffy. "We don't understand it."

Patients echo the sentiment. "The whole thing is frustrating," Mr. Williamson asserts. "It's bad enough Carla has it. Then to find out that both kids have it—and," he adds, alluding to the recent birth of his son Terry's first child, "to have to worry about the next generation....In the meantime, at least it's controllable. Maybe through research they might develop something." Maybe the study of the experiences of his family will contribute to a solution. ■

# QUALITY COLO-RECTAL CARE

**A**s a surgical resident at Jewish Hospital in the late 1960s, it became evident to Ira J. Kodner, M.D., as he studied with ostomy care pioneer Sam Schneider, M.D., that much work needed to be done in the management of colo-rectal patients and the improvement of surgical techniques. "It was an untapped area and a very exciting realization," Dr. Kodner recalls. "At that time, ostomy surgery resulted in severe handicaps for 50 percent of the patients. People were unwilling to leave their homes, many lost their jobs and most suffered some type of handicap." Ostomies are surgical openings in the intestines through which bodily wastes are expelled. They are created following surgery to remove diseased parts of the colon and/or the rectum.

Now head of the division of colon and rectal surgery, which he helped to create, Dr. Kodner has

organized a team of specialists—nurses, enterostomal therapists, surgeons and researchers—that is receiving national recognition for its individualized care of the wide spectrum of colo-rectal patients and for innovative surgical procedures. Jewish Hospital has become an educational and treatment center for patients with colo-rectal problems such as cancer, inflammatory bowel disease (Crohn's disease and ulcerative colitis), the varieties of ostomies, diverticulitis (inflammation of pouches in the intestinal wall), and common anal problems such as hemorrhoids.

"If we look back from where we started years ago, it is apparent that just about every part of the hospital has supported our effort," says Dr. Kodner. "And I think we have contributed a lot to the growth and stability of the hospital. Many areas of the hospital—operating room nurses and technicians, floor nurses and physicians—are participating in the educational activities related to the division of colon and rectal

surgery. This program represents the true spirit of Jewish Hospital and the Washington University Medical Center. We have combined patient care with the most sophisticated teaching possible."

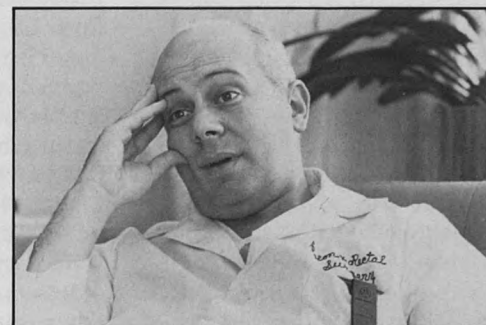
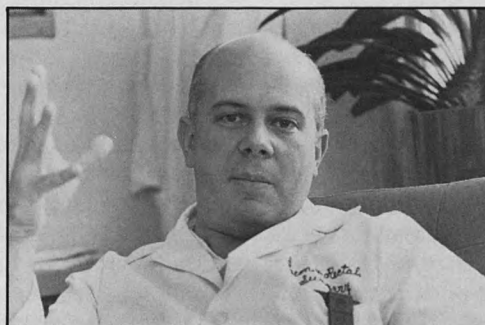
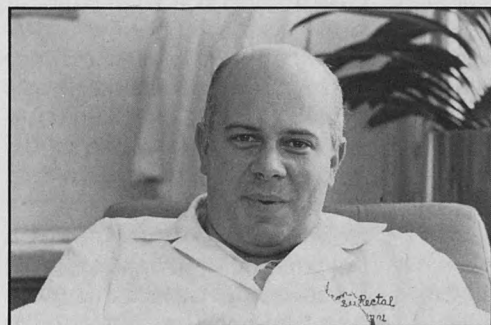
In the past two decades, the care of colo-rectal patients has advanced significantly. Early diagnosis of problems and pre-cancerous conditions and the use of the combined treatment modalities have been responsible for that advance, believes Dr. Kodner. Such procedures as simple tests that have the capability to measure minute traces of blood in the stool as well as colonoscopy, which provides the physician with a method of viewing the workings of the colon are important tools in early diagnosis. The American Cancer Society's educational efforts on the warning signs of cancer are also credited with increasing public awareness.

A sampling of the division of colon and rectal surgery's results includes:

■ While the national

two-year local (returning to the same area) recurrence rate of cancer of the rectum is 20 percent, for Jewish Hospital patients, it is only two percent. This improvement is due to the use of adjuvant radiation therapy developed jointly by Dr. Kodner and Bruce Walz, M.D., of the Mallinckrodt Institute of Radiology. Patients are treated with radiation prior to surgery in order to control tumor spread. "The thinking is that rectal cancer most often recurs in the pelvis," explains Dr. Kodner. "We are prohibited from taking a wide surgical margin around the tumor because of the bony structure of the pelvis. Now, we control the periphery of the cancer with radiation before we operate. We have almost eliminated local recurrence of rectal cancer with this combination of radiation and surgery."

■ Pioneering work in the local treatment of favorable (defined by the size, location and other clinical aspects) rectal cancers has



*Ira J. Kodner, M.D.*

been devised using Auxiliary-donated equipment for endocavitary radiation therapy most often coupled with some external radiation therapy. Endocavitary radiation is administered through a special proctoscope (a small instrument inserted through the anus) as an outpatient procedure. The instrument is located as close as possible to the tumor and the tip of the endocavitary machine is inserted through the scope to deliver intense radiation directly to the tumor. There are fewer side effects associated with endocavitary radiation therapy than external radiation therapy. "Our results show that this is preferable treatment to surgery in special cases, and our objective now is to define how and when this modality should be used," explains Dr. Kodner.

■ The division surgeons, Dr. Kodner and Robert Fry, M.D., were early users of a now-routine procedure for hemorrhoid surgery, known as rubber-band ligation, which was introduced ten years ago. "Today it is done everywhere. Perhaps the biggest compliment is to be copied," comments Dr. Kodner. "It is a great experience in a teaching hospital to do something new, teach a resident, and then see him or her disseminate the information. We found this not only with the rubber-band ligation, but with our work with techniques of stoma [the end of the intestine which is visible through the ostomy opening from which feces are expelled] construction, and with our procedures for Crohn's disease [one of the most complicated types of

## CARE

inflammatory bowel disease] and with cancer. It is very gratifying."

■ A recently-published description of a condition which involves abnormal mobility of the rectum (intussusception and prolapse) and its surgical treatment is probably the definitive work on the subject. This effort was done in conjunction with the Jewish Hospital department of radiology. "We receive letters from around the world asking about the treatment," comments Dr. Kodner.

"As all of these programs have come together, we have built up a large population of complicated surgical problems. We are hoping to define Jewish Hospital even more widely as a referral center for complicated diseases of the colon and rectum. In doing so, we hope to expand our faculty and research capabilities. Our data has shown that we are making a major contribution nationally in the treatment of colo-rectal disorders."

## A Supportive Patient Team

A unique aspect of the management of colo-rectal patients at Jewish Hospital is the comprehensive patient support team. Specialized therapists and nurses add an extra dimension to the care provided by physicians and floor nurses.

The team element of patient care has been present since the time Dr. Kodner started the Sam Schneider Ostomy Clinic (part of the Jewish Hospital Waldheim Clinics) nearly 13 years ago with Elnore Sturm, LPN, an ostomy patient trained as an enterostomal therapist (E.T.).



*Enterostomal therapist Zoe Shepard, R.N., right, encourages patient Shirley Bracy as she learns to prepare her own ostomy bags*

"We found we had a number of very complicated patients. There were myelomeningocele children (those with a protrusion of membranes of the brain or spinal cord due to a defect in the skull or spinal column) who were living until adulthood. This was an unprecedented situation until the development of the urinary conduit to prevent severe kidney damage.

"Still there had been little planning for them to live independent lives. It was clear we needed a social worker for these patients. There were elderly colostomy patients who had undergone enormous emotional problems, who needed the help of psychiatrists. We had to pull it all into place," recalls Dr. Kodner.

When Dr. Kodner returned to Jewish Hospital in 1975 from his specialty training at the Cleveland Clinic, he brought back with him the ability to perform state-of-the-art surgical techniques for patients with cancer, inflammatory bowel disease, anal/rectal disease and illnesses that necessitated ostomies. As he began his practice and teaching

career, he saw the necessity of nursing training for the care of ostomy patients. While several other states had six-week enterostomal therapy schools, there were no programs in the St. Louis area. According to Dr. Kodner, the immediate need in the two-state area was for an intensive short-term program targeted to nurses from smaller hospitals. At Jewish Hospital, a one-week program for health care professionals was begun. Notes Dr. Kodner, "We became very busy almost immediately. At the same time, the level of ostomy care at Jewish Hospital became superb."

Ms. Sturm trained many of the Jewish Hospital nurses in ostomy care and the therapy protocol for those patients became an established routine. "What was totally absent in most other hospitals, specialized ostomy nursing care, was excellent here. We hired another E.T.

and the number of colo-rectal patients referred here rapidly increased. As the patient population increased, we reached a point at which we had the nucleus for a formal E.T. school. With the hospital's and the American Cancer Society's support we now have one of the best E.T. schools in the country," explains Dr. Kodner with pride.

At Jewish Hospital today, three E.T.s, Elsie Null, R.N., Dianne Benz, R.N., and Zoe Sheperd, R.N., are responsible for ostomy patient care and education within the hospital and the Sam Schneider Ostomy Clinic. The St. Louis chapter of the United Ostomy Association has selected Jewish Hospital as its base. Between the enterostomal therapy school, the clinic and the ostomy association base, Jewish Hospital is the bi-state area ostomy care community center and as such, the staff E.T.s provide educational resource information to other E.T.s and nursing staffs of regional hospitals. "The E.T. community works very closely for the betterment of all patients," says Ms. Null, who worked in ostomy care with Dr. Schneider. "He saw the need for more sophisticated ostomy care and got people interested. Dr. Kodner put things in motion."

An E.T. may be called upon to meet with a patient up to a month prior to ostomy surgery, or hours ahead in an emergency situation. The therapist works to help a patient understand the particular diagnosis and how it will impact on his or her lifestyle. "Every patient will have a different focus. We recognize that and gear our educational and training

efforts to each individual," explains Null. "The patients see us as less hurried than floor nurses, and sense that we have the time to work with them. We continue this relationship well into their rehabilitations. We see them at every step of the way."

To ensure proper discharge care for their patients, the E.T.s provide training assistance to Jewish Hospital home care employees. For the patients, the E.T.s will provide resource information on local ostomy equipment suppliers and will make referrals for home care and/or E.T. organizations in another part of the country. "Resources come from many different places in the community, but as we're all involved in the same goal, we get the job done," explains Null.

Also contributing to the patient care team effort is Mary Gilley, R.N., an operating room nurse who works with many colo-rectal patients, coordinating treatment from diagnosis to discharge. She sees the patient initially in the office or in the hospital and at that point begins evaluating his or her situation, and family and psychosocial needs. If it is a surgical case, the discharge plans are begun at that point. Explains Ms. Gilley, "My role is a supportive one. I try to answer patients' questions after the diagnosis and they don't hesitate to call me when other questions arise." Enterostomal therapist Mary Ellen Swatske, R.N., works closely with Dr. Fry's patients, providing pre-operative consultations and follow-up during office visits.

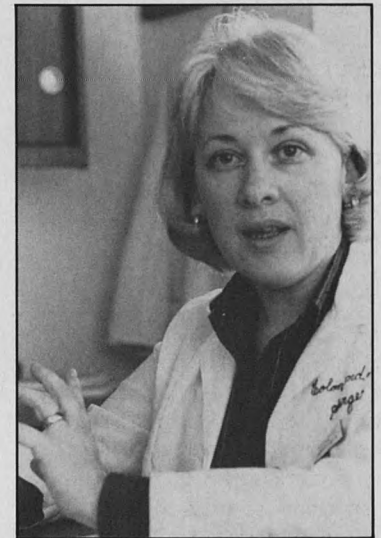
Once the patient is admitted to the hospital, he or she has daily contact with

Mary Gilley, R.N.

