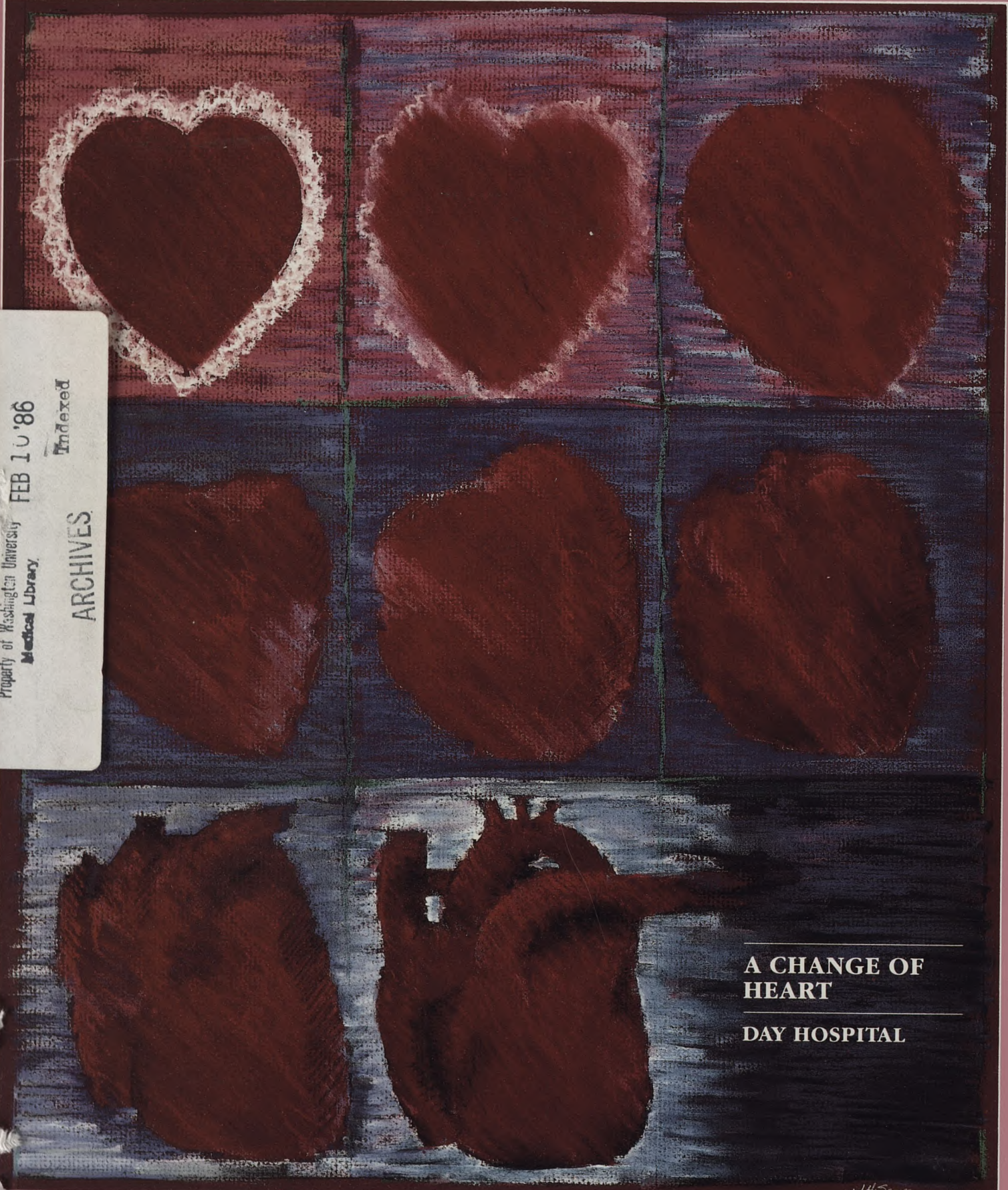


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JEWISH HOSPITAL 216

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Page 2

OSTEOPOROSIS: the degeneration that knows no age

Two women, one aged 68 and the other 22, suffer from osteoporosis, a bone disease in which the loss of bone density causes shrinkage of skeletal structure and bone brittleness which leads to fractures. Jewish Hospital's Bone Health program provides them, and more than 200 other victims, with diagnosis and treatment of this disease.



Page 4

A CHANGE OF HEART

Vital Cardiac Labs, a cardiac rehabilitation, diagnostic and testing facility in West County, is now owned by Jewish Hospital. Featuring state-of-the-art equipment and a skilled, caring staff, VCL provides services to increasing numbers of the hospital's patients at a convenient location.

DAY BY DAY

The Jewish Hospital department of rehabilitation medicine, under the directorship of Franz U. Steinberg, M.D., provides selected patients with an alternative to the long-term hospital stays necessary to complete treatment protocols. The Day Hospital allows these patients to continue as normal a life as possible while undergoing therapeutic sessions. Eric Sheldon, brain injured in an automobile accident, is one of the Day Hospital patients. His is a story of hope.



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A FALL FLURRY OF ACTIVITY

The Jewish Hospital Auxiliary had an active fall season with a seminar, the fall meeting and the annual Membership Drive.



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ON THE COVER: Vital Cardiac Laboratories (VCL) provides diagnostic, preventive and rehabilitative services to cardiac patients. From diagnosis to carefully-monitored programs of exercise and diet, the staff at VCL works in concert with referring physicians to develop individualized programs designed to change hearts. Discover the range of services available at Jewish Hospital's VCL, beginning on page 4.

OSTEOPOROSIS:

the degeneration that knows no age

Just by looking at the two women, it's hard to believe that they both have the same disease. Margarite, 68, has numerous fractures in her vertebrae. She suffers from muscle spasms and back pain and she has difficulty getting out of a chair unassisted. When she stands, the frail, slender woman is so stooped that her ribs touch her pelvis.

Susan (a fictitious name), however, seems to be in excellent health. The 22-year-old college student is tall, large-boned and athletic. She appears to be sturdy, and has no pain or signs of illness except for occasional bouts with asthma. But Margarite and Susan have the same medical problem: osteoporosis, a bone disease in which the loss of bone density has made bones so brittle that they are susceptible to fractures. Both women are undergoing treatment for this predominantly female disease through Jewish Hospital's Bone Health Program.

Margarite is the classic example of post-menopausal osteoporosis. In her case, the bone density loss is largely a

result of a prolonged period of a lack of calcium combined with hormonal deficiencies that often occur as part of the aging process in women. This condition is so common, experts estimate that one of every three post-menopausal women suffer from it.

Although not as common, Susan's case is far from unique. Her bone density loss has not resulted from aging, but from 13 years of taking Prednisone®, a cortisone medication, to treat her asthma. Although the Prednisone® has helped her asthma, the medication has also been slowly depleting her body of calcium and a hormone that are essential in absorbing calcium. In fact, Susan was unaware of the gradual loss of bone that was taking place until two years ago when a new physician, who knew of the medication's possible side effects, suggested that she undergo testing for bone density loss.



In November 1984, Susan was evaluated with a CT scan at the Bone Health Program, where the bone density of her vertebrae was found to be very low. "We were astounded at the results," says Louis Avioli, M.D., director of the Bone Health Program. According to Dr. Avioli, Susan's bone mass was equivalent to bone mass evaluated in women 60-70 years of age. "When an individual takes a cortisone medication such as Prednisone®, the absorption of calcium into the intestine is suppressed. In-

Evaluations by the staff at the Bone Health Program help physicians quantitate the degree of bone loss.

stead, it is excreted into the urine." explains Dr. Avioli. "Consequently, the body has less ability to make bone. The younger the individual is when put on these medications, the more severely the bones are affected."



Louis Avioli, M.D., director of the Bone Health Program.

For the past year, Susan has been treated with calcium supplements and a new hormone on the market called Calcitonin®. According to Dr. Avioli, Calcitonin®, which is manufactured naturally by the body, plays an important role in maintaining normal

bone structure. "We know that people who take cortisone medication lose this hormone because the medication literally destroys it," says Dr. Avioli. "So not only is the Prednisone® suppressing the intake of calcium, but also destroying a hormone essential in protecting bone."

As long as Susan is taking Calcitonin® and is careful about her choice of physical activities, she will be protected. "I'm so busy now with school that I don't have much time for outside interests," says Susan. "But I know that I'm going to think twice about playing racquetball again or any sport that could cause a fracture."

"The beauty of Susan's case is that she asked for consultation at a young age,"

Dr. Avioli emphasizes. "We were able to document a severe loss of bone with sophisticated techniques before she became symptomatic. When she is able to stop taking the Prednisone®, we'll re-evaluate her condition and then begin treatment designed to replace some of the bone lost."

For Margarite, treatment came too late to prevent the debilitating effects of osteoporosis. She is one of the tragic examples of how osteoporosis can progress if left untreated. And her case is largely the result of ignorance. Margarite never suspected that she had a serious disease. Until recently, osteoporosis has not been a widely-publicized health problem. But in the last five years, public awareness has increased, as the medical community has recognized it as a major health problem. Studies indicate that one of

five women who have postmenopausal osteoporosis will sustain hip or vertebral fractures. Of the women who suffer hip fractures, 12 to 20 percent will die from related complications. But osteoporosis can be prevented or halted if women like Susan, who are at risk, are identified early.

Like Susan, Margarite is treated with Calcitonin® and calcium supplements. According to Dr. Avioli, Calcitonin® has been selected as the hormone for treatment because estrogen supplements are ineffective at Margarite's age. Although Margarite's condition cannot be reversed, she is symptomatically much improved, says Dr. Avioli. In fact, her bone density has increased slightly, and she rarely has pain. But Margarite wishes she had known more about osteoporosis when she was younger. "Until a few years ago, I'd never heard of the disease," she says. "Now, it's in newspapers, on television and everywhere. It's all everyone talks about."

Margarite and the staff at the Bone Health Program are determined that further bone loss will be prevented. Says Margarite, "If I hadn't come here I would probably be in a wheelchair by now." ■

For more information on the Bone Health Program, call 454-7775.

A Change of Heart

by Janet Ruegg-Hawks

Ben Clark (a pseudonym) enjoys the golf, tennis and other outdoor activities at the Sun Valley, Idaho, resort where he and his wife spend a month each summer. One day last August, he played his regular two hours of tennis doubles before lunch, even though he felt a bit winded and had some nagging stomach pain during the game. Because the elevation in southern Idaho was 6,000 feet above sea level, far higher than St. Louis, he didn't pay much attention to the winded feeling. Later that day, he begged off his regular golf game and confessed the stomach pain to his wife. He also told her that he had been awakened the night before with a dull ache in his left arm.

