

# JEWISH HOSPITAL 216

AT WASHINGTON UNIVERSITY MEDICAL CENTER

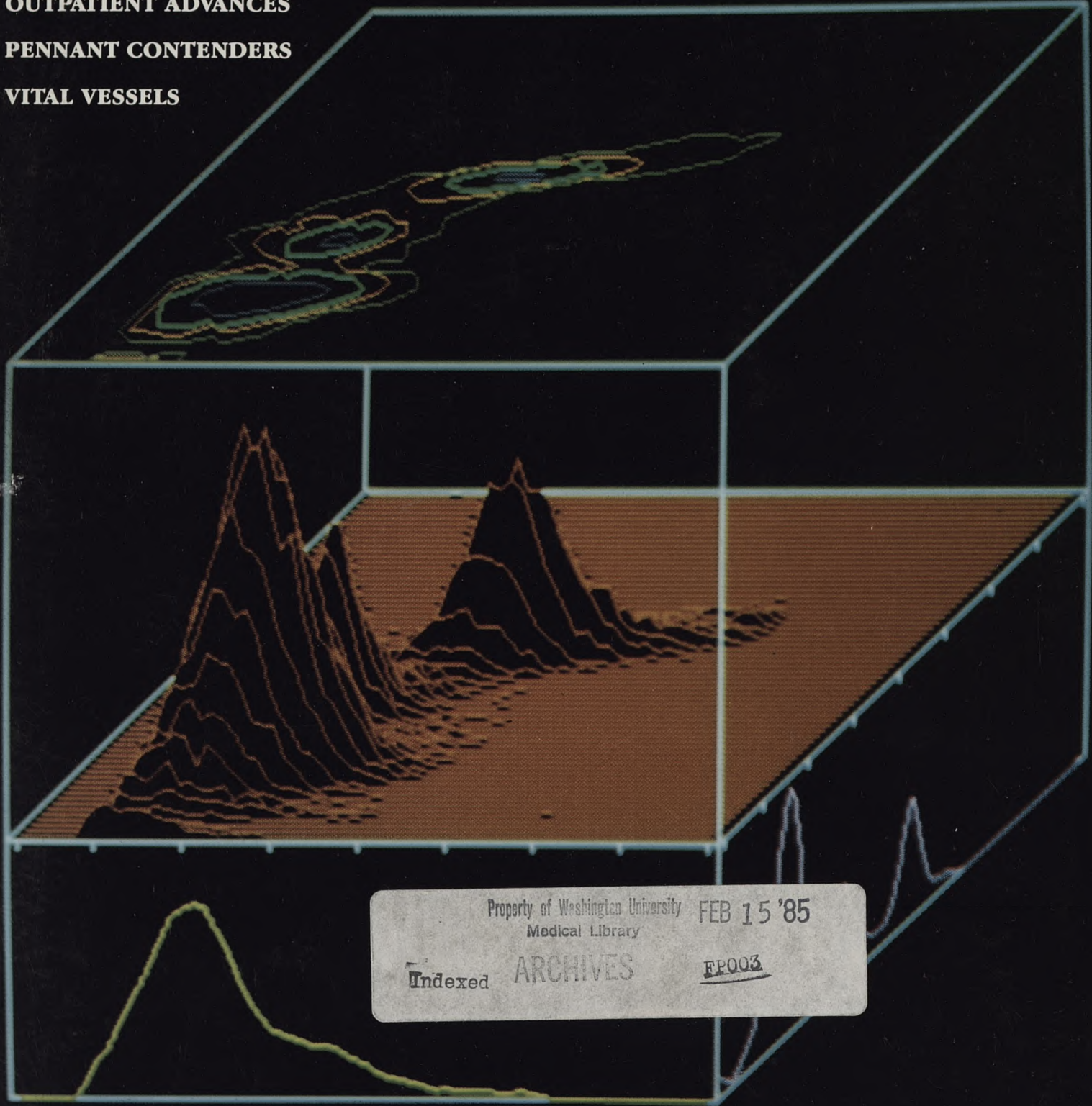
JANUARY/FEBRUARY 1985

NEW TECHNOLOGY

OUTPATIENT ADVANCES

PENNANT CONTENDERS

VITAL VESSELS



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# JEWISH HOSPITAL 216

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*ON THE COVER: Pictured is a three-dimensional computer illustration of data obtained from a flow cytometer purchased with the help of the Jewish Hospital Auxiliary. The curves on the front and side faces of the cube represent different views of the three-dimensional figure in orange. The top of the cube provides a contour map of the figure within.*



# HIGH TECH DETECTOR

by Sharon E. Zaring

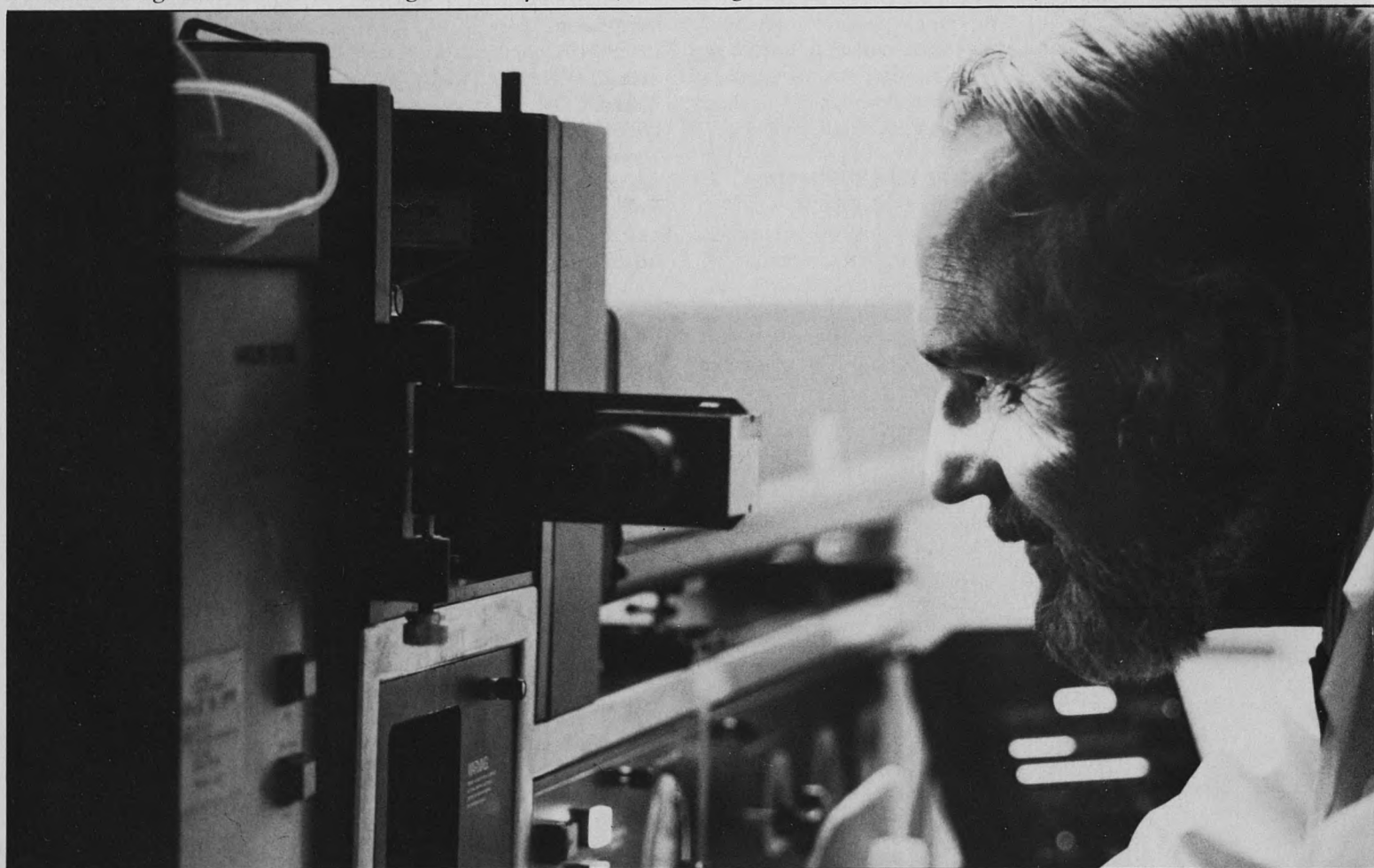
**F**or decades, researchers have been trying to understand why some breast cancers can be treated successfully while other tumors will continue to recur. Although pathologists have tried a variety of approaches to analyze these deadly cells, traditional diagnostic

processes are often tedious, time consuming and possibly subjective. Now that is changing, according to Carl W. Pierce, M.D., Ph.D., Jewish Hospital pathologist-in-chief. For the last two years, Jewish Hospital researchers have been studying breast cancer cells through a flow cytometer, a

"cell sorter," which uses laser technology to analyze single cells. Their findings, which are helping them to better understand breast tumors, may soon be instrumental in predicting a cancer patient's prognosis. "Once a patient receives the unfortunate news that a tumor is malignant, information that

the cell sorter provides may help to dictate her therapy and possibly provide information relative to her chances for relapse," says Dr.

*Kenneth R. Stone, Ph.D., technical specialist, department of pathology, focuses the light beam of the flow cytometer.*







*Robert W. McDivitt, M.D.,  
director of anatomic  
pathology.*

Pierce.

While flow cytometry is used in only a few surgical pathology laboratories throughout the United States, it has innumerable capabilities in analyzing cells and assembling complex information in a matter of minutes. According to Dr. Pierce, the flow cytometer provides measurements of cell sizes, the DNA content of cells and possibly the number of different families of tumor cells in a tissue sample. It can perform these analyses simultaneously at rates as high as 50,000 cells per minute. It can also sort cells, according to a preprogrammed selection, from the main population of a tissue sample for further analysis.

However flow cytometry is used, it can only be performed on single cells.

"To run a flow cytometric analysis on a breast tumor, or any other tumor, single cells representative of the tumor must first be dissociated from the solid tumor," Dr. Pierce explains. Researchers in the Jewish Hospital pathology laboratories have expanded the cell sorter's capability by breaking down solid tumors to single cell suspensions for analysis.

To obtain the single cell suspension, the researchers use a technique, which was devised by Paul E. Lacy, M.D., Ph.D., Jewish Hospital consulting pathologist and chairman of the department of pathology at the Washington University School of Medicine, during his research on diabetes. In this process, solid tumors are first treated with collagenase, an enzyme that digests connective tissue, and then placed on Velcro pads. The Velcro traps the gooey connective tissue in its loops and when

washed, the single tumor cells fall out, resulting in a single cell suspension that can be analyzed through the cell sorter. "Dr. McDivitt's [Robert McDivitt, M.D., director of anatomic pathology] lab at Jewish Hospital was to my knowledge the first laboratory in the United States to accomplish this and may still be the only one doing it," says Dr. Pierce.

Although this procedure can be applied to virtually any type of tumor, the Jewish Hospital researchers chose to focus primarily on breast tumors in their initial studies. "We had to begin somewhere, and we thought we should start by concentrating on one tumor type to obtain reasonable results," explains Dr. McDivitt. "My long-term interest in breast cancer, coupled with the fact that breast cancer is now the leading cause of cancer death in women, prompted us to begin there." (An estimated 115,000 women were diagnosed with breast cancer in 1984, and nearly 38,000 of them died.)

Dr. McDivitt and his co-workers have concentrated their efforts on measuring breast cancer cells for ploidy (DNA content) and kinetics. According to Dr. McDivitt, data suggest that the prognosis for breast cancer is related to the DNA content of cancer cells. "During normal cell growth, a cell must first double its DNA content so that each of the daughter cells will have the same amount of DNA. To do so, the cell synthesizes DNA until the DNA content has doubled and then the cell divides," Dr. McDivitt explains. "In abnormal growth or a malignancy, the cells undergo the same

division, but their growth will continue unchecked."

To study the DNA content, cancer cells are first incubated with propidium iodide, a dye that binds to DNA in the cell nucleus, before they are injected into the flow cytometer. There, they flow through a tiny orifice, lining up vertically, before they pass through a light from a laser beam. As the laser beam makes contact with the cells, it excites the dye, causing the cells to fluoresce. A sensor picks up the fluorescent pulse, and the information is transmitted to a photomultiplier where it is recorded and analyzed. Within a matter of minutes, the results portraying the DNA distribution are visually displayed on a graphic monitor called a histogram. "We know that the amount of dye that is attached to the nucleus of each cell is directly proportional to the amount of DNA in that cell," says Dr. McDivitt.

The DNA histogram also tells the researchers what proportion of the cells are in the S-phase (the time when a cell is synthesizing protein in preparation to divide). "We suspect that women who have a high S-phase fraction are at a significantly higher risk of relapsing than women who have a low S-phase fraction," says Dr. McDivitt. "There is also information being accumulated that women who have breast cancer that is aneuploid (in which cancer cells have abnormal DNA content) are at risk." The researchers have been measuring these values in women at Jewish Hospital and in the last year have studied more than 150 breast cancers. For the next two



## DETECTOR

years, they will continue to chart their patients' progress to see if there is a definite correlation between ploidy, S-phase fraction and the patient's chance of relapse. "Because we have presumptive evidence, we routinely report our results to the patients' physicians," says Dr. McDivitt. "These results will help physicians decide on the appropriate course of treatment. For instance, some women whose histogram shows an aneuploid tumor and a high S-phase fraction may need adjuvant chemotherapy along with a mastectomy. If she has a diploid (normal DNA content) tumor with a low S-phase fraction, her treatment may not be as extensive."

Also correlated with a woman's prognosis for breast cancer treatment is whether or not the cancer cells have retained estrogen receptors, which the cells need to utilize estrogen (female hormone) in their metabolism. According to Dr. McDivitt, the cancer cells that still have the estrogen receptor can be treated with steroid hormones with good results. Although normal breast tissues have estrogen receptors, only some breast cancers retain the receptors, which researchers label ER+, while others, ER-, have lost them. "We don't know why certain cancers have lost this receptor," says Dr. McDivitt. "We suspect that tumors with the receptor have a better prognosis because the receptor is somehow tied in with tumor differentiation."

Dr. McDivitt and his co-workers have been trying to develop a way through flow cytometry to measure whether or not individual cells have retained the



estrogen receptor. They have already isolated the estrogen receptor from tumor cells and are now attempting to make antibodies for it by injecting the receptor into laboratory mice. As soon as the mice react and produce the antibody, researchers can tag it with a fluorescent dye. When the antibody makes contact with the cancer cells, it will bind with the cells' receptors. By passing the cells through the flow cytometer, the laser will excite the dye, the sensors will detect the fluorescence and the researchers will be

able to determine quickly and accurately if a woman's cancerous cells have the receptors. "Once we are able to do this analysis," says Dr. McDivitt, "we can look at the biological characteristics of ER+ and ER- tumor cells. My hunch is that distribution of this receptor may have something to do with proliferative activity and the eventual outcome of these tumors."

According to Dr. McDivitt, there are unlimited applications for measuring DNA content through flow cytometry. The Jewish

*The surface of a breast tumor is scraped to dislodge tumor cells before they are prepared for flow cytometric analysis.*

Hospital researchers also would like to utilize the cell sorter for research on colon cancer and lymphoma. "It's exciting research," says Dr. McDivitt. "Flow cytometry is so new. If you can name a tumor, chances are no one has studied it through flow cytometric analysis. It's a wide open field and Jewish Hospital is right on the forefront." ■



Early on Election Day morning last November, the patient in Jewish Hospital operating room number two kept up a lively patter with the nurses, technicians, anesthetist and physicians preparing for a bypass graft in an artery in his right leg. "If my predictions are right, I'll be the only Republican cut on today," he quipped. A spinal anesthetic and intravenous tranquilizers were used to prepare George Michaels (a pseudonym) for the two-and-a-half-hour operation. He remained awake and inquisitive throughout the delicate grafting surgery performed by William Shieber, M.D., director of the division of vascular surgery, associate director of the department of surgery at Jewish Hospital and associate professor of clinical surgery at Washington University School of Medicine.

After discovering several aneurysms (dilations in an artery) in Mr. Michaels' leg, Dr. Shieber scheduled the bypass graft, during which he removed a length of vein from a less-critical area of the leg, tied off the aneurysms in the diseased artery and grafted the healthy vein to it to restore blood flow to the area. Dr. Shieber had previously repaired a large aneurysm in Michaels' abdomen, a fairly uncommon operation at Michaels' age, 46. However, Dr. Shieber noted, Michaels had been a heavy smoker, a major cause of vascular problems in patients who have not experienced hardening of the arteries. Hypertension [high blood pressure] can also affect the efficiency of the circulatory

# KEEPING IN CIRCULATION

by Janet Ruegg-Hawks



*After the vein is removed from the patient's leg, it is flushed and readied for use as an arterial bypass graft.*

system.

At Jewish Hospital, vascular disease is a surgical, diagnostic and extended treatment specialty. Two attending physicians, Mark Ludwig, M.D., and Donald C. Sauer, M.D., also specialize in vascular surgery. Dr. Shieber directs a diagnostic service, the peripheral vascular laboratory, staffed by Louise Nation, R.N., and Barbara Parisi Loechl, R.N. Most patients showing symptoms of circulation difficulties receive the services of the lab prior to a decision for surgery or other treatment.

An anatomy lesson is helpful in understanding problems related to the circulation system. Dr. Shieber explains, "The arteries come out of the heart, bringing oxygenated blood to tissues. The veins bring the blood back to the heart. Veins and arteries work differently and so are susceptible to different sets of problems. The arteries tend to accumulate plaque from cholesterol and harden;

the veins are prone to develop clots which weaken the valves from too much pressure, causing varicosities. Veins, unlike arteries, do not have the pump [the heart] to help them, are thinner and therefore unable to handle much pressure." The patients seen by Dr. Shieber and the vascular lab team may suffer from quite varied symptoms and their problems may range from very severe situations that require amputations to the temporary varicose veins some women experience during pregnancy.

The case load Dr. Shieber, Ms. Loechl and Ms. Nation see includes patients suffering from the effects of disorders such as diabetes, collagen diseases such as rheumatoid arthritis, lupus and peri-arteritis nodosa (small aneurysms and inflammations on blood vessels) and hardening of the arteries. Some of the symptoms that may indicate a vascular difficulty include a mini-stroke, or transient ischemic attack, claudication (pain experienced while walking that subsides after a person stops) and rest pain (pain caused by the lack of gravity to aid the blood flow when a person with severe vascular disease is horizontal). Further investigation might reveal blood clots or aneurysms in veins or arteries, impingements on the nerves surrounding blood vessels, blockages that have caused the blood to detour around them, plaque buildup in arteries caused by cholesterol, weakened vein valves, or ballooned vein walls.

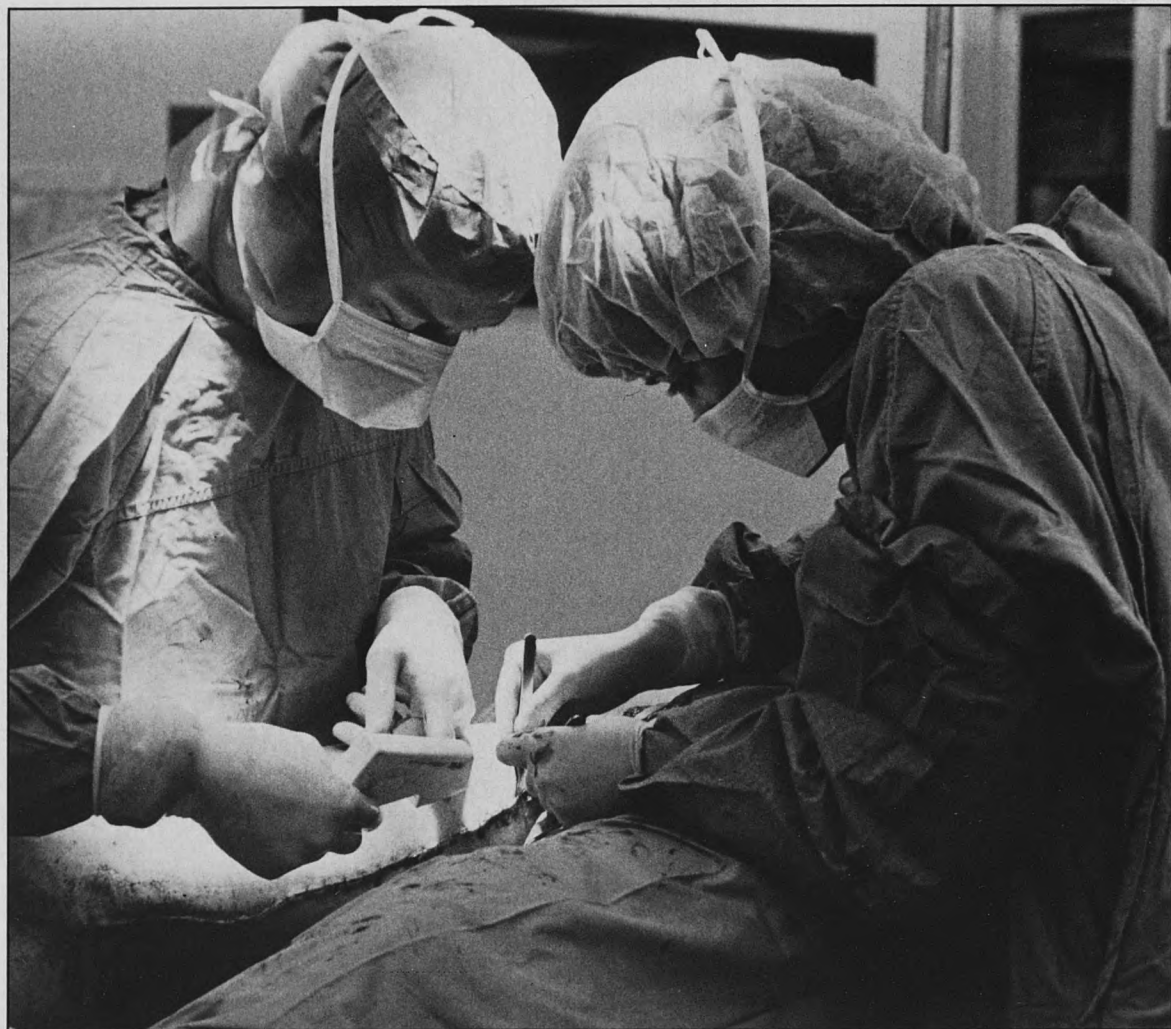
Much of the investigation used to complete a patient's diagnosis is done by



## CIRCULATION

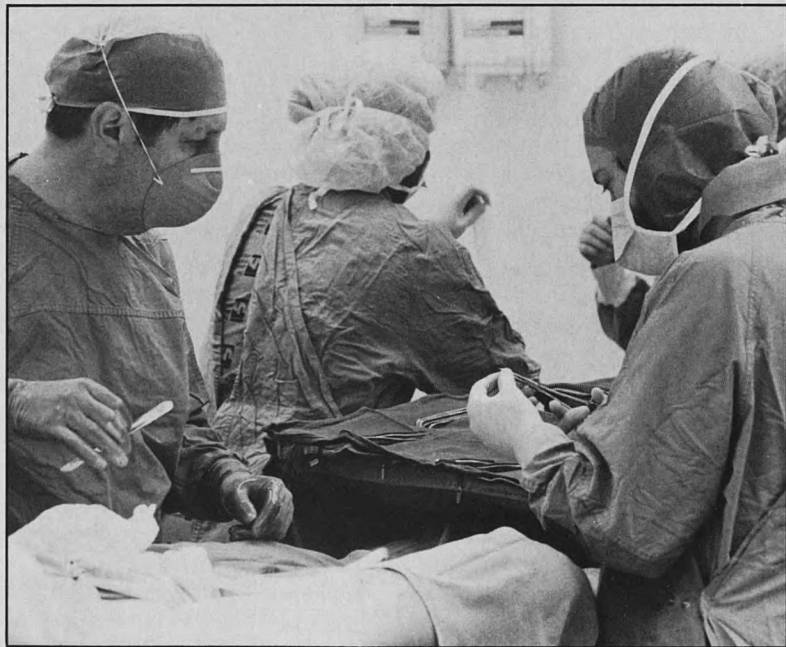
Nation and Loechl as they visit patients in their hospital rooms or in the surgery clinic with their equipment. "The lab tests are a method of determining factors about blood vessels non-invasively," explains Dr. Shieber. "They can give us an approximation of how much blood is flowing to certain areas of the body and assist in determining whether a patient needs surgery or medication. The tools we use are electronic devices that measure blood flow indirectly. The object is to get as much information as possible with no risk to the patient. These tests are always an approximation, never the last word, but they give us significant information that helps us ascertain the next step in a patient's treatment."

