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NOVEMBER/DECEMBER 1985

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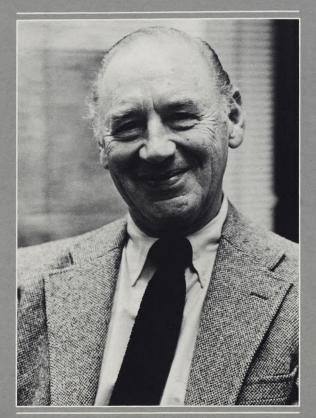
ARCHIVES

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STRATEGIC PLANNING FOR LYMPHOMA TREATMENT

THE MYSTERY OF MÉNIÈRE'S

NEW FRIENDS



In Memoriam STANLEY M. RICHMAN

Jewish Hospital shares the loss of Stanley M. Richman with his family, friends and the community he served. His death November 7, 1985, was felt in many sectors of St. Louis.

Born in St. Louis on June 6, 1911, Mr. Richman attended the University of Illinois and received a law degree from the Washington University School of Law in 1933. His career included two years as a special agent for the Federal Bureau of Investigation before he joined General American Life Insurance Company. Mr. Richman was a lieutenant in the United States Naval Reserve during World War II and returned to General American following the war. He retired from General American in 1976, as Vice President and Secretary of that organization.

Mr. Richman joined the Jewish Hospital Board of Directors in 1958 and served in numerous capacities, primarily in the professional program development of the institution. He was named Vice Chairman of the Board in 1962 and was an active leader on the hospital's Executive Committee.

Involved in many other community affairs, Mr. Richman served on the executive committee of the Boy Scouts of America, as executive director of the Commission of the Future of Washington University, and as president of the Arts and Education Council. Other community agencies and organizations utilizing his skills included the Family and Children's Service of St. Louis, the United Way, the St. Louis Educational Television Commission and the Opera Theater of St. Louis.

He is survived by his wife, Barbara Friedman Richman, and two daughters, Joan Richman of New York City and Judith Saidel of Albany, New York. **JEWISH HOSPITAL 216**

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Parkview Tower: A 2 DIGNIFIED APPROACH

Parkview Tower, a retirement apartment building in University City, operates on the philosophy of keeping people active, healthy and happy. Staff members of Jewish Hospital's Program on Aging assist in the realization of that goal.

TAKING THE OFFENSIVE AGAINST LYMPHOMA

Patients at the recently established Lymphoma Consultation Service at the Marilyn Fixman Cancer Center, benefit from the collective expertise of dedicated physicians and nurses, each representing a particular specialty. The Service, unique in the area, provides patients with a single site for the diagnosis and treatment of this disease.

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Former Congressman Paul G. Rogers addresses current trends in funding medical services and research at the second annual meeting of the Fellows of Jewish Hospital.

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Meniere's disease, a chronic disorder of the inner ear mechanisms, is being diagnosed, treated and an R_X for tender loving care dispensed in the division of otolaryngology.

AIM PROGRAM: WHEN SECONDS 26 COUNT

Quick reaction and a knowledge of emergency first aid can make the difference in a crisis. Michael Lippmann, M.D., medical director of the emergency department, gave AIM members the rudiments of emergency care in the first lecture of the 1985-86 series.

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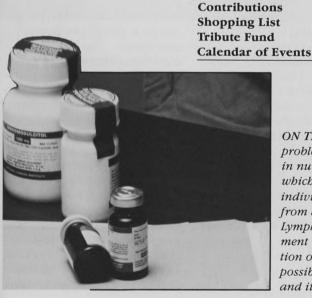
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ON THE COVER: Complex treatment options for many medical problems have resulted in the development of team approaches in numerous Jewish Hospital departments. Used to determine which components of treatment protocols are appropriate for individual patients, consultations may involve professionals from a variety of specialties. Jewish Hospital's recently-opened Lymphoma Center provides patients with the best possible treatment through this team approach, involving oncologists, radiation oncologists and specially-trained nurses, with the least possible inconvenience. Discover the advantages of this center and its team approach, beginning on page 6.

Parkview Tower: A Dignified Approach

by Jerry H. Sears

arkview Tower is a bustling place. Home to approximately 200 energetic retirement-aged people, the building rises 14 stories in a quiet neighborhood off Delmar, in University City. It operates on the philosophy of its developer, the late William Seltzer, who believed that the prime objective of the staff was to keep people active, healthy and happy. Concerned with many of the problems faced by older adults, Mr. Seltzer built the residence in an area that is comfortable, convenient and known to its residents. Many of the people living here today are only a few streets away from the homes and apartments in which they raised families and from the shops and restaurants with which they are familiar.

Adjacent to a large lobby on the first floor are the office spaces for resident managers Jim and Alice Daffron, part-time activity coordinator Jeanne Liberman and the newly-developed health clinic staffed by Jewish Hospital's Program on Aging. On the lower level, residents have a dining area, a largescreen television, laundry facilities and a chapel.

One of Mr. Seltzer's dreams finally became a reality when the Board at Parkview Tower, through the help of Burton Shatz, M.D., and in conjunction with the hospital's Program on Aging, established a health screening clinic, which opened its doors in July, 1985. The clinic is staffed by Diana Irvin, M.D., Program on Aging fellow, and Marsha Deters, R.N., nurse clinician.

Ms. Deters oversees the operation of the clinic. "The management team at Parkview Tower is very concerned about the welfare of the residents," she explains. She gestures to the examining table, EKG apparatus and stock of blood pressure cuffs, Parkview Tower management's gifts to the clinic. According to Deters, the clinic offers a health care option to residents who do not have physicians of their own, or who need assistance in carrying out medical treatment prescribed by their doctors.

Part of the Family

By providing a health screening for each person applying for residence at Parkview Tower, Deters is able to assess general health, nutrition, medical and medication histories, and gait, or ability to move. Since the purpose of the Tower is to help people remain independent as long as possible with minimal support, each of these factors must be weighed before the application is given a final review for approval by Parkview Tower president and board member David and Linda Seltzer Yawitz.

It is also important to ascertain the degree to which each resident or applicant is



Marsha Deters, R.N.

familiar with any existing medical problems. To that end, health education is an important aspect of the care available at the clinic. It is not uncommon for Deters to spend several hours with a resident clarifying present treatments, explaining medications and reviewing the basic principles needed for understanding a particular medical problem.

When medical assistance is required, Deters serves as triage nurse. She determines at the initial contact with each patient what type of treatment is needed, and the urgency of each medical situation. In addition, daily duties may include counseling residents on the importance of maintaining medication schedules, nutrition education and maintaining regular contact with private physicians in a wide range of specialties. "Residents are seeing their doctors frequently and need only minimal assitance in managing their health problems,' says Deters. "An on-site clinic, working with their physicians enables these residents to have their blood pressure, blood sugar, or other problems monitored without having to make the often difficult trip to their physicians' offices or other health facilities." For those without transportation, with limited mobility due to arthritis or other chronic diseases, this service is more than a convenience. It is a necessity for proper health maintenance.



... there really is no place like bome."

Mrs. Catherine Rawlings

"When we first opened, our goal was to provide care to these people," Deters says, adding, "now we're caring for them." This entails being involved with the large "family" of residents at the Tower. From the initial health screening, performed with each applicant for the HUD section eight (government subsidized) apartments, to the daily care of those in need of medical service, the clinic has continued to grow in importance to the residents.

There's No Place Like Home

Mrs. Catherine Rawlings, a twelfth-floor resident, has lived in the University City area since 1924. She and her late husband became charter renters when Mr. Rawlings developed health problems, and the two-flight climb to their former apartment became too difficult for him. Her spacious unit reflects her life, with cabinet and bookcase tops covered with photographs of her children, grandchildren and greatgrandchildren.

Grateful for the services and amenities of Parkview Tower, she expresses special appreciation for the medical services provided at the clinic. "My doctor is out in Chesterfield," she explains. "A taxi to his office is more than I can afford for regular things like checking my blood pressure. Marsha is a dear. She keeps track of my blood pressure and checks on me regularly."

As this year's flu season approached, residents were urged to take advantage of immunization. Mrs. Rawlings, following Deters' advice, checked with her doctor before agreeing to take the injection. "I really appreciate "I wish I'd known how good life could get. It would have helped me through some of those bad times." Mrs. Marie O'Connor

her thoroughness and the fact that she has time to talk to me," adds Rawlings. "Marsha really gets to know the people. It's nice to have someone interested in you."

Mrs. Rawlings ardently defends her independence. Last year, after spending a month in an area nursing home recovering from a stroke, she returned to Parkview Tower and resumed keeping house. Although she admits to taking some housekeeping short-cuts "for convenience," the nursing home experience reinforced her resolve to remain selfsufficient. She adds, "I received excellent care and my son lived nearby, but there really is no place like home."

Keeping the House in Order

In the cafeteria, over the hubbub of activity at the weekly Wednesday bagel breakfast, Jeanne Liberman, activity coordinator, is carrying on several conversations at once with residents asking questions and voicing opinions. "No, Harry [Harry Steiner, a volunteer who assists residents in completing the myriad forms for Medicare and other governmental programs] won't be here today." "I'm glad to see you've returned. How was your trip?" "Marsha is in the clinic now. Do you have your appointment today?" She functions as a clearing-house for the happenings in the daily flow of life for the residents.

Later, in her office on the first floor, Ms. Liberman explains her function as one of helping to assure the continuing activity of "the family." Outings to the Fox Theater, Muny Opera and Symphony, as well as inhouse activities, are made possible by a well-managed, if small, volunteer force.