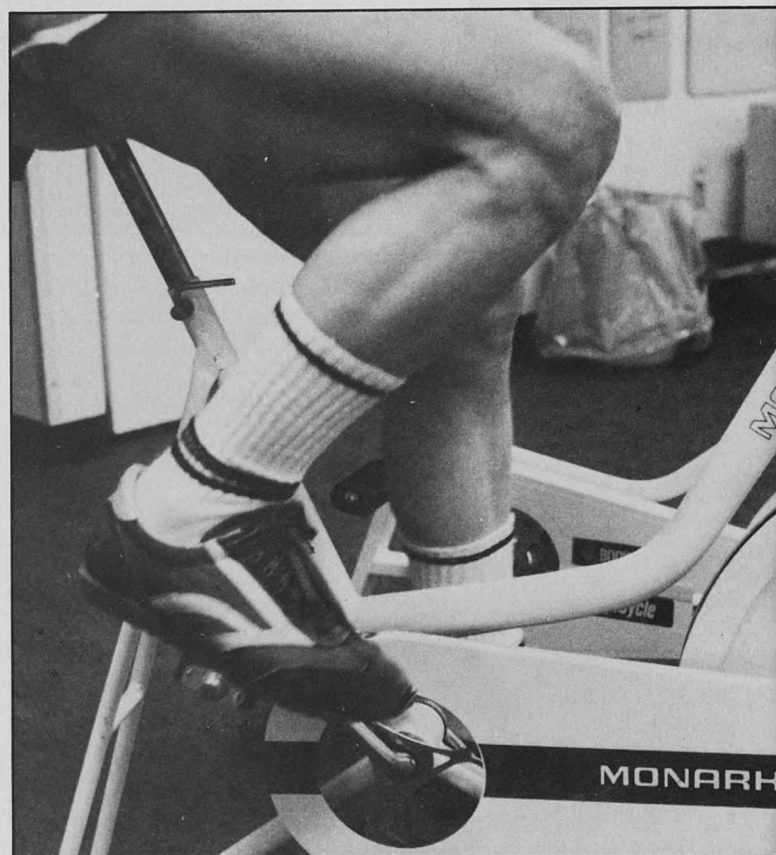
Five hours later, he was in the intensive care unit of the 22-bed hospital in Sun Valley. His heart and blood pressure rates were being monitored, an IV tube had been inserted in his arm, and his St. Louis internist, Lawrence Kotner, Sr., M.D., was being consulted about his medical history. Ben Clark, at the age of 73, had suffered a mild heart attack.

As an active man, very concerned with physical fitness, the realization of probably drastic limitations forced by his heart attack was more than a bit disturbing. He did not want to abandon his athletic pursuits. At the same time, he was fearful of precipitating another attack. "Frankly, one of the most serious things about a heart attack is that you become very confused and frightened.

There is only one thing on your mind—whether you will survive each day," he explains, describing the primary concern of most post-heart attack or post-cardiac surgery patients.

Several weeks after his return to St. Louis, Mr. Clark became a patient at Vital Cardiac Labs (VCL). The cardiac rehabilitation, diagnostic and testing facility, located at 456 N. New Ballas, is owned by Jewish Hospital and directed by attending cardiologist Gerald Wolff, M.D. Now, eight weeks into the three-month exercise and educational program, Clark's blood pressure is down, his circulation is improved and his medication has been changed several times to better respond to his needs. His spirits are high. It wasn't just Clark's natural optimism and firm belief in exercise that brought him to this point, but a combination of those attributes skillfully mixed with the "whole patient" approach employed at VCL.

"When new patients come through the door, their confidence and self-esteem are down. We help them gradually get back to their old selves," notes Ginny Starke, R.N., BSN, who helps supervise VCL's monitored exercise classes. "We usually see quite a turnaround in our patients by the time they are ready to graduate. This tells me that what we do—a combination of exercise, instruction in diet, stress management and physiology—is very positive for them."



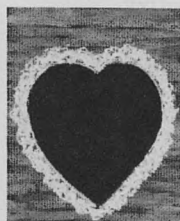
"The staff is totally supportive and understanding of the patients' fears," notes Michael Heffner, administrative assistant in the department of medicine and management consultant for VCL. "This support is probably the single most important thing they do. The patients have already had the 'big negative' of surgery or heart

Most Vital Cardiac patients use the stationary bicycle twice in their routines, once to warm up and once at a faster pace to stimulate their cardiovascular systems.

attacks and their lives have been disrupted in ways they never planned. The staff makes coming here a positive experience in every way."



Making the Turnaround



Each patient's vital signs are monitored during a low-level (one to two miles per hour, low grade of incline) stress test on a treadmill before entering the program. The results of that test and previous cardiology testing, along with the patient's history, symptoms and medications are evaluated with the patient's physician before an exercise program is prescribed. This evaluation is used not only to determine a safe exercise level for each patient but to identify patients for whom any exercise

Bruce Carlin works to increase his upper body strength and endurance on the arm wheel machine.

is dangerous. "What is not always understood—by either physicians or patients—is that a monitored exercise program is not only therapeutic, but a diagnostic maneuver as well," explains Dr. Wolff. "When we see someone who cannot tolerate even low levels of exercise four to six weeks after a heart attack, we know the patient may need cardiac catheterization, angioplasty, or even surgery."

Cardiac rehabilitation patients may enter the program following heart attacks, surgeries, or, in the case of some high-risk individuals, as preventive measures. Each follows an exercise prescription written by Dr. Wolff and another member of the staff, either the exercise specialist or one of the cardiac rehabilitation nurses. "Each activity has a 'MET' level, a unit of metabolic cost," says Sandra Cordes, M.A., exercise physiologist. "If patients can test up to certain MET levels, they

can perform all the daily activities with those ratings or lower. I help each patient understand his or her limitations and abilities. Patients often call before starting an activity to see if I think it is wise for them to try."

Each program is designed to exercise the patient at 70 to 80 percent of his or her capacity. Patients attend three 75-minute group sessions each week, following a protocol that includes stretching, arm work with free weights, and workouts on the treadmill, exercise bicycle, and/or rowing machine.

During each session, patients wear electrodes taped to their chests for continual monitoring on electrocardiography machines (EKGs) and have their blood pressures checked at regular intervals. This monitoring not only provides the nurses and technicians with immediate feedback on each patient's response to exercise, but decreases the patient's anxiety level by creating a safe environment for exercise.

The monitoring aspect of the exercise classes is also part of the VCL's diagnostic service. Most cardiac patients are told by their physicians to begin exercise programs after a safe interval. If unmonitored activities are elected, not only is the extra safety factor missing, but physicians do not learn how their patients respond to physical exertion. "That information—the EKG and blood pressure changes as well as how a patient looks and feels—is all relayed to the referring physician," explains Dr. Wolff. "This can help the physician make decisions on treatment protocols and medications. We do not supplant the physicians

HEART

or stand between them and their patients. Rather, we feed the physicians a lot of information they would not learn in the course of office visits."

Regular aerobic conditioning is not the only component of the VCL rehabilitation program. A nutritionist, Connie Diekman, R.D., holds monthly seminars on adapting to a low-fat, low-cholesterol diet and is available one morning each week for consultations, either by phone or in person. The nursing staff, Karen Unser, R.N., BSN, and Ms. Starke, spend the majority of their time involved in patient education. Colorful posters line the walls of the exercise room, illustrating exercise techniques, giving diet tips, and imparting words of encouragement. Newspaper and magazine articles are displayed on bulletin boards and racks of literature are available to patients and their families. A bookcase in the patient conference room is overflowing with volumes on physiology, nutrition, stress management, and other cardiac-related subjects.

Both Ms. Unser and Starke work with patients on a one-to-one basis when necessary, but agree that the group dynamics that occur during exercise classes are often the most informative for the patients. "One patient will confess that he had a steak and baked potato loaded with sour cream for dinner the night before," says Unser. "I might ask the others in the group what would have been a better choice.

They respond with suggestions and diet tradeoffs and even restaurant recommendations. Patients talk as they work out, giving each



Carl Edwards, VCL's first "postgraduate" patient, exercises without monitoring several sessions each week.

other encouragement and constructive ideas. "Usually, our patients are the only ones in their families with heart problems. Here, they meet others in the same situation and at different stages of rehabilitation," says Unser. "They see what they can expect and where they have

come from. The group rapport and motivation is a very important part of the process."

An underlying benefit of the exercise program is that it focuses attention on the reduction of risk factors. "Exercise makes people feel good, improves self-confidence and has several biochemical effects on body chemistry. The exercise part of cardiac rehabilitation is the focal point of a comprehensive effort to teach people to live healthier



Karen Unser, R.N., checks Joseph Preis' blood pressure while he works out on a stationary bicycle.



lives," Dr. Wolff adds. "The exercise program also has a purely rehabilitative function. We find patients weak and

deconditioned after a heart attack or heart surgery. A gentle progressive program strengthens them and permits them to carry on normal activities with much less strain on the heart."

The VCL program was originally designed to be four months in length. Although cardiac rehabilitation programs cost far less than hospital care for heart attacks or heart surgery, they have not escaped the pressures of cost containment. VCL recently reduced the duration of its program to

Gerald Wolff, M.D., founder and director of Vital Cardiac Laboratories.

between three and four months in order to comply with Medicare and other health insurers' new specifications. "Our purpose is to gradually wean patients off a structured program to their own internally-driven ones without an abrupt cessation of our efforts," notes Dr. Wolff.

Because long-term participation is important in building new, permanent, preventive life style changes, VCL now supplements its shortened rehabilitation program with a new, lower-cost, non-monitored "postgraduate" program. Patients continue to exercise at VCL for monthly fees similar to most gyms and clubs. Part of the

cost of the monitored program is covered by most insurance companies. Mabel Weik, bookkeeper, handles filing the monthly insurance claims for VCL patients.