During an exam by Loechl or Nation, several blood pressure cuffs may be placed on a patient's arm and leg and the pressures are measured at various levels of the leg. The measurements are used to calculate the ankle-arm index (AAI), a ratio that helps indicate the blood flow within the arteries in the limbs and shows the location and extent of circulatory obstruction. For testing performance of the veins and arteries, small Doppler probes (hand-held instruments that detect and amplify the sound of the blood coursing through the veins) are used. By observing the differences in sound that occur in the blood vessels when different veins are compressed and released manually, an approximation of blood

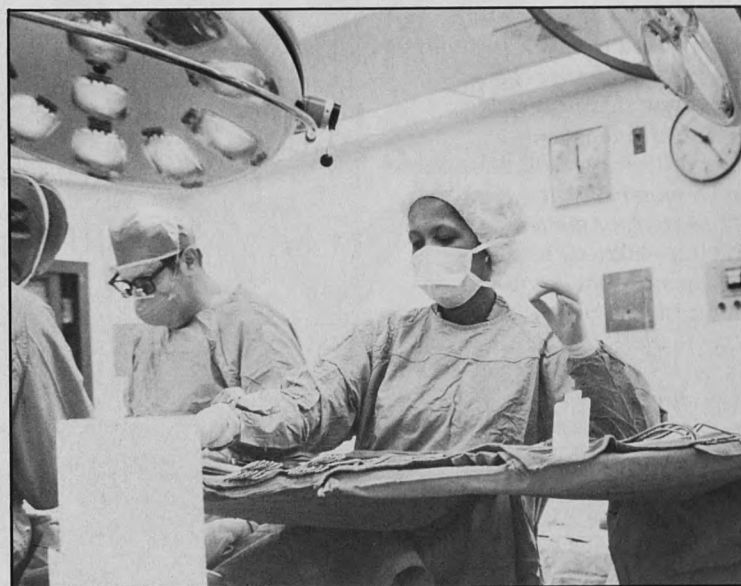
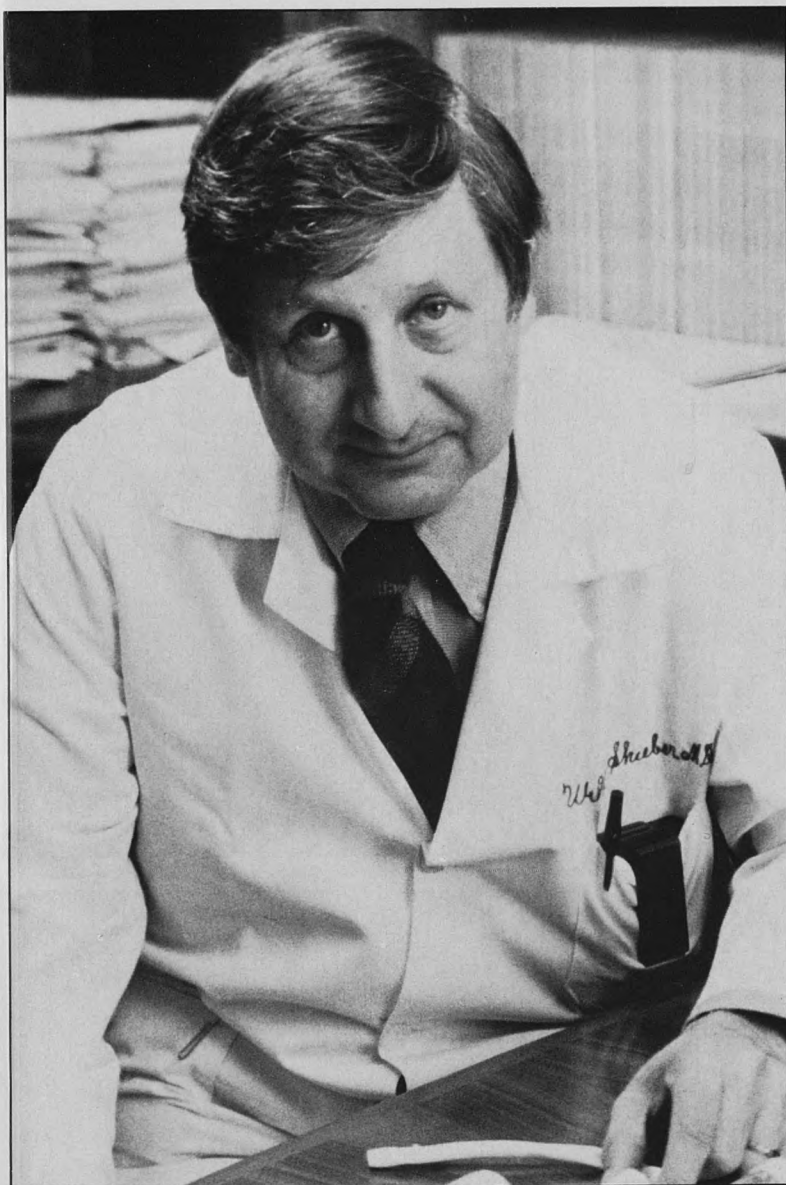


*Above: Following an initial suture of the surgical site, a high-technology "staple gun" is used for the final closure. Right: Jeffrey E. Zuke, M.D., chief surgical resident, assisted Dr. Shieber during the two-and-one-half hour operation.*

velocity (which indicates how much blood is flowing freely through the veins) can be made. Soon, the laboratory personnel hope to add an exercise treadmill and a Biosound, a machine that uses sound spectral analysis (a diagnostic method that analyzes sound emitted and absorbed from the







*Left: Dr. Shieber demonstrates the many varieties of synthetic blood vessels which may be implanted as prosthetic veins or arteries.*

*Above: Peggy Redus, surgical technologist, readies her instrument tray for the next segment of surgery.*

regimens that include walking, swimming or bicycle riding are often prescribed. Nation and Loechl see such patients frequently to ascertain that their conditions have not deteriorated. "Circulation disorders may be very progressive," comments Loechl. "Often, our goal is simply to help the patient maintain his or her current level of function."

Medications are not always effective for patients with vascular disorders, says Dr. Shieber. Most pharmaceuticals on the market for such patients are called vasodilators and enlarge the blood vessels in an attempt to aid the blood flow. However, Dr. Shieber comments, the vasodila-

tors tend to work on the normal vessels and not the blocked ones, i.e. hardened arteries.

"You only have a finite amount of blood and if you enlarge the normal vessels, less blood is brought to the narrowed ones. Many patients are able to walk further without pain once they are taken off such drugs." The FDA (Federal Drug Administration) has just approved a new drug, pentoxifylline (the trade name is Trental), which coats blood cells so they may easily slip through narrowed blood vessels. "We're not certain how well this drug will work but I am hoping that it will be effective for our borderline patients — those that are in need of some help but who are not necessarily surgical candidates," notes Dr. Shieber.

Circulatory problems arise from a number of sources — aging, chronic disease, factors of individual susceptibility — and may be treated surgically, pharmaceutically or with exercise

body) to produce a picture of the carotid artery, to the lab's inventory and locate the lab in a permanent place, rather than transporting equipment to patient rooms. The treadmill would be used to objectively evaluate the distance required to cause a specific amount of difficulty and pain while walking. This pain, known as claudication and often experienced by patients with hardening of the arteries, is an indication of poor circulation. Should the laboratory staff's evaluation point to severe circulation

impairment (which may require surgical correction), further and more exact testing will be required. Usually, an arteriogram is ordered. This is an invasive procedure in which a contrast medium (that will be visible on an X-ray) is injected into an artery to provide a precise picture of blood flow in different areas of the body.

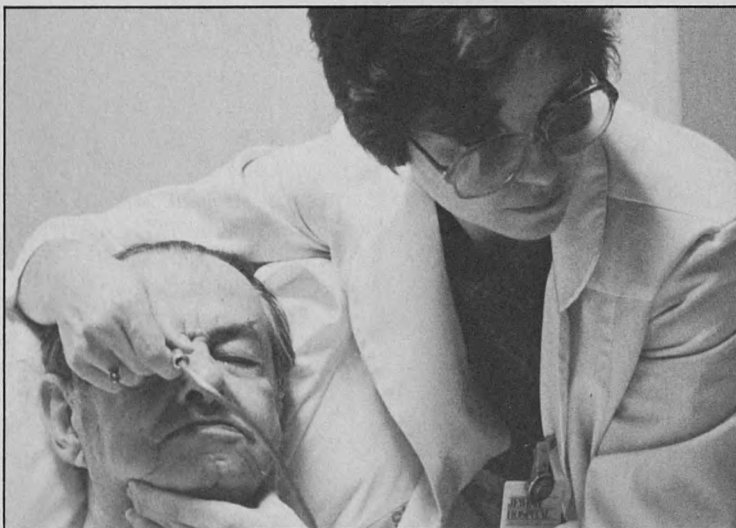
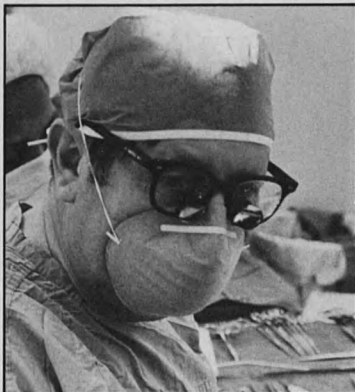
Dr. Shieber characterizes 99 out of 100 of his patients' problems as the result of hardening of the arteries. For these patients, surgery may or may not be advisable, and exercise



## CIRCULATION

*Right: Louise Nation, R.N., uses multiple blood pressure cuffs to check the progress of a patient's rehabilitation.*

*Below: Dr. Shieber dons specially-made eyeglasses with magnifying lupes in the lower part of the lenses for the extremely delicate moments of the surgery.*



*Barbara Parisi Loechl, R.N., uses a hand-held Doppler probe to pick up the sound of blood flowing around a patient's eye. When the sound patterns are analyzed, the information will indicate the level of performance of the carotid artery.*

therapy. Whatever the chosen treatment modality, the ability of a person's circulation system

to serve his or her body with an adequate supply of blood is paramount. In place at Jewish Hospital is a combination of sophisticated surgical techniques, high-technology diagnostic equipment and a concerted team effort toward treating all phases of vascular disease, each designed to help every patient achieve the highest degree of circulatory efficiency possible. ■

### **WHAT ARE THE TYPES OF VASCULAR OPERATIONS?**

Vascular surgery procedures may be easily divided into four classifications: bypass graft; excision and graft; endarterectomy; and patch-graft angioplasty. The bypass graft, as described in the Michaels case, involves taking a saphenous vein, an "extra" vein, and using it to go around, or bypass, a diseased blood vessel.

Excision and grafting is used in treating an abdominal aneurysm. The diseased artery is removed and replaced with a synthetic prosthesis. Synthetic blood vessels are constructed out of materials such as Dacron, Teflon and Gore-Tex. Occasionally, a "recycled" umbilical vein, taken from the approximately 18-inch vein that is discarded after

birth, and which has been processed to avoid rejection by the recipient, is used to replace an abnormal artery.

During an endarterectomy, an artery is opened and under direct vision, the center blockage is cleaned out and removed. The blockage is usually a buildup of plaque caused by cholesterol. Synthetic materials are also used during a patch-graft angioplasty, during which the blood vessel is opened and a piece of material is used as a "gusset" to create a larger space for the blood flow.

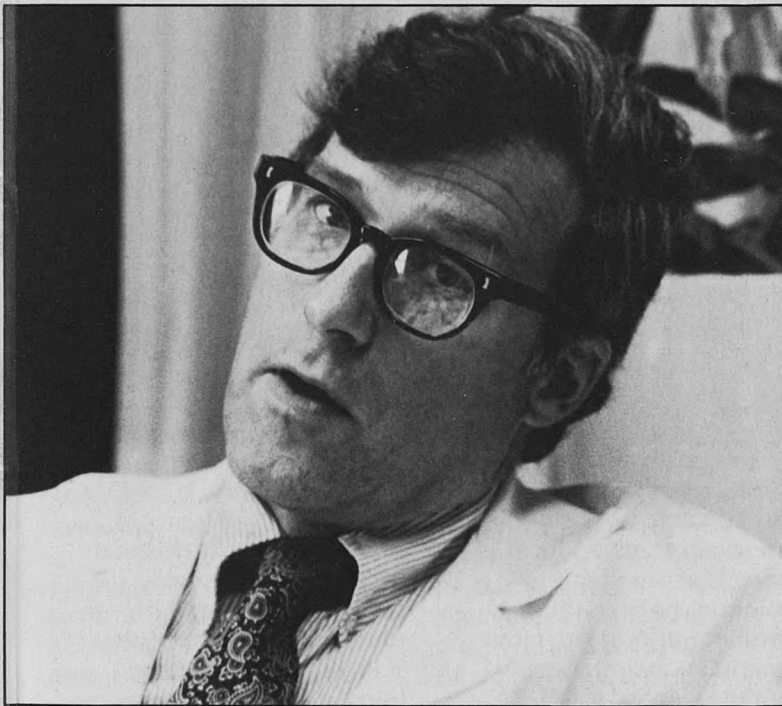
*For more information about the peripheral vascular lab and vascular surgery, please contact the Jewish Hospital division of vascular surgery at 454-7181. For a referral, contact your personal physician.*

# SAME DAY SERVICE

by Jerry H. Sears

**T**he barricades are up and work has begun on Jewish Hospital's new ambulatory care center. Projected to take two years for construction, the unit will house a facility unique to the area: an outpatient surgical unit with state-of-the-art operating rooms and recovery areas at a major medical complex.

Outpatient surgery is a relatively new, but rapidly expanding, concept in the treatment of selected medical problems, many of which once involved lengthy hospital stays. The development of new technologies and



*Gordon W. Philpott, M.D.,  
surgeon-in-chief*

techniques and their application has, in many instances, led to this expansion. Several units at Jewish Hospital have long been practicing outpatient

surgery and treatment. However, with the advent of new regulations by the government on Medicare payments and the adoption of these policies by a growing number of private insurance carriers, many additional services

provided to patients at Jewish Hospital are, or soon will be, available on an outpatient basis. Perhaps some of these innovations will impact your life.

The pronouncement that surgery is necessary to the treatment of a particular affliction often brings feelings of dread and panic to a patient. Thoughts of loss of time

on the job and its ramifications on personal finances is one example. Entering a sterile and unfamiliar environment in which schedules and activities are alien and the hardships dealt to family members quickly come to mind as well. While surgery remains to be taken seriously, same-day surgery can eliminate these conditions.

For patients with histories of good health, supportive families and home environments and lifestyles conducive to the healing process, outpatient surgery is an alternative to hospital confinement for a growing number of surgical procedures and treatments.

Gordon W. Philpott, M.D., surgeon-in-chief at Jewish Hospital and Edison professor of surgery at Washington University School of Medicine, cites the



economic superiority of outpatient surgery as a major reason for its growth. "Strong financial pressure to increase this mode of care is made by Medicare and private health insurance carriers," he says. "In addition to the financial advantage of less in-hospital time, more and better home care is now available." (See related feature, page 14.) He cautions that outpatient treatment is not for everyone, but predicts that in three to five years, 25 to 40 percent of all surgery cases will become outpatient procedures.

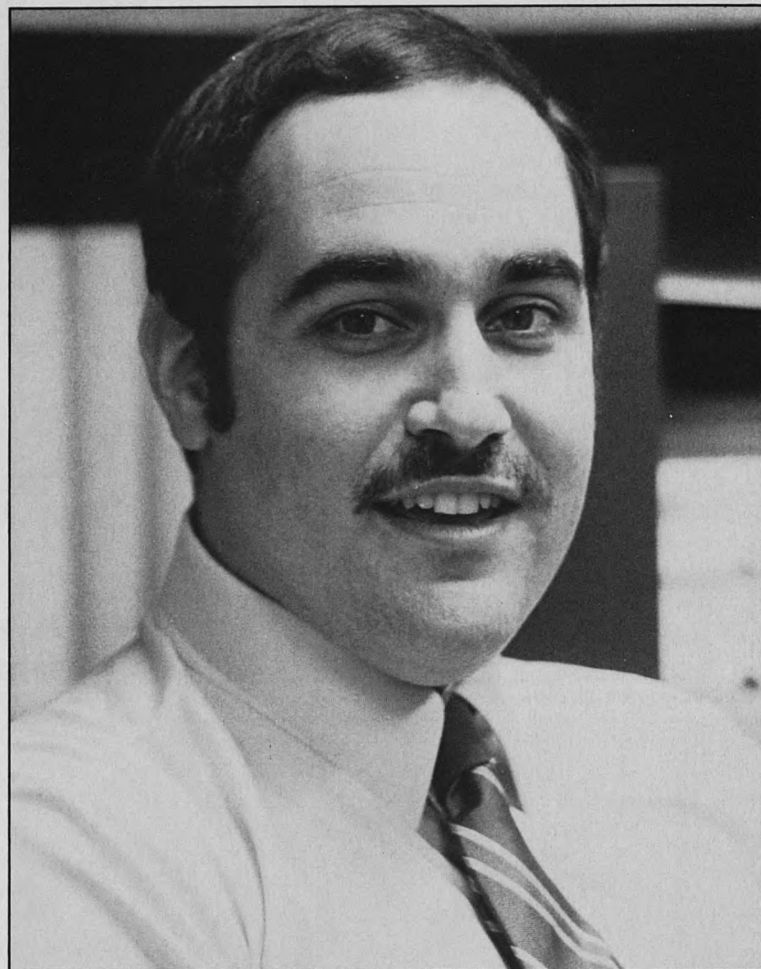
Implicit in his discussion of the many advantages of outpatient services, as well as in those of many other Jewish Hospital physicians, is the obverse side of the issue. Included are concerns for the adequacy of health care, regulation by government and insurance carriers regarding hospital stay and the impact on Jewish Hospital as a teaching hospital when the number of appropriate inpatient teaching cases decreases. The follow-up on patients who live out of the area, those with unrelated medical problems and patient or family education are also concerns of the physicians. Most agree, however, that there are ways to alleviate these problems.

Much of the education of patients and families is now done by telephone, before surgery. Mitchel Wolf, M.D., director of the ophthalmology depart-

## SERVICE

ment, says, "This is really reaching out to touch someone." He sees a growing use of the year-old minor surgery suite at the Central Medical Building. Physicians on staff at Jewish Hospital use this well-equipped unit to save patients the hospital admission process for minor procedures. Eyelid surgery, laser treatment of glaucoma and other non-intraocular operations which do not require the degree of sterility found in an operating room can be done here, if it is acceptable to the patient.

Laser surgery, the operating microscope and new fine needles and suture material (one-third the diameter of a human hair) are examples of recent developments which have advanced outpatient eye surgery. Cataract surgery for instance, although performed in the operating room, is now an outpatient procedure. It used to require that the patient spend two to three weeks in bed, sandbagged to assure immobility during healing. "When I began performing cataract surgery, as many as 20 percent of patients suffered leakage of eye fluids from the surgical wounds as an immediate complication of the surgery. This occurrence of the flat anterior chamber, a collapse of the front of the eye, is extraordinarily rare today due to the improvement of materials used for closing the wounds. This has led, of course, to a shorter stay and, for selected patients, is an outpatient proce-



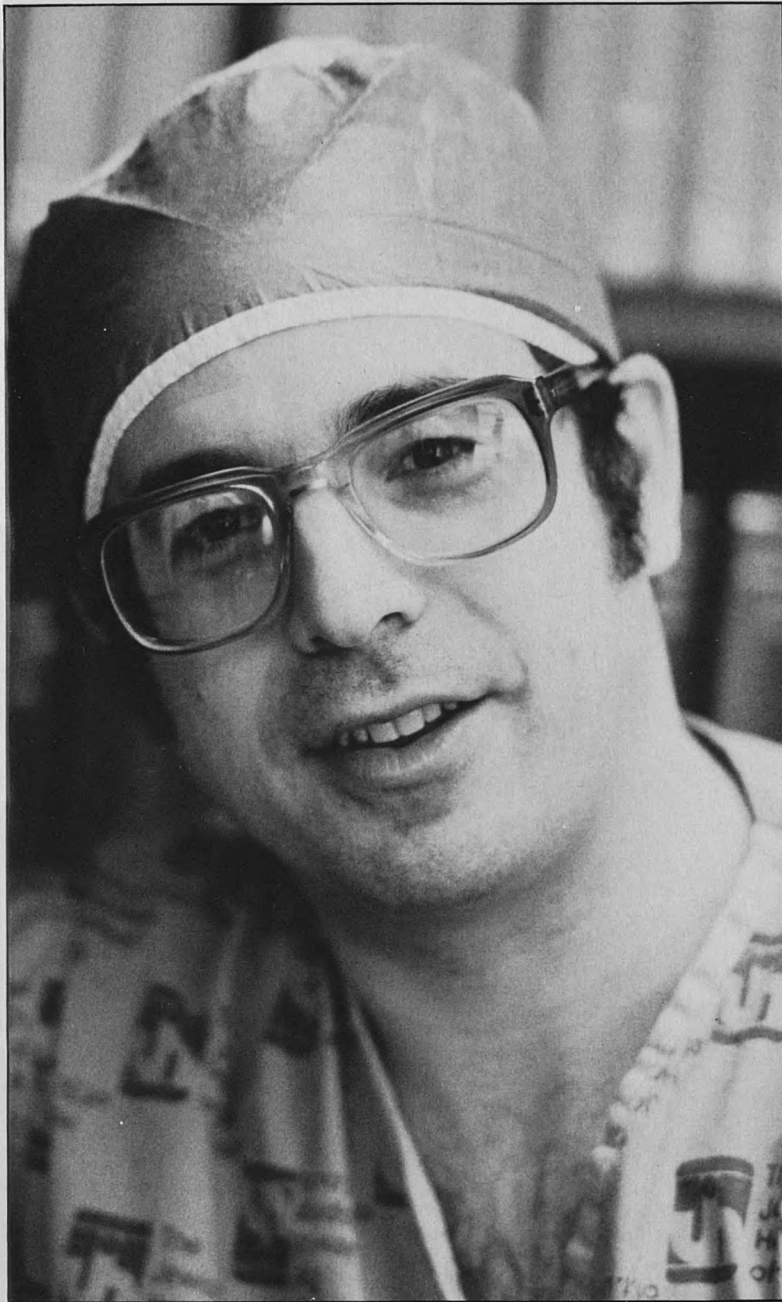
dures," says Dr. Wolf.