"The volunteers are really responsible for the success of the activities I schedule," says Liberman. "They are the front-line workers, filling the gaps between what we parttime employees can do and what needs to be done."

One volunteer is Mrs. Marie O'Connor, a resident of the neighborhood for more than 20 years. She is one of the newer apartment dwellers, comfortably occupying an efficiency unit, "not so high that I miss the sounds of the street," she says. "I can sit there, in that chair and watch the changing day and seasons," she explains, pointing to the wing chair standing in front of a well-stocked book-



"This is a lovely place to live. Everybody is so nice and Marsha and Dr. Irvin have helped us so much." Mrs. Percell Brown



With clerical skills and a knowledge of medical terminology, Mrs. O'Connor offered to help maintain the records at the clinic. Her offer to volunteer was accepted, but in a different aspect of the operation: she provides transportation for less mobile residents in need of treatment for non-critical medical problems. "It's not always easy to carry couples in my old Volkswagen," she allows, adding that somehow everyone squeezes in.

Mrs. O'Connor appreciates being a resident at Parkview. "I'm always comfortable here, it meets my dependency needs, is secure and everything works! I have central air conditioning, a luxury beyond luxury for me," she notes. "We get a lot for our money here. I wish I'd known how good life would get. It would have helped me through some of those bad times."

Work at the clinic at Parkview Tower provides the knowledge necessary to develop treatment protocols for elderly patients, as well as the immediate benefit of onsite medical service to the residents. Through this, and similar linkages with the community (see 216, September/October, 1985), Jewish Hospital continues to provide for the education of medical personnel while meeting its commitment of serving the public.

People desiring more information about the Jewish Hospital Program on Aging may call 454-8150.

Wednesday bagel breakfast volunteers (l. to r.) Cecil Goldman, Ethel Schyken and Dora Lourie enjoy a moment together. case. "I never had a view like this." Mrs. O'Connor is, however, not content to be one of life's bystanders. In addition to working in the research office of Gustav Schonfeld, M.D., at Washington University Medical

Center, she is a student at Forest Park Community College and, on her remaining two weekdays, provides volunteer service to other residents.

Taking The Offense Against Lymphoma

Lymphomas: a general term for a group of malignant disorders which affect the lymphatic tissues. Hodgkin's Disease is one type of lymphoma.

Lymph System: a network of tiny vessels, connecting hundreds of bean-sized glands, or nodes. It plays an important role in the body's defense against infection.

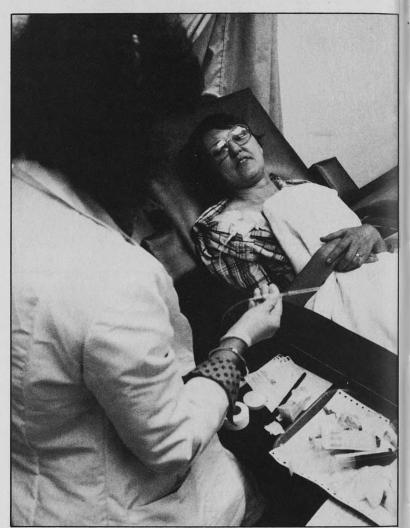
Lymphatic Tissues: found throughout the body, they make up the various parts of the lymph system.

Lymphocytes: White blood cells that circulate throughout the lymph system. They break down, engulf or destroy foreign matters such as poisons or disease that invade the body.

by Sharon Zaring

fter a few weeks, Barbara Byndom began to suspect that her back pain, periodic "night sweats" and chronic fatigue were not just the usual signs of menopause. Two months later, the 48-yearold psychiatric technician noticed that she was losing weight, but it wasn't until she discovered a lump on the back of her neck that she decided it was time to seek a medical opinion. Her physician, Benjamin Borowsky, M.D., referred Ms. Byndum to Jewish Hospital where the lump, an enlarged lymph node, was removed surgically for a biopsy and diagnosed as lymphoma, cancer of the lymph cells. "It was quite a shock," recalls Byndum. "I thought something was wrong but I didn't think it was anything that serious."

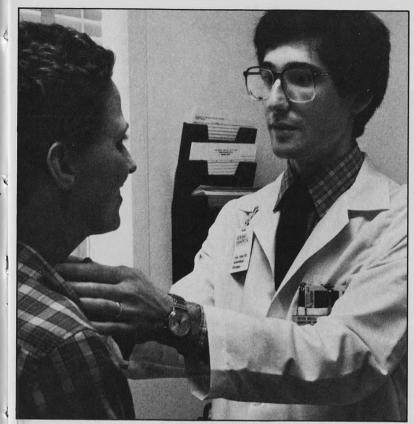
Byndum's case is not unique. Lymphoma patients frequently complain of nonspecific symptoms, which can be anything from fatigue, fever and chills to indigestion and generalized itching. These vague warning signs are just one reason that lymphoma is a perplexing disease. "Lymphomas are diseases of the immune system so they can produce abnormal proteins that circulate in the bloodstream causing indirect symptoms such as weakness, lethargy or weight loss," says Gary Ratkin, M.D., medical oncologist. "Consequently, the diagnosis and management of lymphomas is ex-



tremely complex. It's not something that is done well by health care professionals who only occasionally see lymphoma cases. That includes many oncologists."

According to Dr. Ratkin, lymphoma patients are evaluated best in a university hospital where a complete range of oncology services is centralized. Although lymphoma patients have been treated at Jewish Hospital for years, Dr. Ratkin and his colleagues determined last year that the treatment would be improved if it were offered in a more organized, systematic approach. To meet that goal, he and other Jewish Hospital staff and private physicians combined their expertise and launched Jewish Hospital's newest service, the Lymphoma Consultation Service at the Marilyn Fixman Cancer Center. The service began operation on September 11.

Co-directed by Dr. Ratkin,



Left: In recent years, oncologists have learned to minimize chemotherapy side effects. Above: Lymphoma's vague symptoms are best evaluated by oncologists who are experienced in treating the disease.

Todd Wasserman, M.D., director of radiation oncology, and Peter Weiss, M.D., oncologist, the service focuses on a multidisciplinary approach to diagnosis and treatment. Attending physicians are being encouraged to refer patients to the service. In addition to Drs. Ratkin, Wasserman and Weiss, Gordon Philpott, M.D., Jewish Hospital surgeon-inchief, John Hirsch, M.D., attending surgeon and Morton A. Levy, M.D., medical oncologist, participate in the program. "Lymphoma is a disease that has been treated traditionally by several medical entities," says Dr. Levy. "But having all of these specialties in one facility is attractive for physicians and patients. The service is especially beneficial for patients who are using investigational drugs, which need to be administered in a uniform manner.''

According to Alan Lyss, M.D., director of the division of oncology, the Lymphoma Consultation Service is also one of the first disease-oriented treatment services in St. Louis. It provides an intensified approach to treating cancer, which, he says, represents a growing trend in the way oncology is practiced. "Oncology is a complicated specialty, which encompasses numerous diseases," says Dr. Lyss. "One oncologist can no longer stay abreast of new developments in every type of cancer. In the future, I think we will see more oncologists specializing in specific types of cancer."

Experience Pays Off

Today, only a small percentage of health care professionals are experienced in treating lymphomas. Approximately 30,000 new cases of lymphoma occur yearly in the United States, but that figure constitutes only five to

eight percent of all cancers. Consequently, most private practitioners simply do not have the opportunity to treat a large number of lymphoma cases. "Radiotherapists here treat an average of ten lymphoma patients a month." says Dr. Wasserman. "That's enough to keep us very knowledgeable about what we're doing, but the average private practitioner may only see five lymphoma patients a year. To receive the best possible care, lymphoma patients. should be seen by health care professionals who have a great deal of experience in treating the disease. We have published and presented at national meetings our lymphoma treatment data which compare very favorably to other major cancer centers."

A further complication in lymphoma treatment is the difficulty in diagnosing the disease. "The normal job of lymphocytes [lymph cells] is to react to infection," Dr. Ratkin explains. "When they react, they cluster near the infection site and they resemble lymphomas. A pathologist who doesn't study lymph nodes frequently is going to have trouble making a diagnosis." Presently, at least 12 types of lymphomas have been described, one of which is Hodgkin's Disease. The rest are often referred to as non-Hodgkin's lymphomas, although each has subtle cellular distinctions that can only be recognized by an experienced pathologist.

If the disease is diagnosed accurately and treated by experienced specialists, lymphomas are one of the most curable forms of cancer. According to Dr. Ratkin, between 50-80 percent of lymphoma cases respond successfully to treatment. For some types of lymphomas, that statistic soars to as high as 90 percent. "That type of result has not been duplicated in other fields of cancer care," says Dr. Ratkin. "The specialists who are experienced in treating lymphoma cases are very anxious to see these patients because we really think we can do something for them."

According to Dr. Levy, that success often depends on the physician's experience in treatment. "If a lymphoma is diagnosed as one that is curable, we usually use aggressive therapies," he says. "We are pushing treatment to provide the maximum benefit without creating serious side effects. Achieving that balance takes skill, knowledge and experience."

Optimistic Outlook

Whether lymphoma is diagnosed in its early or later stages (the disease is categorized in four stages, depending on the extent of its spread), physicians are usually optimistic about its prognosis. In fact, the most aggressive, fast-growing types of non-Hodgkin's lymphomas often respond the best to chemotherapy treatment.