Gilley, who visits all patients during her daily rounds and accompanies each into the operating room not only to provide reassurance but to coordinate the O.R. care, including the ordering of all supplies and surgical equipment. With her extensive operating room experience, "I know what supplies are going to be needed in each surgery and that performs a cost containment service, which is very necessary with the pressure of DRGs (diagnosis related groups, a method of setting standard costs for each procedure for Medicare reimbursement)." In addition, she functions as a scrub nurse for many cases, allowing the surgical procedure to proceed more efficiently because of her comprehensive knowledge of the patient and his or her disease process.

When a rectal cancer patient is scheduled for pre-operative radiation therapy, the period prior to surgery can last for more than two months. Approximately five to seven weeks of radiation therapy are followed by a five- to seven-week wait for the tumor growth to subside. Gilley makes an effort to maintain contact during this time and keeps a calendar with notations to remind her to check up on her patients. "They need a lot of support at this time," she says. "I don't want them to feel out of touch."

Staying in touch each step of the way and being sensitive to the individual needs and situations of every patient is the hallmark of the team approach to caring for the colo-rectal patient at Jewish Hospital. ■



# MIND • GAMES

**T**he 1984-85 Associates in Medicine lecture series opened September 19 with a multi-part program on behavior modification. Three Jewish Hospital-affiliated physicians spoke on their specialties and how several hospital programs are serving particular needs. Robert M. Carney, Ph.D., director of the Behavioral Medicine Clinic, spoke on behavioral medicine; Linda Stanton, M.D., director of medicine clinics and employee health at Jewish Hospital, explained the hospital's smoking cessation program; and Marvin Levin, M.D., attending physician, spoke on eating disorders.

"The foundations of behavioral medicine involve the psychiatric principle of behavior modification," explained Dr. Carney.

"Behavior modification takes what we know about how people learn and applies those principles to change problems of behavior. Until the last ten years, this form of therapy was used primarily to treat psychiatric disorders. Now, we are finding that it can be used to treat certain medical disorders with a high rate of success." Dr. Carney traced the evolution of thought that forms the basis of behavioral medicine, from the Russian researcher Pavlov's discovery of the conditioned response, when he learned that he could make dogs salivate at the sound of a bell if the bell ringing had occurred numerous times before a feeding, to Harvard professor B.F. Skinner's idea that behavior is adaptive and that we learn what we learn by how it helps us adapt to live.

Behavioral medicine has

to do with the basic idea of the relationship between a person and his or her environment and how one affects the other. "We choose our behavior by its response and consequence," noted Dr. Carney. "Reinforcement for behavior can be biological, such as food when we are hungry, or social approval and attention, a very important class of reinforcers for human beings. That is why men wear ties and why we learn to choose the correct fork at a formal dinner. In addition, reinforcement may simply be information about the effects of one's behavior."

Out of the concept of providing information about physiological behavior came biofeedback, which registers physiological responses via technological equipment. Patients can learn to increase or decrease heart rate, blood pressure or muscle contraction by utilizing the learning assistance provided by biofeedback, which will give them a current reading on those parameters. Dr. Carney stated, "Clearly, there have been many medical applications of biofeedback, especially for patients with high blood pressure or problems resulting from muscle contraction."

Behavioral medicine addresses specific problems such as anxiety, phobias, and depression, all of which, said Dr. Carney, may afflict people with chronic medical disorders and exacerbate them. Behavioral medicine also provides treatment for medical disorders such as headaches (both tension and migraine), mild labile hypertension and insomnia. Biofeedback is only one of several types of therapeutic



treatments used in behavioral medicine and it is used in concert with relaxation training and other modes of behavior modification therapy. "To date, we have ten studies that have shown that behavior modification techniques are as effective as the popular anti-depressant medications in the treatment of depression," commented Dr. Carney. "Most of our research has been in the area of headaches, however, and our statistics show that 70 percent of patients treated

*Dr. Levin answers a question about the interaction of diet and exercise following his segment on eating disorders and dieting.*

for tension headache and 60 percent of our patients with migraine headaches achieve a significant reduction in headache pain."

### **Changing a smoking habit**

Dr. Stanton related behavior modification to the subject of smoking cessation. The Jewish Hospital smoking





*AIM Vice President Terri Purviance (far left) thanks Dr. Stanton (left) and Dr. Carney (right) for their participation in the program.*

cessation clinics under her direction use Nicorette gum coupled with behavior modification techniques to help smokers break the habit. "The real reason for the campaign against smoking is not so much the correlation with heart and lung disease, but the dangers of chronic obstructive pulmonary disease which is directly linked with cigarette smoking and causes more than 60,000 deaths per year," stated Dr. Stanton. "Massive amounts of health care dollars are spent

each year taking care of these patients who have gradual losses of lung tissue and lose the ability to get blood into the lungs. We have treated this disease for years and have decided to do something at Jewish Hospital to prevent it, by ceasing to sell cigarettes and to create an atmosphere of non-smoking with our clinics for employees and the public."

The complex physical interactions of tars, gases, and nicotine absorbed by cigarette smokers makes quitting a very difficult task. The main addiction is to nicotine, Dr. Stanton explained, and the symptoms of withdrawal from it are not unlike those of heroin withdrawal, which

include restlessness, sleeplessness, irritability, headache, sleep disturbance, and impaired concentration and judgment. These symptoms may present themselves in a "Dr. Jekyll and Mr. Hyde" personality switch, noted Dr. Stanton.

The Nicorette gum, researched in part at Jewish Hospital, is used in the smoking cessation clinics to help abate the symptoms of nicotine withdrawal. "A person is still ingesting the nicotine, but does not have the systemic effects of nicotine," noted Dr. Stanton. "Theoretically, that could happen, but our clinical tests have not shown it to be true."

Behavior modification techniques come into play

when the leaders of the individual clinic groups teach smokers how to attack the behaviors of the smoking habit and its stimulation.

Prevention of health problems is an important concern for health care institutions, said Dr. Stanton. "There are a lot of things we can do about smoking behavior and I'm personally very excited about what we are doing at Jewish Hospital."

#### **Habitual eating and dieting**

Dr. Levin opened his talk on eating disorders with a humorous look at art depicting obesity and attitudes towards it over the years, as depicted by artists Ingres, Rubens and Rembrandt and

## GAMES

in ancient stone carvings of ample female forms. "Today, however, thin is in and stout is out," proclaimed Dr. Levin.

Some of the major risks of obesity cited by Dr. Levin, "which ought to help us change our ways" are: mortality, diabetes [60 percent of adult-onset diabetes is linked to obesity], gall bladder and heart disease, carcinoma,

*The many applications of behavioral medicine were topics of conversation during the wine and cheese buffet following the lecture segment of the first AIM program of the year.*

arthritis, accidents and difficult surgical situations. Author Charles Dickens described one weight-related medical situation, since dubbed "pickwickian syndrome" after the Dickens character "The Pickwick Boy," in which a person eats so much that he or she retains carbon monoxide and is likely to fall asleep under any circumstances, including, according to Dr. Levin, "holding a full house at a poker table."

Psychological factors are prime components in the behavior involved in eating disorders, he noted. "People

get a lot of pleasure and reinforcement and a substitute for loneliness from the refrigerator," he remarked. Socioeconomic and job factors, coupled with a sedentary existence showing high reliance on labor-saving devices, the difficulty of exercising while overweight and societal reliance on food as a reward all contribute to the American weight problem, noted Dr. Levin.

Dr. Levin eschewed fad diets and diet pills, yet he found favor with a new humorous diet book on the market, "The Bronx Diet." On the cover of the book are

blurbs that poke obvious fun at the claims of many diet books, including Dr. Levin's favorite: "Revealing the radical principle: To reduce, eat less. To gain, eat more."

"Let me tell you what you already know," he concluded on the subject of obesity. "If one of these magical diets worked, there would never be another one written on the subject. You wouldn't have to go to fat farms and spas or anything else to help a lot of people live off the fat of the land. Diet programs like Weight Watchers or TOPS that teach a good diet and sensible weight loss are the only things that work for weight loss. You have to change your way of living to lose weight and keep it off."

Anorexia nervosa, quite the opposite of obesity, was first described in 1689 as nervous consumption. Now, it is a health problem that is especially threatening to its principal victims, who are high-achieving females under 25, compulsively physically active, from high socioeconomic backgrounds, and who hold themselves in very low esteem. Feeling that they are fat even when dangerously underweight, anorectics literally starve themselves and use laxatives to abuse. "They have a preoccupation with food and talk about it incessantly," said Dr. Levin. "Yet, they may eat nothing more than a piece of cheese a day." Behavior modification techniques are having some success in treating this disorder, which, when unchecked, can lead to heart, kidney and liver failure and death. ■

*For information about the Associates in Medicine, please call 454-7239.*



# Artistic

## INTEREST

“Art is a very personal thing,” proclaimed Lynn Plotkin, owner of the Brentwood Gallery, as she took new and established Jewish Hospital Auxiliary members on a private tour of her favorite examples of contemporary trends in American art at the Auxiliary’s fall membership event at the

*From left: Lynn Plotkin, Brentwood Gallery; Leslie Waldbaum, membership co-chairperson; Kay Loomstein, membership co-chairperson; Marcia Shapiro, president; and Sharon Rosenbloom, membership services vice president.*



*Above: Lynn Plotkin explains how the coloration of one of Patricia Degener’s ceramic pieces was achieved. Above right: Many styles of contemporary American art were on display at the Brentwood Gallery. To the right is an example of the New York “Grafitti” style; to the left is a wooden palm tree emerging from a hand-crafted table.*



tion to the Auxiliary and to learn about its many functions, reported membership co-chairpersons Leslie Waldbaum (Mrs. Lawrence) and Kay Loomstein (Mrs. Arthur). Following a welcome by Auxiliary president Marcia Shapiro (Mrs. Robert), past president, Lillian Dickler (Mrs. Donald) presented a slide show depicting the various roles of volunteers at the hospital, fund raising events and projects, and Auxiliary-sponsored seminars and general public educational programs. A script, which followed the slides, described in detail how the

Auxiliary works and the wide range of Auxiliary-related involvements in and out of the hospital, from public education programs ranging from “Cancer Answers,” held October 28, to the *Cooking in Clover II* cookbook fundraiser. “Our volunteers infuse a spirit of warmth and humanity into the hospital,” commented Mrs. Dickler.

Local and national artists were among those on display at the special showing mounted by Ms. Plotkin for the event. Choosing the exhibit for the way the pieces exemplify characteristics of contemporary art, Ms.