It is still necessary for a cataract patient to see the surgeon the following day. Infection in the eye, although rarely seen, must be treated immediately. For an outpatient from any distance away, an overnight stay in a local hotel is an inexpensive solution, both to the problem of post-operative examination and also that of the rigors of travel immediately following surgery.

"A facility where the staff pays attention to patient needs, is cost-efficient and in proximity to good medical back-up should the need arise," is

*Alan S. Wasserman, M.D.,  
assistant director,  
in-vitro fertilization/embryo  
transfer program*

the best site for outpatient surgery, according to Joseph W. Eades, II, M.D. The chief of plastic surgery at Jewish Hospital notes that procedures such as the removal of tumors or growths of the skin, scar revisions and minor hand surgery are currently performed on an outpatient basis. Examples of outpatient cosmetic surgery include the correction of bags under the eyes (blepharoplasty), correction of sagging or undeveloped or asymmetric breasts (mammo-



Lawrence Waldbaum, M.D., medical director, ambulatory surgery.

plasty), correction of a large or unattractive nose (rhinoplasty) and hair transplantation. Dr. Eades says that outpatient surgery has always been an important part of the practice of plastic surgery as patients are generally, with the exception of those requiring more complex reconstructive procedures, normal healthy individuals.

The addition of the new outpatient facility at Jewish Hospital will provide for the expansion of plastic surgery procedures. Complicated cosmetic surgery such as the removal of tumors from more critical areas like the corner of the eye which requires meticulous skin grafts or flaps will be possible. In addition, procedures on the aging face (rhytidectomys) and surgery to correct redundant abdominal skin in the so-called tummy

tuck operation, will be available as outpatient services for selected patients.

Dr. Eades predicts that the newest areas of his speciality will lend themselves, at least in part, to the new outpatient facility. These new areas include lipoplasty, or suction lipolysis, which is the removal of undesirable fat at specific sites on the body, and some of the newer procedures for breast reconstruction such as tissue expansion following mastectomies.

The advantages of an outpatient facility to plastic surgery patients include, according to Dr. Eades, the full medical and anesthesia back-up expertise from the hospital complex, which would be difficult, if not impossible, in a free-standing outpatient surgery unit. Cost reduction, increased convenience, and more important for plastic surgery patients, a pleasant environment in which to register and await their surgery without the hospital admission process are also advantages that will be evident in the new center.

In gynecology, technical advances such as the development and greater use of the laparoscope and hysteroscope have brought change to the entire field. Alan S. Wasserman, M.D., instructor in obstetrics and gynecology at Washington University and assistant director of Jewish Hospital's *in vitro* fertilization/embryo transfer

program, notes particular changes in the two areas, benign gynecology and infertility/endocrinology.

In benign gynecology, laparoscopy (the examination of the abdominal cavity or pelvic structure through the laparoscope which is inserted through a small incision in the abdominal wall) and dilation and curettage (D & C) procedures are now the most commonly performed outpatient services. As recently as five years ago, however, each was an inpatient procedure. Laboratory work and other processes necessary for hospital admission are now completed before admission, eliminating the requirement of being in the hospital the night preceding the scheduled procedure. "When a patient is informed that procedures can be done on them as outpatients and that they will be fine the next day, they do well," reports Dr. Wasserman. "Before, doctors relaying anticipated problems to their patients found patients fulfilling that prophesy. The development of outpatient procedures has helped lessen this occurrence."

In the practice of endocrinology, using the laparoscope in conjunction with the laser has resulted in a similar conversion of some procedures from inpatient to outpatient modes. The removal of adhesions, uterine examinations and the retrieval of IUDs, as well as examinations for the causes of infertility, are now possible on an



outpatient basis. Sterilization procedures, such as banding or burning of the fallopian tubes (a laser technique) have been an outpatient treatment for five to ten years. "Our *in vitro* program is performed in the outpatient mode, too," adds Dr. Wasserman.

Jewish Hospital is unique in the area for outpatient conization of the cervix (the excision of a cone of tissue from the surface of the cervix), a diagnostic procedure to determine the extent of cervical disease.

"We are ahead of most of the medical facilities in the development of our ambulatory care facility because the hospital administration anticipated the rise in outpatient services," Dr. Wasserman says. "Already we have a very efficient system with coordination between departments. This contributes to a quick turn-around of the information needed for good patient diagnosis and care."

The efficiency of the nursing staff in reporting patient conditions to physicians as it is done now, will need to be maintained with the growing outpatient case load requiring proportionately more home care. "The teaching, monitoring and reporting currently being done in-house will be done increasingly from patients' homes," observes Laurence A. Levine, DDS, M.D., director of the department of otolaryngology.

He has found increases in outpatient

## SERVICE

surgery for the correction of defects or deformities of the septum, the thin wall dividing the nasal passages (septoplasty), and the repair of a partial or complete defect of the nose (rhinoplasty). In addition, use of the laser through a special microscopic laryngoscope (microlaryngoscopy) for the removal of polyps and nodules from the larynx has high acceptability as an outpatient treatment. Dr. Levine explains that the laser bloodlessly destroys only the tissues which need to be destroyed. It is therefore ideally suited for use in the treatment of small oral, nasal, and laryngeal lesions in outpatients.

Surgery on uninfected organs, for example, myringoplasty (the repair of a hole in the ear drum using a sclera, the dense, fibrous opaque white outer coat of a donated eye) is ideally suited for outpatient treatment. Stapedectomy, the removal of a bone from the middle ear and replacement of it with a prosthesis, is another example of a "clean" operation.

Some voice-correcting laryngeal surgical procedures are now routinely done on an outpatient basis. An example is in the case of a vocal cord paralysis, where a vocal cord does not move to the midline of the larynx. The patient speaks in a breathy voice and has difficulty swallowing liquids. An injection of Teflon, in paste form, moves the paralyzed cord to the midline. This procedure strengthens the



voice and facilitates swallowing.

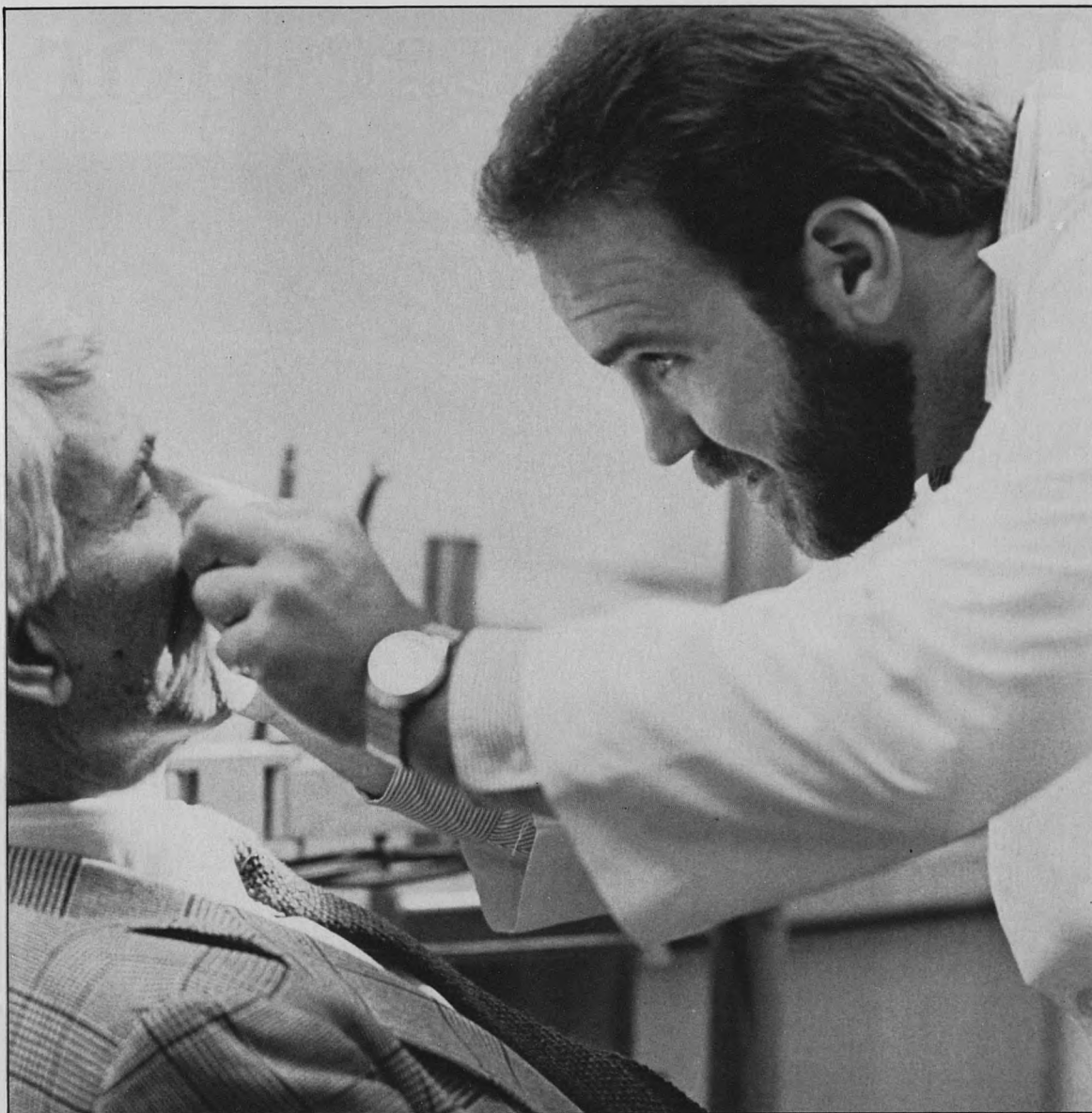
Dr. Levine foresees the new unit at Jewish Hospital as providing an efficient outpatient surgery area of which a major advantage is "that there's no need to stay in the hospital unless you have to. The overall time of a patient's inconvenience by a particular condition is reduced through outpatient treatment and recuperation at home saves the patient a confinement in an unfamiliar environment."

Dr. Levine feels "preparation for the acceptance of outpatient surgery should begin with the education of young

*Laurence A. Levine, DDS, M.D., director, department of otolaryngology.*

families to its benefits. But, there will be patients with conditions that require the intensive degree of care that only a hospital can provide."

Whether the health needs of patients are covered by these above-mentioned areas, or those of radiology or the dental clinic, outpatients facing surgery or treatment may need anesthesia. Drs. James Jenkins, M.D., anesthesiologist-in-chief, and Lawrence Waldbaum, M.D., recently-appointed medical director of ambulatory surgery,



*The services of both the dental clinic and the department of radiology have long been providing services to outpatients. Robert E. Butler, DDS, examines a patient in the dental clinic.*

concur that the key to success with outpatients is that physicians recognize which of their patients are viable candidates for outpatient treatment. For the anesthesia team's services to be maximized, physicians should know not only their patients' medical histories and medications, but also their personal habits, i.e. whether they smoke or

drink and to what degree. Each of these factors becomes an element impacting on the anesthesia administered and the anticipated recovery time.

With outpatient procedures, less pre-operative medication is used. Dr. Jenkins notes, "The shorter the anesthesia time, the better. The goal of outpatient anesthesia is to have the patient walk out of the hospital shortly after the procedure. Medications and anesthetic techniques are employed with this goal in mind."

Both Drs. Jenkins and Waldbaum, while seeing

the need for a more efficient outpatient treatment area, agree that the benefits to outpatients, such as economic considerations, are important, Dr. Waldbaum adds, "in outpatient procedures, separation from the home is spared; there is little disruption of lifestyle."

In his capacity as medical director of ambulatory surgery, Dr. Waldbaum is justifiably proud of the unit and its equipment. Jewish Hospital has one of only 103 Systems for Anesthetic and Respiratory Gas Analysis (which measures inspiratory and expiratory

gasses providing the anesthesiologist with constant information on a patient's condition during a procedure). The new ambulatory care unit will have a second such unit, "making available the same facility to outpatients as we have for current inpatients," he says.

This is an important aspect of an ambulatory care unit as certification requires, according to Dr. Waldbaum, "that an outpatient center must meet the same standards as the full host hospital. I hope to achieve that, as closely as possible. Holding to the standards established by the Joint Commission on Accreditation of Hospitals (JCAH) will be what will bring patients to us."

Hospital Vice President John M. Fraser states that the recent renovation of the south 3300 unit is an intermediate step towards full outpatient service. "Its 17 work stations provide more than four times the facility for outpatient surgical recovery than we had previously," he says. "Combining our outpatient treatment capabilities and the results of a recent survey by the St. Louis Area Business Health Coalition, which showed Jewish Hospital having, overall, the lowest patient charges, the new ambulatory care unit will serve the health needs of an ever-increasing number of patients as technological changes allow greater numbers of current inpatient procedures to be performed on an outpatient basis." ■



# Three cheers for

## The Home Team

by Sharon Zaring

In her tidy, efficient apartment in south St. Louis, Stella McCourt is relaxed and efficient as she cares for her husband Owen, a Jewish Hospital home care patient. She moves quickly around his bedroom, adjusting his Roho mattress, before she begins his physical therapy exercises, gently flexing his legs and arms. When an alarm sounds from his feeding equipment, it only takes a matter of seconds for Mrs. McCourt to adjust the tube that feeds him Osmolyte, a liquid nutrient solution. "The first day home from the hospital I was terrified of taking care of him by myself," she recalls. "But a nurse was here within an hour after we got home, and she stayed with me until I felt confident. Now, I'm used to everything."

Mr. McCourt, aged 75, suffers from arteriosclerosis and organic brain syndrome. Unable to move without assistance or to communicate verbally, he is dependent on his wife for his daily health care and comfort. She is responsible for suctioning his mouth and lungs to keep his airway clear, monitoring his tube feeding and attending to his personal needs. Although she admits that caring for him is "a lot of work," she prefers to have him at home rather than admit him to a nursing home.

"By caring for him at home, she avoids the burden of nursing home costs and she has direct control over what happens to



him," says Barbara Nash, R.N., department of home care. "It's a lot of responsibility, but it gives something back to her. She is with her husband and active in his care, instead of being a bystander." When he was first placed on the Jewish Hospital home care program, nearly a year ago, the home care staff made frequent visits to the McCourt home. Now he is visited by a home health aide three times a week and by a registered nurse

every other week. Although the home care staff is always available when problems or questions arise, their goal is to help the McCourts reach a level of independence at which they will no longer need the services home care provides.

McCourt is one of approximately 450 patients currently in the hospital's home care program, a number that has risen sharply in the last two years. According to James Sebben, ACSW,

*Barbara Nash, R.N., home care department, left, visits the McCourts every other week.*

home care director, his department has experienced a 20 percent increase in its case load since 1983, and a 48 percent increase since 1982. Mr. Sebben attributes the change to several factors, including a larger percentage of elderly in the general population who, like the McCourts, want to avoid institutional



nursing care, consumer demand for cost-effective health care, and to an even greater extent, the impact of DRGs (new federal system of reimbursement for Medicare charges). "One way to help meet the federal regulations of keeping treatment within cost guidelines is to discharge patients within a certain time-frame," says Sebben. "Since the implementation of DRGs at Jewish Hospital, we've seen the average length of stay for patients reduced by one day. Many of these patients need immediate attention when they get home and a large part of that care falls to home care professionals."

Until the last two years, Jewish Hospital and

Lutheran Medical Center were the only hospital-based providers of home care in St. Louis, but this burgeoning health care need has prompted hospitals, as well as private agencies, to set up their own home care departments. Traditionally a not-for-profit health care service, home care is now viewed as a potential money-making business, and, an extremely competitive one. "Six years ago, there were only five home care agencies in this area," says Sebben. Now, 58 are certified and approximately 12 are waiting to be certified."

Home care agencies have managed to proliferate quickly largely because of the relative ease

involved in establishing them, explains Sebben. In fact, a home care agency can be operated in Missouri and be eligible for Medicare certification from the state health department by providing nursing care from a registered nurse and one other skilled health care-related discipline, such as physical therapy or social work. "Everyone is trying to get a share of the market," notes Aaron Birenbaum, M.D., Jewish Hospital home care medical director. "At Jewish Hospital we're concerned about competition, but we know a lot of other agencies are just in it for profit. Consequently, the intensity of care in some of these agencies

may not be as great. We have an advantage because we are recognized for providing quality care. One of our answers to current trends is to continue that level of care."

The tradition of quality care stems back to 1953 when Jewish Hospital became the first hospital in Missouri to establish a home care department. Beginning as a pilot program under the direction of David Littauer, M.D., then Jewish Hospital's executive director, it was modeled after the home care program at the Montefiore Hospital in New York. The Jewish Hospital program was a pioneering effort, initially operating on a budget of \$30,000, most of which was provided by the hospital and donations from foundations and agencies. "At that time you couldn't talk most hospital administrators into starting a home care department because they worried about deficits," Dr. Birenbaum says. "You have to give our administrators credit. They had the foresight to support our program. They knew that it was necessary for the community and they never let us down."

According to Franz Steinberg, M.D., director of the Jewish Hospital department of rehabilitation medicine, who has been involved with the program since its inception, the home care program was initially for clinic patients. "Private patients didn't have the insurance coverage for home care and for that



## HOME TEAM

reason usually did not consider it as an option," recalls Dr. Steinberg. "But when Medicare came into being in 1964, the character of the whole program changed. Then there was a major insurance program that would pay for home health services. Shortly thereafter, the private insurance companies followed suit, encouraging people to elect home care as an option."

The Jewish Hospital home care department has since served as a nationwide model for other institutions. Staff members have conducted training programs over the years for other health care providers interested in starting their own programs. Today, it pays for itself, operating on a two million-dollar budget, with a 104-member, multi-disciplinary staff of registered nurses, physical therapists, home health aides, occupational therapists, social workers, secretaries, physicians and laboratory technicians. To ensure that patients receive the most advanced level of care, staff members participate in general home care training sessions monthly and at least twice a month each staff member is required to attend weekly utilization review meetings.

As a hospital-based program within a major medical center, the Jewish Hospital home care department revolves around the concept of continuity of care. "That is one factor that distinguishes us from other home health care programs," says Sebben.



"When a Jewish Hospital patient goes from hospital to home, there is generally a well-defined plan that everyone is familiar with, both in the hospital and in the home care department. But, if a patient's home care is provided by a separate organization, the hospital and the other home care organization each might have different goals. The hospital could have discharge plans for institutional care, such as a nursing home, whereas a separate agency might say this person could survive

at home with home care services. It would be one working against the other. Patients in our program don't get caught in that kind of bind. Everyone, from physicians to home health aides, works toward the same goal."

Continuity of care begins as soon as a physician makes a recommendation that home health care is needed for a patient. Patient eligibility includes confinement to the home, a suitable home environment and referral by a

*"The home health aides are a dedicated group who feel very proud of Jewish Hospital." Pictured is Rosie Jackson, home health aide.*

Jewish Hospital staff physician. Initially, one of three referral coordinators, all registered nurses, meet with patients, families, physicians and/or social workers to begin pre-discharge planning. "Each coordinator is assigned to particular divisions at the hospital," says Diane Holtgrave, R.N., assistant department director.



"They, along with the hospital staff, focus on the type of treatment the patient will need, necessary equipment, and define who will be responsible for different facets of patient care. This baseline of information makes the transition from institution to home much easier for patients, their families and the visiting staff."

Both Ms. Holtgrave and Sebben point to the

staff's professional satisfaction as a major factor in the program's success. The average length of staff employment, according to Holtgrave, is ten years. "That experience," she says, "is a definite asset and makes a real difference in the level of care that we can provide. The home health aides, in particular, are a dedicated group who feel very proud of Jewish Hospital and their affiliation with it. They know it has a good reputation in home care."

Holtgrave believes that individuals who go into the home care field often remain because of the unique nature of the discipline. "It takes a special breed of people to work in home care and those who go into it will either love or hate it. There is no in-between," she says. "Home health care professionals have to go out of the traditional,

controlled health care environment of the hospital and meet patients on their own turf. They have to deal with the reality that patients face. For some people that's a real challenge and they like it."

"It's an exceptional program," adds Dr. Birenbaum with pride. "The staff members are people who are out in all types of weather and often in bad neighborhoods. They are very conscientious and worry about their patients. They want to do everything they can for them. In fact, they try to do the impossible sometimes. They just won't give up."

The entire staff is now involved in training for new directions the department is taking in response to the competitive market. In the planning stages are maternal and pediatric home care programs for new mothers who choose to leave the hospital early and services to meet the needs of the outpatient surgery population.

Under consideration is a private duty nursing service. "We have found that a number of our patients need supplemental help other than home health care," says Holtgrave. "But we're not a 24-hour agency. If patients need round-the-clock care, we have to refer them to private duty nursing agencies. In the last year, private duty nursing agencies have begun to expand their services by becoming Medicare-certified as home health care

agencies, and thus another source of competition. By having our own private duty nursing service we will not only ensure better continuity of care for our patients, but keep our patients within our system."

According to Sebben, these additional programs planned for the Jewish Hospital home care department will not be implemented until both the involved physicians and the home care staff are comfortable with the training and feel that they are fully prepared and equipped to provide quality care. "Home care programs should never attempt things unless they are sure they can do them," Dr. Steinberg emphasizes. "Don't promise services that you cannot provide efficiently. All services have to maintain a standard of quality of care."