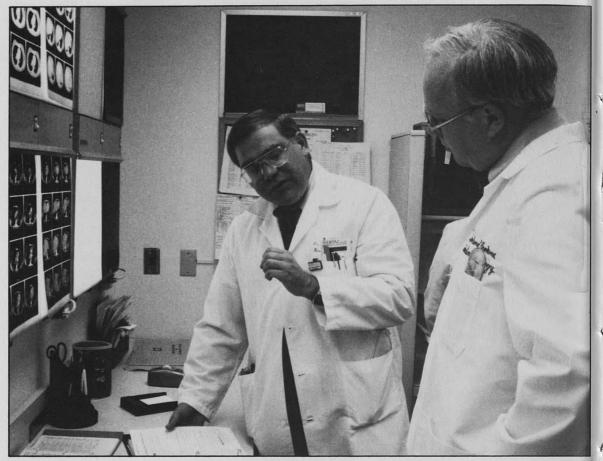
When 30-year-old Leslie Hodgeman was diagnosed with lymphoma, his case was classified as a stage III lymphoma. Before his diagnosis, Mr. Hodgeman had not given a second thought to the mild pain in his underarm, passing it off as a sore muscle from a horseback-riding accident. But a few weeks after the accident, Hodgeman was swimming in a river and noticed he had difficulty catching his breath. "I just thought I had a chest cold," recalls Hodgeman. "But I decided to get it checked

LYMPHOMA

out." X-rays revealed a large mass touching Hodgeman's lung and windpipe. His physician in Carbondale, Illinois, referred him to Jewish Hospital. After just one chemotherapy treatment the tumor was reduced by 50 percent.

"Lymphomas like Mr. Hodgeman's usually are diagnosed in advanced stages,' says Dr. Weiss. "They're very aggressive lymphomas; patients can have large masses in the abdomen or the chest that have developed in a short period of time. They usually respond remarkably well to treatment." According to Dr. Weiss, the faster a cancer grows, the more it incorporates proteins and chemicals into its DNA-exactly where the drugs attack. "The drugs go into the DNA and block the replication process," Dr. Weiss explains. "In cancers that are aggressive, cells replicate often, so chemotherapy kills a large number of cells. We often see our best results in active cancers. These large masses can shrink considerably after just a course or two of chemotherapy.'

When Harvey Grefe was admitted to Jewish Hospital for a heart operation, his physician, William Southworth, M.D., asked Robert Scheff, M.D., attending gastroenterologist, to treat what Mr. Grefe described as chronic indigestion. Dr. Scheff suspected a more serious problem and exploratory abdominal surgery by Dr. Hirsch revealed that the 66-year-old coal worker from Shuline, Illinois, had a tumor in his abdomen, which was diagnosed as an aggressive type of lymphoma. Grefe was first given chemotherapy and then radiation therapy, which utilized a combination drug therapy and the most sophisticated radiation



therapy techniques.

According to Dr. Wasserman, Grefe underwent a new radiation treatment referred to as a three-way abdomen approach, in which patients are given radiation first to the front and back of their abdomens, then from side to side, and again from the front and back with a final boost in the radiation dosage. The treatments were given for six weeks, in three separate phases. Six months ago, Grefe received the good news from Dr. Lyss-the cancer was in remission. In fact, Mr. Grefe has remained disease-free for two years and is considered cured.

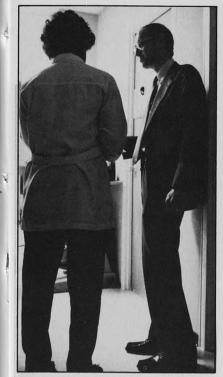
Cases like Hodgeman's and Grefe's, which once were considered 100 percent fatal (usually within six months), are responding successfully The Lymphoma Consultation Service focuses on a multidisciplinary treatment approach.

because of the strides oncologists continue to make in treating lymphomas. "A lot of lessons have been learned about the management of lymphomas," says Dr. Wasserman. He attributes treatment advances to new drug regimens and technological developments, such as the C.T. scanner, which can detect the extent of lymphomas. The field of radiation therapy, he adds, has also come of age in recent years and has developed into a science and subspecialty in its own right, notably in the area of lymphoma treatment.

"Treating lymphoma patients with radiation therapy



is the most complex form of radiation therapy there is from a technological point of view," Dr. Wasserman says. "We're treating very large fields, sometimes half or even the whole body. We have to



Attending physicians, like Gary Ratkin, M.D., codirector of the Lymphoma Consultation Service, are being encouraged to refer patients to the service for evaluation.

maintain a fine line between giving enough treatment to cure the disease and not enough to cause severe side effects." For instance, the development of the linear accelerator has proven to be an important technological advance in treating lymphomas. With it, radiation oncologists can deliver highintensity radiation to large areas of the body quickly with little scattered radiation beyond the targeted area.

Since the late 1960s, oncologists have been treating lymphoma patients through combination drug therapies with continuing success. In recent years, they have learned to minimize often-dreaded side effects as well, typically nausea and hair loss. "We have many antinausea medications for use in cancer patients that can eliminate or greatly minimize nausea and vomiting," says Dr. Weiss. By using cold caps before each treatment, hair loss can be prevented by causing blood vessels to constrict, preventing chemotherapy from affecting that area during the time of administration.

Equally important to lymphoma management is the attention paid to each patient's emotional needs. "There's a real art to treating lymphomas, which involves supportive care," says Dr. Weiss. "Hodgkin's Disease patients are often young people who have their lives ahead of them, physically and emotionally. Patients are not just coming here for chemotherapy and hearing 'we'll see you next time.""

The people who are responsible for ensuring patients receive that support are the oncology nurses. The team of oncology nurses are there to answer questions, explain procedures and side effects, administer chemotherapy, and most of all, give patients psychosocial and emotional support. Jane Roodman Weiss, R.N., is the nursing coordinator of the service. "The diagnosis of cancer is such a tremendous shock to people," she says. "And because we're often shooting for cure, patients are undergoing intense treatment regimens which can be very disruptive to their lives. We want to help them continue their lives with as much normalcy as possible." When Charles Keeton's

physician told his patient that he might have Hodgkin's Disease, the 48-year-old optician went home and looked up the disease in a medical dictionary. He found himself staring in shock at a definition that included a projected life expectancy of five years and he worried about his wife and one-year-old son. Two weeks later, Mr. Keeton was diagnosed with Stage I Hodgkin's Disease, which he learned has a cure rate of 90 percent. 'I was probably more scared than I ever needed to be,'' says Keeton. 'But when I began treatment, Dr. Wasserman and his staff explained the disease and I started to feel better.''

Overall, Ms. Weiss says, patients show extraordinary strength in accepting their illnesses. "As time goes on, their coping mechanisms come into play and most are able to accept what is happening," she says. "There's a strength that comes through."

According to Roodman Weiss, often the most difficult time occurs not at the beginning, but about midway into the treatment program. "Usually at this point patients need a tremendous amount of support," she says. "A patient will get to the point where he or she says, 'I just can't do this anymore.' That's when a patient needs additional supportive intervention from the staff."

One of the keys, she says, is to educate patients about their illnesses. "One of the worst feelings that patients have during treatments is that they're not themselves and they're not in control of their lives. In most cases we believe in telling them everything about their illnesses. Patients want to be in control as much as possible. One way to facilitate this is to be sure that our patients are well informed. But we do it in a gentle, kind way."

It seems that the outlook for lymphoma patients couldn't be better. Yet, the physicians at the Lymphoma Consultation Service think that through research they

can have an even better understanding of the disease. According to Dr. Weiss, current research efforts are bringing scientists closer to pinpointing the cause of lymphomas. They already know that the disease is not hereditary, but, says Dr. Weiss, studies have demonstrated that common chromosome abnormalities exist among lymphoma patients. Other research studies have indicated an increase in the rate of lymphomas among survivors of the atomic bomb on Hiroshima, rheumatoid arthritis patients and in persons with damaged immune systems, most notably in AIDS cases.

For any study to be effective, researchers need large patient numbers to substantiate their findings. The expected increase in the number of lymphoma patients will enable them to participate in more national studies. Besides the information that research will provide for a better understanding of lymphomas, it will also ensure that patients who do not respond to standard treatment will have investigational drugs available to them.

Although the Lymphoma Consultation Service has only been operating for three months, the physicians involved share an enthusiasm about this unique endeavor. "Lymphoma treatment is one of the most exciting areas in medicine," says Dr. Weiss. "We've gone from a previously devastating disease to one that can be cured. And I think we will continue making strides."

To contact the Jewish Hospital Lymphoma Consultation Service at the Marilyn Fixman Cancer Center, call 454-7463.

ROGERS ADDRESSES A TIME OF TRANSITION FELLOWS

he transitions in funding quality health care and medical research were the themes at the October 20 second annual meeting of the Fellows of Jewish Hospital. Former U.S. Representative Paul G. Rogers, keynote speaker, addressed more than 250 members at the Wohl Center on the Washington University campus. They gathered to honor Elliot Stein with the prestigious Fellows Award, and to hear the remarks of Rep. Rogers, who is credited with making a major contribution to health care legislation during the 1960s and 70s.