In Addition to Rehab



Besides the cardiac rehabilitation program, VCL is equipped to perform M-mode and two-dimensional echocardiography, holter monitoring,

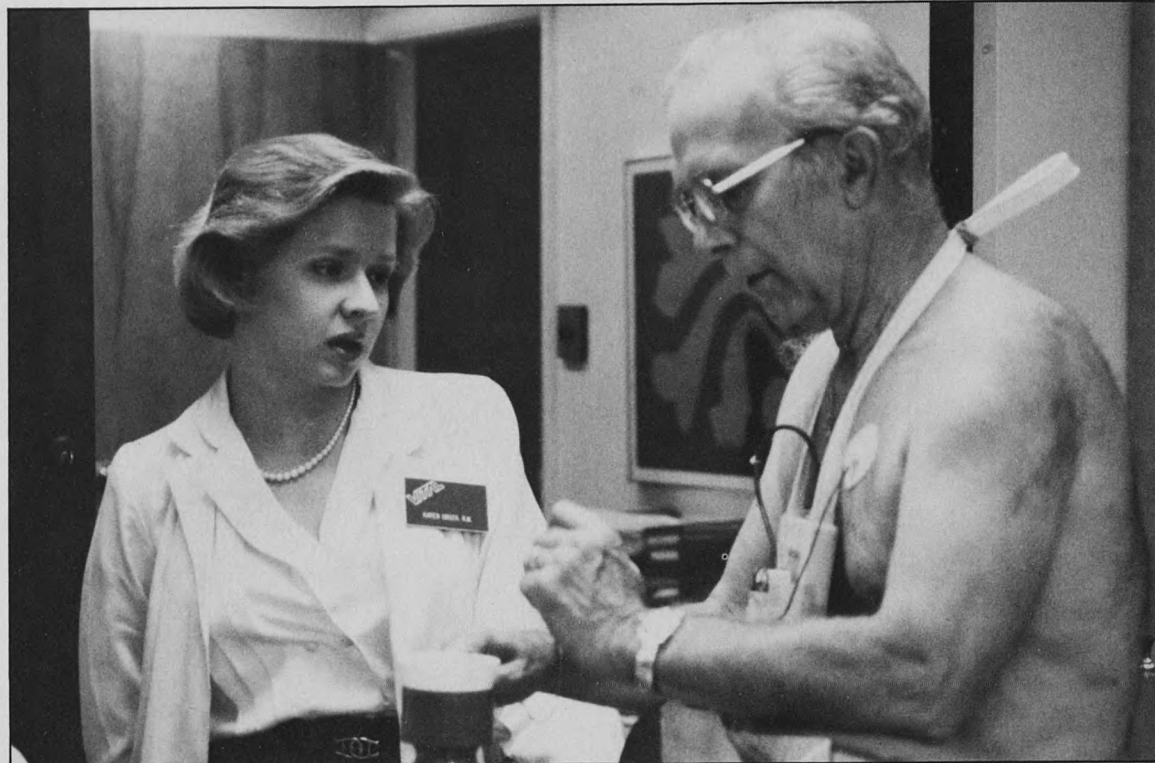
HEART

21-day event recording and stress testing, all non-invasive tests that measure different aspects of the heart's function. According to Natalie Abell, echocardiography technologist, within the next 30 to 60 days, a Doppler echocardiograph will be added to the facility's capabilities. A number of cardiologists in the West County area regularly use VCL's equipment to test their own patients. Other referring physicians have found that their patients can usually be accommodated the same day, with test results ready within 24 hours. As an addition to the hospital's non-invasive testing program, the facility is available to all Jewish Hospital physicians and is located close to many physicians' offices in the West County area. The stress tests are also performed for many professional athletic teams, and are part of a corporate fitness evaluation offered to executives of area companies. Shortly, Dr. Wolff hopes to add nuclear stress testing (Thallium), which shows section-by-section the response of the heart to exercise, to the testing inventory.

Results of Rehabilitation



When VCL opened its doors in 1978, there were only a few structured cardiac rehabilitation programs in St. Louis, all located in hospital settings with research orientations. When he began to formulate



Following his workout, Mr. Preis turns in his monitor and electrodes while questioning Ms. Unser about his progress.

the program, Dr. Wolff had two priorities: to locate near the population drift to West County and to have a service-oriented program with convenient hours.

"We did not attempt to do research, but rather to implement well-worked out programs that were recognized as successful. There have been a lot of studies on the usefulness and feasibility of physical exercise for cardiac patients. Those studies have been distilled into a fairly standard set of routines that are applied in all rehabilitation programs," explains Dr. Wolff. "We are not innovative in the medical sense. Our innovation is that we are outside of the hospital setting."

Many research studies have established the benefits

of cardiac rehabilitation programs. There is wide agreement among cardiologists that the programs improve physical capacity, help control weight and blood cholesterol, reduce insulin requirements in some diabetics, and lighten the fear and depression which trouble cardiac patients. While it remains to be absolutely proven that cardiac rehabilitation improves longevity, certain studies strongly suggest a trend toward fewer heart attacks and lower mortality in those heart patients who participate in a program.

The VCL staff mentions motivation, group interaction, increased confidence and returned self-esteem as benefits of their program and important parts of their job assignments. You need only listen to their patients to realize how well they achieve their goals.

Carl Edwards, 61, had his third heart attack in 1983. After several years of trying

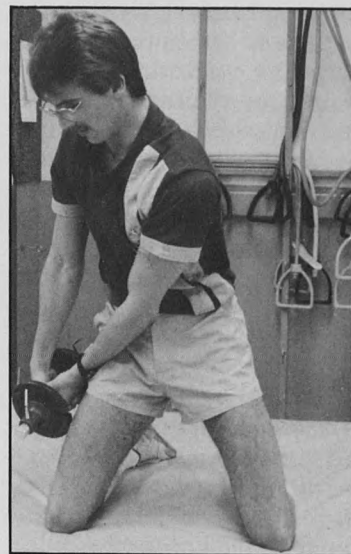
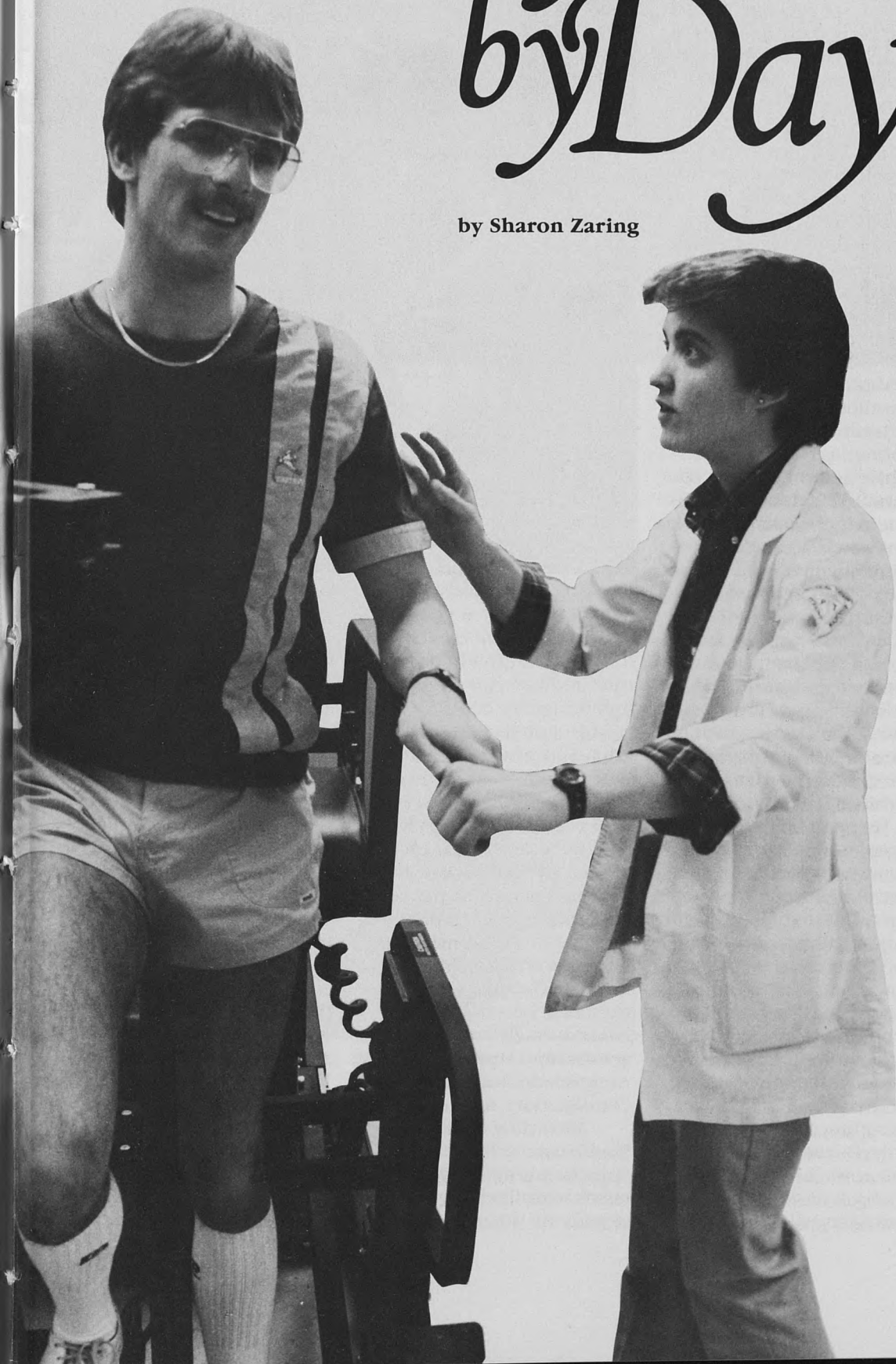
to recuperate on his own, he joined the VCL program in 1984. He is now the first "postgraduate" patient, working out several times a week in the facility without the monitoring equipment. "The program makes me feel marvelous," he explains with great enthusiasm. "I'm not convinced I'm going to live one minute longer because of it, but I feel wonderful. There is a lot of camaraderie here and people really care about each other. I was very scared at first, and gradually became more confident. My cardiac catheterization last November showed good collateral circulation starting. Even though I carry nitroglycerin pills with me everywhere, I can't remember the last time I took one for chest pains.

"It's made a new man out of me." ■

For more information on Vital Cardiac Laboratories, call 567-5600.

Day by Day

by Sharon Zaring



It was the kind of accident that seemed planned. It had the peculiar coincidence, the awful irony, that left its victim and his family turning the sequence of events over in their minds for months afterward.

On April 7, 1985, Eric Sheldon, a 20-year-old college student at Emory University, was driving south on a Tennessee freeway with two of his college friends. Heading in the opposite direction on the same interstate was a car pulling a 33-foot trailer

Rehabilitation services, like physical therapy, are offered in the Day Hospital program. Pictured is Eric Sheldon, exercising under the supervision of physical therapist Sue Million.

driven by a man with a strikingly similar name—73-year-old Derek Sheldon. The two had never met.

Just as the two vehicles were about to pass, Derek Sheldon lost control of his car and trailer, which then crossed the grass median that separated the northbound and southbound traffic. It happened so quickly that Eric never had time to react. Before he could slam on the brakes, the car and trailer had collided with Eric's car.