Sebben believes that the potential in the home care field for both the hospital and the community has yet to be realized. "Outpatient programs are up-and-coming and there are untapped needs in terms of their development," he says." (see "Same Day Service," page 9). Ultimately, what's going to come out of all this is that health care is going to be available to more people because there are going to be many more alternatives. I think our future is going to be finding out what the health care needs are in a rapidly changing health care environment and responding to those needs." ■



# CANCER ANSWERS

## IN REVIEW

*The Auxiliary-sponsored public information program, "Cancer Answers," held October 28, provided insights into the prevention, detection and treatment of cancer. The event, chaired by Auxiliary member Peggy Ross (Mrs. Donald), was a great success.*

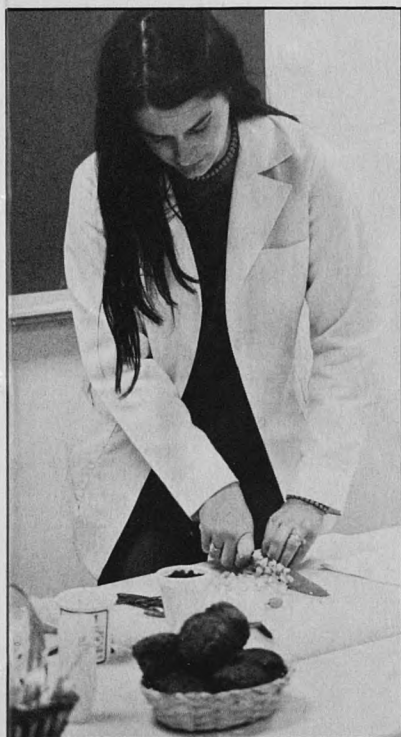
Right: "Test Your Lung Capacity," was an on-going activity during the day. Alternating with presentations of "No Butts About It," an overview of the program designed by the smoking cessation clinic, the program drew long lines of participants to the Schiele Room.

*A typical participant's comment: "More programs of this sort are needed. Thank you."*



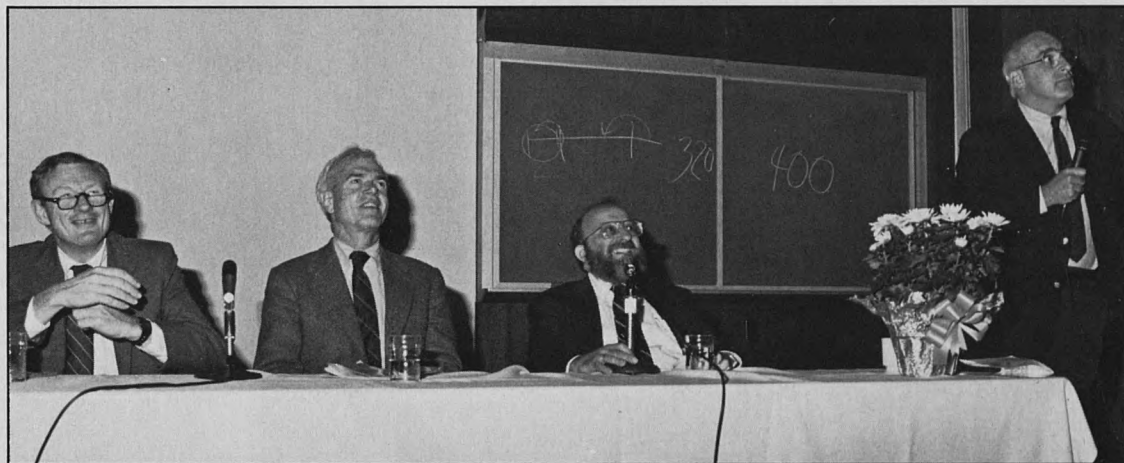
Left and above: Note taking and spirited question and periods punctuated presentations in the Steinberg Amphitheater. Panels of Jewish Hospital experts, moderated by William A. Peck, M.D., physician-in-chief, covered range of cancer-related topics.

*A typical participant's comment: "Marvelous, and so informative! There is a need to know, and a need to hope. You for a special and hopeful afternoon."*



Left: Janine Pullen, food service manager, prepares *chicken veronique* for a capacity crowd attending "Cooking for the Health of It" in the Stix Room.  
*A typical participant's comment: "Very informative and deliciously educational (I needed it!)"*

Below: "Handling the Cards You're Dealt," a panel discussion centered around topics of causes of cancer, was moderated by William A. Peck, M.D., physician-in-chief. Panel members (left to right) were Thomas F. Deuel, M.D., John S. Meyer, M.D., and Noah Susman, M.D.  
*A typical participant's comment: "I found the statistics on mammography reassuring."*



Above: Drs. Eades, Zeffren and Philpott (right to left) field questions about breast cancer in the Nurses Residence Gymnasium. "Breast Self-Examination" and "Breast Reconstruction" were among the presentations made.  
*A typical participant's comment: "As a breast cancer patient, I am always anxious to learn about new developments, especially one's chance for recurrence."*

Left: A very special fashion presentation held in the Nurses Residence left the audience wondering, "Does She or Doesn't She?" Corrine Schmidt (Mrs. Gunter) models, assisted by Arthur Simon. Commentary for the show was provided by Cynthia Frohlichstein (Mrs. Harvey).



# IN THE PUBLIC EYE

**S**ince the first graduating class of seven in 1905, more than 3,000 nurses have graduated from the Jewish Hospital School of Nursing and have cared or are now caring for patients locally and throughout the nation. Each year, the school graduates approximately eighty students.

The rigors of nursing education are well known. Between the hours of study, lecture, laboratory and clinical rotations, many of today's student nurses, unlike those in earlier classes, find time for families and extracurricular activities. While curricular changes have kept pace with the times providing state-of-the-art instruction, one area not addressed in the formal curriculum, but one that is felt to be of great importance by the faculty, is that of community health. Three years ago, in an effort to inject the community aspect into the educational program, without becoming a part of the curriculum, the faculty formulated the community service project for third year students.

Based on the clinical rotation at senior citizen centers which began six years ago, the program today offers student nurses the opportunity to deal with community health issues through a variety of community-based health-related agencies. Planned, designed and implemented by student committees working with faculty advisors and the

appropriate agencies, the programs "provide the students with an understanding that their knowledge is needed in the community," says Jane Read, R.N., BSN, faculty advisor.

Typical projects completed by the student groups have included cancer clinics with the American Cancer Association, blood pressure screenings and dietary educational programs with the American Heart Association, organ donor information sessions with Lifeline and two relatively new ventures, smoking education in cooperation with the American Lung Association and, for the general public, educational sessions





dealing with alcoholism. Several of this year's projects were overwhelming successes in terms of public response. The students also benefit from the projects, according to Margaret Wichard, R.N., MSN, advisor to the group presenting an arthritis awareness program. "These projects are beneficial because they help both the student in terms of gaining knowledge about selected health issues, and the community," she says.

Sandy James and Linda Braren are two student nurses who have participated in community

service projects. Ms. Braren was part of a group of eight who, through the Bevo 2001 Community Center, a senior citizen multi-purpose center in the city, staged a blood pressure screening which attracted 150 participants. Ms. James' group dealt with the topic of organ donation and was held at South County Mall. The event brought in 60 applications during its 9 a.m. to 4 p.m. run.

The project at the Bevo 2001 Community Center had an additional purpose of heatstroke education, as the timing of the project coincided with

the arrival of hot weather. The student group, with newly acquired Red Cross certificates for blood pressure training, had coordinated their project with the regularly scheduled bingo game at the center, thus assuring themselves a good turnout. The results of the project were shared with the class and revealed that, "only one of the participating group screened was not within the safe range of blood pressures for his or her age group," according to Braren.

The organ donor project implemented by

James' group had different sets of problems with which to deal. The display had to show the gift of donated organs, but not be so gruesome as to offend passers-by. The fact that the group elected a mall site presented further challenges. "While the mall management made arrangements to assure a smooth run, mall shoppers were not the most receptive audience for educational programs," says James. But here, as with the program completed by the other group, results surpassed the stated goal of enrollment.

Despite the differences in topic, location and mode of presentation, Braren and James see common benefits in these projects. Each agrees that the exercises taught the student groups the abilities to organize, share responsibilities and set realistic goals for each group member personally and the group as a whole. Braren adds that the experience outside the hospital setting coupled with gaining knowledge about a particular aspect of health care education is very important to her.

It is evident in the organization and excitement of group members shown at planning meetings for upcoming community service projects that this next wave of student nurse community educators is eager and able to continue to show the community the high caliber of education at Jewish Hospital's School of Nursing. ■



# Back Talk

**B**ack pain may be one of the prices we pay for being human, Jerome J. Gilden, M.D., Jewish Hospital orthopedic surgeon, told approximately 60 members of the Jewish Hospital Auxiliary. Dr. Gilden was the featured speaker at the Auxiliary-sponsored seminar, "Back to Relief," held October 17 at the home of Gwen Bernstein (Mrs. Steven). Letty Korn (Mrs. Jeffrey) and Sandy Levy (Mrs. Lawton) co-chaired the event. "When we evolved from four to two-legged animals five million years ago, the maximum weight pressure was placed on the spine's lumbosacral joint," said Dr. Gilden. "Today, that is where the majority of back problems will occur."

Although numerous reasons have been cited for back problems — no fewer than 103 have been listed in one textbook — the majority, said Dr. Gilden, are a result of either injury or aging and occur in the back's muscles or skeletal structures. According to Dr. Gilden, the keystone to preventing and treating these problems is to first understand the pathology of the spine, what it is structurally, anatomically and biochemically. Dr. Gilden discussed the spinal structure, comparing it to a series of blocks, each stacked upon the other, connected by joints with each block cushioned by discs. Each disc, which is composed of a gelatinous center surrounded

by coarse fiber bundles, acts as a shock absorber.

During the aging process, the chemical structure of the disc alters. Chains of molecules break down into smaller chains, the water content of the disc decreases, causing the disc to disintegrate and lose its cushiony quality. When extreme pressure is exerted on the disc as a result of sitting, running in place or lifting an object from an awkward position, it may begin to bulge or extrude from its spinal casing, resulting in a slipped or herniated disc. The disc may also degenerate to the point that the joints begin to carry most of the burden. That pressure and constant rubbing of the joints can result in a build-up of bone and arthritic conditions.

Virtually every adult eventually experiences wear and tear on their discs, said Dr. Gilden. In the 55-and-over age group, 82 percent of people who have had back x-rays show evidence of disc degeneration, although they might never have experienced symptoms. "The correlation isn't necessarily what you might think," he explained. "I have seen x-rays that look terrible but the patient has never experienced pain. If the disc degeneration occurs gradually, people often don't feel back pain. We don't treat the x-ray," he emphasized. "We treat symptoms."

The symptoms themselves may be deceiving. "In



*Jerome J. Gilden, M.D.*

the 1930s and 1940s, people commonly believed that back pain occurred in the lower back where the sacroiliac joint is located," said Dr. Gilden. According to Dr. Gilden, the sacroiliac joint is rarely the actual source of pain, rather, it is the site of referred pain. Because the sacroiliac joint is located where the back muscles join, spasms often occur there, even though the actual problem may be radiating from another area. Referred back pain, said Dr. Gilden, can even extend as far as the knee or below.

According to Dr. Gilden, the average age for the onset of back problems is 35. Prime candidates, he says, are people who sit for extended periods of time, such as truck drivers and secretaries, and women who have had

full-term pregnancies. General physical fitness is also a factor. "We are beginning to see an improvement in the general population's attitude toward keeping fit," Dr. Gilden noted. "Ten years ago, we had a hard time getting people to exercise at all. Now more people are doing things such as aerobics and swimming, which are helping to prevent back problems."

In treating back problems, the first priority is to decide if a surgical emergency exists, Dr. Gilden said. "We want to treat everyone, if possible, without surgery," he emphasized. "At least 90 percent of back problems will get better spontaneously without



surgery.”  
 Diagnostic tests may include physical and neurological evaluations, routine x-rays, a CT Scan, and an EMG (nerve test). Occasionally, a myelogram, a

spinal tap procedure done under local anesthesia, might be required. According to Dr. Gildden, surgical treatment may be necessary to relieve nerve irritation (when a slipped disc is pressing on a

nerve), or if the back has become unstable from slipping vertebrae. In that case, the surgeon can operate to implant bone grafts to help the vertebrae fuse to each other.

For the majority of back problems, Dr. Gildden said the initial step in recovery is to maintain an equal-gravity position, usually through bed rest. Heat, massage, analgesics (such as Tylenol, aspirin, or codeine), muscle relaxants, and non-steroid anti-inflammatory agents may help relieve pain. During the recovery phase, appropriate exercises should be done under the supervision of a physician or physical therapist to expedite rehabilitation, said Dr. Gildden.

Dr. Gildden cautioned the audience on manipulation as a course of treatment. “No real benefit in the treatment of back problems has yet been demonstrated conclusively from manipulation,” he stressed. “On the contrary, it might create

injuries. I have seen people who had mild back pain, underwent manipulation, and eventually ended up requiring surgery.” According to Dr. Gildden, manipulation yields a seven percent injury rate.

Dr. Gildden advised that people with persistent back problems should participate in back schools, a concept that was introduced in Sweden to teach people good back health habits and is taught in Jewish Hospital’s back rehabilitation program offered in the department of rehabilitation. According to Dr. Gildden, this school of thought re-orientates each patient through lifestyle analysis, education and exercise. “Through such formalized back programs, individuals learn up-to-date methods of pain relief, how to avoid back injury and to restore function.

“The whole trend of medicine today is to make people less dependent on going to doctors,” said Dr. Gildden. “Not that physicians want to get rid of patients, but dependency doesn’t make sense. The primary responsibility for prevention of injury and maintenance care is the patient’s, not that of the health care practitioners. Why are physicians needed then? We want to accelerate improvement, diminish length of time one has pain and help prevent recurrences.” ■

*For further information on the hospital’s back program, contact the physical therapy department, 454-7750.*

*For further information on the Jewish Hospital Auxiliary, contact the Auxiliary office at 454-7130.*



# AN ASSIST TO NATURE

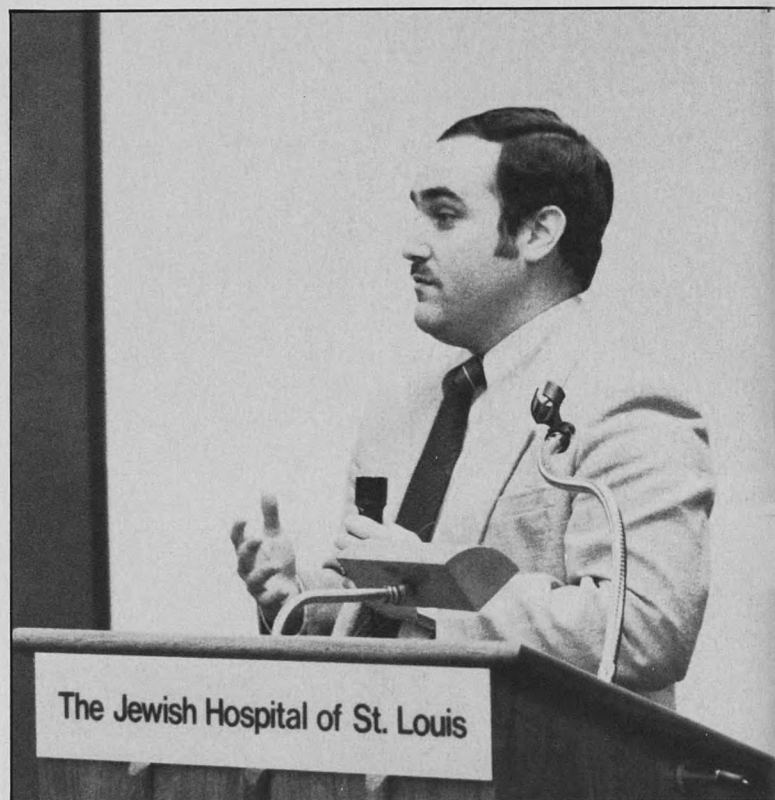
“Of couples that choose to try and conceive, 10 to 20 percent will have a fertility problem,” explained Alan Wasserman, M.D., instructor in obstetrics and gynecology and spokesperson for the Jewish Hospital *in vitro* fertilization program. “Within those couples, 40 percent of the problems are with the males, 40 percent are with the females, and 20 percent have a combination of male and female infertility problems.” Dr. Wasserman spoke at the Associates in Medicine second lecture of the 1984-85 series on “Male/Female Fertility and *In Vitro* Fertilization” November 15 in the hospital Brown Room.

For men, fertility disorders can occur when an obstruction exists in the testicles, if there is a dilated vein in the left scrotum or if semen analysis shows a low sperm concentration or little mobility. An obstruction or dilated vein may be repairable with surgery and laboratory techniques involving insemination by the husband can overcome problems of low sperm count or mobility.

In females, a laparoscopy is often used to determine the source of infertility. The laparoscope, a tiny probe that projects an image of the internal area it is exploring, is inserted into a tiny incision just under the navel. With this procedure, blocked fallopian tubes or

other irregularities may be observed. A temperature chart, noting basal temperature each day of the menstrual cycle, can pinpoint whether or not ovulation is occurring, as a woman's temperature will rise one-half to one degree during ovulation.

If a woman is ovulating, but the egg is not reaching the uterus, *in vitro* fertilization may override problems of blocked or scarred fallopian tubes. Dr. Wasserman outlined the entire series of procedures after a short course in the history of *in vitro* fertilization. The first successful experiments were performed in England by Drs. Steptoe and Edwards, who perfected the technique on animals. In 1978, the world's first “test-tube baby,” Louise Brown, was born, following a pregnancy created by an *in vitro* fertilization by the pioneering physicians. Australian physicians quickly followed suit, and by 1980, their first pregnancy was announced. Today, Australia leads the world in the number of successful *in vitro* fertilizations. The first program in the United States was begun in 1981 in Norfolk, Virginia, by Howard Jones, M.D., and has the highest volume (30 to 40 patients per month) of the U.S. centers. The Jewish Hospital *in vitro* program, begun in 1983, is one of 125 such centers in the world. Since 1978, approximately 700 babies have been born



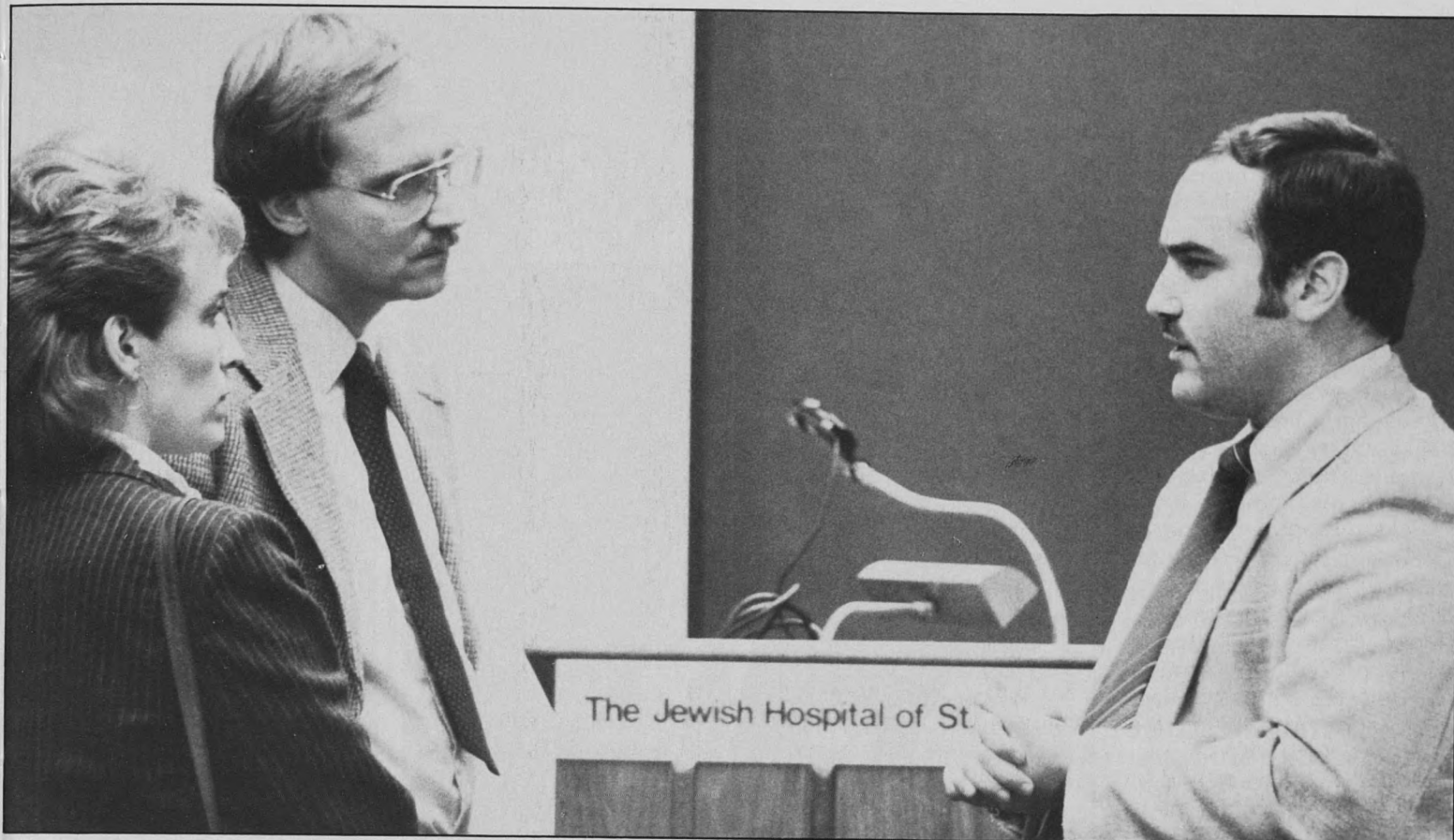
Dr. Alan S. Wasserman

world-wide following an *in vitro* fertilization.

Dr. Wasserman focused on explaining each step of the *in vitro* process, a tedious and sensitive procedure during which, “anything can go wrong, so each step must be checked and rechecked.” For most women, a hormone stimulator is prescribed to “increase the odds of obtaining many eggs.” Through hormone levels and ultrasound techniques, the growth of the follicles are carefully monitored. When the follicles appear to be large enough, the *in vitro* staff performs a laparoscopy to retrieve the eggs. The ova are

then incubated for up to 24 hours until properly mature for insemination. At that point, sperm is taken from the husband and prepared by whirling the sample in a centrifuge to separate the most motile sperm for insemination.