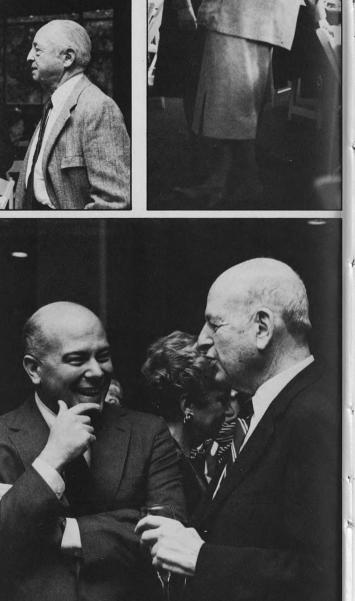
Washington University Chancellor William H. Danforth presented introductions to both Mr. Stein and Mr. Rogers. Chancellor Danforth characterized Stein, who is also a trustee of Washington University, as "one whose dedication, intelligence and energy has made possible many marvelous contributions not only to Jewish Hospital but to Washington University. Both would be lesser places without Elliot Stein." The accomplishments of Rogers will be noted in the history of health care, Dr. Danforth predicted, for his leadership as chairman of the House of Representatives Subcommittee on Health and Environment and the impressive numbers of health care laws enacted under his direction. "Paul Rogers played a major role in the Congress with integrity, intelligence, balance, and knowledge. Even the amount of recognition he has received is not sufficient in view of all he has accomplished," concluded Dr. Danforth.

The Fellows Award is presented by the hospital's

board of directors to an individual whose outstanding contributions to Jewish Hospital are worthy of special recognition. Stein, a member of the hospital board of directors for nearly 20 years, has been head of the finance committee for most of that time. Chairman of the Board of Directors Harold Blatt, in his presentation of the award, described Stein as "the Ozzie Smith and Jack Clark of financial planning for the hospital. We have relied upon Elliot Stein to help guide the hospital in many critical decisions. He gives advice when asked and counsel when necessary. We are blessed by his leadership."



From left top, clockwise: David A. Gee, president (center), makes a point to Norman Bierman, secretary of the board (right), and David W. Nations, vicepresident. Marjorie Wolcott May and Jean Susman have an informal conversation before brunch. Rep. Rogers meets with Walter Stern and Washington University Chancellor William Danforth. The two recipients of the Fellows Award, Elliot Stein and John Simon, listen intently to the speaker. Former Rep. Paul Rogers (D-Fla.) addresses the Fellows. Elliot Stein reflects on bis award moments after the presentation. Nora Stern, chairperson of the planning committee for the annual meeting, greets the crowd and thanks her committee for their efforts. Ira Kodner, M.D., and Board of Directors member Edward Greensfelder share an amusing story.









A Time of Transition

Government changes in health care payments and cutbacks in federal funding for research make the 1980s a time of transition in health care delivery. Rogers used the terms "monetarization" and "corporate-ization" to describe the trends resulting from those changes.

The federal government recently moved from a feefor-service program to one of

set fees for specific treatments for Medicare and Medicaid patients. This spearheaded the transition, said Rogers, which was then accelerated by the concerns of corporations and industries. Businesses pay the majority of insurance premiums, and are increasing the pressure on hospitals to contain costs. "The delivery of health care services is becoming more like a business every day,' he said. "Monetarizationlooking at all services from a bottom line viewpoint—may be the only solution for runaway costs."

The "corporate-ization" of health care is another "revolutionary" trend, Rogers said. By 1990, he estimates that 2,000 corporations will be the "primary players" in health care. Currently, the four larg-





est for-profit hospital chains control 12 percent of United States hospitals. This shift from not-for-profit institutions to for-profit corporations, he believes, will have a negative impact on poor and uninsured populations. "The corporate hospitals may be unresponsive to community needs," Rogers explained. "They may corner the market on insured patients. We have already seen some 'dumping' of uninsured patients on not-for-profit hospitals."

In the 1960s and 70s, when most health care costs were borne by third party payers (usually insurance companies), most research funding was provided by the federal government.through the National Institutes of Health. "That emphasis on research and third party payers reaped great benefits for us all," Rogers noted. "We cannot expect that level of funding to continue. The cutbacks may undermine the quality of health care delivery, hitting teaching and research institutions the hardest."

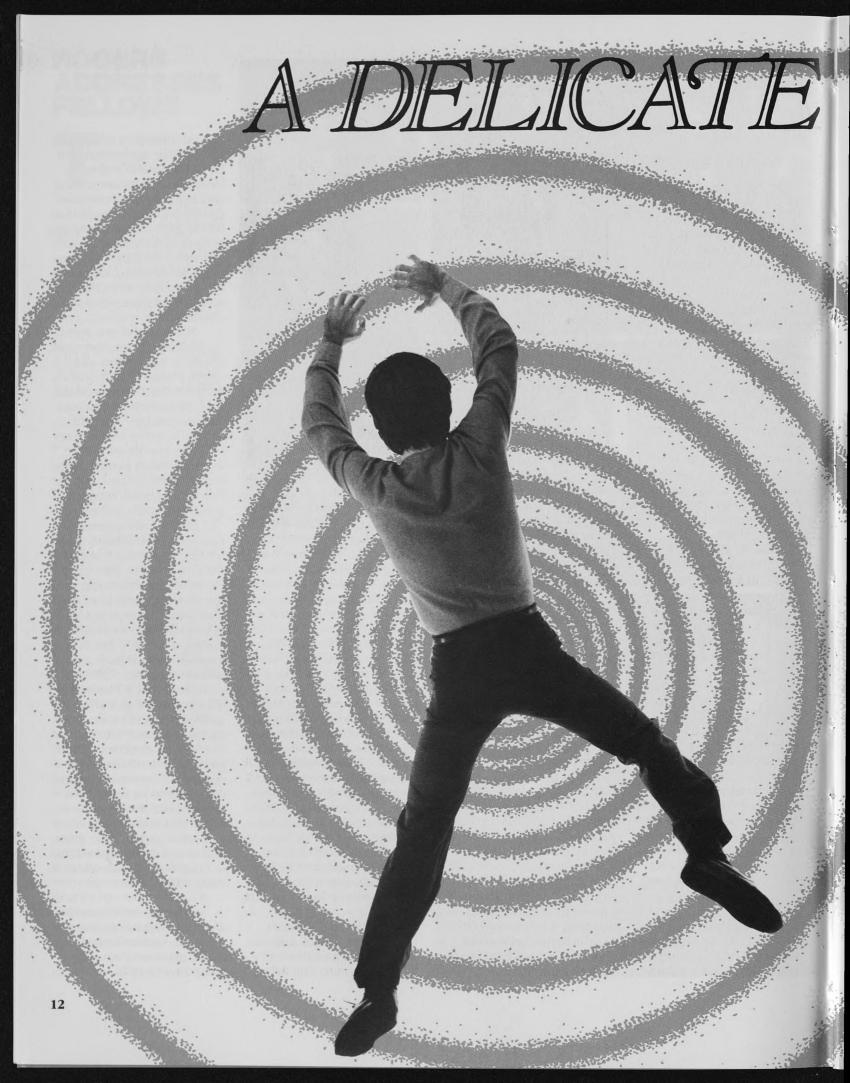
Looking to the Future

"On the bright side, the shift to private sources of research funding will help," he said. "Support of private patrons like the Fellows will be indispensable to Jewish Hospital's efforts in teaching and research. Without your contributions and support to fill the gaps from government cutbacks [see September/ October 1985 **216**, "The Incredible Shrinking Research Dollar"], many important research programs could not continue.

"I commend you for your giving of your time and efforts to help others. If I could, I would salute you with a revised version of the song Barbra Streisand made famous, 'People.' I would change a line or two to 'people who care about people are the luckiest people in the world.' I think that you, the Fellows of Jewish Hospital, are all very lucky people."

David A. Gee, president, concluded the meeting by noting progress in hospital research activity. This year, 110 faculty members are spending \$10 million in research funds, one-third of which comes from philanthropic sources. "The Fellows are a major part of that effort," he noted. "Today, you either have to have the lowest price or give the best quality. While we have held our prices down, the way we differentiate the Jewish Hospital product is based on quality. We are on the cutting edge of new knowledge because of our investigative roles. This knowledge, when applied to patient care, gives us a competitive edge strongly influenced by our research work."

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



by Janet Ruegg-Hawks

ne patient might experience frightening attacks of dizziness and vertigo. Another may feel as if one ear is full, almost to bursting. Yet another may suffer from hearing a constant ringing or whistling sound (tinnitus). With little or no warning, a patient may notice a fluctuating hearing difficulty.

These symptoms may seem unrelated, except that they all relate to the hearing system, but each represents one of the four "classic" sig-nals of Ménière's disease. The manifestations of this capricious disorder may change from day to day and, while the disease is usually controlled within several months, it often leaves behind some of the symptoms and a sensorineural hearing impairment, which affects the nerve cells, rather than the sound conducting system. Patients may experience one, several or all of the symptoms of this disease.

The disorder was first described by French physician Prospere Ménière in 1861, and his description - remains accurate to this day. Yet, physicians still do not know the exact cause of Ménière's disease, only the pathophysiology (the alteration in function) of the disorder. The inner ear contains the mechanisms for two functions, balance (the vestibular system) and hearing (the cochlea). The cells of the inner ear are bathed in fluids of differing chemical compositions. Ménière's begins to develop when the inner ear is unable to handle the fluctua-



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Glycerol, a bigh-potency diuretic which resembles water, is one of the first testing procedures used to pinpoint symptoms of Mèniére's disease. After the glycerol bas dropped the fluid level in the body, a patient's bearing is tested and symptoms evaluated to detect any shifts that could be attributed to fluid levels.

tions in the fluid levels. "Either the ear begins to produce too much of a certain fluid, or its ability to absorb the fluid is inhibited. and pressure builds,' explains Laurence A. Levine, DDS, M.D., director of the department of otolaryngology. "This pressure causes a rupture in the Reissner's membrane, which isolates the different fluids in the inner ear. The rupture allows the fluids to mix." When they mix, the endolymph fluid (from the vestibular system), which is toxic to the sensitive hair cells in the cochlea, is allowed into the cochlea through the rupture.