Plotkin circled the room as she explained her interest in each, from fiber art clothing to a large New York graffiti-style canvas. The chosen objects included a sleek, long table by a St. Louis sculptor-turned-woodworker who drew from his southern California background for the motif of the five-foot wooden palm tree inserted into its design; a tall ceramic jug by *St. Louis Post Dispatch* art critic and ceramicist Patricia Degener on which she utilized the symbols and colors gleaned from a southwest vacation, a trademark technique of hers where she infuses each piece with the iconography of her latest visual conquest; and an outside Polaroid shot, entitled “Aunt Margaret,” of a placid hound dog dressed in the finery of the artist’s elderly aunt to recreate his vision of her. ■

*For more information about the Jewish Hospital Auxiliary, please contact the Auxiliary office at 454-7130.*

gallery September 12. Approximately 60 new members were recruited during the membership drive and more than half were present for their introduc-

# Fellows Fete Surgeon General

The Fellows of Jewish Hospital was organized to recognize the hospital's major contributors. Each member contributes \$1,000 or more each year to the work of Jewish Hospital. The funding of many research projects at Jewish Hospital has been provided by families and individuals interested in furthering medical science. Before the formation of the Fellows in 1983, a vehicle for formally recognizing these generous supporters did not exist. Research under these auspices has garnered national and international attention over the years for Jewish Hospital. The Fellows' sponsorship of medical programs, professional training and patient assistance has contributed greatly toward the image of Jewish Hospital as a provider of exceptional medical care in the community. The Fellows organization honors and encourages the very important role these donors play in perpetuating excellence in patient care and research while also endeavoring to further understanding about the hospital's role and accomplishments in the St. Louis area. The presence of the Surgeon General of the United States as the Fellows' guest speaker at the first annual event underscores the important contributions of private benefactors of medical science and the Fellows' prestige in the national health care community.



The first annual meeting of the Fellows of Jewish Hospital, an organization of hospital benefactors, held September 23 at the School of Nursing, was

*Dr. Peck yields the podium to Dr. Koop.*

marked by congratulations extended by the guest speaker, the Honorable C. Everett Koop, M.D., surgeon

general of the United States, to the hospital and the Fellows on the affiliation of Jewish Hospital with OASIS (Older Adult Service and Information System, a national organization for providing cultural, educational and informational programs to the elderly). During his speech, Dr. Koop pledged his support to secure a five-year, multi-million dollar National Institutes of Health grant to fund a joint research program on hip fractures for Jewish Hospital and OASIS.

Welcoming the audience of 250, program chairperson Mary Zorensky (Mrs. Louis I.) said, "We are gathered here today to demonstrate our support for this institution and its accomplishments. Jewish Hospital sets challenging goals for itself to offer the best possible health care and it meets those challenges."

Rabbi Dr. Jay B. Goldberg, rabbi of Jewish Hospital, followed with an invocation, in which he called for "a rebirth of compassion and devotion in our commitment in caring for the ill, the lonely and the helpless."

John Simon, a Fellows charter member and member of the hospital board of directors for more than 20 years, was presented with the first annual Fellows Award by Chairman of the Board Harold Blatt. "For outstanding contributions to the enhancement of medicine and science at the Jewish Hospital of St. Louis," read the inscription on the silver tray presented to Mr. Simon.

William A. Peck, M.D., physician-in-chief, introduced the surgeon general. In his remarks, he traced Dr. Koop's professional



*David A. Gee, hospital president, meets with Fellows member Shirley Cohen before brunch.*

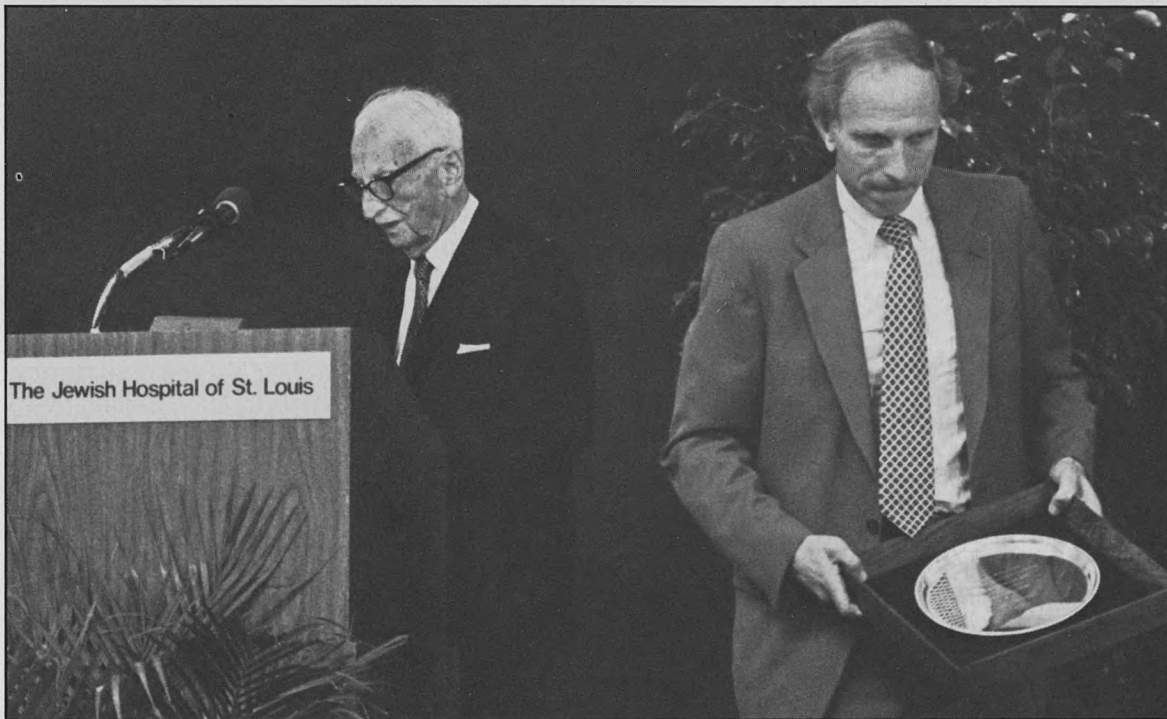
nutrition. People have listened to and heard what he has to say. He has moved the world, moved the public through his commitment to speak out on these subjects. I think that is effective leadership."

Dr. Koop opened his talk with a wish for the future. "It is a distinct privilege to

the redefinition of health care for the future. "Jewish Hospital has a strong commitment to research. Investigators at this institution, I hope you know, are probing into some very exciting and promising areas in immunology, bone metabolism, bone cell function, lymphocytology, cancer therapy and genetic disorders. This hospital could not make this kind of contribution in research and development, with recognition coming from colleagues here and overseas, unless it had the understanding and support of this community and especially you, the Fellows. You deserve recognition for this support."

The "graying of America," as Dr. Koop referred to the changing demographics of the country, is evidenced by statistics predicting that in the early twenty-first century, 20 percent of the population will be 65 or older, and one half of this 20 percent will be older than 75. "This group will have better health than those of the same age today...However, many practicing physicians, like a lot of Americans in general, have grown up with stereotypical preconceptions that are not only wrong, but are barriers to the delivery of good health care to the aged. That is exactly what we have to address in the years ahead.

"The great danger is that these age prejudices will become in medicine, as elsewhere, self-fulfilling prophecies. For example, the aging process is most often perceived, incorrectly, I might add, as a chain of successive and predictable events. It all sounds reasonable, orderly and somewhat comforting..."



*While Fellows Award honoree John Simon extends his thanks to the Fellows, he temporarily relinquishes his award to Chairman of the Board Harold Blatt.*

career to his academic post of professor of surgery and pediatrics at the University of Pennsylvania School of Medicine, his appointment as surgeon-in-chief of the Children's Hospital of Philadelphia, and his January 21, 1982, appointment as sur-

geon general by President Ronald Reagan. "The surgeon general has an awesome responsibility as health advisor to our nation and to other countries. What has impressed me most about Dr. Koop is that he has been a philosophical leader of the health community for our country," commented Dr. Peck. "He has been judiciously and appropriately outspoken on matters of great concern to all of us, such as smoking, diet and

be the first honorary lecturer for the Fellows of Jewish Hospital. It is also a marvelous opportunity to set the tone for what I hope will be a long and exciting history of people coming here to share with you their knowledge, intuition, successes and failures, but most of all, to share their hopes for the future of health care in America."

Dr. Koop chose to address three issues relevant to the future of health care: research, demography and

## FELLOWS

But life is not orderly. When an aged person lives normally, moved by events, people and the environment in a rather random fashion, the rest of us become confused and even fearful, and we conclude that something is wrong with the person. Any deviation from the norm becomes a cause for concern even if it is healthful behavior. Older people are victimized by this kind of response. If we anticipate the deterioration to take place, we feed and medicate the person as if it has taken place. As the person becomes malnourished and listless, the prophecy is fulfilled."

He exhorted physicians to provide medical care that is predicated on the realities of aging and "to reject care that reinforces the errors and prejudices of the past. I happen to think that the quality of health care and medicine for the aged is so important an issue for American medicine that I have devoted a large percentage of my term as surgeon general to these issues.

"Incidentally, I look at this hospital as being uniquely equipped to develop just such a realistic approach in health care for the aged....I understand that the innovative OASIS program has become part of Jewish Hospital. And I would be remiss not to mention the activity of the May Stores in bringing about OASIS. OASIS can represent for this hospital a ready-made population of elderly who are busy, active, inquisitive, and have the capacity to learn and be renewed. Here are people who have the ability to teach the staff and administration of Jewish Hospital some of

the new realities about growing old in America.

"You are not at a loss for opportunities. For example, Dr. William Peck and Dr. Louis Avioli are leading your biomedical research effort on osteoporosis, one of the most significant and calamitous disease processes of the elderly. There is more to research than pathology. You need to look at how people function with the onset of this disease, how they cope, and how they might better be able to cope with some additional help. For this kind of total medical and biobehavioral research, you need subjects that are healthy, alert and who are with and without the disease. I think the presence of the OASIS program within this institution might make this kind of research effort all the more possible.

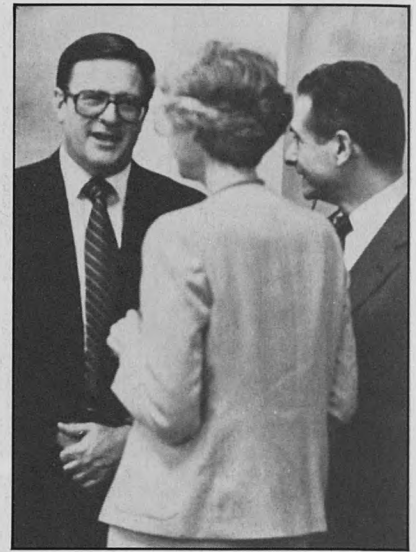
"In this connection, early in the next fiscal year, I hope to award this hospital and its OASIS connection a very substantial public health grant for this very topic. In my opinion, that money should buy us some much-needed information about the causes and prevention of osteoporosis."

The third issue Dr. Koop addressed was a redefinition of the word health. "It is time to look at health as a positive condition in itself, not just the absence of illness....the 'baby boom' generation is the most health conscious and health educated we have ever seen. Some of its activities—jogging, swimming, and so forth—are to avoid illness, to be sure, but most of it is positive. Most of their health-related activities are to perpetuate and to enjoy their own good health. And, this

*Director of Development and Administrative Director of the Fellows Don Levin greets Dr. and Mrs. Samuel Guze. Dr. Guze is vice chancellor for medical affairs of the Washington University School of Medicine.*

generation is winning the war against cigarettes.

"Last spring, I called for a smoke-free society by the year 2000. I am delighted you have banned the sale of tobacco products on the hospital premises. I would not be surprised, as others follow your good example,



that we might have a smoke-free society before the next century.

"What does this have to do with a definition of health? I think the implications are enormous. For example, if we achieve a smoke-free society, most of the fatal heart disease, chronic obstructive pulmonary disease, the gastrointestinal difficulties associated with smoking, emphysema and cancer should decline. As a result of a better understanding of nutrition, the popularity of bran and other

*Jewish Hospital Program on Aging benefactors Harvey and Dorismae Friedman are introduced to Dr. Koop.*

whole grains and the cautious approach of consumers to high-cholesterol foods, we should see a marked drop in nutrition-related cardiovascular diseases." Dr. Koop also cited the increasing use of seat belts, tougher drunk driving laws and massive child immunization programs as "these are all reasons to rejoice and look again at this word health."