The sperm is then joined with the egg in a petri dish of a life-sustaining medium and kept in a temperature-controlled incubator. “Within 16 hours, we can evaluate the embryo,” explained Dr. Wasserman. “It is time to transfer the embryo when it reaches the two-to-eight cell stage. After



*Above: Dr. Wasserman answered individuals' and couples' questions privately after his talk. At left: Finger sandwiches, cheese boards and unusual pastries were served at the buffet following the lecture.*

this division, we look at it and if there is no fragmentation, we aspirate the embryo into a syringe."

The syringe is emptied into a very fine catheter, which is inserted into the woman's cervix. The physicians guide the catheter into place with the aid of an ultrasound picture and deposit the embryo in the

uterus. From that day until a positive pregnancy test, the woman is given progesterone, a hormone normally produced in the ovary but often low since the egg was removed from the ovary before it matured. Unless the progesterone levels return to normal after the positive pregnancy test, progesterone

might be administered for the next three months.

"The successful embryo transfer rate for *in vitro* fertilization is currently about 15 percent as opposed to the normal conception rate of approximately 20 percent per month," noted Dr. Wasserman. "We hope to perfect our techniques further and some scientists predict that in a few years we will see a 50 to 60 percent success rate in the embryo transfer." At Jewish Hospital, 31 embryo transfers have resulted in five pregnancies, one of which terminated in a miscarriage.

Future prospects for treating fertility cited by Dr. Wasserman included freezing

of eggs, sperm and/or embryos (such as the Del Rio case in Melbourne, Australia), donating eggs, sperm and/or embryos, surrogate mothers and cloning. Australia, recognized as being in the forefront of such studies, is now experimenting with cloning, said Dr. Wasserman.

"Veterinarians have been using freezing techniques for years for animal fertilizations and the mammalian studies have shown great success," concluded Dr. Wasserman. "The animals don't seem to have the problems that human females do of rejecting the fertilized embryo after it has been implanted in the uterus. Once we find what that 'glue' is that holds the egg in the uterus, we will have beaten this problem." ■

*For more information about the Jewish Hospital in vitro fertilization program, call 454-7834. For more information about the Associates in Medicine, call 454-7239.*



# D A CASE OF DEPENDENCY

“Would you volunteer to test a 3-D music system for patients’ rooms that is guaranteed to help patients alleviate boredom, relieve anxiety, fear and pain, and gives them a sense of confidence and well-being?” Jay Meyer, M.D., attending psychiatrist and clinical instructor in psychiatry at Washington University School of Medicine, asked the audience of the Auxiliary fall meeting program, “Dependencies.”

When a substantial number of Auxiliary members indicated that they would volunteer for such a test, which Dr. Meyer requested so that they might consider donating such a system, he unveiled his true motive. “Of course, there is no such system,” he revealed. “You are a discerning group of adults. Yet you accepted my promise about what it could do and were willing to experiment. There are, however, chemicals that will take away pain and boredom. Teenagers are a lot less discerning and a lot more willing to experiment. They wear a cloak of invincibility and immortality. Peer pressure and peer acceptance will give them the courage to be adventuresome and try drugs or alcohol.”

Dr. Meyer was one of three panelists invited by program co-chairpersons Sheila Flom (Mrs. Richard) and Linda Yatkeman (Mrs. Donald) to discuss various aspects of dependencies. James Ferrendelli, M.D., Seay professor of neuro-

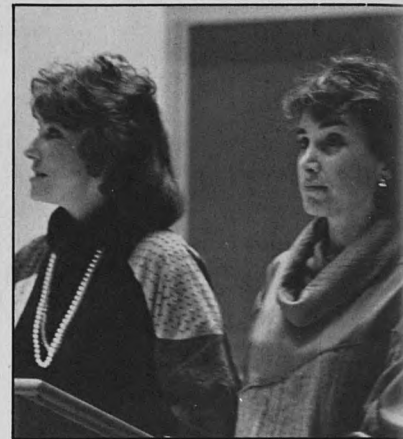


pharmacology at Washington University School of Medicine, and Barbara Rohland, M.S., genetic associate in obstetrics/gynecology at Jewish Hospital, added information from their specialties to Dr. Meyer’s overview of the psychology and physiology of substance abuse.

Besides peer pressure to experiment and peer acceptance of drugged or drunken behaviors, Dr. Meyer cited factors such as ethnic group acceptance level, metabolism, availability, environmental and physiologic factors to explain why teenagers—and adults—succumb to chemical dependencies. Drug users are characterized, he said, by low self esteem, self-destructive tendencies, boredom, hedonism, defiance, depression and as having

little or no regard for future consequences. “Experimentation is the first step to abuse,” he noted. The amount of drug usage in our culture was also cited by Dr. Meyer as a contributing factor to drug abuse. “We are all exposed to drugs regularly. Look at the way we entertain—cocktails are served at almost every social function.” he commented.

Dr. Meyer told the story of the evolution of a dangerous drug currently being abused, a substance known as PCP and angel dust. A number of years ago, a group of chemicals containing phencyclidine were being tested as new anesthetics. While they worked well and did not repress cardiovascular and respiratory systems, it was observed that a substantial number of patients were



*Left: Dr. Jay Meyer answers questions from Auxiliary members after the program on “Dependencies.” Above: Program co-chairpersons Sheila Flom (Mrs. Richard) and Linda Yatkeman (Mrs. Donald) introduce the panel to the audience.*

experiencing delirium, agitation and disorientation after surgery. Phencyclidine was quickly taken off the market, only to reappear as a cheaply-manufactured, inexpensive street drug promising its users an unpredictable, exciting and “macho” adventure. Part of the danger—and lure—of PCP and angel dust is its extreme variability of experience. Dr. Meyer cited figures from the National Institute of Drug Abuse which estimates that five percent of teenagers aged 12-17 had experimented with the drug, that 12 percent of those aged 18-25 had tried it and 25 percent of drug abusers over the age of 19 are chronic users of this substance.

Dr. Ferrendelli explained his specialty of neuropharmacology as the study



*Above: Edna Reimann (Mrs. Sol) and Madeline Monat (Mrs. Seymour) query Dr. James Ferrendelli on a point of interest about drug interactions. Left: Volunteers Mr. and Mrs. Fritz Mann (Ruth) model the latest in winter at-home leisure wear from the Gift Gallery at the fashion show following the fall meeting and luncheon.*



of those chemicals that affect the brain and nervous system. Most abused drugs fall into that category. Giving the audience a quick lesson in neuro-pharmacology, Dr. Ferrendelli presented definitions of the terminology associated with substance abuse. Drug abuse occurs when a person uses drugs in a compulsive and self-destructive fashion; addiction is a mostly psychological, sometimes physiological, need to take a drug; tolerance is when higher and higher dosages of a drug are required to achieve the desired effect; and physical dependence is when stopping taking a drug produces

withdrawal symptoms.

Continuing his theme of drug education, Dr. Ferrendelli cited the eight pharmacological groups of abused substances and how they react with the brain and neurological functions. First on the list was nicotine, found in cigarettes and other tobacco products. Next were opioids, a class of narcotics such as Demerol and morphine. Central nervous system depressants, the most abused group, included minor tranquilizers, alcohol, sedatives and barbiturates. Drugs that induced increased activity such as amphetamines and cocaine are central nervous system sympathomimetics. LSD, peyote and mescaline fell into the category of psyc-

delics, which induce hallucinations. Phencyclidine, which Dr. Meyer mentioned, known as PCP and angel dust, had its own class, as it acts with the combined characteristics of sedatives, opioids and psychedelics in a highly unpredictable manner. Inhalants are substances such as glue and nitrous oxide which are sniffed into the pulmonary system for absorption. The final classification was cannabinoids or marijuana.

"The compounds range from the bizarre to the extremely common," commented Dr. Ferrendelli. "Marijuana is an extremely interesting compound which has been used medically to treat nausea in some patients. It is estimated that 80 to 90 percent of those under the age of 30 have used it and that it may be abused as commonly as alcohol in some social groups."

Barbara Rohland, M.S., spoke on the drug interaction of a mother's alcohol intake on the fetus. "When a pregnant woman drinks, her baby drinks with her," she explained. "In ten minutes, alcohol is transmitted to the fetus in the same concentration as the mother but the fetus may take from 10 to 12 hours to clear it from its system." Extended exposure of the fetus to alcohol may result in the adverse effects of fetal alcohol syndrome (FAS) (see "Toxicity for Two," July/August 1984 216).

According to Ms. Rohland, the defects caused by fetal alcohol syndrome include mental retardation; poor coordination and muscle tone; irritability, which can be alcohol withdrawal; hyperactivity; low birth weight; small heads; a

congenital heart defect; and other physical defects such as small eyes, a small upper lip, an elongated space between the lip and nose and flattened nasal bridge.

"We don't know of a safe level of consumption," explained Rohland. "Two drinks a day have been shown to produce lower birth weights. We also do not know of a safe period for drinking, as the brain develops throughout pregnancy and nursing." She cited figures that estimate that two to 13 percent of women drink heavily during pregnancy. In Missouri, that average is said to be approximately five percent. There is no test to ascertain whether alcohol-related damage is occurring in the fetus, although an ultrasound test, which can detect some growth defects, may be used if a pregnant woman has a history of chronic alcohol abuse.

"FAS is the third leading cause of birth defects," concluded Rohland. "It is definitely not reversible, but certainly is preventable."

Auxiliary business conducted during the meeting included the announcement of Esther Blumoff as nominee for Auxiliary president for 1985-87, made by Auxiliary President Marcia Shapiro (Mrs. Robert). Following the meeting and luncheon, a fashion show featuring clothing and accessories from the Auxiliary-sponsored Gift Gallery and narrated by Diane Deutch (Mrs. Edward) was presented. ■

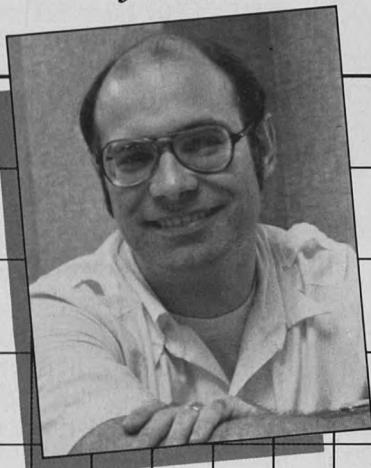
*For information on joining the Auxiliary, contact the Auxiliary office at 454-7130.*



# **VIP PROFILES**

Each edition of Jewish Hospital's monthly in-house publication, *Employee Update*, features a profile of a special employee. Nominated by co-workers, these special people exemplify the spirit of willingness to go the extra mile which makes Jewish Hospital both the warm and caring institution that it is and a leader among health care providers. The Spotlight Employees of 1984 are:

**JANUARY**



**Ed Hart,**  
emergency room

**FEBRUARY**



**Barbara Tarantola,**  
patient relations

**MARCH**



**Pat Johnson,**  
nursing

**JULY**



**Mary Kalt,**  
nursing

**AUGUST**



**Kathy Doyle,**  
education

**SEPTEMBER**



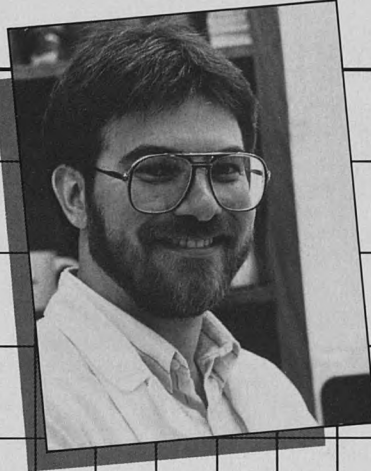
**Mary Egli,**  
hematology

**APRIL**



**Betty Nicholson,  
microbiology laboratory**

**MAY**



**Kevin Hoffman,  
nursing administration**

**JUNE**



**Donna Fierce,  
radiology**

**OCTOBER**



**Laurie Voigt,  
cardiology**

**NOVEMBER**



**Ruth Kelly,  
medical records**

**DECEMBER**



**Shirley Wilks,  
personnel**



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# GALLERY

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*GALLERY is a new feature designed to recognize benefactors whose substantial gifts to Jewish Hospital make possible the continuation of the hospital's tradition of leadership in the health care field.*



## **SPECIAL GIFTS Ambulatory Care Unit**

**G**ifts to Jewish Hospital for the purpose of assisting the construction of the new ambulatory care center building were made by the families of Mr. and Mrs. Paul A. Lux and Mr. and Mrs. David S. Sherman, as well as the May Company and its Famous-Barr and Venture divisions.

"We're happy to be part of such a worthy project," states Paul Lux, referring to the Lux and Sherman families' gift of a floor to the center. Both families have been long-time supporters of Jewish Hospital and are members of the Fellows of Jewish Hospital. Mr. Lux is also a member of the Board of the Associates in Medicine.

"The May Company," says David C. Farrell, president and chief executive officer, "which has taken a leadership role in reducing health care costs, is pleased to join with Jewish Hospital to make possible this ambulatory care facility. Ambulatory surgery is especially important because it offers individuals a safe and less-costly alternative to inpatient care." The gift will support the center's third floor surgery facility.

The ambulatory care center building will be unique in the St. Louis area. The nine-level building will be the only such free-standing ambulatory care unit located at a medical center, close to complete health care support systems which stand ready to provide additional services, should the need arise. Gifts such as those received from the May Company and the Lux and Sherman families are indicative of the support evident in the community for this project.



"Brown," said Queenie Schiele, with a twinkle in her eyes, "Henrietta particularly liked brown. Dresses, hats and furs. Her cars, however, were always navy blue and highly polished." In her sunroom-turned-studio-gallery, Mrs. Herbert S. Schiele was creating a portrait-in-words of her long-time friend and recent benefactress of Jewish Hospital, the late Mrs. Irvin S. Lang (nee Henrietta Butler), whose gift of \$750,000 will further medical research at the hospital.

Their enduring friendship began when the two were co-eds at Washington University. According to Mrs. Schiele, the conservative, reserved facade Henrietta Butler presented to the world belied the warm and somewhat adventuresome person she was. "She had traveled extensively and "had even been to China in the 30s, before air travel was possible," Mrs. Schiele reminisces.

Never one to give the gift of friendship lightly, she concentrated her affection on a close circle comprised mainly of older, more established people. This circle included her husband-to-be, Irvin.

Irvin and Henrietta Lang lived at 52 Kingsbury, a residence reflecting the family's position in St. Louis society. She was concerned with the personal lives of her staff, Mr. Patterson, houseman and chauffeur, and Emma, a cook and long-time family retainer, often assisting them through difficult times, always asking after their children and grandchildren.

Although childless herself, Mrs. Lang enjoyed her friends' children. "She gave each of them a nickname and followed their development closely," says Mrs. Schiele.

She played bridge, lunched at the Women's Exchange, and was an enthusiastic golfer. Her intimate dinner parties (usually for 12) bore perfection as their hallmark. Contact with friends through these activities led her to provide support to their many projects. She admired creativity and community service among her friends, but rarely participated herself.

The infirmities of age confined the 1918 Mary Institute graduate to her home in her last years. She shared the company of her staff, and kept in touch with her circle infrequently. At her death in 1982, the sizeable Lang estate provided for the continuation of support for several worthy causes.

Summing up the life of her friend, Mrs. Schiele said, "I think Henrietta would like to be remembered as a high-principled, exact person, one who wanted to be sure that she was understood, and as a person who appreciated life and all that it brought her."





## JEWISH HOSPITAL NEWS BRIEFS

**Marc Abrams, DDS,** attended the American Association of Oral and Maxillofacial Surgeons "Oral Implants" meeting September 14-18 in New York, New York.

**Stanley Biel, M.D.,** co-authored a paper with Ronald Krone, M.D., "Left Coronary Artery Dissection with an Amplatz-Shaped Catheter" which appeared in the October 1984 issue of *Chest*.

**William J. Catalona, M.D.,** attended a post-graduate course sponsored by Travenol in St. Louis September 6, where he presented programs on "Difficult Problems in Urology" and "Sexual Potency in Relation to Radical Cystectomy and Prostatectomy." From September 29 to October 4, he attended the AUA-South Central Section meeting where he presented a program on "Bladder Cancer." At the annual Advanced Seminar in Urologic Surgery meeting, "Advances in Urologic Oncology," sponsored by the University of California at San Francisco October 19-20, Dr. Catalona presented programs on "BCG Immunotherapy of CIS and TCC," "A Discussion of Pre-operative Radiotherapy," "Definitions, Staging Criteria and Overview," and "An Overview of Treatment of Advanced Disease." At the meeting, he moderated panel discussions on "Pediatric Urologic Oncology," "Treatment of Invasive Bladder Cancer," "Therapy of Disseminated Renal Cancer," and "Preservation of Potency Following Radical Prostatectomy." He participated in a panel discussion on "Urologic Cancer Diagnosis." Dr. Catalona presented a program on "Testicular Cancer" to the Barnes Hospital Multi-Modality Oncology Conference, November 10-11.

**Murray Chinsky, M.D.,** attended the executive meeting of the Phi Delta Epsilon medical



**MEET ME AT THE FAIR**—"It was a very successful effort," reported Sunny Combs, community relations program coordinator. "So many hospital departments contributed time, expertise and manpower toward the operation of our booth at the Family Fair at West County Shopping Center November 2-3."

The fair was designed to create awareness in West County of institutions and agencies who provide services to families. Nurses from Jewish Hospital offered free

blood pressure screenings to visitors. More than 250 readings were taken and were recorded on cards with the physician's referral number also written on them and given to each participant.

Literature and information about hospital departments and services was displayed on the table of the large booth located at the entrance to Famous-Barr.

Participation in the fair was part of a general effort to increase awareness of Jewish Hospital among people living in the West County area.



**PROGRESS ON PARKINSON'S**—"The simple questions about Parkinson's disease have been answered. The harder ones are still here and will tax our ingenuity and dedication," said Erwin B. Montgomery, Jr., M.D., assistant professor of neurology at Washington University School of Medicine, in his remarks to the capacity crowd at the Parkinson's Education Program (PEP) held November 4 at the Jewish Hospital Steinberg Amphitheater. PEP programs are sponsored by the Jewish Hospital Auxiliary.

"What are the changes in the nervous system that Parkinson's patients experience? How can we make that system work more normally? To answer that, we need to know the normal function of the basal ganglia (a part of the brain involved in movement). We need to answer all these questions before we can learn to lessen the symptoms of Parkinson's disease," explained Dr. Montgomery.

After giving the audience a short course in neurophysiology, during which he described how nerve cells contact and communicate with each other, Dr. Mont-

gomery told of research he is conducting with monkeys. In his laboratory, the nervous activity in the brain and electrical activity in muscle is monitored. Activity in normal monkeys is compared to that of monkeys with drug-induced Parkinson's "to find the location of the block in the conversation between the neurons controlling movement (nerve cells that communicate messages to each other as the message travels to the brain)," described Dr. Montgomery.

Joel Perlmutter, M.D., research instructor in neurology and radiology at Washington University School of Medicine, explained his Parkinson's disease-related research utilizing Positron Emission Tomography (PET scan). The non-invasive, nuclear medicine scan technique is used in his work to illustrate section-by-section the regional cerebral blood flow in patients with hemiparkinsonism (symptoms on one side of the body). Such patients are used to identify abnormalities of blood flow in specific brain regions. Patients are scanned both before and after taking L-Dopa, a drug used to

replace the dopamine in the brain which is lost due to the disease. Many Parkinson's patients take prescription drugs that contain such a substitute. The change in the function of the brain caused by this increased dopamine can be determined from the change in regional cerebral blood flow. Dr. Perlmutter explained, "Measurement of cerebral blood flow is an indication of brain activity and function."

Further testing on the horizon for the PET scanning project includes screening procedures for new Parkinson's medications and measuring the dopamine receptor areas on nerve cells, according to Dr. Perlmutter.

Muscle behavior is very much related to brain function. Barbara Norton, BSPT, coordinator of the applied kinesiology laboratory program in physical therapy at Washington University School of Medicine, is using extremely sophisticated instrumentation to measure muscle activity of Parkinson's patients. Not only does her research provide information on how muscle groups perform at rest, while trying to move and while moving with assistance, but the information can also be used to track and evaluate different medications.

"We have to look harder and farther for clues to the causes and treatment of Parkinson's," said Clifford Saper, M.D., associate professor of neurology, anatomy and neurobiology at Washington University School of Medicine. "Only by knowing how Parkinson's Disease affects the brain can we work toward better medications

and detection." Dr. Saper described how the specific anatomical information gained by examining brains after death has aided the fight against Parkinson's by helping to dispel theories and to offer up others in their places.

"We in the medical research community are standing by to do the work, but we need your support—in addition to financial and moral. More than that, we need you to support the Parkinson's disease research effort in a very special way," said Dr. Saper. "I urge you and your family members, when you die, to make your brain available for research. I realize this is an extreme measure I am asking of you, but we can't spell 'cure' without the 'you.'" If you are interested in learning more about his program, call the Parkinson's Disease Resource Center at 362-3311.

*PEP programs, sponsored by the Jewish Hospital Auxiliary and organized by chairperson Susan Levin (Mrs. Robert), meet three times a year in the hospital's Steinberg Amphitheater. The American Parkinson Disease Association now has a St. Louis Information and Referral Center with a hotline, newsletter, community and health care referrals and printed material. The Center is open Monday through Friday, 9:00 a.m. to 4:00 p.m. It is located in the department of neurology at Washington University School of Medicine. The telephone number is 362-3299.*

*For further information on PEP programs, contact the Auxiliary office at 454-7130.*



## NEWS BRIEFS

fraternity October 27 in Chicago, Illinois. He was elected secretary of the board of trustees of that organization for the 1984-85 term.

**Stephen R. Crespin, M.D.**, wrote the forward to a book, *Female Hirsutism: An Enigma*, authored by Linda C. Edsell.

**Linda A. Fisher, M.D.**, was appointed to the Commission on Foreign Medical Education of the Federation of State Medical Boards, a national organization formed to gather and validate information con-

cerning foreign medical education.

**Alvin Frank, M.D.**, attended the Center for Advanced Psychoanalytic Studies meeting, "Psychoanalysis," September 21-25 in Princeton, New Jersey.

**Alvin Goldfarb, M.D.**, attended the annual meeting of the American College of Surgeons October 21-26 in San Francisco, California.

**Jerome Grosby, DDS**, participated in a St. Louis Heart Association panel discussion on "Dental Care for the Heart



**NEWS REPORT**—Jewish Hospital Old Newsboys took their fundraising efforts to St. Louis County in this year's drive. Besides selling issues of the *The St. Louis Globe-Democrat* at the usual locations on the hospital block, the Newsboys were positioned at the Clayton and Lindbergh and the Kehrs Mill and Clayton intersections. Their extended effort was rewarded as the final results were tallied for a

total of \$631.22. According to Sunny Combs, program coordinator, the goal was to break the \$500 mark. "Next year," says Ms. Combs, "we'll try to beat this record, too."