Eric was the only person seriously injured in the collision. For five days, he was in a coma with a severe brain injury in a Tennessee hospital. The staff there was not even sure that he would live. "At that point, no one could give a definite prognosis," says Roberta Sheldon, Eric's mother. "Even if he did live, we didn't know what the lasting effects would be. No one could tell us if he would ever be able to function by himself again."

After two weeks, Eric was transferred to a hospital in St. Louis, then to the Jewish Hospital department of rehabilitation. In June, he became a patient in one of Jewish Hospital's newest endeavors, the Day Hospital, implemented just eight months before Eric's admission. This program is designed so rehabilitation patients can check into the hospital for half- or full-days, and return to their homes in the evenings.

Located on the hospital's second floor as part of the department of rehabilitation medicine, the Day Hospital was actually a three-bed unit now converted into a lounge. It has been equipped with all the conveniences for patients' comfort—lockers for their personal belongings, sofas,

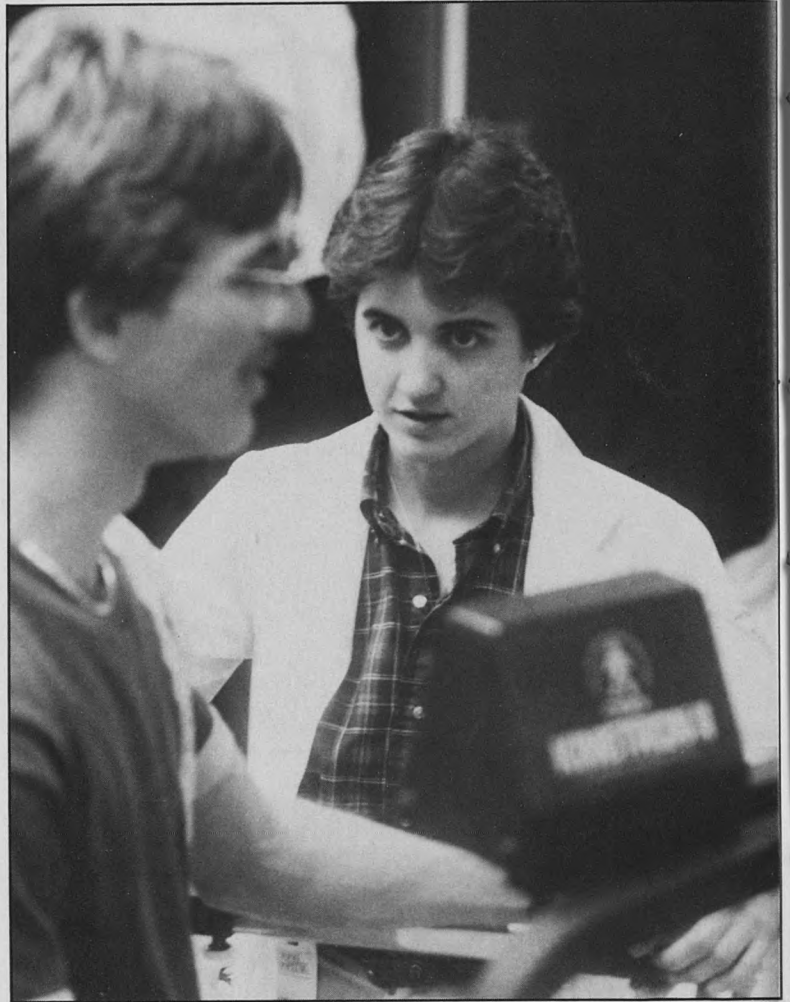
DAY

reclining chairs, a television and a refrigerator for patients who bring lunch or snacks. Just down the corridor are the physical, speech and occupational therapy rooms. Therapy schedules are arranged so that patients can return to the lounge between sessions to rest, watch television, eat lunch, or, if necessary, receive medical attention either from a nurse or physician.

According to Franz U. Steinberg, M.D., department director and the person who implemented the program, the Day Hospital provides the same kind of intensive therapy on an outpatient basis that would normally require hospitalization. This type of health care delivery, says Dr. Steinberg, is not only cost effective but therapeutic for patients. "It's good rehabilitation in itself to have patients live at home while they are undergoing therapy," he says. "They don't feel confined, and they become more independent because they learn earlier to apply at home what they are learning here."

Eric and his family agree. "Having the Day Hospital has made a devastating experience more tolerable," says Mrs. Sheldon. "It was uncomfortable for us to be here at the hospital in the evenings. When Eric was able to go home at night, we were able to spend more time together in a natural home setting."

Today, seven months after the accident, Eric continues to progress. Although he was severely brain injured, he now communicates verbally, walks—with coordination problems—and is working toward functioning independently. But at this point, no one knows how much of a comeback he will make. He has double vision, difficulty



thinking sequentially, the left side of his body is weak and he has a constant tremor in his left hand. It will be at least another year before he will be able to consider mastering a task like driving a car. "When he was admitted here, he could barely say his name," says Dr. Steinberg, who is personally supervising Eric's care. "He has done so well. We are very proud of him."

Eric comes to the Day Hospital three half-days a week for physical and speech therapy. Through computer exercises, his reading and memory skills are improving; aerobic and strength-building exercises are helping his coordination.

According to the Sheldons, the Day Hospital approach is meeting Eric's needs with flexibility and sensitivity. When Eric, who

had been a business major, wanted to start a business designing banners for special occasions, Jeanne Hamlin, speech therapist, encouraged him to incorporate his ideas into a therapy plan. With help from his older brother Jeff, Eric devised a plan for making the banners on a home computer. He wrote a proposal for one of his therapists that detailed how the business would operate, including order forms and prospective clients.

Custom Banners, which began operation in July, is now a home business, keeping Eric and his family busy meeting customers' demands. The hospital Gift Gallery was the first to stock the banners, which are computer print-outs designed with messages and graphics for any special occasion. Another hospital gift shop is considering sell-

Right: Roberta Sheldon, Eric's mother, left, visits with her son during a break in the Day Hospital lounge. Below: "One step closer to normalcy!" Eric displays one of his Custom Banners.



ing the banners and Spicer's in Ladue recently added them to its selection.

In the same spirit of cooperation, Sue Million, Eric's physical therapist, visited a fitness center where Eric is a member. With the center's

staff, she set up an exercise program there so that Eric can continue his therapy away from the hospital.

The Day Hospital is used by virtually any type of rehabilitation patient. Several are brain-injured, like Eric, but

many are young amputees who are being trained to walk with prostheses. Others, says Dr. Steinberg, are patients who have psychological barriers about being in a hospital, often patients with spinal cord injuries. "These patients have usually been in the hospital for long periods of time during the acute phases of their illnesses," says Dr. Steinberg. "The last thing that type of patient wants is to stay in a hospital on a full-time basis."

According to Dr. Steinberg, the length of time that patients spend in the Day Hospital program varies, depending on their diagnoses. An amputee may only need two to three weeks of rehabilitation, while others, such as spinal-cord or brain-injured patients, may require months of therapy. "In general, we apply the same standards that we apply to inpatients: as long as patients keep improving, we continue Day Hospital therapy. When patients reach maximum results or a level at which they only need one rehabilitative service, they are discharged from the Day Hospital. But

they may continue to come to the hospital as regular outpatients on an as-needed basis," says Dr. Steinberg.

Eric Sheldon does not know how long his rehabilitation will take and to what extent it will have an impact on his life. Before the accident, the former honors student was making long-range plans. After graduating from Emory University, he had planned to obtain a master's degree in business and go on to law school like his father. But that has changed, at least temporarily. "My main goal now is to complete this healing process," he says. Eric's therapists estimate that it will take two to three years for Eric to reach his maximum potential.

To the young and very ambitious patient, a few years seems like a lifetime. "They tell me just to think of it as taking a few years off," says Eric. "But a few years to me is one-tenth of my life."

Eric's mother has worked out her own way of coping. "I feel like I've had to put blinders on," she says. "I can't think of the past now and what Eric was before the accident. It's too painful."

Time is the essence for everyone involved: the Day Hospital therapists have their time line and the Sheldon family is learning to look at the past, present and future differently. "We just don't know what the future will be," says Mrs. Sheldon. "Tomorrow will tell us what tomorrow will be."

Eric emphasizes how important the Day Hospital has been to his future. "It's given me more freedom to pursue my interests, like Custom Banners," he says. "I see it as another step that brings me closer to normalcy." ■

A Fall Flurry of Activity

October 16

Ten years ago, a prominent scientist declared that the threat of deadly infectious diseases had been conquered on this planet. Five years later, with the appearance of AIDS (acquired immuno-deficiency syndrome), the same scientist was forced to retract that statement. "Since 1980, when the first case of AIDS was diagnosed, the disease has threatened to become epidemic and devastating," said Harvey Liebhaver, M.D., Jewish Hospital attending internist. "But in that same short period of time, the virus has been isolated and a blood test has been devised to identify people with the virus."

Dr. Liebhaver was the featured speaker at the October 16 Auxiliary-sponsored

seminar, "Infectious Diseases of the 80s," held at the home of Phyllis Langsdorf (Mrs. Kenneth). The program, chaired by Charline Baizer (Mrs. Richard) and Terry Bernstein (Mrs. Richard), kicked off the Auxiliary's 1985-86 educational seminar series.

AIDS, which is caused by the virus HTLV-III, is, surprisingly, not a particularly virulent virus, said Dr. Liebhaver. It cannot live for long periods of time outside the

Below: Harvey Liebhaver, M.D., Jewish Hospital attending internist, clarified some facts and controversies surrounding the disease AIDS. Right: Auxiliary hostess Phyllis Langsdorf, right, chatted with one of her guests.



body and has only been known to spread through direct contact, usually sexual intercourse. But the disease is spreading at alarming rates. According to Dr. Liebhaver, from January to September, 1985, 13,000 cases were reported in the United States. Dr. Liebhaver attributed the number of cases to the sexual behavior of individuals who have been carriers, typically people who have high levels of sexual activity, whether they are homosexuals or prostitutes. "Some homosexuals, particularly those who frequent gay bathhouses, may have as many as 1,000 sex partners in a lifetime. With exposures of that frequency one can see how rapidly the disease will spread," he said. "But as more has been learned about AIDS, high-risk groups, such as homosexuals, have modified their lifestyles to protect themselves and the community."

Dr. Liebhaver discussed the ways that AIDS has been documented as spreading: through blood transfusions; sharing of needles by people who inject drugs intravenously; by childbirth (babies

whose mothers have AIDS are infected in the womb or during birth); and, in the majority of cases, through sexual contact, typically anal intercourse.

Recent controversy regarding AIDS has centered on whether or not children who have AIDS should be allowed to attend public schools. "If a child has good hygiene and no behavioral abnormalities, he or she is suitable for community exposure," said Dr. Liebhaver. "But if the child bites or has not been toilet trained, he or she might be putting other people at risk."