*Mary Zorensky, program chairperson for the Fellows brunch, welcomes Mrs. Guze. In the background, Marylen Mann, director of OASIS, escorts Surgeon General Dr. Koop.*

The role of hospitals will have to evolve, he said, "from not just curing disease but adding the service of contributing to good health...I think that the future vitality of our health care system will depend primarily on our ability to develop new knowledge about health, as well as through a vigorous national program of medical and bio-behavioral research. But medicine, like every other important activity in our society, must adjust to these new realities of demo-

graphics, this changing nature of our population and the new modes of care that this changing population may require. We need to start now to think about the future role of medicine, of physicians, hospitals and everyone connected with the health care field...However, as Hillel (rabbi and scholar in ancient Jerusalem) warns us, we cannot put off that decision to be involved. We've got to do what we have to do and we have to do it now."

Following Dr. Koop's speech, David A. Gee, president, traced what he termed the "genesis of the Fellows organization," dating to 1919 when the first gift was made to the hospital for medical research. "One of the overriding elements that

makes this institution different from all other institutions is the medical research and investigation that goes on within our four walls. It is interesting to note that in the room today we have assembled people who represent all of the different dimensions of carrying out research activities. There is Dr. Koop, who represents the federal government, which through its National Institutes of Health has provided the financial stimulus for medical research in this country. We also have with us representation from Washington University, which we are proud to be a part of and which gives us the stimulation that is so much a part of this process. Dr. Peck represents the individuals

who actually develop the scientific applications, the bench scientists, who are finding the new mechanisms by which we carry out this great endeavor. We also have a number of our medical staff present, who are the ones who bring that scientific knowledge to the patient at the bedside. There are also such groups as the Auxiliary and the Associates, who for years have been providing different forms of support for patient care, research and education functions. Mr. Blatt, as chairman of the board of trustees, represents a leadership figure, having made a major goal of this institution to provide these kinds of activities, activities that are found in very few other hospitals across the United States. It makes us almost unique. Certainly in this part of the country, it is an outstanding accomplishment.

"We also have you, the Fellows, the ones who contribute money, time, resources, moral support, and enthusiasm. I think you will see that the Fellows have brought together a remarkable kind of accomplishment. This first meeting is simply the recognition of the events that have gone on for the last 80 years. We never really asked most of you for money, but you came forth generously and provided us with it. You recognized a community need. You recognized that there were benefits that could be achieved for mankind and this is the result." ■

*For more information about the Fellows of Jewish Hospital, contact Don Levin, director of development, at 454-7250.*



# JEWISH HOSPITAL NEWS BRIEFS

## HOSPITAL ASSOCIATION RECOGNIZES

**LIBERMAN**—Lee M. Lieberman, past president and life member of the board of directors of the Washington University Medical Center, was recently honored by the Hospital Association of Metropolitan St. Louis. As the 1984 recipient of the association's Health Care Leadership Award, Mr. Liberman joins an august group of individuals recognized for their outstanding leadership and involvement in health care services to the area served by the

St. Louis chapter.

Mr. Lieberman joined the board of directors in 1962. He was elected assistant secretary in 1965, and then elected treasurer in 1968, an office he filled for several terms. He was named vice president of the board in 1972, and served in that capacity until appointed president in 1974. That year, the title of "president" was changed to "chairman," a position he held until 1979. Currently, Mr. Liberman serves as chairman of the board's audit committee.

**Charles B. Anderson, M.D.**, was recently awarded a grant for approximately \$60,000 by the Missouri Kidney Program for the academic year 1984-85. The grant, entitled "Planned Blood Transfusions in Kidney Allograft Recipients," is to be used to continue studies on the immunologic manipulation of renal transplantation candidates prior to the transplantation operation. Dr. Anderson also co-authored two articles: "Renal Thromboxane Synthesis in Excised Kidney Distal to Renovascular Lesions," published in the *Journal of the American Medical Association*; and "Prostaglandin Synthesis Associated with Renal Allograft Rejection in the Dog" published in *Transplantation*.

**E. James Anthony, M.D.**, lectured at a workshop May 18 of the 1983-84 Brightside Series at Our Lady of Providence Children's Center in West Springfield, Massachusetts, on "Growing Up in a Psychotic World: Impact on Children, Work with Families." On June 2, he attended a symposium on "Understanding and Helping Borderline Children" at St. John's Mercy Medical Center held in cooperation with

Threshold, Inc. Dr. Anthony attended a chairman's case conference at Butler Hospital in Providence, Rhode Island, June 7 on "The Current Status of a Longitudinal Study of Children of Psychotic Parents." He conducted an organization meeting for the third World Congress of the World Association of Infant Psychiatry and Allied Disciplines to take place in Stockholm, Sweden, in 1986. He is currently president of the organization.

**Stanley J. Birge, M.D.**, attended the American Geriatrics Society annual meeting in Denver, Colorado, May 15-18, where he presented papers on "The Assessment of Vitamin D Status and Bone Density by Fingernail Thickness" co-authored with Marsha P. Deters, R.N., and Paula B. Davis, M.D., and "The Influence of Age and Estrogens on the Intestinal 1,25(OH)<sub>2</sub>D Receptor Protein," co-authored with R.A. Miller and H. Kurose.

**John E. Buerkert, M.D.**, spoke on "Renal Tubule Handling of Ammonium During Acute Respiratory Acidosis" to the third International Workshop on Ammoniogenesis June 17-19 in Monterey, California. **Martin Calodney, M.D.**,

## OASIS BLOOMS—

OASIS, the St. Louis-based Older Adult Service and Information System, has affiliated with Jewish Hospital and the Washington University School of Medicine, to benefit from their medical interest in the problems of aging and from their existing, complementary efforts to make old age a more productive and healthy time of life according to Ms. Marylen Mann, OASIS director. The affiliation also serves to augment the hospital's existing program on aging.

OASIS, founded in St. Louis in September 1982, operates older adult educational, cultural and informational programs at three St. Louis Famous-Barr department stores, and in stores owned by the May Company, Famous-Barr's parent company, in Cleveland, Baltimore and Los Angeles. By December 1985, OASIS will have programs in place in eight more cities.

The federal Administration on Aging provides primary funding for OASIS, while additional support comes from Famous-Barr, other May Company stores, local businesses and the community.

"While OASIS's primary focus on the value of the arts and humanities programs for the elderly will not change, this new home for the organization will allow it to grow in additional productive directions," said Ms. Mann.

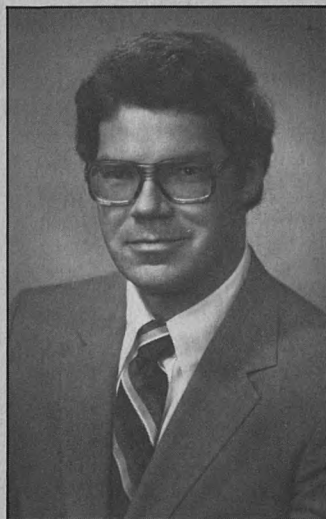
*For more information on OASIS call 454-0113.*

attended the American Academy of Pediatrics meeting, Recent Advances in Pediatrics, May 15 in Phoenix, Arizona.



**GAME OF LIFE**—Two instructors from the Jewish Hospital School of Nursing, Marge Phillips, R.N., and Janie Read, R.N., took part in one of the largest cardiovascular resuscitation [CPR] classes ever held in St. Louis. For three and one-half hours on May 30 on the ballfield at Busch Stadium, Ms. Phillips and Ms. Read, both Heart Association-certified CPR instructors, joined some 60 other instructors to teach CPR to employees of the Civic Center Corporation, the St. Louis Baseball Cardinals, Inc., as well as stadium vendors, front office personnel, guards, ushers and garage attendants. The event was sponsored by the St. Louis Heart Association.

**William J. Catalona, M.D.**, recently co-authored the following papers: "Management of Newly-Diagnosed Metastatic Carcinoma of the Prostate," published in *Urologic Clinics of North America*; "Technical Factors Affecting the Reproducibility of Intravesical Mouse Bladder Tumor Implantation during Therapy with Bacillus Calmette-Guerin," published in *Cancer Research*; and "Heightened Interferon- $\gamma$  production by Mononuclear Cells from Bladder Cancer Patients," published in *Cancer Research*. He co-edited a book, *Urologic Oncology, Vol. II*, published in 1984, and authored a book, *Prostate Cancer*, also recently published. Dr. Catalona contributed towards chapters in *Urologic Oncology, Vol. II* on "BCG Therapy for Superficial Bladder Cancer," and "Interferon as an Antitumor Agent for Urologic Tumors." He attended the AUA Summer Clinical Series June 27-30 in Orlando, Florida, where he presented post-grad-



**McGUIRE NAMED EXECUTIVE VICE PRESIDENT**—John P. McGuire, vice president at Jewish Hospital since August 1982, has been named executive vice president, announced Mr. Harold G. Blatt, chairman of the hospital board of trustees.

In this newly created position, Mr. McGuire, who began work at the hospital in 1979, will oversee the administration of internal hospital operations.

Earlier this year, McGuire was appointed to the

15-member Healthcare Financial Management Association's Matrix, a national advisory panel to the association's director on matters of importance to the health care industry. He is a member of the American College of Hospital Administrators, American Institute of Certified Public Accountants, American Hospital Association and Tennessee Hospital Association. He is also an adjunct instructor for the health administration program at Washington University.



**NEW RELATIONS**—The community relations department at Jewish Hospital has added two staff members. Jerry Sears has accepted the post of publications manager. He came to the hospital after twelve years in post-secondary adult/continuing education administration, specializing in marketing and publications. Sears holds a BFA from the University of Massachusetts and a M.Ed. from Worcester (MA) State College.



Sunny Combs, program coordinator, fills a new position started for the initiation and planning of special programs and events. Ms. Combs brings to her position experience with the St. Louis Blues Hockey Club. As the first woman manager in the organization headed by Sidney Salomon, Jr., and later by Ralston-Purina, she developed programs to heighten the awareness of the Club in organizations and corporate entities in the greater St. Louis area.

uate courses in prostate cancer and nerve sparing techniques in radical prostatectomy.

**Mary Davis, M.D.**, attended the Berkshire Psychotherapy Conference, Between Patient and Therapist, held August 13-17 in Lenox, Massachusetts.

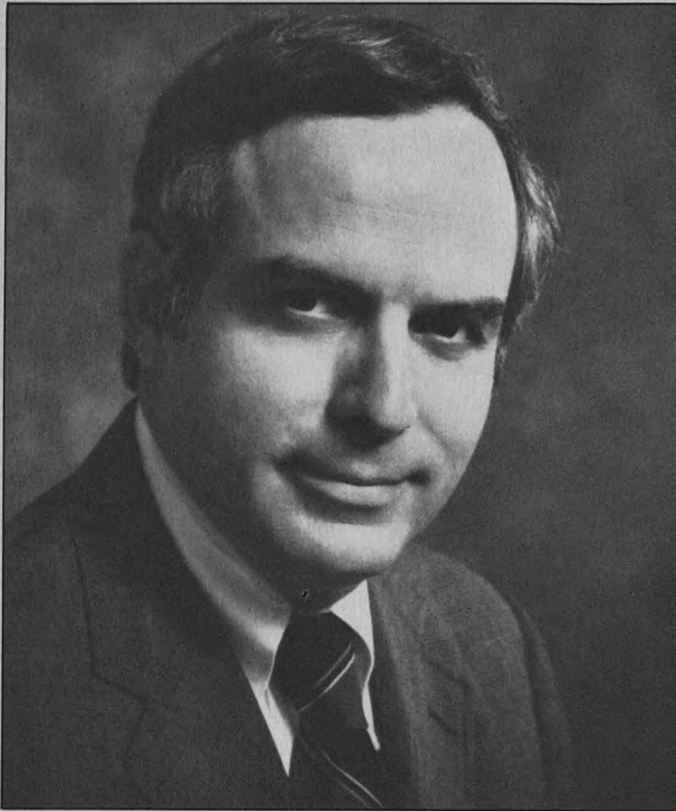
**Paula B. Davis, M.D.**, and **Joseph Gruber, R.Ph.**, spoke on "The Biology of Aging," "Choosing and Communicating with your Health Care Team," and "Drug Use in the Elderly" at the JCCA, May 20.