Pictured is Joe Gentile, security officer, who became this year's number one Newsboy by raising \$120.25. The proceeds will be used by agencies and organizations in the St. Louis area that help needy children.



### SCHOOLDAYS,

**SCHOOLDAYS**—A course, "Earn your MVA — Master's of Volunteer Awareness," complete with a diploma for each participant, was the program at the annual volunteer orientation held in the Brown Room November 5. Instructor Elaine Levinsohn, director of volunteer services, and Professor David A. Gee, president, were faculty for the course. Guest lecturer was Marylen Mann, director of OASIS (Older Adult Services and Information System). Students received their MVA degree upon completion of the day-long course.

Student participation was active and encouraged by Mrs. Levinsohn, who guided her pupils in creating a long and detailed list of 28 qualities in answer to the exam question "what makes a volunteer professional?" Some of the answers selected included efficiency, dependability, empathy, commitment, patience, compassion and honesty.

"Each volunteer possesses certain qualities that qualify him or her as a professional volunteer," noted Levinsohn. "The homework assignment was to work harder to gain any of the qualities the group listed that individuals felt they were lacking."

Mr. Gee spoke to the student body on future changes at Jewish Hospital, including an overview of construction projects such as the Ambulatory Care Center. Ms. Mann spoke on the OASIS program, which recently affiliated with the Washington University School of Medicine and is housed at Jewish Hospital.

Following an Auxiliary-sponsored luncheon, students were offered mini-tours of the ob-gyn department and the psychiatry department.

*For information about becoming a Jewish Hospital volunteer, contact the Auxiliary office at 454-7130.*



**FOR YOUR INFORMATION**—Susan Levin has been appointed the Parkinson's Disease Information and Referral Center coordinator. The Center, affiliated with Jewish Hospital and housed at Washington University's School of Medicine, is sponsored by a recent grant from the American Parkinson Disease Association headquartered in New York. The Center provides an informational hotline, physician referral services, educational

literature on Parkinson's disease and a newsletter. The grant further provides the salaries for the Center's part-time staff.

Other services to Parkinson's disease patients and their families include the Jewish Hospital Auxiliary-sponsored Parkinson's Educational Program which provides a lecture series and support groups, and the Greater St. Louis Chapter of the American Parkinson's Disease Association. This chap-

ter is both the world's largest, with membership numbering 1,300, and the most active. Current projects, beyond the information and referral functions, include active participation by volunteers in drug research and the establishment of a brain bank to which Parkinson's patients and their families may donate their brains. The bank will provide an invaluable research tool for scientists working on the mysteries of the disease, its causes and, eventually, its cure or prevention.

Three years ago, Mrs. Levin began organized educational activities when she and her family were unable to get information about this disease with which her father is afflicted. Today, these expanded programs and services have become important parts of the lives of many. Reflecting on this growth, Levin says "Without the initial and continuing support of the Jewish Hospital Auxiliary, the programs as we see them today would not have developed."

*For information on the Parkinson's Disease Information and Referral Center at Washington University, its programs or projects, call 362-3299.*

Patient" October 22 in St. Louis. He spoke on "The Relationship of Dental Treatment to Cardiovascular Disease" and "Systemic Effects of Prophylaxis" to the Greater St. Louis Dental Hygienists Association, November 8. Dr. Grosby also attended the Midcontinent Dental Congress, September 28-October 1, in St. Louis.

**Jack Hartstein, M.D.**, has been invited to give a course on

"Extended Wear Contact Lenses" at the XV Pan American Congress on Ophthalmology in New Orleans, Louisiana, April 21-27, 1985. He has been invited to write a monthly column for *Ocular Surgery News*. Dr. Hartstein was also invited to speak on "Gas-Permeable Contact Lenses" at the International Contact Lens Congress to be held in New Delhi, India, January 28-30, 1985.

**Joseph Hazan, M.D.**, attended a conference on "Contemporary Issues and Practices in Ob/Gyn" held November 6-9 at the University of Texas Health Sciences Center in Dallas, Texas.

**Barry Hieb, M.D.**, co-authored a paper, "CATHCOM—A Third Generation Catheterization Laboratory System Featuring Ergonomic Software," presented to the Computers in

Cardiology meeting, September 18-21, in Salt Lake City, Utah.

**Peter Herskovitch, M.D.**, spoke on "Positron Emission Tomography" to an audience at the Alberta Heritage Foundation for Medical Research at the University of Alberta, Alberta, Canada, August 27.

**Michael J. Isserman, M.D.**, spoke on "Introduction to Ophthalmology" to a YMCA Rockies group in Colorado August 25. He was elected secretary-treasurer of the St. Louis Ophthalmology Association for 1984-85.

**James Jenkins, M.D.**, moderated a discussion on "Advances in Anesthesia II," a satellite teleconference broadcast nationwide to 15 cities from New Orleans, Louisiana, October 13.

**Alex Kaplan, M.D.**, co-authored a paper, "The Dying Psychotherapist," presented to the Washington University department of psychiatry March 3 and the St. Louis Psychoanalytic Society September 19.

**Ira Kodner, M.D.**, was elected to the American Board of Colon and Rectal Surgery, effective 1985-89.

**Ronald Krone, M.D.**, co-authored a paper, "Low Level Exercise Testing after Myocardial Infarction," presented to the American Heart Association November 15 in Miami, Florida. At the American College of Chest Physicians meeting October 10 in Dallas, Texas, Dr. Krone participated in a panel discussion on "Thrombolytic Therapy." He co-authored an article, "Left Coronary Artery Dissection with an Amplatz-Shaped Catheter," which appeared in the October 1984 issue of *Chest*.

**Jerome Levy, M.D.**, attended an American Society of Plastic and Reconstructive Surgeons meeting on "Breast Reconstruction" held October



10-14 in Las Vegas, Nevada.

**Morton Levy, M.D.**, chaired a press conference to introduce the Road to Recovery program of the American Cancer Society, October 11, in St. Louis.

**Virgil Loeb, M.D.**, was elected 1984-85 president of the Missouri Division of the American Cancer Society for his second term.

**Paul Lowenstein, M.D.**, attended the American College of Angiology meeting, "Circulatory Problems," November 4-8 in San Antonio, Texas.

**Alan Lyss, M.D.**, spoke on "The Latest Concepts in Selected Areas of Internal Medicine" October 25 at Jewish Hospital. He participated in a panel discussion on "Current Management of Breast Cancer" October 28 at the Jewish Hospital Auxiliary "Cancer Answers" program.

**John Meyer, M.D.**, spoke on "Cell Kinetics and Breast Carcinoma" to the National Institute in Milan, Italy, October 10.

**Marvin Mishkin, M.D.**, was elected president of the St. Louis Orthopedic Society for the 1984-85 term.

**Arthur Prensky, M.D.**, attended a meeting of the Child Neurology Society in Phoenix, Arizona, October 11-14. At the American Academy of Pediatrics meeting held September 15 in Chicago, Illinois, he directed a course on "Pediatric Neurology."

**Timothy L. Ratliff, Ph.D.**, co-authored an article on "Inhibition of Mouse Bladder Tumor Proliferation by Murine Interferon- $\gamma$  and its Synergism with Interferon-B" published in a recent edition of *Cancer Research*.

**Kenneth L. Russ, Ph.D.**, presented a workshop, "Coping with Stress: Physical, Emotional and Interpersonal Aspects," for the St. Louis Chapter of the Brandeis University Women's

#### MAKING (AIR) WAVES—

Jewish Hospital has been making the most of the limelight in recent months with several pieces of news and feature coverage highlighting its special people and special approaches to medical problems.

The "Sally Jessy Raphael Show," taped in St. Louis and broadcast in 30 major cities across the country, has recently featured Jewish Hospital experts on topics close to the heart of many American women: the dangers of staying fat and the tyranny of trying to be thin, and the excellent chances for continuing to lead a normal, healthy life after a bout with breast

cancer and mastectomy. Marvin Levin, M.D., provided medical perspective on the dangers of obesity in rebuttal to a group of fat advocates on the Raphael show, and later provided insight into strategies for successful holiday dieting on KMOX-AM's "At Your Service." Joseph W.

Eades, M.D., was also featured on the Raphael show during the entire show on surviving mastectomy. While Dr. Eades talked about the latest techniques in breast reconstruction surgery, Cynthia Frohlichstein, Auxiliary member and Reach-to-Recovery volunteer, and her husband Harvey, provided a personal perspective. The show

began with a compact version of the Cancer Answers "Does She or Doesn't She?" fashion show featuring models Ina Rainey (Mrs. Julian), Harriet Levin (Mrs. Ted H.), Sue Weintraub (Mrs. Sam), and Nancy Coplin.

Cable News Network, the Atlanta-based national news service, came to Jewish Hospital in mid-December to tape a story on detecting stress fractures—a common problem in both athletes and the elderly—through use of a gamma camera. Keith Fischer, M.D., of the radiology department, explained how and why gamma cameras are effective where x-rays sometimes fail.

#### THE YEAR IN

**REVIEW**—The year-end list of Auxiliary funding for equipment requests by Jewish Hospital physicians totals more than \$144,000, according to Donna Nussbaum (Mrs. William), chairperson of the Auxiliary's project evaluation committee. "We are very pleased to be able to benefit so many departments and types of patients," she comments. "The gifts are not concentrated in just a few departments but will be able to help a large cross-section of our patient population." The requests are paid for by the monies generated in the Auxiliary fund-raising shops

and the Tribute Fund. Following is this year's list of equipment gifts and their approximate costs:

- A conductivity meter for the department of surgery (\$850).
- A treadmill for the vascular laboratory (\$1,800).
- Equipment for plastic surgery, including surgical instruments, stools with hand supports for hand surgery and light sources (\$10,000).
- A centrifuge for the department of pathology to be used in research work on breast cancer and leukemia (\$21,313).
- A Teca Sensory System #50 with a mobile console to be used by the department of

rehabilitation medicine in the diagnosis and treatment of a variety of injuries (\$30,800).

- A transrectal ultrasound (the first purchased in the state of Missouri) for the division of urology to aid in the identification of prostate cancer (\$55,000).
- A YAG laser for the department of ophthalmology to use in follow-up procedures for patients who have had cataract surgery (\$25,000).

The total amount of the Auxiliary funding is \$144,763 and is separate from other Auxiliary-related gifts, such as nursing scholarships and the sponsorship of specific research projects.

Association, October 16 and 30. He presented a workshop on biofeedback October 13 to the Older Adult Education Workshop for the Continuing Education Institute at St. Louis Community College at Forest Park. Dr. Russ also attended a workshop on "Behavioral Management for Patients with

Alzheimer's Disease" October 24 at the Missouri Institute of Psychiatry.

**Joseph F. Ruwitch, M.D.**, was appointed to a three-year term on the Washington University School of Medicine Admissions Committee. He recently served as a delegate from Missouri to the annual national

meeting of the American Society of Internal Medicine.

**Moisy Shopper, M.D.**, was appointed to the editorial board of the American Society of Adolescent Psychiatry's annual publication, *Adolescent Psychiatry*. He spoke on "The Impact of the 80s on Children" to the St. Louis County Juvenile



**NOW HEAR THIS —**

Available in the department of otolaryngology's audiology laboratory is a specialized piece of equipment to measure very minute electrical responses to sound in the inner ear. The procedure is known as electrocochleography (ECoG).

"The advantage of the ECoG test is that it non-invasively provides us with an objective assessment of the peripheral (inner ear and cochlea) auditory system," explains Tina Daher, M.A., staff audiologist. A tiny, spring-loaded electrode is placed two to three millimeters from the eardrum in the external auditory canal. Ground and reference electrodes are affixed to the top of the patient's head and other earlobe. No anesthetic or sedation is required as the half-hour procedure is painless (and, in fact, rather relaxing, as the patient reclines in an easy chair in a soundproof booth during the test). As sounds are transmitted to the inner ear electrode,

the electrical impulses carrying the sound waves into the inner ear are measured.

The test is especially valuable in the diagnosis of patients suspected of having Meniere's syndrome, a progressive disease characterized by hearing loss, tinnitus and vertigo. For other patients who are suspected of having a fluctuating hearing loss, dizziness or vertigo, tinnitus (ringing in the ears) or a combination of the above, the ECoG test, when used as part of a battery of tests, helps provide a reliable diagnosis and is without side effects or discomfort.

Readings from an ECoG can be stored on computer discs so that the information may be shared and compared without requiring the patient's presence.

"At present, ECoG results are not necessarily used to justify medical intervention," explains Ms. Daher. "Its value is more important in classifying disease and confirming Meniere's syndrome."

Justice Association meeting October 10. Dr. Shopper attended the American Academy of Child Psychology meeting October 10-15 in Toronto, Canada, where he was elected chairperson of the committee on adolescence. He presented a workshop on "Psychosocial Aspects of Chronic Disability in Adolescents and Young Adults" at a meeting of the American Academy of Pediatrics in Chicago, Illinois, September 17. Also at that meeting, Dr. Shopper co-presented a paper on "Recurrent Abdominal Pain in Children: A Comparative Study."

**William Shieber, M.D.**, spoke on "Surgery of Hyperparathyroidism" September 20 as a portion of his visiting professorship at St. Thomas' Hospital, London, England.

**Nathan Simon, M.D.**, spoke on "Maintaining Mental Health in Old Age" to an OASIS meeting October 4 at Famous-Barr, Clayton. He discussed "The Dying Physician" at a meeting of the St. Louis Psychoanalytic Society September 17.

**Jules Snitzer, DDS**, attended the national convention of the American Academy of Periodontology September 18-22 in New Orleans, Louisiana.

**Samuel Soule, M.D.**, authors a regular column in the Bulletin of the St. Louis Metropolitan Medical Society on "Our Medical Ancestors." He attended the 75th anniversary meeting of the St. Louis Society of Internal Medicine Doctors in St. Louis. Dr. Soule also attended the annual meeting of the Phi Delta Epsilon Ob-Gyn Travel Club in October in Chattanooga, Tennessee.

**Albro Tobey, M.D.**, spoke on "Pre-menstrual Syndrome" to the Wellness Focus Conference, October 3, at Belleville Area College,

Belleville, Illinois.

He attended the national meeting of the American College of Obstetrics-Gynecology in May in San Francisco, California.

**Roland Valdes, M.D.**, was elected to the executive board of the Gateway Clinical Ligand Assay Society. He was a guest symposium speaker at the annual meeting of the American Society for Pharmacology and Experimental Therapeutics, August 19-23, at the Indiana University School of Medicine, Indianapolis, Indiana. Dr. Valdes was awarded a grant-in-aid from the American Heart Association for research on "Digoxin-like Factor in Hypertensive Pregnancies."

**Todd H. Wasserman, M.D.**, attended the fourth International Conference on Radiosensitizer and Radioprotective Drugs in Fermo, Italy, August 29-September 5, where he presented a review of the clinical trials in the U.S. with radiosensitizers. He also attended the third annual meeting of the European Society of Therapeutic Radiology and Oncology in Jerusalem, Israel, where he presented papers on "Current Use of the 'SR-2508' Radiosensitizer" and "Treating Early-Stage Large-Cell Lymphomas of the Head and Neck with Radiation Only." At the American Society for Therapeutic Radiology and Oncology meeting October 8-12 held in Washington, D.C., Dr. Wasserman was involved in the presentation of three abstracts along with his co-authors: "The Results of the Phase I Trial of the Hypoxic Cell Radiosensitizer SR-2508;" "The Clinical Results of Low Stage Large Cell Lymphomas Treated by Radiotherapy Only;" and "Hyperfractionated Radiotherapy With or Without Misonidazole for the Treatment of Brain Metastases-A Report on a Recent RTOG Study." At that



## NEWS BRIEFS

meeting, he was appointed to the program committee for the next meeting. Dr. Wasserman was also appointed to the organization and program committee for a meeting on "Interactions of Chemotherapy with Radiation" to be held in New England in fall 1986.

**Gary Weil, M.D.**, is a participant in the NIH-sponsored Indo-U.S. Senior Scientist Initiative Program for

Filariasis. He is collaborating with the Indian National Institute of Communicable Diseases to develop improved methods for surveillance and control of the disease.

**Calvin Weiss, DDS**, has been elected president-elect of the American Association of Hospital Dentists. He will be installed in August 1985 at a meeting in New York, New York. ■

on support for families whose members are being treated in the Jewish Hospital emergency room.

The Jewish Hospital smoking cessation program and **Linda Stanton, M.D.**, director, were featured on segments of the September 9 Channel 5 news and the October 3 "P.M. Magazine" on Channel 2. News articles about the program appeared in the *West County Journal* and *St. Louis Post-Dispatch*.

The **Jewish Hospital Auxiliary's** *Cooking in Clover* fund-raising cookbook was featured in the September issue of *St. Louis Magazine*.

The **Jewish Hospital magazine**, 216, was mentioned in the September issue of *The St. Louis Journalism Review* in an article on free publications.

The promotion of **John McGuire** to hospital executive vice president in October was covered in the *Jewish Light*, *The St. Louis Globe-Democrat* and *The St. Louis Post-Dispatch*.

The September appointment of **Nicholas T. Kouchoukos, M.D.**, as the new cardiovascular and thoracic surgeon-in-chief at Jewish Hospital, was covered in *The St. Louis Globe-Democrat*, *The St. Louis Post-Dispatch*, the *Jewish Light* and the *West End Word*.

The **May Company gift** to Jewish Hospital toward the construction of the ambulatory care center was featured in October articles in *The St. Louis Business Journal*, *The South Side Journal*, the *Jewish Light*, *The St. Louis Post-Dispatch*, *The St. Louis Globe-Democrat* and the *West End Word*.

The **Jewish Hospital Auxiliary's** October 28 program, "Cancer Answers," was covered in the *Jewish Light*, *The St. Louis Globe-Democrat*, *The St. Louis Post-Dispatch* and the *West County Citizen*. Mentions

of the program were also broadcast on Channel 4, Channel 5, and KMOX-AM radio. Program chairperson **Peggy Ross** and fashion show commentator **Cynthia Frohlichstein** were interviewed about the program on KMOX-AM.

**Louis V. Avioli, M.D.**, was interviewed by Channel 2 reporter Katharine Pratt October 8 and 9 about the formation of the Osteoporosis Evaluation Program. Stories about the program also appeared in *The St. Louis Post-Dispatch*, *St. Louis Home*, the *West County Journal*, and the *Jewish Light*.

The **Fellows of Jewish Hospital's** annual brunch September 23 featuring guest speaker **C. Everett Koop, M.D., U.S. surgeon general**, was covered in *The St. Louis Post-Dispatch*, *The St. Louis Globe-Democrat*, the *Jewish Light*, and the *West County Journal*. Channel 5, Channel 4, Channel 2 and KMOX-AM broadcast coverage of the event.

The August 1 **Tobacco Throwaway** event of the Gift Gallery was covered in *The St. Louis Post-Dispatch*, *The St. Louis Globe-Democrat*, the *West End Word*, the *Jewish Light*, and the *West County Citizen*. Radio and television mentions of the event appeared during news segments on Channel 4, Channel 5, Channel 2, KYKY-FM and KMOX-AM.

The Jewish Hospital **room rate reduction** announced in August was the subject of a Channel 4 editorial by general manager Allan Cohen. The rate reduction was also featured in segments of the Channel 2, KXOX-FM and KMOX-AM news programs. Print mention occurred in *The St. Louis Business Journal*, *The St. Louis Post-Dispatch*, *The St. Louis Globe-Democrat* and the *Belleville News-Democrat*. ■

## MEDIA BRIEFS

The *St. Louis Globe-Democrat* ran a story October 30 on the 1984 Health Care Leadership Award presented to Jewish Hospital Board of Directors member **Lee Liberman** by the Hospital Association of Metropolitan St. Louis.

The December 6 "Sally Jessy Raphael Show" on Channel 5 featured Jewish Hospital Auxiliary members **Cynthia Frohlichstein, Sue Weintraub, Ina Rainey, Harriet Levin** and **Nancy Caplan** modeling fashions for mastectomy patients. **Joseph Eades, II, M.D.**, explained breast reconstruction techniques to the audience of the show which is syndicated in 30 major markets.

A new device that simplifies dialysis procedures was featured on the December 3 Channel 5 news. Reporter Tom O'Neal interviewed Jewish Hospital physicians **Mark Ludwig, M.D.**, and **John Buerkert, M.D.**

**Ira Kodner, M.D.**, was featured on a half-hour program on colo-rectal cancer broadcast on KXOK-AM December 2.

The Jewish Hospital *in vitro* fertilization program was spotlighted in a week-long series on the subject on Channel

5. Reporter Tom O'Neal interviewed **Ronald Strickler, M.D.**, for the series October 22-26 and for a segment of the Channel 5 "Briefing Session" program December 1.

**Laurence Levine, M.D., DDS**, and **Robert Bastian, M.D.**, were interviewed by Ollie Raymand for a segment of the November 25 Channel 4 "Eye on St. Louis" program on voice and throat care.

**Marvin Levin, M.D.**, was an audience "plant" during the November 16 "Sally Jessy Raphael Show" on Channel 5. Proponents of obesity were the guests on the show and Dr. Levin provided counterpoint to their arguments. Dr. Levin was also the guest on a 50-minute KMOX-AM call-in show November 24 on holiday dieting.

Channel 4 reporter Al Wiman interviewed **Ronald Strickler, M.D.**, for a November 15 news segment on endometriosis.

**Barry Hong, Ph.D.**, was host Julian Bell's guest on "Confluence," a Channel 4 public service program November 4. Dr. Hong spoke on alcoholism.

**Gail Shawver, MSW**, social work, was featured on a Channel 2 news segment October 4



# CONTRIBUTIONS TO JEWISH HOSPITAL FUNDS

## SUSTAINING GIFTS

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

Mrs. Irvin Bettman, Jr. has made a contribution to the Sidney I. Rothschild Medical Library Fund.

Mr. and Mrs. Robert L. Buell have established the Lois M. and Robert L. Buell Fund for Heart Research.

The Brand Foundation has made a contribution to the Oscar and Ann Brand Memorial Fund in memory of Ann Brand.

Mr. Harold J. Brod has made a contribution to the Building Fund for the Ambulatory Care Center.

Mr. and Mrs. Jerry Chod have made a contribution to the Department of Cardiology in honor of Dr. Ali Salimi.

Mr. and Mrs. Jack Edlin have made a contribution to the Norma and Jack Edlin Nursing Scholarship Fund.