"Although it may seem unfair, the 'public good' should take precedence over individual liberties until we know more about this disease," he added. "We're still not confident that we know everything about the spread of the virus."

Individuals can take precautions against contracting AIDS through what Dr. Liebhaver described as "defensive sex." "Single people should avoid having sex with people they don't know well and condoms should always be used in potentially high-risk situations," he said. "This is something that parents should educate their teenagers about as well."

"I think I can reassure you," he concluded. "If you take these precautions and do not have a lifestyle that puts you at risk, you will not get AIDS." □



October 23

Perhaps the most dramatic medical and surgical advances of the last ten years have occurred in cardiology and cardiovascular surgery. Jewish Hospital Auxiliary members had the opportunity to learn about these advances from an expert in each field during the October 23 fall meeting. Nicholas T.

Kouchoukos, M.D., director of cardiovascular and thoracic surgery, and Gerald Wolff, M.D., attending cardiologist and director of Vital Cardiac Laboratories (see related story, page 4), a cardiac diagnostic and rehabilitation facility, shared their expertise at the annual event. More than 100 members attended the presentation, "Help Your Heart," which was followed by a brunch and fashion show.

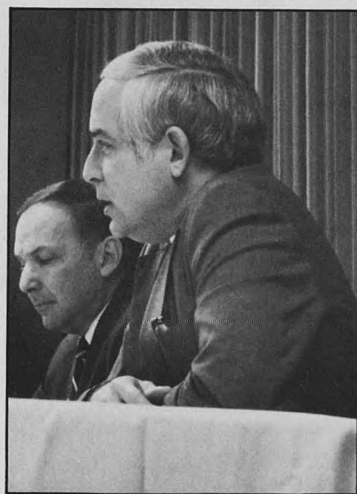
Coronary artery bypass graft (CABG) surgery was pioneered in the late 1960s and is now performed at an estimated 600-700 surgical centers in the United States for an annual national rate of nearly 200,000 cases, noted Dr. Kouchoukos. The basics of performing that surgery have not changed radically over the years, but techniques, equipment and instruments have become more sophisticated, allowing surgeons greater control and monitoring of patients' conditions.

Using slides, he detailed the steps in a typical coronary artery bypass procedure and presented information on two additional, non-surgical developments, angioplasty and a new drug, streptokinase. Angioplasty, sometimes an alternative to surgery, involves opening a clogged artery by inserting an inflatable balloon catheter into the artery to force blockages to the sides. Streptokinase dissolves clots in arteries and is injected directly into a coronary artery during a heart attack to halt its progress.

Dr. Kouchoukos compared medical and surgical management of coronary artery disease patients to show that surgically-treated patients exhibit less pain, higher levels of activity, and require fewer

medications than medically-managed patients. "The one area we have not been terribly successful in is returning surgery patients to gainful employment. Those who have jobs that do not require heavy lifting or other exertion are usually able to return to work. Those in more physical vocations do not return as readily," he said. "We don't have all the answers to the problems of coronary artery disease by any means, but we have many exciting developments underway and we hope to have more answers in the near future." A special appreciation was extended to all the volunteers involved in care of cardiac surgery patients and their families by Dr. Kouchoukos.

Gerald Wolff, M.D., left, listens intently as Nicholas T. Kouchoukos, M.D., answers an Auxiliary member's question about cardiac surgery.



Prevention and Rehabilitation

Surgical advances are not the only factors in lowering the mortality rate of heart patients, noted Dr. Wolff. Patient awareness of cardiac risk factors and cardiac rehabilitation following a heart attack or surgery are also important factors. "The problems originate in blockages in arteries and move secondarily to the heart," he said. "Blocked arteries are the result of a life-long process. We do not know why they occur, only that they



Following the "Help Your Heart" program, a fashion show featuring items from the Gift Gallery was presented. Cynthia Froblichstein models a winter ensemble as Elaine Friedman provides commentary.

seem to be conditioned by certain risk factors."

A high-cholesterol diet (one high in saturated animal fats) produces fatty deposits, called plaque, in the arteries. These deposits may be well-developed by the time a person is 30 years old. Uncontrolled high blood pressure can damage the walls of arteries, allowing the fatty deposits to accumulate. Smoking damages arteries and accelerates the deteriora-

FLURRY

November 5

tion of the arterial walls. Males, diabetics and people with a family history of heart disease are at risk to develop arterial blocks at accelerated rates. Some of these factors, such as smoking and diet, can be modified.

After cardiac surgery, Dr. Wolff's rehabilitation program is aimed at minimizing coronary risks and maximizing activity levels. Patients referred to Vital Cardiac receive testing to determine safe exercise levels and then follow a prescribed exercise regimen performed at the facility, where they are monitored by nurses. "The goal is to increase the functional activity levels, with training to minimize stress on the heart, in a supervised atmosphere," he explained. "The group camaraderie is a big factor for many of our patients in the program."

The benefits of an exercise program include decreased heart rate, blood pressure, cholesterol levels, insulin needs (for diabetics) and increased weight loss. These benefits work to reduce other risk factors, he noted.

Fashionable Follow-Up

Gift Gallery chairperson Elaine Friedman provided commentary for the traditional fashion show of apparel, accessories and gift items available in the Auxiliary-sponsored shop. Volunteers in the Gift Gallery—and their children—served as models. □

On November 5, the meeting room at Le Chateau de France Hotel was a cascade of color. More than 50 Auxilians and new members turned out for the 1985 Jewish Hospital Auxiliary Membership Drive. On the program were fashion tips from representatives of "Color Me Beautiful" and Kenlyn Fashions. The event was chaired by Diane Deutch (Mrs. Edward) and Tricia Kolbrener (Mrs. Thomas).

Following an audiovisual presentation by Lillian Dickler (Mrs. Donald), highlighting the Auxiliary's role at the hospital, Virginia Oakland, "Color Me Beautiful" representative, draped Auxiliary

Virginia Oakland explained the Color Me Beautiful concept to Auxilians at the fall membership drive.

members in swatches of colors to help them discover the hues that best complement their hair, eye and skin colors. She also discussed the "Color Me Beautiful" philosophy that the seasons of the year describe colors that men and women should wear. "Actually, our natural instincts make us gravitate toward the right colors for us," said Ms. Oakland. "But the fashion industry and our peers often influence us to use what's in style instead of what is really right for us."

According to Oakland, if women understand which seasons' colors best suit them, they can choose flattering clothes. "When a woman wears the wrong colors, shadows are emphasized on her face and circles under the eyes are exaggerated," said Oakland. "But the right

colors soften the face." To prove her point, she draped Mrs. Esther Blumoff, Auxiliary president, in colored swatches, alternating hues to capture Mrs. Blumoff's best color category. It turned out to be winter.

Kenlyn Fashions gave tips for the "busy woman," whether she is on the go with a career or as a homemaker and wife. Models wearing Kenlyn clothes showed that by carefully selecting their wardrobes, women can travel lightly and purchase clothes that will adapt to any occasion.

Both Kenlyn representatives had been color-analyzed by "Color Me Beautiful." They shared the "Color Me Beautiful" philosophy that if clothes are color-coordinated and styles are adaptable, women can have versatile but economical wardrobes.

"All of your clothes will match if you buy your colors and the right styles," said Oakland. "In the long run, you will save money." ■

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



JEWISH HOSPITAL HOME CARE OFFERS HEALTH CARE ALTERNATIVE

by Sharon E. Zaring

These health care workers are rarely seen in clinical settings. Their work takes them away from the sterile, protected environment of the hospital into a very subjective and vulnerable health care setting.

They are people who are flexible and adaptable, the type of person who feels comfortable in unfamiliar neighborhoods, being out in inclement weather or just driving to house calls alone in their cars with their own thoughts.

This special breed of health care professionals works in home health care, a specialty that at Jewish Hospital stretches back to 1953 when the hospital became the first to establish a hospital-based home health care division in St. Louis. Today, the Elaine Seldin Kornblum home care division offers the full scope of home care services, from registered nurses and physical therapists to social workers, a medical director and laboratory tests, all supported by the resources of the Washington University Medical Center.

Although home health care may be just for a select few, the people who like working in this field can't imagine doing anything else. "I love being a home care nurse," says Florence Reed, R.N., Jewish Hospital division of home care. "Caring for pa-

tients on a one-to-one basis gives me a broader dimension of responsibility that might be missing in a hospital unit where tasks are divided."

But it is the diversity that Reed really thrives on, a varied atmosphere that she wouldn't find working in a specialized area of a hospital. During the course of a day, she usually visits as many as five patients; each may have a different type of health problem. A typical day of home care visits: 8 a.m.: a woman with terminal breast cancer; 9 a.m.: a stroke patient with peripheral vascular disease; 10 a.m.: a woman recovering from a heart attack. Then, it's time for a quick lunch, either at a fast food restaurant in the neighborhood where she happens to be or a sack lunch in her parked car. After lunch, Reed usually has time for two more visits, then it's back to the home care office at Chai House on the Millstone Campus where she dictates notes about each visit and follows up on each patient's questions.

Reed also says she likes being out of the hospital and on the road. "Between visits I can gather my energy and plan my care for the next patient," she says. "It's a time that I can really think about each patient."

At each home care visit, Reed checks her patients' vital signs, then focuses on their individual problems. She answers a multitude of questions, which range from confusion

about medications and diets to the types of equipment that the patient might be using. On a recent visit to one of her stroke patients, Andrew Willis (a fictitious name), Reed spent considerable time changing the bandages that cover his lower legs and feet. The dressings protect a multitude of open sores that have developed from poor circulation, a complication of vascular disease. As Reed changed a bandage, Willis' wife watched anxiously. "How do they look?" she asked. "They look worse to me," said Reed with concern. "This foot looks the same, but this," she said pointing to a particularly insidious sore, "that black skin tissue means the ulcer is getting deeper."

Before leaving, she talked to both Mr. and Mrs. Willis about the importance of following physicians' orders. "You have to remember to keep your legs elevated," she chided Mr. Willis. "And cut back on smoking."

Home care nursing is a job that some could find discouraging. But even in caring for the terminally ill, Reed keeps certain goals in sight. For instance, there is Margorie Curtis (fictitious name), a woman with advanced breast cancer. Right now Reed is particularly concerned about her patient. A few weeks ago,

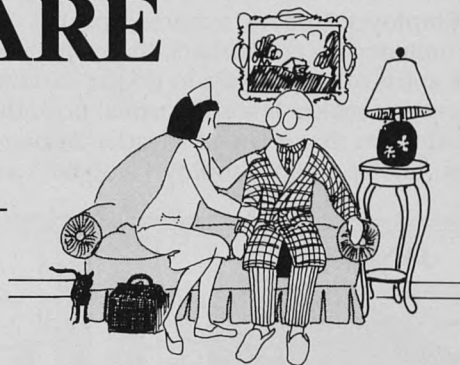
Mrs. Curtis fell when she tried to get out of bed. Although she wasn't injured, her fear of falling has kept her bedridden since the accident.