**Raymond Dean, Ph.D.**, has been appointed the first holder of the Richard E. Ball chair in Psychology at Ball State University in Indiana.

**Norman Druck, M.D.**, attended a symposium, Sleep Apnea and Snoring Disorders, September 6-7 in Oklahoma City, Oklahoma.

**Patti Eisenberg, R.N.**, co-presented a paper on "Hypophosphatemia After Enteral Feedings" to the Missouri Chapter of the American College of Surgeons in St. Louis in June. Ms. Eisenberg also appeared on two "RN Sat" video programs to be aired this fall in the U.S., Canada and Japan.

**Alvin R. Frank, M.D.**,

**NEW CHIEF**

**ARRIVES**—Nicholas T. Kouchoukos, M.D., one of the nation's top cardiovascular surgeons, has been appointed the cardiovascular and thoracic surgeon-in-chief of The Jewish Hospital of St. Louis and the John M. Shoenberg Professor of Cardiovascular Surgery at the Washington University School of Medicine. He replaces John P. Connors, M.D.

Dr. Kouchoukos is clinical professor of surgery at the University of Alabama School of Medicine in Birmingham and former vice director of the division of cardiovascular and thoracic surgery at that medical school. He has performed more than 4,000 open-heart operations and published

more than 200 articles in the areas of coronary artery bypass surgery, heart valve replacement and repair, and major vascular surgery. Dr. Kouchoukos' specialty is surgical treatment of ischemic heart disease, and his current research interests include use of computers in post-operative care and surgical treatment of aortic aneurysms.

Dr. Kouchoukos will assume his responsibilities at Jewish Hospital and Washington University School of Medicine on December 1, according to Harold G. Blatt, chairman of Jewish Hospital's board of directors, and Samuel A. Wells Jr., M.D., Bixby Professor and chairman of the department of surgery at Washington University School of

Medicine.

"Dr. Kouchoukos is nationally recognized for his outstanding clinical, teaching and research skills as a cardiovascular surgeon," Mr. Blatt said. "He was at the top of the list of the search committee, and his successful recruitment is eloquent testimony to the commitment of Jewish Hospital and the Washington University School of Medicine to work together to bring the very best physicians to the Washington University Medical Center."

Dr. Wells commented: "We are most pleased that Dr. Kouchoukos will be joining the faculty in the department of surgery at Jewish Hospital and the Washington University School of Medicine. He has extraordinary clinical and investigative talents and will greatly strengthen our program in cardiovascular and thoracic surgery."

A native of Michigan, Dr. Kouchoukos earned his M.D. from Washington University School of Medicine in 1961 and served his residency training in general surgery at Barnes Hospital. He began his extensive research and clinical work in cardiovascular surgery at the University of Alabama School of Medicine in 1967 as a research fellow and instructor of surgery and continued there in increasingly responsible roles. He earned the full professorship in 1974, the same year he was appointed vice director of the school's division of cardiovascular and thoracic surgery. Dr. Kouchoukos was named the John W. Kirklin Professor of Cardiovascular Surgery in

January 1981 and became clinical professor of surgery in August 1982.

"The position at Jewish Hospital provides an excellent opportunity to practice and teach cardiovascular and thoracic surgery, to participate in clinical and laboratory research activities at the hospital and to establish a strong affiliation with the division of cardiothoracic surgery at Washington University Medical Center," Dr. Kouchoukos said concerning his appointment. "I look forward to again being a part of the institution where I received my early medical education."

Dr. Kouchoukos has participated in several activities of the National Institutes of Health, including its consensus development panel on coronary artery bypass surgery and a study section on surgery and bioengineering. He served as an ad hoc consultant for the Specialized Centers of Research in Arteriosclerosis of the National Heart and Lung Institute and served on the Institute's ad hoc review committee for collaborative studies on coronary artery surgery.

In addition, Dr. Kouchoukos currently serves on the editorial boards of six medical journals. His many professional and academic associations include the American Association of Thoracic Surgery, the Society of Thoracic Surgeons and the American Surgical Association.

At Jewish Hospital, nearly 800 open heart surgery procedures and 300 angioplasty procedures to help reduce coronary artery blockages are performed annually.

attended a Center for Advanced Psychoanalytic Studies meeting July 29-August 11 in Aspen, Colorado. Dr. Frank was

appointed to the North American Editorial Board of the *International Journal of Psychoanalysis* and the Inter-

*national Review of Psychoanalysis* for the July 1984-July 1989 term.

**Jerome J. Gilden, M.D.,**



**ERNST APPOINTED TO STATE AND NATIONAL ORGANIZATIONS**—With her appointments to the Council on Nursing of the American Hospital Association and to the Missouri State

Board of Nursing, Brenda Ernst, R.N., vice president for nursing at Jewish Hospital, plays key roles in developing and implementing policies on state and national levels. In her capacity on the Council on Nursing, one of the major councils of the Hospital Association, she will meet twice annually in Chicago with 20 other nursing and hospital executives from throughout the United States. The Council makes policy decisions and develops action plans related to hospital nursing. Her activities on the Missouri State Board of Nursing began in 1983. Board responsibilities include surveying and granting accreditation to all 72 nursing schools in Missouri, giving licensing examinations to R.N.'s, LPN's, and

acting upon complaints against individual nurses. The Board consists of five R.N.'s and two LPN's and meets four times annually in Jefferson City, Missouri.

Ms. Ernst brings more than 20 years of experience with Jewish Hospital to her appointments. A 1961 graduate of the Jewish Hospital School of Nursing, she also holds a B.S. in nursing from St. Louis University and an M.A. in health facilities management from Webster University. Ernst was appointed to her current nursing executive position in 1973. She is responsible for the administrative and clinical activities of all inpatient nursing divisions, outpatient clinics, emergency department, dialysis services, and the School of Nursing.

**A MATTER OF PUBLIC RECORD**—Following the death of attending physician Stanley S. Reitman, M.D., last summer, Senator Thomas Eagleton (D-Missouri) entered into the Congressional Record of July 30 a four-paragraph tribute to Dr. Reitman and his many accomplishments. Following is an excerpt from that tribute:

"He was a world-renowned scientist, educator, author, friend and counselor to hundreds of students who studied under him. He was a humble man who shunned the spotlight and, unfortunately, the millions of people worldwide who have benefitted from

his scientific contributions do not know his name.

"Dr. Stanley Reitman graduated in 1953 from the Washington University School of Medicine and began his internship at Jewish Hospital. Four years later, the *American Journal of Clinical Pathology* published the Reitman-Frankel Transaminase Procedures, a method sufficiently simple to be used in any laboratory to determine whether a patient had suffered heart or liver damage.

"It was entirely true to character that Drs. Reitman and Frankel declined to patent their procedure, and instead offered it to their

hospital [Jewish Hospital] and the entire medical community as a contribution. The techniques of the Reitman-Frankel procedure have become standard throughout the world, raising the level of health care for millions of people."

Also in memory of Dr. Reitman, the International Society of Clinical Laboratory Technologists will present a Stanley Reitman Memorial Award to the member of the society who has most exemplified the principles and philosophy of Dr. Reitman and the organization he helped to foster. His widow, Helene Reitman, was the first recipient of the award.

#### **BOARD BIT(E)S—**

Washington University Medical Center recently announced its board of directors for 1984-85. The membership includes Armand C. Stalnaker, chairman (Barnes Hospital); James S. McDonnell III, vice chairman (Childrens' Hospital); M. Kenton King, M.D., secretary (Washington University Medical School); and Harold G. Blatt, treasurer (Jewish Hospital). Mr. Blatt serves, in addition, as treasurer of the finance committee. Lee Liberman represents Jewish Hospital as both a member of the board and chairman of the board's audit committee.

The Washington University School of Dental Medicine has become a sponsoring institution of the Washington University Medical Center. The announcement was made by Samuel B. Guze, M.D., president of the medical center at the annual meeting of the center's board of directors, September 18.

The board of directors also announced that sponsoring institutions of the medical center provided more than \$79 million in unreimbursed medical services during the 1983 fiscal year, bringing the five-year total to more than \$219 million. Other fiscal reports reflect \$61.1 million spent for research, \$728 million for capital improvements and salary expenditures of \$226 million in the same period.

attended Harvard Medical School workshops, Total Hip Arthroplasty, The Total System, and Bioskills on Porous and Non-porous Implants, held in Boston, Massachusetts, July 20-21.

**M. Gilbert Grand, M.D.,** co-authored a paper "Choroidal

Osteoma" published in a 1984 issue of *Retina*.

**Jack Hartstein, M.D.**, has been chosen as the 1985 recipient of the "Distinguished Achievement Award for Outstanding Contribution in Ophthalmology" by the executive committee of the American Society of Contemporary Ophthalmology. The award will be presented to him at the society's annual meeting in March 1985 in Orlando, Florida.

**James O. Hepner, Ph.D.**, co-authored an article, "Lessons from American Corporate Industry Stimulates Study of Financial Management Emphasis in University Health Administration Graduate Programs," published

#### DIRECT MARKETING

—The Gift Gallery has gone mobile with a specially-designed cart that is now wheeled throughout patient floors to bring often-requested merchandise to the bedside.

A project re-instituted by Gift Gallery chairperson Elaine Friedman (Mrs. Barry), it is designed as a service to bedridden patients and those who do not wish to ask visitors to pick up magazines, toiletries and incidental items for them. The assistance of the hospital maintenance department was provided in reworking an existing cart to fit the specifications.

"Our goal is for the cart to be on the patient floors Monday through Friday," notes Ms. Friedman, "but patients can call the Gift Gallery to request a special visit. The nurses and doctors have been delighted with the idea. We all feel that it is a service that will create better will among the patients for Jewish Hospital."

in the September/October issue of *Hospital and Health Services Administration, JACHA*.

**Keith Hruska, M.D.**, co-authored two abstracts presented to the International Congress of Nephrology meeting June 11-16 in Los Angeles, California: "The Effect of Parathyroid Hormone on Calcium Transport in Canine Basolateral Membrane Vesicles," and "Association Between the Liponomic and Ion Transport are Both Stimulated by  $1,25(\text{OH})_2\text{D}_3$ ." At the American Society for Bone and Mineral Research meeting June 26-29 in Hartford, Connecticut, he presented an abstract he co-authored, "Renal Brush Border Membrane Phospholipid Metabolism and Ion Transport are Both Stimulated by  $1,25(\text{OH})_2\text{D}_3$ ." On July 9, Dr. Hruska lectured on "Aluminum Bone Disease" at the Ed Bixby Institute for Postgraduate Medical Education, Research Medical Center, Kansas City, Missouri. He co-authored an article on "Calcium as a Mediator of the Phys-

iological and Pathophysiological effects of Parathyroid Hormone" that appeared in *Seminars in Nephrology* and another on "Effects of 1,25-dihydroxycholecalciferol on Phosphate Transport in Vitamin D-deprived Rats" published in the *American Journal of Physiology*.

**Harry L.S. Knopf, M.D.**, published a letter in the June issue of the *American Journal of Ophthalmology* on "Reaction to Hydrogen Peroxide in a Contact Lens Wearer."