The cells around the rupture are injured, impairing their ability to function. Different cells transmit the impulses of different frequencies of sound, so when a group of cells is damaged, the sensitivity to sound in that frequency is decreased.

'Ménière's disease is a hydrops condition, meaning that it is the result of an excessive accumulation of fluid in a body cavity,' explains Dr. Levine. " A patient may have full-blown Ménière's, where there are both vestibular and cochlear symptoms. If they have cochlear hydrops, patients do not experience vertigo, but suffer rather from tinnitus and a hearing loss. Other patients, who experience the vertigo, have a vestibular hydrops condition. Both types of patients are prone to developing full-blown Ménière's."

Ménière's disease occurs in approximately five out of every 1,000 people. Most patients who develop it are between the ages of 40 and 50, with men having a slightly higher incidence of occurrence.

Testing Makes the Diagnosis

"We look for the vertigo or dizziness first, then the hearing loss, fullness in the ear or tinnitus," explains Tina Daher, M.A., an audiologist (hearing testing specialist) in the department of otolaryngology. "Not that all have to be present. If we see even one or especially a combination of the symptoms we start to suspect Ménière's disease. Like any diagnosis, pinpointing Ménière's disease is a process of elimination."

Non-invasive testing makes a conclusive diagnosis possible in a short period of time. Audiologists use three tests—plus an audiogram to measure hearing—on patients suspected of having Ménière's disease. The audiologist works with the patient's physician to determine which tests to use, based on the patient's primary symptoms.

Each test evaluates a specific symptom of Ménière's. A glycerol test determines if a patient's hearing or tinnitus improves after the fluid level in the body is reduced. An electrocochleogram (ECoG) measures the ability of the inner ear to conduct sound and will note if that ability is impeded by fluid. Electronystagmograpy (ENG) evaluates the patient's balance on both sides (so the ears can be compared against each other) by measuring eye movement while the patient is in different positions, focusing on a fixed point. The audiologist interprets the results of the chosen tests, checks the audiogram for

BALANCE

low frequency hearing loss, and presents the information to the physician along with his or her impressions of what diagnosis is indicated by the testing and clinical observation of the patient.

Each Case is Different

Shirley Thompson, a Florissant church secretary, woke one morning with a blocked sensation in her right ear. "It was like being in an airplane coming in for a landing. I chewed gum. I vawned. I tried to open the ear but it simply would not clear. I was noticing some ringing in the ear as well.' Coincidentally, that day Mrs. Thompson accompanied her husband on an office visit to Dr. Levine. He checked her ears, found no wax buildup that could be causing a blockage, and recommended that Thompson stay for testing.

Thompson had a glycerol test. She drank the glycerol fluid that is a potent diuretic, which decreased the level of fluids in her entire body, including the inner ear. When the pressure in her ear dropped, her symptoms abated during the three-hour test, a positive indication of Ménière's.

For the many patients who complain of a fluctuating hearing loss, the glycerol test can produce a dramatic abatement of symptoms. If a patient has Ménière's disease, for the several hours it takes for the glycerol to pass through the body, hearing is greatly improved. "We had a patient who wanted to take some glycerol home with her because her hearing change was so great during the test," recalls Ms. Daher. Glycerol cannot be used as a treatment for Ménière's because of its

The audiology staff, Tina Daher, M.A., Jenita Hubbard, M.A., and Mary McCarty, M.A., regularly confer and consult with each other on test results.

numerous side effects.

Several tests were needed to diagnose Barbara Seni. The 28-year-old supervisor in the trust department of a large bank began to experience dizzy spells. Her private physician referred her to Dr. Levine. He ordered an ECoG and a hearing test first. For the ECoG, a tiny electrode (an "eartrode") was placed inside her ear canal. Then, the ear was stimulated by clicking sounds, which were transmitted through earphones. The audiologist recorded the response waves, which showed how Ms. Seni's hearing nerves responded to the clicks. The

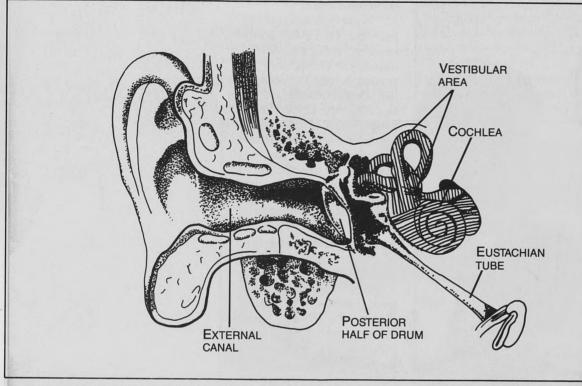
wave formations showed abnormalities, indicating excess fluid in the inner ear. A hearing test on Seni revealed a slight loss of hearing sensitivity in her right hear. She underwent the glycerol test a week later and her hearing was recorded as normal. The tests gave Dr. Levine sufficient information to diagnose Seni as having Ménière's disease.

As he does in virtually all Ménière's disease situations, Dr. Levine put both Thompson and Seni on low-salt diets, and prescribed diuretics and Valium. He prescribes the Valium, not so much for its effect as a tranquilizer, but because it functions as a vestibular sedative with a beneficial side effect of reducing anxiety. Diazepam, the chemical compound in Valium, inhibits the function of the superior vestibular nucleus. The nucleus is the first point in conducting the impulses to the brain and central nervous system from the balance portion of the inner ear. This suppresses the sensation of vertigo. Other medications that can be used include antihistamines, the most common of which is Meclizine, also known as Antivert.

Another Rx—TLC

Dr. Levine adds an important non-medical ingredient to his treatment protocal, "lots of tender, loving care (TLC). The psychological treatment is as important as the medical treatment. Ménière's is a very frightening disease, one which sets up a vicious cycle. A person has an attack of vertigo and becomes frightened because the cause is unknown. This anxiety can set off another attack. We have to break the





Inner ear diagram from Hearing and Deafness, Hallowell Davis, M.D., and S. Richard Silverman, Ph.D. (Central Institute for the Deaf), Holt, Rinebart and Winston.

cycle. We do that by talking to the patient, explaining the disease, explaining the pathology, and helping him or her to understand what he or she can do to control the disease."

His Ménière's patients need to be able to talk to him or come into the office when they experience changes in their conditions. He encourages this practice, believing that good physician/patient rapport is especially important in treating Ménière's disease. "They need to know that someone cares about their disease and is willing to find ways to help them cope with it. I feel we must support these patients with a lot of attention and understanding," says Dr. Levine.

Dr. Levine's attitude to managing Ménière's Disease has helped his patients understand their roles in con-

trolling and handling symptoms and coping with the restrictions of the low-salt diets. Seni feels that the lowsalt diet has substantially helped abate her symptoms. However, like many women, she experiences fluid retention during the week before her menstrual period and has noted that her attacks increase during that time. "But I understand that the whole basis of Ménière's is fluid retention. Since I know that, I can convince myself to not get upset. On the whole, I feel I am doing quite well. I am trying to stay calm and that's the hard part," she says.

Seni finds Dr. Levine's accessibility helps her attitude towards her disease, which now manifests itself in balance problems when she is standing still. ''I am a very high-strung person, and Dr. Levine has helped me to understand that my tendency to be nervous can aggravate my symptoms," she says. "I am athletic and enjoy being active. He has supported my exercise programs, believing that activity will help me manage Ménière's."

Even though in many cases, patients learn to manage Ménière's disease within several months, they can have recurring bouts with the disorder. "Ménière's does not tend to be a debilitating illness," comments Daher. "It is very fearful. With symptoms like vertigo and fluctuating hearing, it can be a very upsetting ordeal."

Networking Care

Several months after she began treatment, when Thompson was with a group of people in a noisy room, she found she was able to hear only snatches of words or sentences. Some sounds were distorted. "I was getting panicky. I know something was being said but the distortion prevented me from understanding it," she recalls. "First I thought, so what if I lose the hearing in one ear? I still have another one. But I used to work for an optometrist, and I learned that if you lose one eye, you lose your depth perception. When I lost hearing in my right ear, the distortion prevented me from understanding speech."

According to Thompson, when she spoke with Dr. Levine about her new symptoms, he told her "if I had what you have, I would go to Denver and be evaluated by I. Kaufman Arenberg, M.D., a physician at the Colorado Ear Clinic." Dr. Arenberg, who received his otolaryngology training at Washington University School of Medicine and Barnes Hospital. specializes exclusively in the diagnosis and treatment of Ménière's disease.

"I think it is important to know who is doing what in your field," says Dr. Levine. "We don't make the pretense here that we can do it all. We have our own specialists and interests and other physicians refer patients to us because of these specialties, just as we refer our patients to other specialists. Shirley Thompson was a candidate for Dr. Arenberg's surgical procedure—an endolymphatic sac valve insertion-because her symptoms were vertigo and a hearing loss. She is an excellent patient and a marvelous lady, too." An endolymphatic sac valve insertion involves implanting a valve in the sac (outpouching of the vestibular lining into the brain cavity

BALANCE



Laurence A. Levine, M.D., and Ms. McCarty compare test results with patient profiles before making a diagnosis.

which helps to equalize the fluid balance) so that fluid and pressure do not build up.

The surgery could not correct the hearing damage that had occured, but is expected to prevent further damage. "Eight weeks after the surgery, a miracle happened," explains Thompson. "The sensation of blockage

completely disappeared." That part of her hearing impairment that was caused by the blockage has also disappeared. Her hearing tests have steadily improved in the months following her surgery. Unfortunately, the tinnitus is still bothering her. While some level of tinnitus remains constant, Thompson has experienced severe attacks at a level she describes as "a tornado siren going off in my ear." Dr. Arenberg predicted only a 33 percent chance that the tinnitus would abate.