She is also concerned about Curtis' appetite, which has been diminishing. In fact, the frail, 60-year-old woman has been subsisting primarily on applesauce and tea for weeks. "She has reached the point where her strong will power is helping to keep her alive," said Reed. "I know she is going to die, but even within that framework, she has to have good care." On each visit, Reed encourages her patient to eat and to keep changing positions to avoid getting bedsores.

"I want to help all of my patients regain their optimum potentials, even if they are in comas or terminally ill," said Reed. "It's demanding, but with each case I know that I am doing as much as I can at the time." ■

December 1-7 marked Home Health Care Week. The Jewish Hospital Home Care Division offers a broad range of home health care services from a staff of experienced professionals.

Individuals who are interested in the Jewish Hospital Home Care Division can receive detailed information by calling 454-7031.



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. It is this willingness that makes Jewish Hospital both the warm and caring institution that it is and a leader among health care providers. The Spotlight Employees of 1985 are:

JANUARY



Gertrude Crump,
pulmonary research

FEBRUARY



Diane Bohner,
nursing

MARCH



Frances Buggs,
psychiatry

JULY



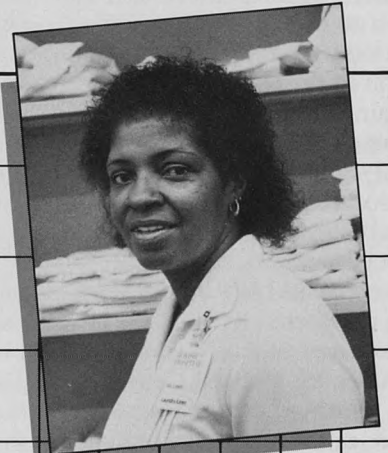
Marie Sprinkle,
rehabilitation medicine

AUGUST



Darlene Elliott,
medical records

SEPTEMBER



Ida Lewis,
laundry

APRIL



**Ora Ray,
outpatient billing**

MAY



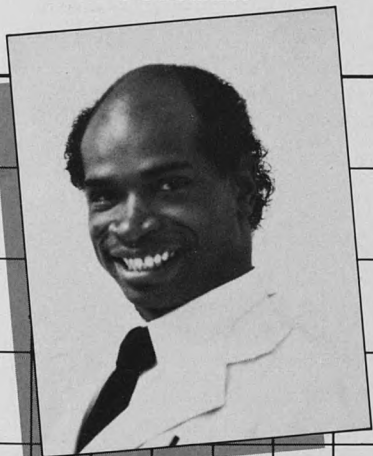
**Juanita Graves,
security**

JUNE



**Sallie Hall,
central service supply**

OCTOBER



**Lamont Brown,
nursing**

NOVEMBER



**Phyllis Jackson,
nursing**

DECEMBER



**Sue Palmieri,
admitting**



JEWISH HOSPITAL NEWS BRIEFS



SETTING THE BALL IN MOTION—It may be almost two years before the sixth Clover Ball, but the steering committee has already begun making plans for the gala to be held November 21, 1987, announced Esther Blumoff, Auxiliary president. Marcia Shapiro (Mrs. Robert) and Donna Nussbaum (Mrs. Richard) are co-chairpersons for the event.

The Clover Ball, the Jewish Hospital Auxiliary's only fund-raising event that takes place outside the hospital, occurs every five years and is always the occasion of a generous gift to the hospital. The 1987 Ball will also mark the 35th anniversary of the Auxiliary and the 85th anniversary of the founding of the hospital.

Proceeds from previous Clover Balls have provided

the hospital with equipment and other necessary items to increase facilities in the division of psychiatry (1962), the medical intensive care unit (1967), and the emergency department observation unit (1972). The 1977 gift to the hospital was a CAT scan machine and proceeds from the most recent ball went toward advanced cardiac diagnostic equipment (1982). More than 1,200 guests attended the 1982 Clover Ball, which raised \$282,000 for the benefit of the hospital.

Besides Mrs. Blumoff, Mrs. Shapiro and Mrs. Nussbaum, the committee consists of Charline Baizer (Mrs. Richard), Esther Blumoff, Lee Bohm (Mrs. Milford), Rosalie Chod (Mrs. Leonard), Shirley Cohen (Mrs. Stanley), Lillian Dickler (Mrs. Donald), Roxie

Frank (Mrs. Alvin), Sue Gallop (Mrs. Donald), Jeanne Goldenhersh (Mrs. Robert), Helene Goldstein (Mrs. Irving), Anita Hearsh (Mrs. Tilford), Marlene Isaacs (Mrs. John III), Nancy Jenkins (Mrs. James), Marlene Kopman (Mrs. Jerome), Letty Korn (Mrs. Jeffrey), Phyllis Langsdorf (Mrs. Kenneth), Margie May, Robyn Loomstein Mintz, Joy Rice (Mrs. Charles), Sharon Rosenblum (Mrs. Jeffrey A.), Peggy Ross (Mrs. Donald), Linda Saligman (Mrs. Harvey), Martha Scharff (Mrs. Robert), Cecelia Spivack (Mrs. Alan), Mimi Vitert (Mrs. D. Bruce), Susan Zimmerman (Mrs. Stuart) and Karen Zorensky (Mrs. Mark). David W. Nations, vice president, and Lesli Koppelman, director of community relations, are on the committee acting in their capacities at the hospital.

Marc Abrams, DDS, attended a meeting, "Use of the Surgical Carbon Dioxide Laser for the Oral and Maxillofacial Surgeon," October 14-15 at the Northwestern University Medical Center, Chicago, Illinois.

William Catalona, M.D., presented two papers, "Nerve-Sparing Radical Retropubic Prostatectomy," and "Continent Urinary Diversions—Kock Pouch and Camey Enterocystoplasty," at the Indianapolis Urologic

Society meeting September 26 in Indianapolis, Indiana. At the American College of Surgeons meeting October 15 in Chicago, Illinois, Dr. Catalona presented a postgraduate course in urologic surgery, "Technique of Camey

CONTINUING QUALITY CARE—Alan Morris, M.D., attending orthopedic surgeon, recently established the Ann Morris Fund for Oncology Nursing. The fund was made in the memory of his wife Ann, who died of breast cancer in August, 1985.

According to Brenda Ernst, R.N., vice president, nursing, the funds were designated for continuing education activities for oncology nurses to help maintain and improve care of cancer patients.

Several contributions have already been made to the fund. In November, a seminar, entitled "Human Values in Oncology Nursing," was held at Jewish Hospital where a formal announcement and tribute to the fund was made.

At least one nurse has already benefitted from the contributions. Marilyn Hanchett, R.N., oncology nurse, division 4900, was able to attend an oncology nursing seminar, the Fifth Annual Cancer Symposium For Nurses, sponsored by Scripps Memorial Hospital in La Jolla, California. "Of all the seminars I've attended, this one was the best," says Ms. Hanchett. "Over 550 nurses attended from the United States and Canada: It was an excellent cross section of people and topics."

Urinary Diversion." At the same meeting, he participated in a panel discussion, "Management of Prostate Cancer." Dr. Catalona co-authored two articles that recently appeared in the *Journal of Urology*, "An Isolated Plexiform Neurofibroma of the Bladder," and "Endocrine Therapy for Bladder Outlet Obstruction from Carcinoma of the Prostate."

GRAND SLAM—On December 7, Stanley London, M.D., Jewish Hospital attending physician and team physician for the St. Louis baseball Cardinals, was elected to his fourth hall of fame, the Missouri Sports Medicine Hall of Fame. Dr. London has also been elected to the Missouri State Handball Hall of Fame, the Illinois Basketball Hall of Fame and the Springfield Illinois High School Hall of Fame.

He also co-authored an article, "Role of Immunotherapy in the Prevention of Recurrence and Invasion of Urothelial Bladder Tumors: A Review," in the *World Journal of Urology*.

Murray Chinsky, DDS, attended the Mid-American Heart Association meeting on "Cardiac Emergencies" September 19-22 in Kansas City, Missouri.

Robert Feibel, M.D., published an article, "Current Concepts in Retrobulbar Anesthesia," in the October issue of *Survey of Ophthalmology*.

Robert Fry, M.D., spoke on "Technical Aspects of Stomas—Doing It Right" to the American College of Surgeons October 17 in Chicago, Illinois. At the same meeting, Dr. Fry participated in a post-graduate course, "Intestinal Stomas."

Jerome J. Gilden, M.D., attended a symposium, "The Athlete's Knee and Shoulder," presented by the Cincinnati Sports Medicine Midwest Institute for Orthopaedics September 19-21 in Cincinnati, Ohio. Dr. Gilden also attended a seminar, "Primary and Revision Cementless Hip and Knee Replacement," at an annual orthopaedic and trauma seminar at the Hennepin County Medical Center in Minneapolis, Minnesota, October 9-12.

Randy Hammer, Ph.D., spoke on "Sexual Issues in Dia-

SAFE DOSAGE—High dosages of some infection-killing drugs can cause temporary or permanent hearing loss in some patients. To guard against that, Jewish Hospital's kinetic dosage service of the pharmacy and the division of audiology are cooperating to monitor drug effects and dosages.

When Jewish Hospital patients are scheduled to receive doses of these drugs, Thomas Lackner, Pharm.D., director of the kinetic dosage service, along with the trained pharmacy staff analyzes the patients' medical history, drug dosages and drug levels in the body to minimize detrimental reactions. If the drugs have a high ototoxic potential, which can result in a hearing or balance-related reaction, and prolonged treatment is anticipated, he recommends the physician schedule a hearing test for the patient. This test serves as a baseline to check against for any changes during the course of the drug therapy. Ototoxic reactions are known to occur especially from a group of antibiotics called aminoglycosides, which in-

cludes gentamicin, netilmicin, tobramycin, amikacin, kanamycin, and streptomycin.

"We strive to see the patients before the medications are given so that we have a baseline and do not confuse an existing hearing problem with a drug reaction," explains Tina Daher, M.S., audiology. "The hearing difficulties that can occur with the aminoglycoside antibiotics are in the very high frequencies, above the levels of normal speech. A person may suffer a substantial loss in the higher frequencies before it is noticeable. Yet if we can detect that change through the testing, the antibiotic dosage can sometimes be adjusted to avoid having the problem reach the speech frequency levels."