**Carlos A. Perez, M.D.**, published the following articles in the *International Journal of Radiation Oncology Biology Physics*: "Clinical Hyperthermia: Mirage or Reality?," "Radiotherapy Quality Assurance in Clinical Trials," "The U.S. Perspective," and "Criteria for Radiation Oncology in Multidisciplinary Cancer Management: A Synopsis." All but the first paper were also presented before the First International Symposium on Quality Assurance in Radiation Therapy—Clinical and Physical Aspects held June 8-10

in Washington, D.C. An article on "Radiation Therapy Alone in the Treatment of Carcinoma of the Uterine Cervix—Analysis of Complications," co-authored by Dr. Perez, appeared in the July 15 issue of *Cancer*. He spoke at the International Conference on Head and Neck Cancer July 22-27 in Baltimore, Maryland, on "Applications of Hyperthermia in the Treatment of Head and Neck Cancer." To the 4th Congress of Colombian Physicians in the United States, held August 2-4 in Miami, Florida, Dr. Perez spoke on "Advances in Radiology."

The Program on Aging staff (**Stanley J. Birge, M.D.**; **Marsha P. Deters, R.N.**; **Carol Wilner, MSA, ACSW**; and **Paula B. Davis, M.D.**) and consultants **Donna King, MSW, ACSW**, **Nathan Simon, M.D.**, **Joe Gruber, R.Ph.**, and **Audrey Wattler**, food service, gave a nine-part lecture series, "Health Issues for Older Adults," to the OASIS (Older Adult Service and Information System) organization at the Northland

#### THE WAY OF

**GIVING**—As Jacob G. Probststein, M.D., was leaving the small intimate funeral in March of his former patient, Juanita D. Way, Mrs. Way's attorney handed him an envelope, suggesting he read the enclosure when he arrived home. What Dr. Probststein had been handed was a copy of Mrs. Way's will and living trust, which, to his great surprise, contained provisions for a very generous gift to the hospital to programs of special interest to Dr. Probststein.

The contribution, which totals more than \$600,000, is a gift from Mrs. Way and her late husband George W. S. Way. Mr. Way was also a

patient of Dr. Probststein's. "He was a good friend, but I didn't know he thought this much of me," commented Dr. Probststein. "This wonderful contribution is completely unsuspected and unexpected."

The Way bequest will be handled as a living trust and administered by Dr. Probststein, David A. Gee, hospital president, and Harry Kramer, Jr., attorney for the Way family. The funds were left to the Elsie Probststein-Harry Kopljar Brace Fund and the Elsie K. Probststein Nursing Scholarship Fund. The George W. S. and Juanita D. Way Rehabilitation Fund and the George W. S. and Juanita

D. Way Nursing Scholarship Fund will become components of these two important funds.

Dr. Probststein tells the story of treating Mr. Way at Jewish Hospital for a mysterious jaundice. "It was a very difficult case, as we could not determine the cause of the jaundice. We finally traced it to the fact that Mr. Way was absorbing a chemical he used to clean his boat engine. During his illness, Mr. Way and I became very close friends. Perhaps the Way's interest in Jewish Hospital goes back to this time. This gift is still very surprising to me, especially since I had no idea anything like this was going to happen until after Mrs. Way's death."

**BOTTLE BATTLERS**—Alice Noel, ACSW, has been appointed Alcoholism Program manager announced Barry Hong, Ph.D., coordinator of inpatient services in the department of psychiatry. In a recent interview, Ms. Noel said, "The use of a social learning behavioral model for the treatment of alcoholism and the program's affiliation with the Washington University Medical Center are features that make this program unique in the St. Louis Area." Prior to accepting her appointment at Jewish Hospital, Noel worked with state and local drug and alcoholism counseling and educational programs in both supervisory and direct serv-

ice capacities. She is a graduate of Saint Louis University's graduate school of social work; is past president of that school's alumni board; serves as chairperson of the Political Action Committee for the Missouri chapter, National Association of Social Workers; and is the area director of Zonta International.

Other staff appointments in the alcoholism program include Michael Wanner, MSW, and Barbara Hoelzer, M.Ed., alcoholism program therapists. Wanner is a graduate of the University of Missouri at St. Louis and Washington University. He brings experience in individual, group and family

counseling at the Hyland Center and community education for the National Council of Alcoholism to this new program at Jewish Hospital. Ms. Hoelzer holds a master's degree in counseling from the University of Missouri at St. Louis, and has experience as a parole officer, specializing in chemical dependency for the Missouri Board of Probation and Parole, and most recently at Weldon Spring's adolescent chemical dependency program.

*For more information on the Jewish Hospital alcoholism and drug dependency treatment program, call 454-8570 (see related story, July/August issue, 216).*

American Society of Oral Medicine.

**Robert J. Schneider, M.D.**, attended the annual meeting and biennial review course of the American Rheumatism Association June 4-8 in Minneapolis, Minnesota.

**Sandra Siehl, R.N., MSN**, spoke on "Cancer in the Elderly: Quality of Life Issues" to the National Oncology Nursing Society Congress in Toronto, Canada, in May. Ms. Siehl attended a meeting, "Issues in Clinical Oncology Nursing Research," sponsored by the National Consulting Group for the Community, Oncology Rehabilitation Branch of the National Institutes of Health July 25-26 in Bethesda, Maryland. She has been named to the National Nursing Advisory Board of Adria Laboratories for October 1984-85.

**Jules M. Snitzer, DDS, MSD**, attended the Missouri Dental Association annual meeting June 6-7. Dr. Snitzer has been appointed secretary of the Midwest Society of Periodontology for the 13th consecutive year, was reappointed to the student loan committee of the American Academy of Periodontology, and has been appointed to the Missouri State Dental Board committee on Conscious Sedation.

**Franz Steinberg, M.D.**, spoke on "Prosthetic Rehabilitation of the Geriatric Amputee" to the International Congress of Physical Medicine and Rehabilitation May 17 in Jerusalem, Israel.

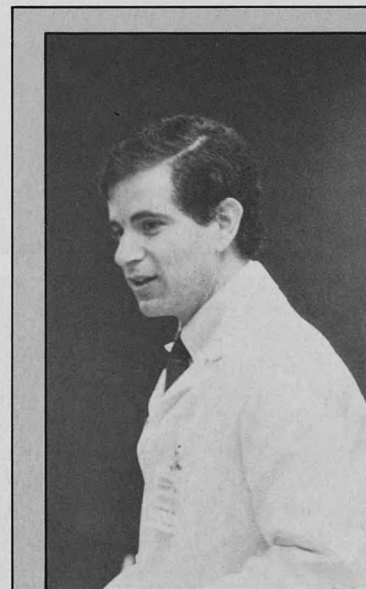
**Earl L. Woerner, DDS**, spoke on "TMJ Dysfunction" to the Chronic Pain Outreach group August 6 at St. Joseph's Hospital in Kirkwood.

**Mitchell L. Wolf, M.D.**, spoke on "Retinitis Pigmentosa" at the National Association of Vision program August 7 at the Clarion Hotel.

Famous-Barr store February 29-May 2.

**Timothy L. Ratliff, M.D.**, co-authored the following papers: "Technical Factors Affecting the Reproducibility of Intravesical Mouse Bladder Tumor Implantation during Therapy with Bacillus Calmette-Guerin," published in *Cancer Research*; and "Heightened Interferon- $\gamma$  production by Mononuclear Cells from Bladder Cancer Patients," published in *Cancer Research*; and "Effects of  $\alpha$ -Difluoromethylornithine and Recombinant Interferon- $\alpha$ 2 on the Growth of a Human Renal Cell Adenocarcinoma Xenograft in Nude Mice," published in *Cancer Research*. He co-edited a book, *Urologic Oncology, Vol. II*, published in 1984, and contributed toward a chapter in the book on "Interferon as an Antitumor Agent for Urologic Tumors."

**Kenneth L. Russ, Ph.D.**, attended the annual meeting of the American Psychological Association in Toronto, Canada, August 23-26. He represented



**SURGICAL SUPPORT**—David M. Neufeld, M.D., an

Israeli surgeon, was officially welcomed to Jewish Hospital by the Auxiliary at its September board meeting. Following an introduction by President Marcia Shapiro (Mrs. Robert E.), Robyn Mintz (Mrs. Daniel), treasurer, presented Dr. Neufeld with a check to cover part of the stipend the Auxiliary is providing to help support his two-year fellowship in colorectal surgery here. Dr. Neufeld is spending his first year of training in surgical research under the direction of Gordon W. Philpott, M.D., surgeon-in-chief, and will do his second year in surgery with Ira J. Kodner, M.D., chief of colo-rectal surgery.

the Missouri Psychological Association on the Council of Representatives, the governing body of the association, at its annual session.

**Barry L. Samson, M.D.**, was appointed program chairman of the St. Louis Orthopedic

Society's fall meeting to be held November 14.

**Gunter Schmidt, DDS**, attended a meeting of the Federation Dentaire Internationale August 24-31 in Helsinki, Finland. Dr. Schmidt was elected secretary of the



## SHOPPING LIST

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

*The Shopping List is a special feature presented to give the community an idea of the many different pieces of equipment every department requires to function efficiently. The list designates areas in which contributions are most necessary to help offset the high costs of the items (cited with their approximate prices), and allows prospective donors to choose a specific gift if they so desire.*

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

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

### Doppler Fetal Pulse Ultrasound Stethoscope

One of the physician's earliest and most reliable means of detecting fetal life is by listening for the fetal heartbeat. With the aid of a Doppler Fetal Pulse Ultrasound Stethoscope, recently donated by MedaSonics, Inc., physicians can detect fetal heart activity as early in the pregnancy as 10-12 weeks.

To use the ultrasound stethoscope, a gel is applied to the tip and the instrument is placed on the patient's abdomen. As the physician angles the stethoscope, a soundwave of high ultrasonic frequency is directed into the woman's uterus. The stethoscope is moved to change the direction of the ultrasonic beam until it detects the fetal pulse. The fetal activity is then amplified and the ultrasound tones are converted into the sound of the

fetal pulse.

According to Kathleen Sorenson, R.N., BSN, the ultrasound stethoscope can help detect a missed abortion or offer reassurance to mothers who have not felt recent fetal movement. It is

also useful during labor and delivery to assess, non-invasively, fetal heart rate.

A Doppler Fetal Pulse Ultrasound Stethoscope is light and small enough to slip easily into a physician's pocket. ■





# CONTRIBUTIONS TO JEWISH HOSPITAL FUNDS

## GENEROUS GIFTS

Dr. and Mrs. Harry Agress have established the Harry and June Agress Cardiology Research Fund.

Mr. and Mrs. James M. Avena have made a contribution to the Jacqueline Hirsch Brown Fund in honor of the Special Wedding Anniversary of Mr. and Mrs. Neil Hirsch.

Mr. Burton Bernard has made a contribution to the Adolph Bernard Memorial Fund.

Mrs. Frances Cutler has established the Harry and Frances Cutler Fund for Medical Education in memory of Dr. Harry Cutler.

Mr. and Mrs. Morris H. Erlich have made a contribution to the Cancer Research Fund.

Mr. and Mrs. Milton Ferman have made a contribution to the Research Endowment Fund.

Mr. and Mrs. Barry Friedman have established the Ann and Abe Moskowitz Fund for Cancer Research.

Mr. and Mrs. Elmer J. Gidlow have made a contribution to the Building Fund and the Tribute Fund.

Mr. and Mrs. Israel Goldberg have made a contribution to the Research Endowment Fund.

Mr. and Mrs. Jack Goldstein have made a contribution to the Tribute Fund and to the Sanford Gad Hospice Fund.

Mr. Bernard B. Gross has made a contribution to the Research Endowment Fund.

Mr. and Mrs. Thomas Guilfoil have made a contribution to the Marilyn Fixman Cancer Center.