To help offset that problem, Dr. Levine is considering trying a tinnitus masker on Thompson. The masker, which fits on the ear like a small hearing aid, does not make the tinnitus go away. Rather, it replaces it with a less annoying sound, known as white noise. "People can tolerate the white noise, while the tinnitus can drive them crazy," says Dr. Levine.

Adapting to the change

"Ménière's is an odd disease. It is not fatal, and while it will not cause a major illness, it is chronic," says Dr. Levine. "People may have it in some form for the rest of their lives. Once they are on treatment, it may take several months before they understand what they've got. Many people arrest the symptoms for years after they have been on treatment for some time."

Thompson says her priorities and expectations changed along with the progression of her disease. "First I felt I would do anything to get rid of the tinnitus. Then my hearing started to go and I knew that was much more important and I could learn to live with the tinnitus."

"The key thing is psychological acceptance of the disease and its limitations," concludes Dr. Levine. "Just as when a person loses a limb and learns how to adapt to it or a blind person becomes more sensitive to sound, a person with Ménière's has to learn to adapt and let other mechanisms take over."

To make an appointment with the Jewish Hospital division of otolaryngology, call 454-7875.



David Ban, M.D., spoke on "Drug Use in the Elderly: The Old/New Drug Abusers," at a conference on Mental Health Needs of Older Missourians August 1 in St. Louis.

Robert W. Bastian, M.D., presented a paper, "Laryngeal

Image Biofeedback," to the Voice Foundation Meeting in June in Denver, Colorado. At the Annual Symposium on the Care of the Professional Voice, Dr. Bastian participated in panel discussions on "Licensure and Training in Speech Pathology"

ON STAGE—A Speakers' Showcase was held August 21 and 23 to give representatives of area organizations a taste of the lecture programs offered by Jewish Hospital specialists. Approximately 80 program chairpersons and others who schedule lectures, discussion groups and programs for their organizations attended the two sessions of the showcase. The Speakers' Showcase was the kick off of a campaign to increase awareness in the community of the Speakers' Bureau, sponsored by the Associates in Medicine, and its ability to provide stimulating programs for organizations.

Each speaker presented a short overview of a topic of special interest to them. At different sessions, Louis Avioli, M.D., and William A. Peck, M.D., each spoke on osteoporosis and John P. McGuire, executive vice president, and David A. Gee, president, each explained the

challenges of providing healthcare in a changing economic climate. Joyce Hayes, R.N., BSN, MPH, defined wellness programs at both sessions. Other than the three constant topics, each program featured several other speakers. Alan Lyss, M.D., spoke on new treatments for cancer; Joseph Eades, M.D., addressed plastic surgery options; Gerald Wolff, M.D., explained cardiac risk profiles; Sandy Collins, employee assistance coordinator, discussed stress management techniques; and Randy Hammer, Ph.D., spoke on myths and mythologies of sex.

"We have a number of physicians, nurses and other specialists at Jewish Hospital who are eager to share their knowledge with community organizations. When we connect them with a group seeking a healthcare program, the good word about Jewish Hospital is spread in the comand "Surgical Management of Benign Laryngeal Disease in Singers."

Leonard Berg, M.D., published an article, "Does Alzheimer's Disease Represent an Exaggeration of Normal Aging?" in the August 1985 issue of *Archives of*

munity," commented Sunny Combs, program coordinator.

By the month following the showcase, more than 15 requests for speakers had been received as a result of the showcase.

A number of Jewish Hospital speakers have recently presented programs to community organizations. The Ethical Society sponsored a four-part health care series in September and October, which featured David A. Gee, president speaking on "Health Care Challenges;" Patti Eisenberg, BSN, MSN, on "Cardiac Risk Profile;" Stanley Birge, M.D., on "Aging;" and Charles Mannis, M.D., on "Prevention and Recognition of Common Injuries in the Recreational Athlete." Also during the past several months, Laurence Levine, M.D., DDS, spoke on "Hearing Loss" at the JCCA Men's Club; Joe Gruber, R.Ph., discussed "Medication and the Consumer" at a meeting of the Retired School Employees of St. Louis, and Rodney Klein, vice president, spoke on "Hospitals: The Cost of Caring'' to the West End Lion's Club.

If you would like to request a speaker or more information on the AIM Speakers' Bureau, please contact Sunny Combs, community relations, 454-8225.

Above, Joyce Hayes speaks to the August 21 session.

NEWS BRIEFS



AND THE WINNERS ARE—Six Jewish Hospital student nurses recently received notifications of coveted awards—nursing

Neurology.

William Catalona, M.D., attended the AUA Annual Meeting May 12-16 in Atlanta, Georgia, where he participated in a post-graduate course on "How I Manage Prostate Cancer: Stage for Stage" and a platform session on "Prostate Cancer-Diagnosis and Management." At the Cancer Awareness Resource Expo sponsored by the Leukemia Society of America, Dr. Catalona spoke on "Prostate Cancer." He spoke on "Management of Localized Prostatic Carcinoma" and "Management of Superficial Bladder Cancer" at the Canadian Urological Association Meeting June 16-20 in Montreal, Canada. He attended the AUA Exam Committee Meeting

merit scholarships—which will help them defray the expenses of their education as well as reward them for their outstanding scholastic

July 17-21 in Kansas City. Dr. Catalona co-authored an article, "Intravesical BCG Therapy for Superfical Bladder Cancer: Effect of BCG Viability on Treatment Results," which was published in the *Journal of Urology*.

Jerome Gilden, M.D., sponsored a continuing medical education seminar on "Howmedica Trauma Seminar and Bioskills Workshops: Grosse-Kempf and External Fixation" August 3, in St. Louis. Dr. Gilden participated in an AAOS Continuing Education Course on "Orthopaedic Traumatology: Management of Multiply or Severely Injured Patients" August 19-21 in Seattle, Washington.

James Hepner, Ph.D., was elected to the Board of Gover-

records.

Two members of each class at the School of Nursing received the awards. Students compete for the scholarships and each is evaluated by grade point average, a personal interview with a nursing leader at the hospital, an essay on a topic of current interst in the healthcare field, letters of reference and "evidence of character, attitude, interests and community or professional involvement suitable for a nursing career."

This year, the awardees are: freshmen Joy L. Stauffer of St. Charles and Annette Krawczyk of Murphysboro, Illinois; juniors Diana Turner of St. John and Sharon Lyn Niewoehner of St. Louis; and seniors Tanya Templeton of Ballwin and Caryn Rich of Creve Coeur.

The merit scholarships are provided by the Jewish Hospital Auxiliary Life Membership and Scholarship Fund.

nors of the American College of Healthcare Executives for the 1985-89 term.

Joseph Hazen, M.D., spoke on "Infertility—Advances and Promises" on the Bob Hardy Talk Show broadcast on KMOX-AM June 4, 6, and 7.

Michael Isserman, M.D., spoke on "Ophthalmology for Non-Medical People" to a YMCA Rockies group August 24 in Estes Park, Colorado.

Alan Lyss, M.D., spoke on "Colorectal Cancer" along with Ira Kodner, M.D., and Mary Gilley, R.N., on the July 20 KMOX-AM "Newsmakers" radio show. Dr. Lyss was appointed director of clinical oncology at Jewish Hospital on July 1.

Carlos Perez, M.D., spoke

on "Clinical Hypertheria with Emphasis on Interstitial Hyperthermia" at Massachusetts General Hospital August 5 in Boston, Massachusetts; "Dose-Tumor Response and Survival Studies in Radiation Therapy of Non-Small Cell Carcinoma of the Lung" at the Fourth World Conference on Lung Cancer August 25-30 in Toronto, Canada; "Radiation Therapy of Carcinoma of the Uterine Cervix," "Radiation Therapy in Carcinoma of the Endometrium," and "Definitive Radiotherapy in the Management of Prostatic Carcinoma" at the Rambam Medical Center August 31-September 7 in Haifa, Israel; "Conservative Management of Early Carcinoma of the Breast," "Radiation Therapy in Carcinoma of the Prostate," "Radiation Therapy in the Treatment of Carcinoma of the Lung," and "Radiation Therapy in the Management of Carcinoma of the Rectosigmoid" at the Congresos Integrados de Cancerlogia September 18-21 in Cali, Colombia. He presented a paper, "Clinical Experience with Localized Hyperthermia and Irradiation," also published in *Hyperthermic* Oncology Review Lectures, to the 4th International Symposium on Hyperthermic Oncology in Aarhus, Denmark, July 2-6.

Timothy Ratliff, Ph.D., was awarded an American Cancer Society Grant to study the effect of interferon on bladder tumor growth. At the AUA annual meeting May 12-16 in Atlanta, Georgia, Dr. Ratliff presented two abstracts, "Determination of Optimal Dose and Strain of BCG for Inhibition of Intravesical Mouse Bladder Tumor Growth" and "Prognostic Value of PPD Skin Tests and Granulomas in Bladder Biopsies of Patients Treated with Intravesical BCG." He also presented a poster at the meeting, "Determinations of Optimal Dose and Strain of Bacille Calmette-Guerin



THE PARKINSON'S

CONNECTION—Although it was first described clinically by the physician James Parkinson in 1817, Parkinson's Disease has probably plagued mankind for centuries. Today, it is considered to be one of the most common neurological disorders. According to Erwin Montgomery, M.D., Jewish Hospital attending physician and assistant professor of neurology at the Wash-

for Inhibition of Intravesical Mouse Bladder Tumor Growth." He co-authored an article, "Intravesical BCG Therapy for *Erwin Montgomery, M.D., assistant professor of neurology.*

ington University School of Medicine, Parkinson's Disease now affects one out of every 60 adults aged 60 and older. "That statistic has even larger implications considering the growing number of people in the over-60 age group," says Dr. Montgomery. "In a few years, Parkinson's Disease will

Superficial Bladder Cancer: Effect on BCG Viability on Treatment Results," Published in the *Journal of Urology*. no doubt reach an epidemic proportion and will have an enormous impact on health care." Dr. Montgomery addressed the audience at the September 8 Parkinson's Educational Program (PEP), held in the Steinberg Amphitheater.