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

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

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

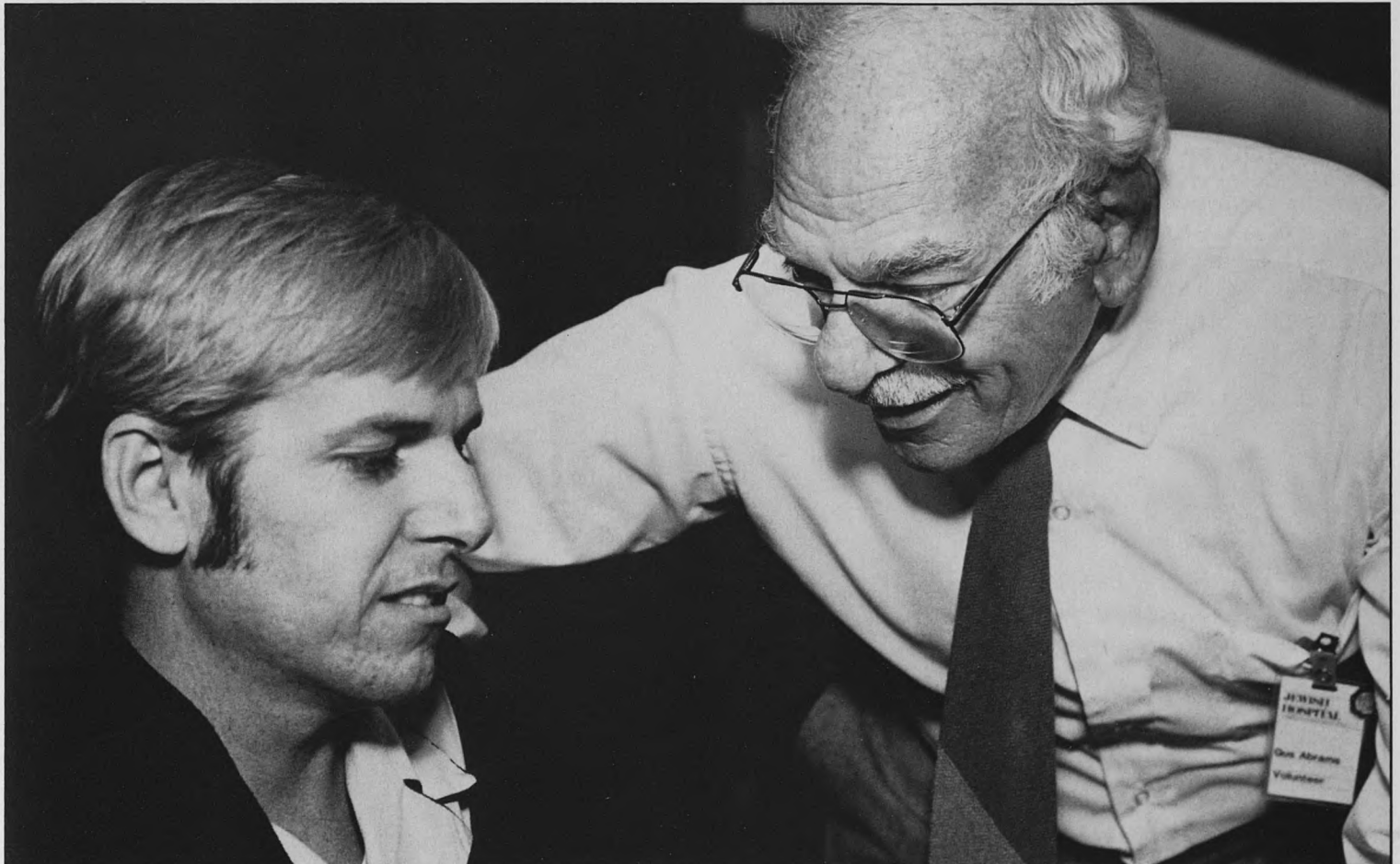
Mrs. Eugene A. Freund has made a contribution to the Eugene A. Freund Renal Fund.

Mrs. Hortense Goodman has established the Arnold Goodman Fund for Radiation Oncology in memory of Arnold Goodman.

Mr. Richard L. Grand-Jean has made a contribution to the Elaine Kornblum Fund in memory of Elaine Seldin Kornblum.

Mr. and Mrs. Edward Greensfelder have made a contribution to the Pulmonary Research Fund in honor of Dr. Robert Senior.

Mr. and Mrs. David Gutman have made a contribution to the Departments of Colon and Rectal Surgery, and Urology.





## CONTRIBUTIONS

### SUSTAINING GIFTS

Mr. and Mrs. Whitney Harris have made a contribution to the Eugene A. Freund Renal Fund.

Mr. and Mrs. James Hirsch have made a contribution to the Ralph Hirsch Cancer Research Fund.

Mr. and Mrs. Jeffrey Korn have made a contribution to the Breast Cancer Research Fund and the Tribute Fund.

Mr. and Mrs. Willard L. Levy have made a contribution to the Directors Fund in appreciation of Drs. John Connors and Jay Sandza.

Mr. and Mrs. Al Loeb have made a contribution to the Benjamin M. Loeb Fund and the Tribute Fund.

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

Dr. and Mrs. William Margaretten have made a contribution to the John M. Shoenberg Research Fund in memory of John M. Shoenberg.

Mr. William McKenna has established the Jean T. and William J. McKenna Radiation Oncology Fund.

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

Mr. and Mrs. I. E. Millstone have made a contribution to the Research Endowment Fund.

Mr. and Mrs. Raymond Peters have made a contribution to the John M. Shoenberg Research Fund in memory of John M. Shoenberg.

Mr. and Mrs. Ronald Ross have made a contribution to the Research Endowment Fund.

Mr. and Mrs. Barry Sanders have made a contribution to the John M. Shoenberg Research Fund in memory of John M. Shoenberg.

Mr. Sylvan Sandler has made a contribution to the Rupert Turnbull Memorial Lectureship Fund in honor of Dr. Ira Kodner.

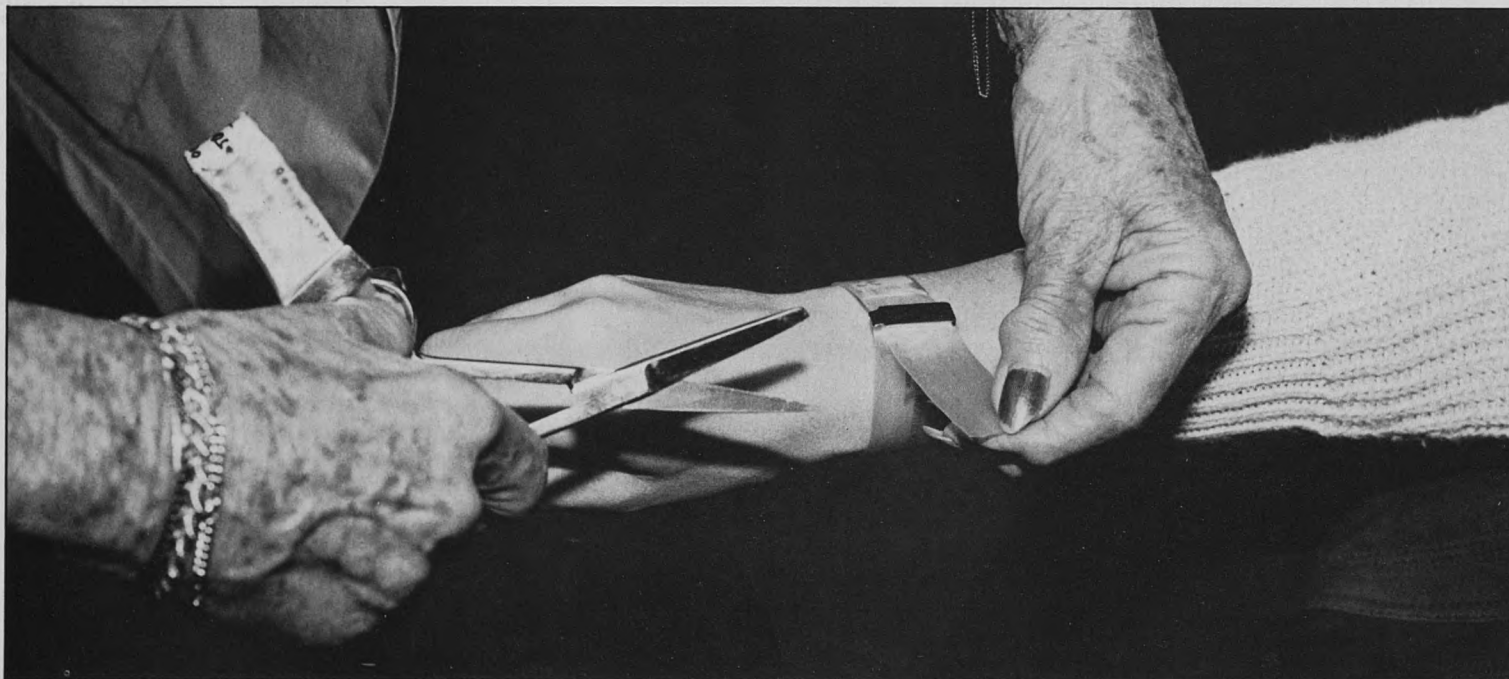
Mrs. Lester Seasingood has made a contribution to the Seasingood Heart Research Fund in memory of Lester Seasingood.

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

Mr. Harold Seidel has made a contribution to the Minnette and Martin L. Seidel Nursing Scholarship Fund, in honor of the Special Wedding Anniversary of Mr. and Mrs. Martin L. Seidel.

Mr. and Mrs. Martin L. Seidel have made a contribution to the Minnette and Martin L. Seidel Nursing Scholarship Fund.

The Shiffman Foundation has made a contribution to the Seasingood Heart Research Fund.



The Shoenberg Foundation has made a two-part gift to the Hospital. The first part creates the Shoenberg Colo-Rectal Division Research Fund; the second part makes a significant addition to the John M. Shoenberg Chair in Cardiovascular Surgery.

Mrs. Herbert B. Simon has made a contribution to the Ira and Herbert Simon Fund and the Julian Simon Research Fund, given in memory of Laura Simon, Clare Glaser, Herbert Simon, Julian Simon, and Hattie Weisl.

Mr. Michael M. Starr has made a contribution to the Building Fund.

Dr. and Mrs. Alan J. Stein have made a contribution to the Alan and Nancy Stein Urologic Research Fund.

The firm of Shifrin, Treiman, Barken, Dempsey and Ulrich has made a contribution to the Samuel R. Goldstein Endowment Fund in honor of Mr. Samuel R. Goldstein.

Dr. and Mrs. Mitchell Yanow have made a contribution to the Dr. Alexander C. Sonnenwirth Memorial Lectureship Fund and the Equipment Fund.



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*The Tribute Fund, initiated by the Jewish Hospital Auxiliary in 1952, receives approximately \$195,000 a year for research and aid to the needy. To make the donation process convenient, drawing accounts have been established. Anyone can open a drawing account by mailing a deposit of at least \$25 to the Tribute Fund, 216 South Kingshighway, P.O. Box 14109, St. Louis, MO 63178. Once the account is open, the donor can call 454-7242 anytime he or she wishes to make a tribute. Tributes can commemorate any occasion—birthday, promotion, birth, Bar Mitzvah or marriage. They can also be used to express appreciation or sympathy. The sender may specify that the money be put into a special fund. A notice is immediately sent to the recipient and the*

*amount, a minimum of \$3, is deducted from the balance of the account. So that all the money can be used for the purpose intended, the drawing account holder will not be sent a thank you acknowledgement.*

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

*The following contributions were received from October 12, 1984 to December 11, 1984. Any contributions received after December 11 will be listed in the next issue of 216.*

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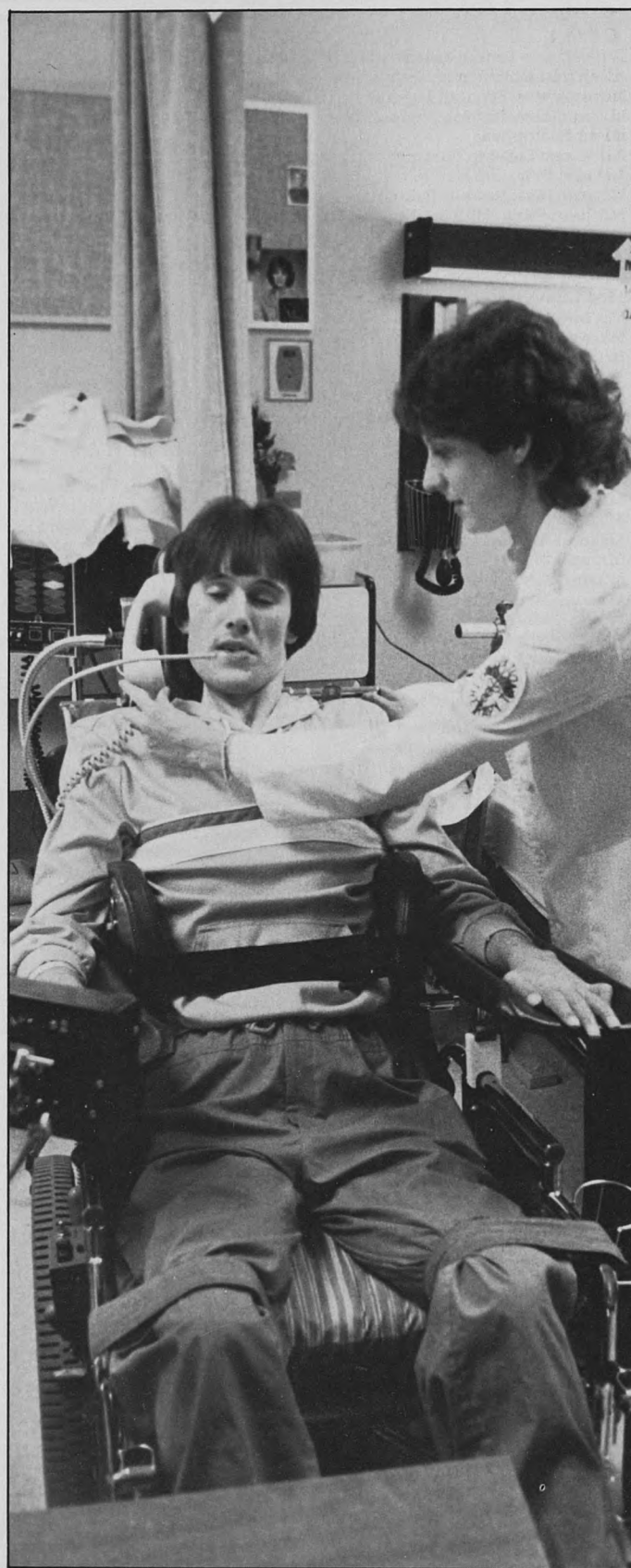


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 ..... **Bar Mitzvah of DAVID PORTNOY**  
 Nita Pass (Carl Pass Diabetic Research Fund)  
 ..... **Special Birthday of REUBEN POSNER**  
 Bobbie and Alan Blum (Lisa Bry-James Dreyer Memorial Fund)  
 ..... **Special Anniversary of MR. AND MRS. RONALD PRINCE**  
 Mr. and Mrs. Donald Cornbleet (Elaine Kornblum Fund for Research & Education)  
 Joyce and Frank Jacobs (Elaine Kornblum Fund for Research & Education)  
 Mr. and Mrs. Donn Lipton (Elaine Kornblum Fund for Research & Education)  
 Mr. and Mrs. Stephen Loeb (Elaine Kornblum Fund for Research & Education)  
 Mr. and Mrs. Harry S. Rosenberg (Elaine Kornblum Fund for Research & Education)  
 Suzy Seldin (Elaine Kornblum Fund for Research & Education)  
 Mr. and Mrs. Charles J. Steiner (Elaine Kornblum Fund for Research & Education)  
 Mr. and Mrs. Charles Tober (Elaine Kornblum Fund for Research & Education)  
 ..... **Special Birthday of LUCILLE PRITZ**  
 Dr. and Mrs. Helman Wasserman (Koven-Wasserman Research Fund OB/GYN)  
 ..... **Happy Holidays and Thanks to MRS. LOUIS PUTZEL**  
 June Bierman and Selma Gidlow  
 ..... **Special Anniversary of MR. AND MRS. DON QUICKSILVER**  
 Allen and Gloria Molasky (William, Dorothy & Jerome Molasky Memorial Fund)  
 ..... **Anniversary of MR. AND MRS. BEN RANGER**  
 Mr. and Mrs. Theodore Gitt  
 ..... **Speedy Recovery of ALAN REIMAN**  
 Jerry and Joan Kaskowitz (Mr. & Mrs. Ben Emert Kidney Research Fund)  
 ..... **Marriage of SHARON RICH**  
 Zelda Robbins (Lou & Alma Karpf Emphysema Research Fund)  
 ..... **Engagement of Daughter of DR. AND MRS. SHALE RIFKIN**  
 Abe and Anita Kaufman  
 ..... **In Appreciation of BARBARA ROHLAND**  
 Jewish Hospital Auxiliary  
 ..... **Recovery of BETTYE ROSEN**  
 Myrna Sokolik  
 ..... **Special Birthday of EARLE ROSEN**  
 Mr. and Mrs. Frank Josephson  
 ..... **Birthday of MRS. GEORGE ROSEN**  
 Cynthia Frohlichstein (Ruth W. Portnoy Cancer Research Fund)  
 ..... **Birthday of DR. HERBERT ROSENBAUM**  
 Dr. and Mrs. Sherman LeMaster  
 ..... **Special Birthday of FRANCES ROSENBERG**  
 Erna Deutsch (Hermann & Erna Deutsch Cardiovascular Fund)  
 ..... **In Appreciation of HARRY ROSENBERG**  
 Jeffrey Korn (Breast Cancer Research Fund)  
 ..... **Special Anniversary of MR. AND MRS. SAM ROSENBLUM**  
 Nita Pass (Carl Pass Diabetic Research Fund)  
 ..... **Special Birthday of PHILIP ROSENBLUM**  
 Mr. and Mrs. Lester Handelman (Frieda & Lester Handelman Cardiology Fund)  
 ..... **Recovery of PEGGY ROSS**  
 Eleanor Brin (Irving Brin Cancer Research Fund)  
 Selma and Elmer Gidlow (Edna Malen Scholarship Fund)  
 Mr. and Mrs. Alan Goldberg (Edna Malen Scholarship Fund)  
 Shirley and Ralph Grosberg (Edna Malen Scholarship Fund)  
 Mrs. Ann Loomstein (Edna Malen Scholarship Fund)  
 Robyn and Danny Mintz (Edna Malen Scholarship Fund)  
 Mr. and Mrs. Ronald Ross (Mary McKeever Memorial Fund)  
 ..... **Birthday of SOL ROSS**  
 Mr. and Mrs. Irwin Gittelman (Ralph Hirsch Cancer Fund)  
 ..... **New Home of MR. AND MRS. NORMAN ROTH**  
 Hortense Goodman (Cancer Research Fund)

DONOR

IN HONOR OF

..... **Special Birthday of MRS. NORMAN ROTH**  
 Mr. and Mrs. Harris Frank (Lisa Bry-James Dreyer Memorial Fund)  
 Lois and Marshall Greenman  
 Mr. and Mrs. M. Myron Hochman (Lisa Bry-James Dreyer Memorial Fund)  
 Mr. and Mrs. Melvin Mednikow  
 Mrs. Lester E. Nieman (Lisa Bry-James Dreyer Memorial Fund)  
 Mr. and Mrs. Melvin Schloss, Jr. (Lisa Bry-James Dreyer Memorial Fund)  
 ..... **Special Birthday of ROSE ROTHBARTH**  
 Mr. and Mrs. Sidney Cohen  
 Sylvia Posen  
 ..... **Speedy Recovery of CLARICE ROTHMAN**  
 Mr. and Mrs. Robert Levin and Daughters (Borman-Harris Parkinson Disease Fund)  
 ..... **Birthday of KEN ROTHMAN**  
 Barb and Karl Liberman (Geri Jaffe Rothman Fund for Breast Cancer Research)  
 ..... **Recovery of ARTHUR ROUFA**  
 Mrs. Sanford Gad (Sanford Gad Hospice Fund)  
 Edna Malen (Edna Malen Scholarship Fund)  
 ..... **Special Birthday of MRS. SAUL RUBIN**  
 Mary Margulis (Saul & Rebecca Rubin Cancer Research Fund)  
 Dr. and Mrs. Calvin Weiss (Dental Care Program for the Retarded)  
 ..... **New Office of DR. MICHAEL RUMELT**  
 Dr. and Mrs. Steven Lauter (Robert Rosenbaum Fund for Ophthalmology)  
 ..... **Special Birthday of CHARLYNE RUPRECHT**  
 Mr. and Mrs. Rodrick Lewin (Mary Goldstein Nursing Scholarship Fund)  
 ..... **Speedy Recovery of ALLEN SABOL**  
 Mr. and Mrs. Ernest Goldschmidt  
 ..... **Special Birthday of DR. LLEWELLYN SALE, JR.**  
 Mr. and Mrs. Lester Ackerman (Dr. Llewellyn Sale, Sr. Memorial Fund)  
 Mr. and Mrs. Richard Cronheim (Dr. Llewellyn Sale, Sr. Memorial Fund)  
 Dr. and Mrs. Max Deutch (Dr. Llewellyn Sale, Sr. Memorial Fund)  
 Mrs. Harry Franc (Dr. Llewellyn Sale, Sr. Memorial Fund)  
 Ann and Peter Husch (Dr. Llewellyn Sale, Sr. Memorial Fund)  
 Ben and Peggy Jacobs (Dr. Llewellyn Sale, Sr. Memorial Fund)  
 Mr. and Mrs. John Levy (Dr. Llewellyn Sale, Sr. Memorial Fund)  
 Mrs. Harry Loeb (Dr. Llewellyn Sale, Sr. Memorial Fund)  
 Mrs. A.L. Netter, Jr. (Dr. Llewellyn Sale, Sr. Memorial Fund)  
 Mr. and Mrs. Louis R. Putzel (Dr. Llewellyn Sale, Sr. Memorial Fund)  
 Mr. and Mrs. Stanley Richman (Dr. Llewellyn Sale, Sr. Memorial Fund)  
 Mr. and Mrs. Joseph Ruwitch (Joseph & Elizabeth Ruwitch Endowment Fund)  
 Mr. and Mrs. Ralph Sachs (Dr. Llewellyn Sale, Sr. Memorial Fund)  
 Mr. and Mrs. Arthur Scharff, Jr. (Dr. Llewellyn Sale, Sr. Memorial Fund)  
 Mrs. Lester Seasingood (Dr. Llewellyn Sale, Sr. Memorial Fund)  
 Mrs. Hymen Shifrin (Dr. Llewellyn Sale, Sr. Memorial Fund)  
 Mr. and Mrs. Sydney M. Shoenberg, Jr. (Dr. Llewellyn Sale, Sr. Memorial Fund)  
 Mr. and Mrs. James W. Singer, Jr. (Dr. Llewellyn Sale, Sr. Memorial Fund)  
 Mrs. A. Ernest Stein (Dr. Llewellyn Sale, Sr. Memorial Fund)  
 Mr. and Mrs. Melvin Strassner (Dr. Llewellyn Sale, Sr. Memorial Fund)  
 Mr. and Mrs. Edward Turner (Dr. Llewellyn Sale, Sr. Memorial Fund)  
 ..... **Birth of Grandchild of MAX SALNIKER**  
 Nita Pass (Carl Pass Diabetic Research Fund)  
 ..... **Recovery of RALPH SALTZMAN**  
 Selma Gidlow  
 ..... **In Appreciation of DR. BARRY SAMSON**  
 Carol Jones (Cancer Research Fund)  
 ..... **Birth of Granddaughters of MR. AND MRS. TONY SANSONE**  
 Mr. and Mrs. Marvin Cherry (Ben & Marilyn Fixman Cancer Research Fund)  
 ..... **Special Birthday of DOROTHY SAPIN**  
 Mrs. Paul Goldblum (Joseph Abrams Memorial Fund)  
 Mr. and Mrs. Maurice Jackman (Mary Goldstein Nursing Scholarship Fund)  
 Rosalind Marglous  
 Mrs. Edna Mathes (Robert & Edna Mathes Nursing Scholarship Fund)