Mr. and Mrs. Lester Handelman have made a contribution to the Tribute Fund.

Mr. and Mrs. Alfred Jaffe have made a contribution to the Geri Jaffe-Rothman Breast Cancer Research Fund.

Dr. and Mrs. James J. Jenkins have made a contribution to the Research Endowment Fund.

The Jewish Hospital Medical Staff Association has made a contribution to the Jewish Hospital Medical Staff Nursing Scholarship Fund.

The estate of Mrs. Henrietta Lang has made a contribution to the Irvin S. Lang Endowment Fund.

Mr. and Mrs. Manuel Lasky have made a contribution to the Research Endowment Fund.

Mr. Tobias Lewin has made a contribution to the Hortense Lewin Nursing Scholarship Fund in memory of Mrs. Hortense Lewin.

Mr. Harold Lieberman and Mr. Alan Lieberman have made a contribution to the Building Fund.



## CONTRIBUTIONS

### GENEROUS GIFTS

**Mr. and Mrs. Paul A. Lux** have become Major Benefactors of The Jewish Hospital. The Lux family together with Mr. and Mrs. David S. Sherman, Jr. are dedicating one floor of the Hospital's new Ambulatory Care Building.

**The May Company** has made a contribution to the Building Fund. In recognition of this gift, the Surgery Center in the new Ambulatory Care Building will be named honoring the May Department Stores.

**Mr. Roswell Messing, Jr.** has made a contribution to the Directors Fund.

**Dr. and Mrs. M. Norman Orgel** have made a contribution to the Building Fund.

**Drs. Carl and Judith Pierce** have made a contribution to the Dr. Alexander C. Sonnenwirth Memorial Lectureship Fund.

**Mrs. Martha Jane Powell** has established the Roger D. Powell Cardiology Research Fund in memory of Mr. Roger D. Powell.

**Mr. and Mrs. Joseph Rothberg** have made a contribution to the Research Endowment Fund.

**Mr. and Mrs. Alan Safir** have made a contribution to the Jacqueline Hirsch Brown Memorial Fund in honor of the Special Anniversary of Mr. and Mrs. Neil Hirsch.

**Mr. and Mrs. Fred R. Sale** have made a contribution to the Research Endowment Fund.

**Mr. and Mrs. Maurice E. Seidel** have made a contribution to the Research Endowment Fund.

**Mr. and Mrs. David S. Sherman, Jr.** have become Major Benefactors of The Jewish Hospital. The Sherman family together with Mr. and Mrs. Paul A. Lux are dedicating one floor of the Hospital's new Ambulatory Care Building.

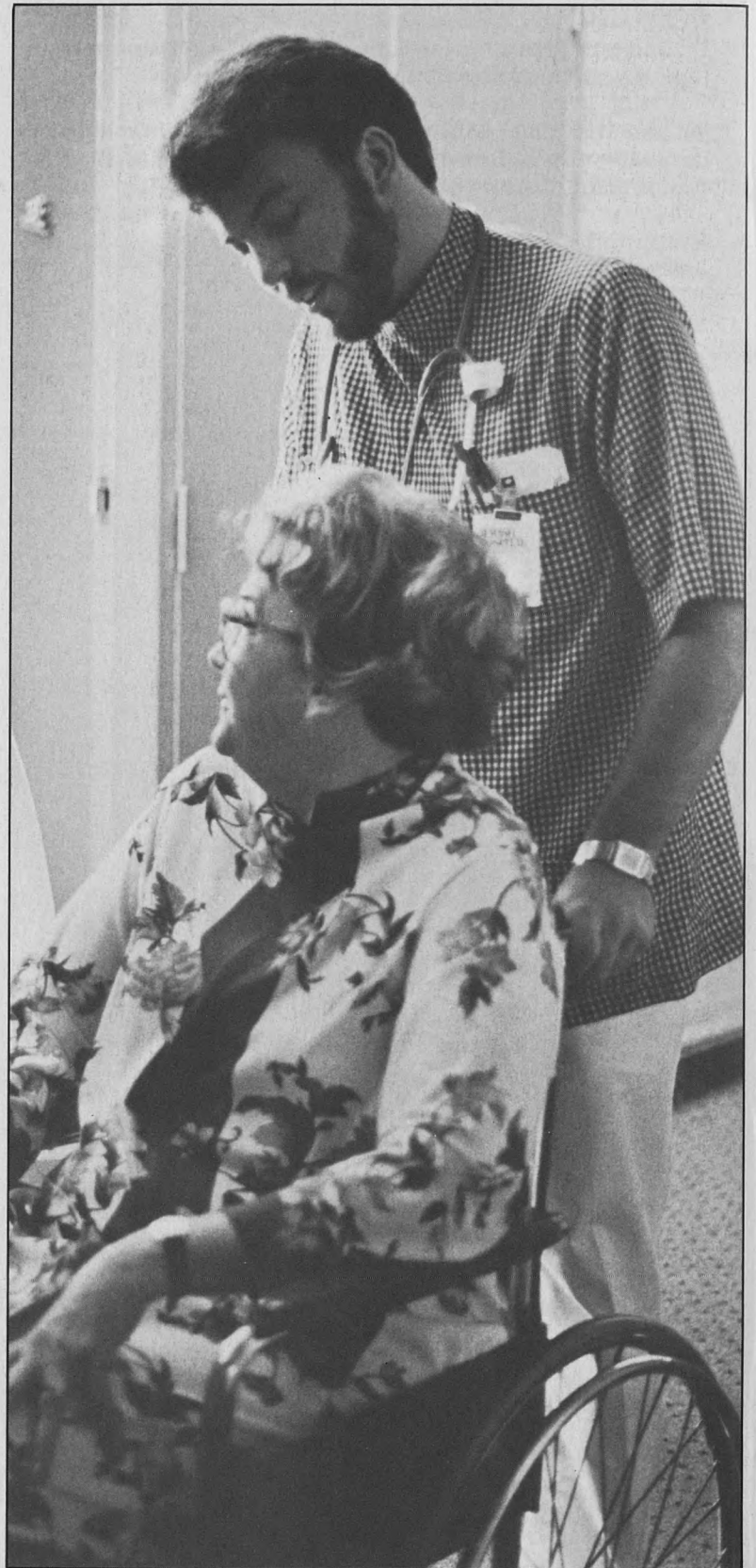
**Mrs. Abe Small** has made a contribution to the Merla and Abe Small Cancer Research Fund in memory of Mr. Abe Small.

**The Estate of Millard Waldheim** has made a contribution to the Millard A. Waldheim Endowment Fund.

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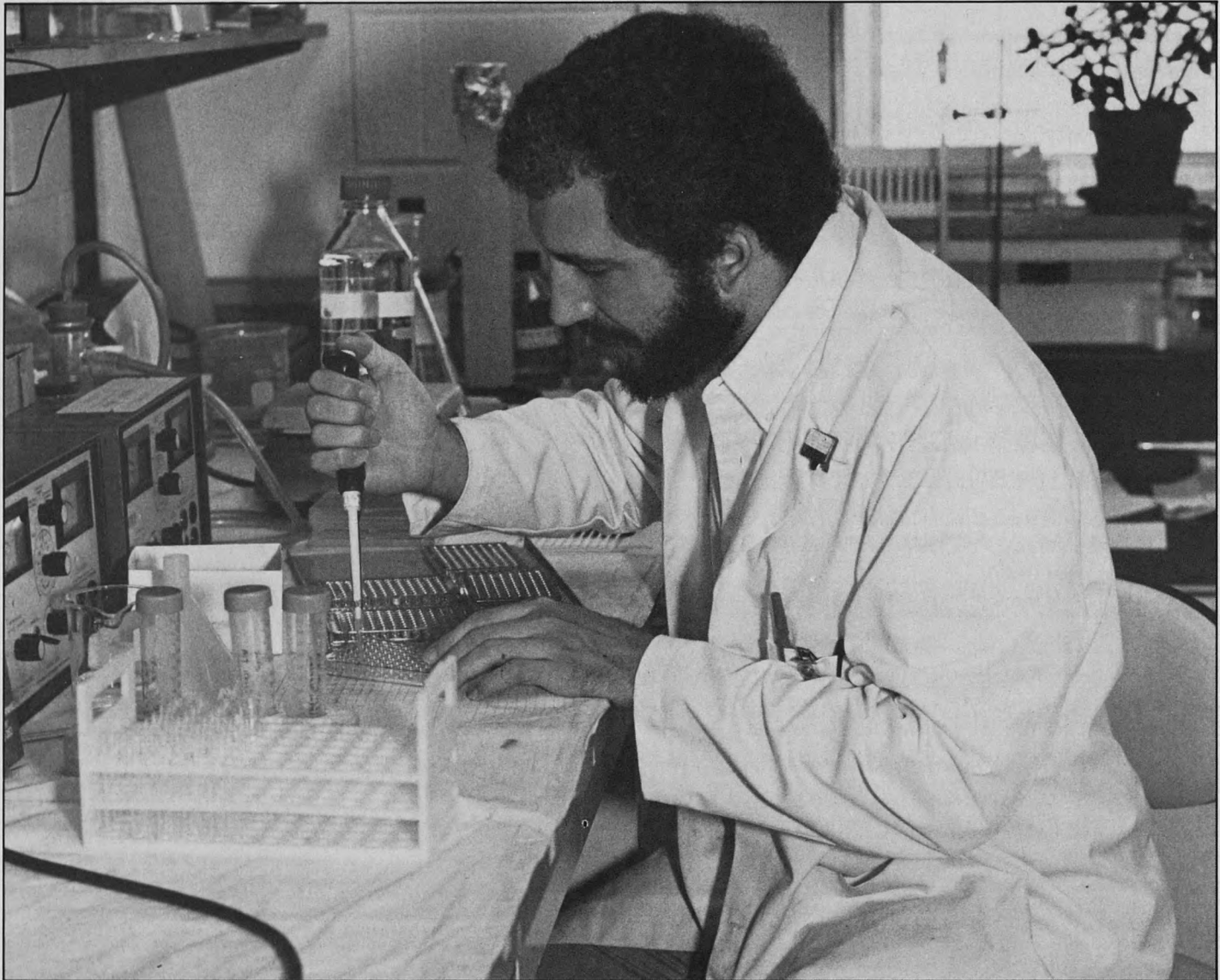
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 Sam Cohen (Irving Brin Cancer Research Fund)  
 David and Ellen Ross  
 ..... **Birthday of MRS. A. ERNEST STEIN**  
 Dr. and Mrs. Llewellyn Sale, Jr. (Dr. Llewellyn Sale, Sr. Memorial Fund)  
 ..... **Birthday of CHARLES STEINER**  
 Mr. and Mrs. Henry Stern, Jr. (Evelyn B. Stern Nursing Scholarship Fund)  
 ..... **Recovery of HARRY STEINER**  
 Mrs. Raymond Freed (Hermann & Erna Deutsch Cardiovascular Fund)  
 ..... **Birthday of NANCY STEINER**  
 Mr. and Mrs. Henry Stern, Jr. (Evelyn B. Stern Nursing Scholarship Fund)  
 ..... **Birthday of MRS. HENRY STERN, JR.**  
 Mr. and Mrs. Charles J. Steiner (Evelyn B. Stern Nursing Scholarship Fund)  
 ..... **Birthday of HENRY STERN, JR.**  
 Mr. and Mrs. Charles J. Steiner (Evelyn B. Stern Nursing Scholarship Fund)  
 ..... **Special Birthday of MRS. HERMAN STERN**  
 Mr. and Mrs. Richard Kline  
 Mr. and Mrs. Kenneth Langsdorf (Langsdorf Fund for New Americans)  
 Mr. and Mrs. Harvey Schneider (Lottie & Abe Schneider Cancer Research Fund)  
 ..... **Recovery of GOLDIE STEWART**  
 Mrs. Bernice Grossman (Shirley W. Cohen School of Nursing)  
 ..... **Special Birthday of MRS. MELVIN STRASSNER**  
 Mr. and Mrs. Alvin Novack (Edna Malen Scholarship Fund)  
 Mr. and Mrs. Edward Turner  
 ..... **Marriage of MR. AND MRS. M.L. STRAUSS**  
 Mr. and Mrs. Ronald Ross (Mary McKeever Memorial Fund)  
 ..... **Birthday of MARY STRAUSS**  
 Mr. and Mrs. Harvey Frohlichstein (Ruth W. Portnoy Cancer Research Fund)  
 ..... **Special Birthday of MRS. HY SUMMER**  
 Mr. and Mrs. Louis Karpf (Lou & Alma Karpf Emphysema Research Fund)  
 ..... **Recovery of BERNARD SUSMAN**  
 Mr. and Mrs. Samuel R. Cohen (Jackie Sue Margulis Liver Research Fund)  
 Mr. and Mrs. Frank Josephson  
 Mr. and Mrs. Bernard Levin  
 Bea Roufa (Harold M. Zager Blood Research Fund)  
 Mr. and Mrs. Harry Shapiro (Harry & Nancy Shapiro Scholarship Fund)  
 Dr. and Mrs. Sanford Wax (Frieda & Lester Handelman Cardiology Fund)  
 ..... **Birthday of I. SUSMAN**  
 Mrs. Mildred Spiegel (Harold M. Zager Blood Research Fund)