Although Parkinson's experts have yet to pinpoint the cause of the neurological disorder, the outlook for treatment continues to improve. In a recent case, a 27-year-old man was admitted to a San Jose, California, hospital with severe Parkinson's symptoms, which had developed during a period of months. A few months later. the patient's girlfriend was admitted to the same hospital with the same symptoms. Researchers discovered that both were heroin addicts and had been using a synthetic heroin that contained a contaminate called MPTP. According to Dr. Montgomery, the connection with MPTP has enormous implications for Parkinson's patients. "We can now produce the disease under laboratory conditions," he says. "We hope this will lead to a better understanding of the role of dopamine [the vital chemical no longer produced in Parkinson's patients' brains] and the disease process."

Dr. Montgomery also discussed promising new surgical techniques involving cell transplantation for treating Parkinson's Disease. Other cells that manufacture dopamine are located in the adrenal glands. By taking these cells and implanting

Michael Rich, M.D., coauthored an article, "Cardiac Operations in Patients Over 80 Years of Age," published in the them into the basal ganglia (the middle part of the brain which manufactures dopamine) surgeons hope to help replace dopamine-producing cells that have degenerated and died. The operation is currently being performed in Scandanavia. "These are extremely experimental operations," Dr. Montgomery emphasized. "But they are very encouraging."

This is a very exciting time in the treatment of Parkinson's," he added. "Experts are predicting that in the next few years we will have an even better understanding of the disease and will at least be able to halt its progression."

At the close of the seminar, the audience was encouraged to participate in the Parkinson's Disease Walk-A-Thon, held October 12 at Des Peres Park, and sponsored by the St. Louis Chapter of the American Parkinson's Disease Association. The local walk was one part of a nationwide effort by Michel Monnot, a young Parkinsonian, who is presently walking 2,000 miles across the United States to raise money for Parkinson's Disease research. His goal is to raise \$1 million and to demonstrate that individuals with Parkinson's Disease can undertake challenging tasks.

PEP programs, sponsored by the Jewish Hospital Auxiliary, meet three times a year in the hospital's Steinberg Amphitheater. For further information on PEP programs, contact the Auxiliary office at 454-7130.

July 1985 issue of the *Journal of Thoracic and Cardiovascular Surgery.*

Nathan Simon, M.D.,

spoke on "Dealing with Bereavement" at an American Law Institute-American Bar Association program on estate planning in St. Louis. Dr. Simon was elected assistant treasurer of the St. Louis Heart Association.

Jules Snitzer, DDS, attended the annual meeting of the American Academy of Periodontology September 10-13 in San Francisco, California.

Franz U. Steinberg, M.D., presented a paper, "Decline of Isokinetic Muscle Strength in Aging Women," to the International Congress of Gerontology July 15 in New York, New York. The paper was prepared with **Phyllis Schuessler, RPT.** Dr. Steinberg spoke on "Keeping the Elderly Functional and Fit," the Jesse C. Coggins Memorial Lecture to the Medical and Chirurgical Faculty of the State of Maryland April 25 in Baltimore, Maryland.

Patrick R.M. Thomas, M.D., published an article, "Pancreatic Cancer: Adjuvant Combined Radation and Chemotherapy following Curative Resection," in issue 120 of *Archives of Surgery*.

Roland Valdes, Ph.D., made three presentations at the 37th National Meeting of the American Association for Clinical Chemistry held July 21-26 in Atlanta, Georgia: "Exercise-Induced Elevation of Endogenous Digoxin-Like Immunoactive Factor in Human Serum," "Implementation of Alpha-Fetoprotein Screening Program for Diagnosing Open Neural Tube Defects," and "Measurement of Endogenous Digoxin-Like Immunoactive Factors in Animal and Human Tissues.'

Michele Van Eerdewegh, M.D., co-authored an article, "The Bereaved Child: Variables influencing early Psychopathology," published in the *British Journal of Psychiatry* in August.

WEISS FILLS AN

OFFICE-In August, Calvin Weiss, DDS, director, Jewish Hospital division of dentistry, was installed as president of the American Association of Hospital Dentists at a national meeting in New York City. The 1,000-member association is the largest organization of hospital dentists in the United States. Dr. Weiss will serve a one-year term as president before assuming the position of chairman of the association's board of directors.

As president, Dr. Weiss stated, "We are now in the process of forming a federation of dentists who provide care for special groups such as geriatric, physically and mentally handicapped, and medically-compromised dental patients," says Dr. Weiss. "We feel that a large percentage of these patients need expansion of dental care in the hospital environment."



CONTRIBUTIONS TO JEWISH HOSPITAL FUNDS

SUSTAINING GIFTS

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

Mrs. Irvin Bettman, **Jr**., has made a contribution to the Sidney Rothschild Medical Library Fund in memory of her parents, Mr. and Mrs. Sidney Rothschild.

Dr. and Mrs. Daniel Bisno have made a contribution to the Research Endowment Fund.

Mr. Daniel Bogard has made a contribution to the Dorothy Bogard Memorial Research Fund.

Mr. and Mrs. James H. Cohen, Mr. and Mrs. Richard A. Cohen, Mr. and Mrs. Kenneth B. Cohen and Mr. and Mrs. Thomas Cohen have made a contribution to the Shirley W. Cohen School of Nursing Fund in honor of Shirley Cohen's birthday.

Mr. and Mrs. William B. Eiseman, Jr. have made a contribution to the Research Endowment Fund.

Mrs. Milton S. Frenkel has made a contribution to the Dorismae and Harvey A. Friedman Program on Aging in honor of the Special Birthday of her husband, Mr. Milton S. Frenkel.

Mr. and Mrs. Edward B. Greensfelder have made a contribution to the Directors Fund.

Mr. Bernard B. Gross has made a contribution to the Hospital's Tribute Fund.

The Estate of Mrs. Julia Gruenfeld has made a contribution to the Surgery Research Fund.

Mr. **Irvin Koplar** has established the Allan M. Koplar Fund for Patient Care in honor of his brother Jacob and in memory of his nephew, Allan M. Koplar.

The Estate of Mildred Lachow has made a contribution to the Research Endowment Fund in memory of Mildred and Louis Lachow.

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

Ms. Robyn L. Mintz has made a contribution to the Edna Malen Nursing Scholarship Fund.

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



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Michael Lippmann, M.D., medical director of the Jewish Hospital emergency department, gave a short course in handling life-threatening emergencies September 12 at the first program of the 1985-86 Associates in Medicine lecture series. Dr. Lippmann defined first aid as "the immediate care given to a patient who has been injured or taken ill. It includes self-help and home care if medical assistance is not available. It includes wellchosen words of encouragement, willingness to help and promotion of confidence by your demonstration of competence.'

Accidents are the leading cause of death in people under the age of 38. There are 51 million accidents yearly, with 21 million of the accidents occurring in the home. Knowledge of basic first aid —what Dr. Lippmann terms the "fundamental rules" can help a person react correctly, calmly and competently when immediate action is needed.

Jewish Hospital Emergency Department 454-7900

When Seconds

An accident or sudden illness often turns a bystander into the first link in the emergency care chain. The clock is ticking, because every second counts in a crisis. This special section, which can be easily removed from the center of the magazine, will give you a reference guide to help you save that precious time.

Bleeding—Shock and losing consciousness can occur after losing as little as a quart of blood. The sequence of techniques to stop bleeding are: compression, elevation, application of compression at a pressure point, and use of a tourniquet. To compress, take a clean cloth and apply pressure to the wound. This should help the blood to start clotting. If compression is not reducing the blood flow, elevate the limb to allow gravity to assist clotting. If the wound is on a limb, a pressure point can be used to try to control the bleeding. Compress firmly where the artery leads to the limb (just past the armpit for the arm, at the crease of the hip and leg for the leg) for several seconds and then return to elevating and compressing the wound. Only as a last resort, apply a tourniquet. A tourniquet cuts off all blood supply to the injured limb. Using a tourniquet means making a decision to sacrifice a limb to save a life.



Clockwise from above: Gene Pattiz, co-chairman of the program committee, questions Michael Lippmann, M.D., on a point of emergency care. Randy Hammer, Ph.D., co-chairman of the membership committee, greeted members and guests on their way to the afterlecture buffet. Don Levin, administrative liason to the Associates, discusses the evening's program with Les Borowsky.





Blocked Airway—Airway obstruction is an emergency that requires immediate action, because a person will die within six minutes after cessation of breathing. If a person has **lost consciousness**, look to see if the tongue has fallen back into the throat. If it has, lift the victim's jaw up and back to remove the tongue from the airway. A **cardiac arrest** will produce respiratory failure and must be treated with cardiopulmonary resuscitation (CPR). Training is available in CPR for the non-medical person from healthcare organizations and civic groups. If a person is **choking**, unable to speak and turning blue, swift action to help dislodge the obstruction, usually food, is necessary. Stand behind and to the side of the victim, supporting the victim's midsection with one hand. Firm, sharp blows, in series of four, between the should blades should literally propel the obstruction back into the mouth. Repeat the process until emergency help arrives or the victim has expelled the obstruction.