DONOR

IN HONOR OF

..... **Birth of Son of LAURA SCANLAN AND MICHAEL LATZER**  
 Betty J. Kagan (Ruth W. Portnoy Cancer Research Fund)  
 ..... **Special Birthday of SAM SCHENBERG**  
 Mrs. Ann Loomstein (Edna Malen Scholarship Fund)  
 ..... **Recovery of DAVID SCHLOSSMAN**  
 Mr. and Mrs. Herschel Eichler (Borman-Harris Parkinson Disease Fund)  
 ..... **Recovery of ROSE SCHNEIDER**  
 Mr. and Mrs. Marvin Cherry (Ben & Marilyn Fixman Cancer Research Fund)  
 Mr. and Mrs. Harvey Wallace (Ben & Marilyn Fixman Cancer Research Fund)  
 Mary Wallace (Ben & Marilyn Fixman Cancer Research Fund)  
 ..... **Recovery of NORMAN SCHNURR**  
 Stan and Harriet Gellman (Heart Research Fund)  
 ..... **Special Birthday of BERTHA SCHRENZEL**  
 Dr. David W. Ortvals  
 ..... **Special Anniversary of MR. AND MRS. VICTOR SCHULEIN**  
 Lillian and Ernst Freund (Dr. & Mrs. Herman Meyer Scholarship Fund)  
 Mr. and Mrs. Louis Karpf (Lou & Alma Karpf Emphysema Research Fund)  
 ..... **Special Birthday of FAYE SCHULTZ**  
 Leona and Jacob Altman (Milton E. Kravitz Heart Research Fund)  
 ..... **Speedy Recovery of SOL SCHUMITZKY**  
 Mr. and Mrs. Harvey Wallace (Ben & Marilyn Fixman Cancer Research Fund)  
 ..... **Special Birthday of ROGER SCHWAB**  
 Mr. and Mrs. M. Erwin Bry (Lisa Bry-James Dreyer Memorial Fund)  
 ..... **Special Birthday of STELLA SCHWANDER**  
 Mr. and Mrs. Irvin Harris  
 Mr. and Mrs. John Morrison (Milton Frank Vascular Research Fund)  
 Sylvia I. Shapiro  
 ..... **Recovery of NETTIE SCHWARTZ**  
 Mr. and Mrs. Joseph Aronson (Carol Kaufman Cancer Research Fund)  
 ..... **Marriage of DR. AND MRS. BERNARD SCHWARTZMAN**  
 Mr. and Mrs. Courtney Gould (Dorothy & Courtney Gould Endowment Fund)  
 ..... **In Appreciation of HENRY SCHWEICH**  
 Jeffrey Korn (Breast Cancer Research Fund)  
 ..... **Birth of Granddaughter of MR. AND MRS. MALVERN SCHWEIG**  
 Mr. and Mrs. Joseph Berger (Mary Goldstein Nursing Scholarship Fund)  
 ..... **New Shop of MR. AND MRS. BERT SCHWEIZER**  
 Blanche Miller (Helen & Walter Wolff Cardiovascular Fund)  
 ..... **Recovery of TERRY SEIGEL**  
 Mrs. Reggie Klein  
 ..... **In Appreciation of MARC SELDIN**  
 Jeffrey Korn (Breast Cancer Research Fund)  
 ..... **Birthday of RICHARD SHAPIRO**  
 Mr. and Mrs. Donald Ross (Edna Malen Scholarship Fund)  
 ..... **Birthday of ROBERT SHAPIRO**  
 Mr. and Mrs. Stephen Loeb (Benjamin M. Loeb Endowment Fund)  
 ..... **Recovery of SYLVIA SHAPIRO**  
 Mrs. Mary Cohen (Rubin & Mary Cohen Endowment Fund)  
 ..... **Birthday of ANDREW SHARON**  
 Leona and Jacob Altman (Milton E. Kravitz Heart Research Fund)  
 ..... **Special Birthday of DALE SHARON**  
 Leona and Jacob Altman (Milton E. Kravitz Heart Research Fund)  
 ..... **Special Birthday of CYLVIA SHATZMAN**  
 Mr. and Mrs. S.J. Bronstein (Robert & Edna Mathes Nursing Scholarship Fund)  
 ..... **Anniversary of MR. AND MRS. HARRY SHEAR**  
 Mrs. Idah Rubin (Louis Rubin Medical Research Fund)  
 ..... **Special Birthday of LESTER SHERMAN**  
 Mr. and Mrs. Alan Kaufman (Carol Kaufman Cancer Research Fund)  
 Mr. and Mrs. Eugene Kraus  
 Mr. and Mrs. Robert Slosberg  
 ..... **Special Birthday of MRS. BEN SHIFRIN**  
 Billy and Dorothy Firestone (Ben L. Shifrin Endowment Fund)  
 Mrs. Hortense Katz (Ben L. Shifrin Endowment Fund)  
 ..... **Birthday of MRS. DAN SIEGEL**  
 Doris and Sylvan Kaplan  
 Dr. and Mrs. Herman Turner (Arnold Goodman Radiation Oncology Fund)  
 Dr. and Mrs. Leonard Wiedershine

DONOR

IN HONOR OF

..... **Marriage of MR. AND MRS. ARTHUR SILBERMAN**  
 Leona and Jacob Altman (Milton E. Kravitz Heart Research Fund)  
 Selma and Elmer Gidlow  
 Mr. and Mrs. Courtney Gould (Dorothy & Courtney Gould Endowment Fund)  
 Mr. and Mrs. Al Serkes  
 Mr. and Mrs. Sanford Weiss  
 ..... **Marriage of MR. AND MRS. RAY SILVERBERG**  
 Mr. and Mrs. Robert Bogard (Dorothy Bogard Memorial Research Fund)  
 ..... **Special Anniversary of DR. AND MRS. SAUL SILVERMINTZ**  
 Ms. Mariann Menges (Cancer Research Fund)  
 Mrs. Rosaline Sonnenwirth (Dr. Alex Sonnenwirth Memorial Lecture-ship Fund)  
 ..... **Speedy Recovery of WALT SIMONSEN**  
 Mr. and Mrs. Harold Yalem (Jerry Kaiser-Irma Blank Cancer Fund)  
 ..... **Recovery of ADOLPH SISKIN**  
 Mr. and Mrs. Herman Israel (Heart Research Fund)  
 ..... **Special Birthday of DR. HAROLD SITRIN**  
 Mr. and Mrs. Joseph Berger (Mary Goldstein Nursing Scholarship Fund)  
 Mr. and Mrs. Kenneth Langsdorf (Langsdorf Fund for New Americans)  
 Mr. and Mrs. Bertram Levy (Herbert Weinstock Memorial Fund)  
 Mr. and Mrs. Edward Lieberman  
 ..... **Recovery of JACK SKOLNIK**  
 Mrs. Nathan Tureen (Hermann & Erna Deutsch Cardiovascular Fund)  
 ..... **In Appreciation of DAVID SMITH**  
 Jeffrey Korn (Breast Cancer Research Fund)  
 ..... **Special Birthday of DR. SIDNEY SMITH**  
 Lillian Zemelman  
 ..... **Special Birthday of TED SMITH**  
 Sylbil and Al Kandel (Dr. Ralph Graff Cancer Research Fund)  
 Pamela and Steven Seligsohn (Dr. Ralph Graff Cancer Research Fund)  
 Barbara and Richard Shapiro (Dr. Ralph Graff Cancer Research Fund)  
 Myrna and Jerry Sokolik  
 ..... **Marriage of Daughter of MR. AND MRS. LAWRENCE SOFFER**  
 Mr. and Mrs. Curtis Mann (Dr. Alex Sonnenwirth Memorial Lecture-ship Fund)  
 ..... **Recovery of DAVID SOKOLIK**  
 Linda and Jerry Meyers  
 Harry and Nancy Shapiro (Harry & Nancy Shapiro Scholarship Fund)  
 Selma and Irwin Susman (Harold M. Zager Blood Research Fund)  
 ..... **Bar Mitzvah of Son of MR. AND MRS. RICHARD SOKOLIK**  
 Barry and Dale Sharon (Milton E. Kravitz Heart Research Fund)  
 ..... **Bar Mitzvah of STEPHEN SOKOLIK**  
 Nita Pass (Carl Pass Diabetic Research Fund)  
 ..... **Birth of Son of MR. AND MRS. HOWARD SOLL**  
 Mark and Jane Ginsberg (Sanford Gad Hospice Fund)  
 ..... **Happy Holidays and Thanks to MRS. SAMUEL SOULE**  
 June Bierman and Selma Gidlow  
 ..... **Speedy Recovery of FRANK SPASSER**  
 Leona and Jacob Altman (Milton E. Kravitz Heart Research Fund)  
 Mr. and Mrs. Elmer Ghertner (Heart Research Fund)  
 Jan and Sey Krout (Frieda & Lester Handelman Cardiology Fund)  
 Mr. and Mrs. Perry Mehlman (Rose & Sam Feldman Memorial Fund)  
 Mr. and Mrs. Meyer Pankewer (Dorothy Jasper-Rita Polinsky Memorial Fund)  
 Rob and Mary Rosenblum (Frieda & Lester Handelman Cardiology Fund)  
 Mr. and Mrs. Al Serkes (Heart Research Fund)  
 Dale and Barry Sharon (Milton E. Kravitz Heart Research Fund)  
 ..... **Birthday of ROBERT SPECTOR**  
 Leona and Jacob Altman (Milton E. Kravitz Heart Research Fund)  
 ..... **Recovery of ROBERT SPECTOR**  
 Ralph and Lee Brandon (Milton E. Kravitz Heart Research Fund)  
 ..... **Anniversary of MR. AND MRS. ROBERT SPECTOR**  
 Leona and Jacob Altman (Milton E. Kravitz Heart Research Fund)  
 ..... **Birth of Grandson of MR. AND MRS. ROBERT SPECTOR**  
 Leona and Jacob Altman (Milton E. Kravitz Heart Research Fund)  
 ..... **Recovery of MRS. HARRY SPILKER**  
 Eleanor Brin (Irving Brin Cancer Research Fund)  
 Mr. and Mrs. Gary Wolff (Irving Brin Cancer Research Fund)  
 ..... **Special Anniversary of MR. AND MRS. SAM SPIRTAS**  
 Leona and Jacob Altman (Milton E. Kravitz Heart Research Fund)



TRIBUTE FUND

DONOR	IN HONOR OF	DONOR	IN HONOR OF
	<b>..... Birthday of LAURA SPIVACK</b>		<b>..... In Appreciation of SANFORD WEISS</b>
Linda, Jerry, Scott and Lori Meyers		Jeffrey Korn (Breast Cancer Research Fund)	
	<b>..... Special Birthday of GLORIA STARR</b>		<b>..... Birth of BENJAMIN SAMUEL WEITMAN</b>
Mr. and Mrs. Alan Kaufman (Carol Kaufman Cancer Research Fund)		Dr. and Mrs. David Caplin	
Mr. and Mrs. Eugene Kraus			<b>..... Speedy Recovery of LOUIS WELTMAN</b>
Mr. and Mrs. Robert Slosberg		Mr. and Mrs. Lester Handelman (Frieda & Lester Handelman Cardiology Fund)	
	<b>..... Recovery of MRS. A. ERNEST STEIN</b>		<b>..... Special Anniversary of MR. AND MRS. SAM WENTON</b>
Mrs. Murray Steinberg		Mrs. Louis Weinstein (Shirley W. Cohen School of Nursing Fund)	
	<b>..... Anniversary of MR. AND MRS. SYLVAN STEIN</b>		<b>..... Anniversary of DR. AND MRS. LEONARD WIEDERSHINE</b>
Nita Pass (Carl Pass Diabetic Research Fund)		Mrs. Louis Gelber (Nathan & Sadye Mathes Special Fund)	
	<b>..... Marriage of CYNTHIA AND CHARLES STEINER</b>		<b>..... Recovery of DR. LEONARD WIEDERSHINE</b>
Mr. and Mrs. M. Erwin Bry (Lisa Bry-James Dreyer Memorial Fund)		Mr. and Mrs. Melvin Friedman (Edna Malen Scholarship Fund)	
Mr. and Mrs. Harold Sachs			<b>..... Recovery of ELAINE WIELANSKY</b>
	<b>..... Recovery of MALCOLM STEINER</b>	Mr. and Mrs. Alex Chackes (Milton E. Kravitz Heart Research Fund)	
Mr. and Mrs. M. Erwin Bry (Lisa Bry-James Dreyer Memorial Fund)		Mr. and Mrs. Sidney Frager (Cancer Research Fund)	
	<b>..... Special Anniversary of MR. AND MRS. WALTER STERN</b>	Mr. and Mrs. Melvin Friedman (Edna Malen Scholarship Fund)	
Jerry and Daisy Spitzer (Jerry & Daisy Spitzer Cancer Research Fund)		Mrs. Jeanette Gould (Harold M. Zager Blood Research Fund)	
	<b>..... Recovery of MRS. BERNARD SUSMAN</b>	Mr. and Mrs. Charles Hughes (Heart Research Fund)	
Mr. and Mrs. Samuel R. Cohen (Jackie Sue Margulis Liver Research Fund)		Ruth and Sam Kessler	
Mr. and Mrs. Frank Josephson		Mark and Julie Mehlman (Rose & Sam Feldman Memorial Fund)	
Betsy Mehlman (Rose & Sam Feldman Memorial Fund)		Mr. and Mrs. Alvin Nissenbaum (Heart Research Fund)	
Bea Roufa (Harold M. Zager Blood Research Fund)		Rita and Gene Pearline (Heart Research Fund)	
Harry and Nancy Shapiro (Harry & Nancy Shapiro Scholarship Fund)		Mr. and Mrs. Richard Ross (Edna Malen Scholarship Fund)	
Dr. and Mrs. Mitchell Yanow		Gene and Betty Schneider (Harry, Gene & Murray Schneider Endowment Fund)	
	<b>..... Marriage of Daughter of MR. AND MRS. BERT TALCOFF</b>	Jerry and Laura Scissors (Heart Research Fund)	
Mr. and Mrs. Richard Yalem		Mr. and Mrs. Al Serkes (Heart Research Fund)	
	<b>..... Anniversary of MR. AND MRS. JEROME TESSLER</b>	Harry and Nancy Shapiro (Harry & Nancy Shapiro Scholarship Fund)	
Mrs. Ann Loomstein (Edna Malen Scholarship Fund)		Mr. and Mrs. Hy Silverberg (Dr. Leon Foster Fund)	
	<b>..... Birthday of MRS. HAROLD TOBER</b>	Mr. and Mrs. Stanley Stone (Dr. David Rothman Fund)	
Mr. and Mrs. Alfred Einstein (Major & Julia Einstein Memorial Fund)		Dr. and Mrs. Herman Turner (Arnold Goodman Radiation Oncology Fund)	
	<b>..... Birth of Great Granddaughter MRS. HAROLD TOBER</b>	Dr. and Mrs. Leonard Wiedershine (Heart Research Fund)	
Mr. and Mrs. Jack Goldstein (Sanford Gad Hospice Fund)			<b>..... Recovery of ROSE WILEN</b>
	<b>..... Marriage of MR. AND MRS. PHILLIP TREMBOT</b>	Mrs. Lester Gallant (Jerry Kaiser-Irma Blank Cancer Fund)	
Ralph and Lee Brandon (Sanford Gad Hospice Fund)		Mr. and Mrs. Harold Yalem (Jerry Kaiser-Irma Blank Cancer Fund)	
Hortense and Dan Morgan (William, Dorothy & Jerome Molasky Memorial Fund)			<b>..... Special Anniversary of MR. AND MRS. BASIL WILKERSON</b>
	<b>..... Birthday of DR. HERMAN TURNER</b>	Jerry and Joan Kaskowitz & Family (Mr. & Mrs. Ben Emert Kidney Research Fund)	
Dr. and Mrs. Milton Voda			<b>..... Special Birthday of ALVIN WOLFF</b>
	<b>..... Speedy Recovery of AILEEN WALLIS</b>	Dr. and Mrs. Richard Shatz	
Mr. and Mrs. Harvey Wallace (Ben & Marilyn Fixman Cancer Research Fund)			<b>..... Special Birthday of HARRIET WOLFF</b>
	<b>..... Birth of EMILY LAUREN WASSERMAN</b>	Sol Lyss (Jack Aaron Lyss Cancer Research Fund)	
Jessica and Michael Friedlander (Koven-Wasserman Research Fund OB/GYN)			<b>..... Special Birthday of HARVEY WOLFF</b>
	<b>..... Recovery of ELSE WEIL</b>	Mr. and Mrs. John Morrison (Milton Frank Vascular Research Fund)	
Mr. and Mrs. Harold Sachs (Dorothea Rothschild Fund)			<b>..... Recovery of ROBERT WOLFSON</b>
Mr. and Mrs. Richard Wolfheim (Nancy & Richard Wolfheim Hematology Fund)		Mr. and Mrs. M. Erwin Bry (Lisa Bry-James Dreyer Memorial Fund)	
	<b>..... Birthday of FLORENCE WEIL</b>		<b>..... Speedy Recovery of FANYA WORTH</b>
Sally and Bonnie Ross (Irven Dubinsky Memorial Fund)		Helane and Warner Isaacs (Eleanor & John Isaacs, Jr. Research Fund)	
	<b>..... Special Birthday of MEYER K. WEIL</b>		<b>..... In Appreciation of RICHARD YALEM</b>
Dr. and Mrs. Joseph Kendis (Meyer K. & Ethel Weil Otolaryngology Fund)		Jeffrey Korn (Breast Cancer Research Fund)	
Mrs. Gabriel Stern (Meyer K. & Ethel Weil Otolaryngology Fund)			<b>..... Anniversary of MR. AND MRS. JEROME YOFFIE</b>
	<b>..... Special Anniversary of MR. AND MRS. RICHARD WEIL</b>	Dr. and Mrs. Samuel Zuckerman (Meyer K. & Ethel Weil Otolaryngology Fund)	
Mrs. Michael Freund (Selma K. Roos Fund)			<b>..... Special Birthday of ZADA</b>
Mr. and Mrs. Kenneth Langsdorf (Langsdorf Fund for New Americans)		Mrs. David Grosberg (Edna Malen Scholarship Fund)	
Mr. and Mrs. Edwin Meissner, Jr.			<b>..... Special Anniversary of MR. AND MRS. MORTON ZALK</b>
	<b>..... Recovery of MRS. J.L. WEINER</b>	Mr. and Mrs. Robert Buell (Lois & Robert Buell Fund for Heart Research)	
Mr. and Mrs. Everett Schneider		Mr. and Mrs. Howard Cohen (Elsie Probst-Harry Koplak Brace Fund)	
	<b>..... Birth of Daughter of MR. AND MRS. MIKE WEINHAUS</b>		<b>..... Speedy Recovery of NANETTE ZELLINGER</b>
Mr. and Mrs. Tom Litz (Arnold Goodman Fund for Radiation Oncology)		Mr. and Mrs. Abe Lieberman (Bernard Lieberman Parkinson Fund)	
	<b>..... Birth of Daughter of MR. AND MRS. JOHN WEISS</b>		<b>..... Recovery of DOLLY ZIGLER</b>
Fred and Jon Bierman (Arthur & June Bierman Hematology Research Fund)		Emily G. Huber (LaVera Ryder Nurses Loan Fund)	
Samuel and Yetta Fleischmann (Saul & Rebecca Rubin Cancer Research Fund)		Mr. and Mrs. Harris Kramer	
Mr. and Mrs. Tom Litz (Arnold Goodman Fund for Radiation Oncology)		Mr. and Mrs. Jack Spewak (Cancer Research Fund)	
Robyn and Danny Mintz (Edna Malen Scholarship Fund)		Ruth and Bert Wiseman	
	<b>..... Continued Good Health of MARCIA WEISS</b>		<b>..... Birth of Granddaughter of MR. AND MRS. PAUL ZIGLER</b>
Kenneth and Geri Rothman (Geri Jaffe Rothman Fund for Breast Cancer Research)		Mr. and Mrs. Jack Spewak (Cancer Research Fund)	
			<b>..... Birthday of ELLEN ZIMMERMAN</b>
		Mr. and Mrs. Sam Langsdorf	
			<b>..... Birthday of MARY ZORENSKY</b>
		Michael and Helen Drazen	





# CALENDAR OF EVENTS

## FEBRUARY 6, 13, 20, 27

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

## FEBRUARY 5

School of Nursing Open House tour of school and hospital for those interested in nursing careers; 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.

## FEBRUARY 11

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.

## FEBRUARY 20

Jewish Hospital Auxiliary Educational Seminar Series VI features "Buying Beauty" with guest speaker David Caplin, M.D.; 9:45 a.m.; Auxiliary members only; limited seating; by reservation, call 454-7130.

## MARCH 6, 13, 20, 27

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## MARCH 11

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## MARCH 13

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

## MARCH 14

Associates In Medicine Lecture Series features William H. Masters, M.D., and Virginia E. Johnson, Sc.D., Masters and Johnson Institute, on "Middle-Age Sexuality"; complimentary refreshments; 7:30 p.m. in the Brown Room; open to the public at no charge; 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 on Channel 9 each Sunday at 7:30 P.M. and is repeated the following Saturday at 11:30 A.M. The topics to watch for in February include Teenage Suicide, with Fenton Earls, M.D., and Zila Welner, M.D., Same-Day Surgery, featuring Helen Garrett, R.N., and Stanley Thawley, M.D., For Men Only, with William Catalona, M.D., and Bruce Walz, M.D., and Alzheimer's Disease, with John Knesevich, M.D., and John Morris, M.D. Consult your television directories for additional programs in this series.



# JEWISH HOSPITAL

AT WASHINGTON UNIVERSITY MEDICAL CENTER

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

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