DONOR

IN HONOR OF

..... **Anniversary of MR. AND MRS. MICHAEL SUTHARD**  
Mr. and Mrs. John Morrison (Milton Frank Vascular Research Fund)

..... **Marriage of Daughter of MR. AND MRS. HERBERT TALCOFF**  
Mr. and Mrs. Kenneth Langsdorf (Langsdorf Fund for New Americans)

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Sara Goldberg and Esther Kneznokoff (Carl Pass Diabetic Research Fund)

..... **Special Anniversary of MR. AND MRS. L. JAY TENENBAUM**  
Nancy Bry and Richard Lewin (Beany & Harry Tenenbaum Research Fund)

Mr. and Mrs. Harris Frank (Beany & Harry Tenenbaum Research Fund)

Mr. and Mrs. Norman Spitzer (Corinne, Joseph & Fuller Glaser Research Fund)

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..... **Special Birthday of MRS. HAROLD TOBER**  
Mr. and Mrs. Richman Bry (Marguerite Tober Scholarship Fund)

Mr. and Mrs. Sheldon Fisher (Lisa Bry-James Dreyer Memorial Fund)

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Mr. and Mrs. John Isaacs III (Eleanor & John A. Isaacs, Jr. Research Fund)

Mr. and Mrs. Edward Turner (Marguerite Tober Scholarship Fund)

..... **Special Anniversary of MR. AND MRS. SIMON TODER**  
Mr. and Mrs. Craig Toder (Edna Malen Scholarship Fund)

Dolores and Jack Toder (Cancer Research Fund)

..... **Birthday of LEOPOLD TREICHLINGER**  
Michael and Rosemary Roth (Heart Research Fund)

..... **Marriage of MR. AND MRS. PHILIP TREMBOT**  
Mr. and Mrs. Stanley Stone (Dr. David Rothman Fund)

Mr. and Mrs. Harold Yalem (Jerry Kaiser-Irma Blank Cancer Fund)

..... **Speedy Recovery of MIMI VITERT**  
Mr. and Mrs. Robert Levine (Borman-Harris Parkinson Disease Fund)

..... **Marriage of MR. AND MRS. MARVIN WARNER**  
Tom and Joyce Lewin

..... **Recovery of MARGARET WEHNER**  
Mr. and Mrs. Herman Israel (Heart Research Fund)

..... **Special Birthday of MEYER K. WEIL**  
Ken and Carol Agatstein (Meyer K. & Ethel Weil Otolaryngology Fund)

Dr. and Mrs. Lawrence Aronberg (Dr. Lawrence M. Aronberg Urology Fund)

Mrs. Avery Carp (Meyer K. & Ethel Weil Otolaryngology Fund)

Mrs. Joseph Corn (Meyer K. & Ethel Weil Otolaryngology Fund)

Mr. and Mrs. Raymond Epstein (Meyer K. & Ethel Weil Otolaryngology Fund)

Mr. and Mrs. Herbert Franklin (Meyer K. & Ethel Weil Otolaryngology Fund)

Mrs. Raymond Freed (Meyer K. & Ethel Weil Otolaryngology Fund)

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Dan and Sharon Kemper (Meyer K. & Ethel Weil Otolaryngology Fund)

Helen and Sam Klein (Meyer K. & Ethel Weil Otolaryngology Fund)

Flora Korngold (Meyer & Ethel Weil Otolaryngology Fund)

Mrs. Sidney Landau (Meyer K. & Ethel Weil Otolaryngology Fund)

Rene' and Joyce Lang (Meyer K. & Ethel Weil Otolaryngology Fund)

Mr. and Mrs. Louis Leipziger (Ralph Hirsch Cancer Fund)

Helen and Fred Levis

Mr. and Mrs. Clarence Mange (Meyer K. & Ethel Weil Otolaryngology Fund)

Mrs. A.M. Manlin (Meyer & Ethel Weil Otolaryngology Fund)

E.K. Popper (Meyer K. & Ethel Weil Otolaryngology Fund)

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..... **Recovery of ROBERT S. WEINSTOCK**  
Dr. and Mrs. Harry Agress (Dr. Harry Agress Cardiology Fund)

..... **In Honor of ROBERT WEINSTOCK**  
Mr. and Mrs. Richard Wolfheim (Nancy & Richard Wolfheim Fund for Hematology)

..... **New Home of MR. AND MRS. SAM WEINTRAUB**  
Mrs. Ruth Berger (Heart Research Fund)

..... **New Home of MR. AND MRS. STANLEY WEISER**  
Mr. and Mrs. Jack Spewak (Cancer Research Fund)

..... **Special Birthday of MALCOLM WEISS**  
Jerry and Joan Kaskowitz and Family (Mr. & Mrs. Ben Emert Kidney Research Fund)

..... **Recovery of LOU WELTMAN**  
Mr. and Mrs. Ted Smith

..... **Speedy Recovery of BERT WENNEKER**  
Mr. and Mrs. Joseph Kutten

Mr. and Mrs. Julian Mathes (Nathan & Sadye Mathes Special Fund)

Dr. and Mrs. Jack Rosen (Paula & Ludwig Michel Surgical Research Fund)

Mr. and Mrs. Al Serkes

Sherry Wittoff

..... **Speedy Recovery of GERRE WHITE**  
Linda, Harvey, Brad and David Wallace (Ben & Marilyn Fixman Cancer Research Fund)

..... **Special Birthday of CEIL WIDMAN**  
Blanche Linder (Mayer Mitchell Heart Fund)

..... **Speedy Recovery of CELESTE WIESELMAN**  
Mr. and Mrs. Donald Ross (Edna Malen Scholarship Fund)

..... **Marriage of Daughter of MR. AND MRS. DONALD WITT**  
Dr. and Mrs. Sanford Wax (Frieda & Lester Handelman Cardiology Fund)

..... **Recovery of SIDNEY WOLF**  
Mrs. Raymond Freed (Edna Malen Scholarship Fund)

..... **A Special Thank You to MR. AND MRS. SIDNEY WOLF**  
Angie Klein and Barbara Tarantola (Edna Malen Scholarship Fund)

..... **Marriage of Daughter of MR. AND MRS. EDGAR WOLFF**  
Mr. and Mrs. Bert Wiseman

..... **Birthday of HARVEY WOLFF**  
Mr. and Mrs. John Frey (Milton Frank Vascular Research Fund)

..... **Recovery of ROBERT WOLFSON**  
Mr. and Mrs. Robert Buell

Mrs. Charles S. Rice (Beany & Harry Tenenbaum Research Fund)

..... **Birthday of MRS. KENNETH WOOLSEY**  
Edna Malen (Edna Malen Scholarship Fund)

..... **Speedy Recovery of ANN YUDELSON**  
Mr. and Mrs. Abe Lieberman (Bernard Lieberman Parkinson Fund)

..... **Marriage of MR. AND MRS. RAY ZALE**  
Lisa Shapiro

..... **Recovery of MRS. LEE ZEVE**  
Matilda Canis

..... **Special Birthday of MRS. LEON ZEVE**  
Dr. and Mrs. Robert Burstein (Dr. Burstein OB-Library Fund)

Mr. and Mrs. Don Friedman (Harold M. Zager Blood Research Fund)

..... **Birthday of ELLEN ZIMMERMAN**  
Dr. and Mrs. Helman Wasserman (Koven-Wasserman Research Fund OB/GYN)

..... **Special Anniversary of MR. AND MRS. J. ZUCCHERO**  
Mr. and Mrs. Jerome Shainman

..... **Speedy Recovery of DAVE ZUCKER**  
Gerry and Norm Rubenstein

Mr. and Mrs. Ben Shanfeld (Jackie Sue Margulis Liver Research Fund)

Mr. and Mrs. Clifford Shanfeld

..... **Birthday of TUDY ZWIBELMAN**  
Mrs. Louis Weinstein (Shirley W. Cohen School of Nursing Fund)



# CALENDAR OF EVENTS

## DECEMBER 5, 12, 19, 26

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.

## DECEMBER 5

School of Nursing Open House tour of school and hospital for those interested in a nursing career; 7 to 9 p.m. in the school residence; open to the public; participants must be at least 13 years of age; no charge; call 454-7057.

## DECEMBER 5

Jewish Hospital Auxiliary Educational Seminar Series VI features "Female Sexuality" with guest speaker Randy Hammer, Ph.D., 9:45 a.m., Auxiliary members only; limited attendance; by reservation, call 454-7130.

## DECEMBER 10

Super Sibling Program for children ages 2 1/2 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.

## DECEMBER 12

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

## DECEMBER 20

School of Nursing Graduation will be held at 7 p.m. at Temple Israel.

## JANUARY 2, 9, 16, 23, 30

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.

## JANUARY 14

Super Sibling Program for children ages 2 1/2 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.

## JANUARY 17

Associates In Medicine Lecture Series features "Osteoporosis/Male-Female Bone Loss" with guest speakers Louis V. Avioli, M.D., and William A. Peck, M.D., 7:30 p.m., Brown Room; open to the public at no charge; complimentary refreshments; reservations required, call 454-7239.

### NUMBERS TO KNOW AT JEWISH HOSPITAL

454-

7000  
Jewish  
Hospital

7420  
Patient  
Information

7900  
Emergency  
Room

7045  
Admitting

7240/1  
Patient  
Relations

7239  
Community  
Relations

7130  
Auxiliary

7239  
Associates

7250  
Fellows

7134  
Patient  
Accounts

8180  
Physician's  
Referral

7166  
Clover  
Garden  
(Flower Shop)

**WATCH** for the continuation of "Health Matters," a television series on current medical issues featuring experts from Jewish Hospital and Washington University Medical Center. The series airs each Sunday at 7:30 P.M. and is repeated the following Saturday at 11:30 A.M. The topics to watch for in the coming months include Smoking, with Linda Stanton, M.D., Reversing Infertility featuring Ronald C. Strickler, M.D. and Cat Christianson, R.N., Breast Cancer, and Advances in Diabetes. Consult your television directories for the schedule for these and other programs in the series.

# JEWISH HOSPITAL

AT WASHINGTON UNIVERSITY MEDICAL CENTER

216 South Kingshighway  
P.O. Box 14109  
St. Louis, MO 63178-4109  
314-454-7000

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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