Dr. Lackner characterizes the analysis used in kinetic dosage as a guide to achieve maximum therapeutic effects of drugs and minimize the risk of toxicity. To fully complement and tailor this service to the needs of each patient, the audiological involvement is helping physicians reduce the potential risks of hearing or balance loss following drug therapy.

betes" at the Washington University Diabetes Education Center November 1.

Dah-Ren Hwang, Ph.D., received the Young Investigator Award from the Missouri Valley Chapter of the Society of Nuclear Medicine at the organization's annual meeting September 27-29.

Nicholas T. Kouchoukos, M.D., spoke on "Choices of Conduit in Surgery of Ascending Aortic Aneurysms" to the International Symposium on the Aortic Root October 25-27 in San Diego, California. Dr. Kouchoukos was elected 1985-86 president of the

Washington University Medical Center Alumni Association.

Roop Lal, M.D., co-authored a paper with **Rodolphe Ruffly, M.D.**, "Short and Long Term Experience with Flecaïnide Acetate in the Management of Refractory Life-Threatening Ventricular Arrhythmias," published in the October 1985 issue of the *Journal of the American College of Cardiology*.

Robert Lander, M.D., attended meetings on "Advanced Techniques in Arthroscopy" in Williamsburg, Virginia, and "Advances in Uncemented Total Joint

SNUFF AND STUFF—

The growing use of smokeless tobacco products, including snuff and chewing tobacco, prompted dental resident William Hartel, DMD, to author an article on the effects of the "new" tobacco use for the October issue of *AGD Impact*, the newsletter of the Academy of General Dentistry.

Publication of the article resulted in his appointment to an American Cancer Society task force to produce a film aimed at informing pre-teens and teenagers about the risks of using smokeless tobacco. Dr. Hartel plans to continue mixing his dental work with communications projects and has even applied to the National Aeronautics and Space Administration (NASA) to become a space shuttle astronaut.

Dr. Hartel, who has been writing medical and science

articles for six years, was approached by the publication's editors to address the issues of oral cancer, addiction, gum disease and other health hazards with a connection to the use of smokeless tobacco. The rising popularity of smokeless tobacco with teenagers and conflicting information about the use and abuse of the substances has been a topic of controversy nationwide. In fact, after public testimony on the subject, Massachusetts enacted a law requiring smokeless tobacco products to be labeled with a warning, "The use of snuff can be addictive and can cause mouth cancer and other diseases." Eight other states are considering similar labeling legislation.

The article compared the claims of public health organizations versus those made by the

tobacco manufacturers and the Tobacco Institute. Dr. Hartel concluded that smokeless tobacco was an environmental risk factor for oral cancer. He concluded that dentists, as primary care providers, should help their patients understand the risks inherent in the use of smokeless tobacco products.

There are three forms of smokeless tobacco: chewing tobacco, dry snuff and moist snuff. All can produce a slight "high." While all are irritants that can be associated with oral cancer, other health hazards include aggravation of periodontal disease, gum recession, and tooth abrasion. Due to some of the non-tobacco components of smokeless tobacco, notably sodium and sugar, high blood pressure and an increased incidence of tooth decay are also side effects of the products.

NETTING RESEARCH

FUNDS—The Consortium of Jewish Hospitals (CJH), headquartered in Oak Brook, Illinois, introduced its PREMIER RESEARCH project in October, 1985. It is the first network of prominent teaching and research hospitals and is designed to assist private-sector manufacturers in finding sites for the testing of new products for the health industry.

Jewish Hospital's John Harvey played an instrumental role in the development of the project, which attracts privately-sponsored research dollars to CJH-owner hospitals. He serves on the Research Administrators Advisory Task

Force, which is responsible for developing the network. PREMIER RESEARCH encompasses 26 CJH hospitals in 16 states and 21 major cities and has attracted more than \$300,000 in new research grants for its members. An additional \$1 million is expected to be attracted in 1986.

Project coordinator Susan Gerhardt describes PREMIER RESEARCH as providing pharmaceutical companies or health device manufacturers immediate access to 2,000 physician investigators, many of whom are the most recognized authorities in their fields. In addition, the project represents one-half

million inpatients, 2 million outpatients and a total of one-half million square feet of research laboratory space at member institutions.

Investigators in addition to physicians available through PREMIER RESEARCH are registered nurses, dieticians, pharmacists and other research coordinators. The project, in addition to identifying hospital sites and investigators, provides the administrative support necessary to organize a clinical trial. Further services include the location of participants for pre- and post-marketing trials such as user evaluations, cost effectiveness studies and focus groups.

Replacement" in Kansas City, Missouri.

Steven Lauter, M.D., co-authored an article, "Polymyalgia Rheumatica," published in the July 1985 issue of *Archives of Internal Medicine*. Dr. Lauter was recently elected a Fellow in the American College of Physicians.

Alan Lyss, M.D., attended the National Cancer Institute Consensus Development Conference on Adjuvant Chemotherapy for Breast Cancer September 9 in Bethesda, Maryland.

Barry Milder, M.D., and **Benjamin Milder, M.D.**, presented a course, "Problems in Presbyopia," at the annual meeting of the American Academy of Ophthalmology September 30-October 3 in San Francisco, California.

Carlos Perez, M.D., spoke on "Hyperthermia Thermal Dose: A Preliminary Report from a Radiation Oncology Group Trial," "Misonidazole Combined with Radiation Therapy Alone in the Treatment of Locally Advanced Non-Small Cell Lung Cancer," and "Principles and Practice of Localized Hyperthermia (External and Interstitial)," at the American Society for Therapeutic Radiology and Oncology meeting September 29-October 4 in Miami Beach, Florida.

Arthur Prensky, M.D., spoke on "Advances in Epilepsy" and "Migraine in Children" to the Texas Pediatric Society September 29 in Austin, Texas. Dr. Prensky participated in a panel discussion, "Pertussis Vaccination," at the American Academy of Cerebral Palsy meeting October 2 in Seattle, Washington. He attended the Child Neurology Society meeting as president of the Professors of Child Neurology in Memphis, Tennessee October 8-12.

Gary Ratkin, M.D., spoke on "Clinical Practice Issues in Cancer Medicine" to the Oklahoma

THE GIFT THAT KEEPS ON GIVING—Roswell Messing, Jr., has made a fine art of giving. Evidence of his beneficence is found throughout Jewish Hospital. One of the many gifts, given each year, is unique to the department of nursing.

Funding further professional training for nurses is a tradition for Mr. Messing. Grants made by the Messing family have provided Registered Nurses at Jewish Hospital with the opportunity to attend educational programs for professional, as well as personal, growth. The Messing family has been making these experiences possible for the past 12 years.

The hospital benefits

from the annual Wilma and Roswell Messing, Jr. Sabbatical Award through the infusion of fresh ideas brought back to the workplace by participants. The programs for which grant-funded attendance is requested are carefully evaluated by hospital vice-president for nursing Brenda Ernst, R.N., to assure that each will provide stimulation for professional and personal growth.

Ms. Ernst notes that the utilization of the annual gift has changed over the years. "For the first few years, the grant was used to send several nurses to different seminars," she says. "For the last two-to-three years, however, it has been used for one nurse to

benefit from an experience that is really wonderful."

"It was the thrill of a lifetime," says Phyllis Jackson, R.N., assistant director of nursing in psychiatry, the most recent recipient of the sabbatical award. She gained first-hand knowledge of psychiatric nursing in The Union of Soviet Socialist Republics with 53 other medical professionals from the United States. The group participated in seminars, lectures and site visits during their two-week program. "I returned from this experience with a better understanding and tolerance of human differences," reports Ms. Jackson. "That, I know, has had an impact on my job performance."

OUTSIDE INTEREST—Colorectal cancer was the focus of this year's Rupert Turnbull Memorial Lecture-ship and Surgical Grand Rounds. Norman D. Nigro, M.D., colorectal surgeon at Detroit General Hospital and professor of surgery at Wayne State University, visited Jewish Hospital November 1-2. Dr. Nigro presented results of his research and treatment protocols for colorectal cancer patients during the program. Later, he contributed his expertise to case presentations by medical students, interns and residents.

Dr. Nigro is currently

involved in evaluating trace amounts of vitamins and minerals that may be preventive for colorectal cancer. His lecture, "Development of a Strategy for Primary Prevention of Colorectal Cancer," dealt primarily with the effects of diet. While a high-fiber diet is thought to help prevent colorectal cancer, it is still not a completely proven proposition, he noted. On the other hand, a diet high in saturated fats has been shown to be "causative for colorectal cancer."

A technique for treating a specific form of cancer, squamous cell cancer of the

anal canal, developed by Dr. Nigro, was explained during surgical grand rounds and case presentations. The procedure, which involves using combined chemotherapy and radiation treatment instead of major surgery, is in use at Jewish Hospital. According to Ira Kodner, M.D., director of the division of colorectal surgery, the treatment protocol has eliminated the need for complicated surgery in many patients while producing a high cure rate.

Dr. Nigro is shown above following a television interview with Lisa Allen of Channel 2.

He presented a poster on "Detection of Interleukin 2 in the urine of patients with superficial bladder tumors after treatment with intravesical BCG" November 11-13 in Honolulu, Hawaii.

Joseph F. Ruwitch, Jr., M.D., attended the American Society of Internal Medicine

YOUR HEALTH MATTERS—"Health Matters" is a television series on current medical issues, featuring experts from Jewish Hospital and Washington University Medical Center. Segments of this series air on Channel 9 at 7:30 on Tuesday evenings. Each is repeated at 12:30 p.m. on Fridays and at 2:30 p.m., Saturdays. The series is sponsored by Washington University Medical Center.

The schedule for upcoming programs, listed by premier dates is:

Sports Injuries*	January 7
Asthma and Allergies	January 14
Childhood Depression	January 21
Child Abuse	January 28
Children and Cancer	February 4
Cancers that Affect Women	February 11
Advances in Cardiac Care	February 18
Heart Surgery	February 25

*denotes a presentation by Jewish Hospital specialists.



Society of Medical Oncology November 9 in Tulsa, Oklahoma.