Heart Attack—Many people make the (sometimes fatal) mistake of refusing to believe they may be having a heart attack. They contribute the pain to indigestion, heartburn or anything besides a myocardial infarction (MI or heart attack). The symptoms of a heart attack are: chest pain (a squeezing, crushing, or tightness), sweating, shortness of breath, nausea or vomiting, weakness, dizziness, palpitations, and a feeling of impending death.

The first aid procedures are: do not minimize the symptoms, help the victim maintain calm, have the victim sit up, call an ambulance and notify the victim's physician.

Act quickly and with assurance. Most heart attack deaths occur outside of the hospital.

Poisoning—If you suspect a poisoning has occurred, determine the following information.

• What was ingested? If you are not certain, gather all the "suspects." For instance, if a child was in the medicine cabinet, collect all the medicines.

• When was it taken? Some poisonings do not manifest themselves for several hours after ingestion.

- How much of the substance was taken?
- Has the victim vomited?

Then, call the **Poison Control Network's 24-hour hotline at** 772-5200. A staff member will advise you on what course of action is necessary.

General Rules to Follow in a First Aid Emergency

Get help as soon as possible.

• Do not move the victim unless it is necessary for safety (accident in the road, etc.).

Protect the victim from unnecessary manipulation and disturbance (often from crowds gathered at an accident).

- Avoid or overcome chilling.
- Do not overheat.

• Gather information about the accident or illness from the victim and witnesses (Dr. Lippmann emphasized how much this helps the ER personnel).

• Do not abandon the victim. Remain in charge until more qualified help arrives. Don't underestimate the importance of your presence to the victim.

Do no harm.

Poison Control Center 772-5200

Coup

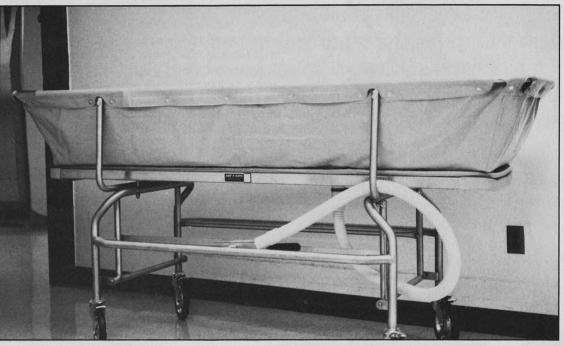


In an effort to provide high-quality medical service, Jewish Hospital at Washington University Medical Center continually purchases new equipment. Because of the ever-increasing costs of medical supplies, gifts to the hosital, whether large or small, are greatly appreciated.

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

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

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



Portable Bath

Situated off in one corner of the emergency department, the tub looks like an oversized version of a child's swimming pool. But the collapsable rubber container is actually an important tool for treating patients admitted to the E.R.

According to Barbara O'Fallon, R.N., emergency department, the Portable Bath has a variety of purposes, typically treatment of hyperand hypothermia. When patients are admitted with hyperthermia (abnormally high body temperature), or hypothermia (abnormally low body temperature), they can be immersed in the tub, which is filled with water at temperatures designed to adjust their body temperatures slowly back to normal levels. Hyperthermia typically occurs during extended periods of hot, humid weather. Its victims are usually among

the elderly population, but people who take medications that impair the body's ability to lose heat and individuals who overextend themselves in athletic activities are also at risk. Occasionally, the condition occurs in individuals with massive infections.

According to Ms. O'Fallon, the tub can be helpful in reviving potential drowning victims, particularly those who have had accidents in freezing water, and in treating victims of St. Louis' cold

warming must be done carefully and monitored closely to avoid life threatening complications." The tub, says O'Fallon, also comes in handy in bathing patients and can be used for victims of chemical and thermal burns.

spells. "Raising a patient's

the patient's temperature

may be critically low, the

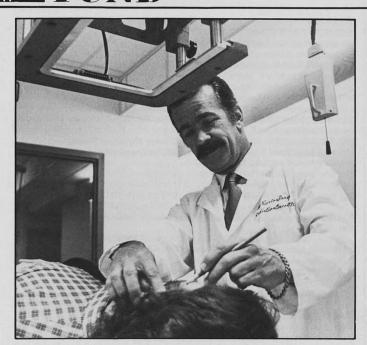
body temperature is a delicate

task," she says. "Even though

The Portable Tub was purchased for \$1,900. ■

School of Nursing

Training Doll	\$900
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Nursing Stretcher Beds	\$5,000



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

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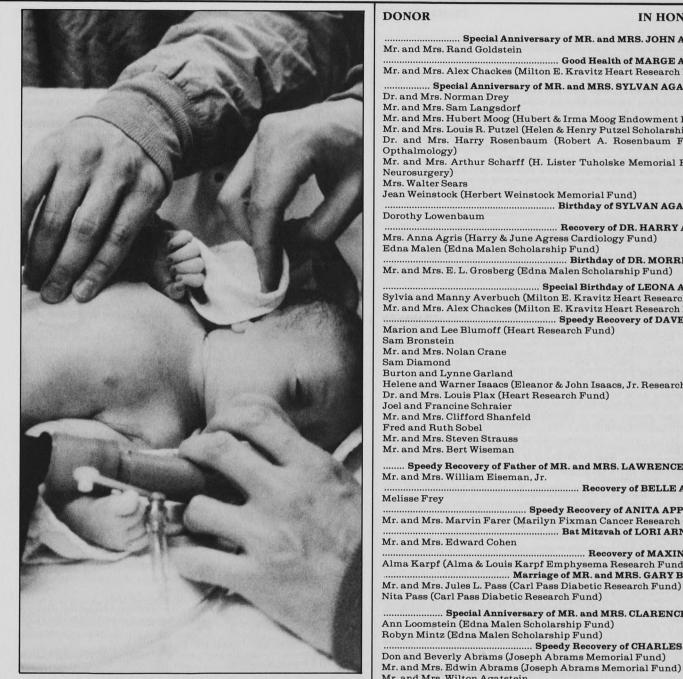
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Recovery of JEAN MANESBERG Fund)	, iii
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Anniversary of DR. and MRS. CHARLES MANNIS Dr. and Mrs. Edward Cohen Fund)	ent
Birthday of MARK MARGOLIES Mr. and Mrs. Robert Weinstock (Leo Fuller Scholarship Fund)	AN
Mrs. Betty Kaufman (Carol Kaufman Cancer Fund) Di the Carol Kaufman Cancer Fund) Mr. and Mrs. Robert Bernstein (William, Dorothy & Jerome Molas	ky
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Recovery of EDNA MATHES Dr. and Mrs. David Goldmeier (OB/GYN Education & Research Fund Dr. and Mrs. Larry Aronberg (Dr. Lawrence Aronberg Urology	
Lectureship) Pat and Vern Mendel Recovery of ANN NEWMA	RK
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Mrs. Henry L. Freund Mr. and Mrs. Perry Mehlman (Rose & Sam Feldman Memorial Fund)
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DECEMBER 4, 11, 18, 25

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.

DECEMBER 7, 14, 21, 28

Smoking Cessation Classes to help smokers kick the habit through the use of nicotine gum and behavior modification techniques begin each Saturday, and meet on six more weeknights; call 454-8188.

DECEMBER 3

School of Nursing Open House tour of school and hospital for those interested in nursing career; 7 to 9 p.m. in the school residence; open to the public; participants must be at least 15 years of age; no charge; call 454-7055.

DECEMBER 4

Jewish Hospital Auxiliary Educational Seminar Series VII features "The Sandwich Generation: Adult-Child-Parent Relationship" with guest speaker Carol Wilner, MSW, Department on Aging at Jewish Hospital; 9:30 Auxiliary Members only; limited seating, by reservation, call 454-7130.

DECEMBER 9

Super Sibling Program for children ages 2-1/2 to six and their parents during the third trimester of pregnancy to help the family adjust to the expected baby; 10 to 11:30 a.m.; by reservation only, call 454-7130.

DECEMBER 11

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.

JANUARY 1, 8, 15, 22, 29

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.

JANUARY 4, 11, 18, 25

Smoking Cessation Classes to help smokers kick the habit through the use of nicotine gum and behavior modification techniques begin each Saturday, and meet on six more weeknights, call 454-8188.

JANUARY 13

Super Sibling Program for children ages 2-1/2 to six and their parents during the third trimester of pregnancy to help the family adjust to the expected baby; 10 to 11:30 a.m.; by reservation only, call 454-7130.

JANUARY 15

School of Nursing Open House tour of school and hospital for those interested in nursing career; 7 to 9 p.m. in the school residence; open to the public; participants must be at least 15 years of age; no charge; call 454-7055.

JANUARY 15

Associates In Medicine Lectures Series features a panel discussion with guests William A. Peck, M.D., Stephen S. Lefrak, M.D., Barry A. Hong, Ph.D., and Jim Sebben, ACSW, to discuss "Living with Chronic Illness"; 7:30

p.m.; Brown Room; complimentary refreshments; open to the public at no charge; reservations required; call 454-8088.



JEWISH HOSPITAL

AT WASHINGTON UNIVERSITY MEDICAL CENTER

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

The Jewish Hospital of St. Louis is a 600-bed acute care teaching hospital affiliated with Washington University School of Medicine. Located in the Central West End of St. Louis, it is dedicated to distinctive patient care and medically advanced research. The medical staff of 650 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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216 is published by the publications department of The Jewish Hospital of St. Louis

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