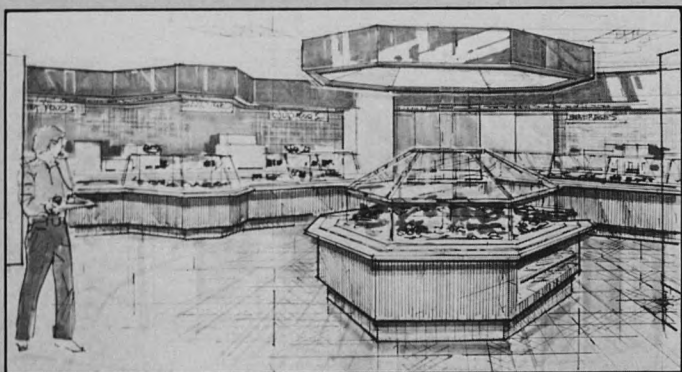
Timothy Ratliff, Ph.D., co-authored an article, "Role of Immunotherapy in the Prevention of Recurrence and Invasion of Urothelial Bladder Tumors: A Review," published in the *World Journal of Urology*. At the Inter-

national Society for Interferon Research meeting October 14-18 in Clearwater, Florida, he presented a poster on "Influence of Interferon alpha, gamma and Difluoromethylornithine on Cellular Proliferation and Polyamine Biosynthesis in Human Renal Adenocarcinoma Cells."

meeting as a delegate from the Missouri society October 8-15 in Washington, D.C.

Jo-Ellen Ryall, M.D., spoke on "Coping with Holiday Depression" to the South County Divorced and Separated Catholics group on October 24. Dr. Ryall attended the American

NEWS BRIEFS



RECIPE FOR CHANGE

—Long-awaited renovations in the cafeteria were begun with the closing of the 216 Buffet in mid-October. The construction of the new employee/visitors' cafeteria and food service area is expected to take 18 months to complete. Special displays, featuring schematic floorplans, photographs, architectural renderings of the completed project and material samples will be created as work progresses. Each will be mounted in the hall outside the Clover Creamery to keep employees, patients and visitors informed of changes.

Visitors are invited to take meals in the main cafeteria during its extended hours of 6:20 a.m. to 1:20 a.m. Employees who regularly use the cafeteria for lunch have been given an additional choice. S.O.N.ny's Deli, a temporary commissary providing sandwiches, soup, salads and snacks, has opened in the School of Nursing gymnasium. Special events, which food service director Bob Buell describes as "Cook-outs and cook-ins, on a variety of themes," will take place during the construction period. Plans call for a pushcart to vend "to-go" items, as well.

Medical Women's Association meeting on "Violence Rx/Dx" November 5-11 in San Francisco, California. She has been named a member of the National Program Committee of AMWA to plan the group's 1986 convention in St. Louis.

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

Samuel Soule, M.D., continues his column, "Our Medical Ancestors," in the *Bulletin of the St. Louis Metropolitan Medical Society*. Recent issues covered the contributions of Pierre Laclede, Dr. Abraham Litton,

Count Alejandro O'Reilly, Dr. Thomas Reyburn, Dr. Edward F. Montgomery, Dr. Joseph Spiegelhaber, and Dr. Hugo Maximilian von Starkhoff.

Michele Van Eerdewegh, M.D., co-authored a paper, "Unipolar versus Bipolar Schizo Affective Psychiatry," presented at the IV World Congress in Biological Psychiatry in Philadelphia, Pennsylvania, October 12.

Lawrence Waldbaum, M.D., attended the national meeting of the American Society of Anesthesiologists October 12-15 in San Francisco, California.

Todd Wasserman, M.D., attended the 27th annual meeting of the American Society of Thera-

peutic Radiology and Oncology September 29-October 4 in Miami Beach, Florida, as a member of the scientific program committee. He chaired the session on central nervous system tumors and was appointed a member of the Gold Medal Awards Committee for the next meeting and a member of the Computer Networking Committee. Dr. Wasserman co-authored two papers presented at the meeting, "Hepatic metastases: Results of Treatment and Identification of Prognostic Factors" and "Clinical Results of the Three-way Abdomen Technique in the Treatment of Abdominal Non-Hodgkin's Lymphomas." With the National Cancer Institute, Dr. Wasserman was appointed chairman of the Subcommittee on Late Effects Scoring for Chemotherapy/Radiotherapy Effects and a member of the review committee on Small Business Innovative Research Grants for Experimental Thera-

peutics. He presented a paper, "Late Effects of Chemotherapy/Radiotherapy from RTOG and Mallinckrodt Institute of Radiology Studies," at the National Cancer Institute meeting on Late Effects September 4-6 in Baltimore, Maryland. Dr. Wasserman attended a conference, "International Symposium on Labelled and Unlabelled Antibodies in Cancer Diagnosis and Therapy," September 12-13 in Baltimore, Maryland.

Gary Weil, M.D., co-authored a paper, "Parasite Antigen Detection in Human Filariasis by Monoclonal Antibody-Based Enzyme Immunoassay," presented to the American Society of Tropical Medicine and Hygiene meeting November 6 in Miami, Florida. Dr. Weil attended the World Health Organization Filariasis Scientific Working Group meeting on "Pathogenesis of Lymphatic Filariasis" in Thanjavur, India, November 18-22. ■



MEDIA BRIEFS

Nicholas T. Kouchoukos, M.D., was interviewed on the subject of advances in cardiac surgery on KMOX-AM on September 2.

The Bone Health Program and its director, **Louis V. Avioli, M.D.,** were highlighted in a feature article in the *Belleville News-Democrat* on September 3. Dr. Avioli was also featured on KSDK-TV on September 24, on KTVI-TV on November 24, and in a series on KMOX-TV during the week of November 18.

Larry Hoffman, DMD, was interviewed for a consumer segment on low-cost dental services at the Jewish Hospital dental clinic on September 24 by

KSDK-TV.

KWMU-FM featured a variety of Jewish Hospital experts on health topics in the fall. Included were **Peggy Judd, R.D.,** and **Connie Diekman, R.D.,** on good eating habits; **Ira Kodner, M.D.,** on colon cancer and dietary fiber; and **Marcos Rothstein, M.D.,** on high blood pressure and its implications for kidney disease.

KMOX-AM aired interviews with **David W. Nations** and **Joyce Hayes, R.N.,** during the week of October 14 on the use of wellness programs in the workplace. Hayes was also interviewed about wellness programs by the *Riverfront Times* for an

October 30 story.

Dr. Gerald Wolff was the subject of KMOX-AM interviews on the topic of cardiac rehabilitation during the week of October 21.

The Brief Stay obstetrics program was highlighted in articles in six *Suburban Journal* newspapers on October 2 and October 9.

David A. Gee was interviewed on the projected impact of health maintenance organizations on KMOX-TV on October 17 as part of a series on HMOs.

Paul G. Rogers, guest speaker at the annual meeting of the Fellows of Jewish Hospital, was featured in articles in both the *Post-Dispatch* and the *Globe-Democrat* on October 21.

Alice Noel, MSW, and **Collins Lewis, M.D.**, were guests on the "Straight Talk" show on KMOX-TV on October 21.

Robert McDivitt, M.D., was interviewed for an October 22 story on his research with flow cytometry in the *Belleville News-Democrat*.

Gary Ratkin, M.D., **Todd Wasserman, M.D.**, and **Peter Weiss, M.D.**, were featured in a report on the new Lymphoma Consultation Service on KSDK-TV on October 22.

Harvey Liebhaber, M.D., was interviewed concerning a report announcing a suspected breakthrough in AIDS research on October 29 on KSDK-TV.

KSDK-TV also highlighted advances in cardiac arrhythmia treatment in a report with **Rodolphe Ruffy, M.D.**, on November 6. Dr. Ruffy also was interviewed on arrhythmia treatments by KPLR-TV for broadcast on November 10.

Norman Nigro, M.D., the Rupert Turnbull Memorial lecturer, was interviewed by KTVI-TV for a November 1 report on colon cancer.

William A. Peck, M.D., was quoted in an article on osteoporosis in the November edition of *Reader's Digest*. He also discussed this disease in the November 28 broadcast of ABC-TV's '20-20' show.

Jewish Hospital's new policy of allowing midwives to participate in delivering babies was highlighted in a front-page story in the *Post-Dispatch* on November 11. The program was lauded in a November 18 *Post-Dispatch* editorial.

High-risk pregnancy was the topic of interviews with **Alfred Knight, M.D.**, on KMOX-AM during the week of November 25.

Jerome Aronberg, M.D., **Louis V. Avioli, M.D.**, **Stanley Birge, M.D.**, **Ira Kodner, M.D.**, and **Gerald Wolff, M.D.**, were all featured in a KMOX-TV series during the week of November 18 on health problems and their solutions which can lead to a longer, healthier life. ■



SPEAKERS BRIEFS

The Associates in Medicine sponsors a Speakers' Bureau, which regularly fills requests for speakers on healthcare from community organizations. It is offered as an educational community service by Jewish Hospital and the professional staff. If you are interested in more information about the Speakers' Bureau, please contact Sunny Combs, community relations, at 454-8225.

The following Jewish Hospital speakers presented programs to the public during the last several months:

Cheryl Harris Wa-Ndambi, R.N., MSN, employee health, "Preparation for Early Retirement," Citicorp, August 7.

Joyce Hayes, R.N., BSN, MPH, LIFEGUARD Health Promotion Programs, "Wellness: Health Practices for the Single Adult;" **Sandy Collins**, employee assistance, "Stress Management in Singles of All Ages and All Professions," JCCA Seminar For Singles, August 11.

Marsha Deters, R.N., Program on Aging, "Understanding Aging," JCCA Singles Club, August 25.

Rodney Klein, vice president, "Hospitals: The Cost of Caring," West End Lions Club, September 4.

Emma Geronsin, R.D., dietician staff, "Nutrition," Delcrest Apartments, September 4.

David A. Gee, president, "Changes and Challenges in Healthcare Today," September 22;

Patti Eisenberg, R.N., BSN, MSN, "Heart Risk Profile," September 29; **Charles Mannis, M.D.**, attending orthopedic surgeon, "Prevention and Recognition of Common Injuries in Recreational Sports," October 6; **Stanley Birge, M.D.**, Program on Aging, "Midlife Changes: What to Expect and How to Handle Them," October 20. Ethical Society Adult Education Healthcare Series.

Joyce Hayes, R.N., BSN, MPH, LIFEGUARD Health Promotion Programs, "Wellness," County Rotary, September 26. "Preventive Medicine and Wellness," Zeta Beta Chi organization of businesswomen, October 11.

Maria Ylagen, R.D., M.Ed., dietician staff, "Nutritional Needs of People over 50," JCCA New Horizons Group.

Sandy Collins, employee assistance, "Managing Stress and its Relation to Safety in the Workplace," Southwestern Bell Telephone Company Data Center, October 21 and 25.

Randy Hammer, Ph.D., "Sexual Myths and Misconceptions," Echad Jewish Young Adult Conference, October 27.

Stanley Birge, M.D., Program on Aging, "Osteoporosis," retired employees of the School Board of St. Louis workshop, November 18.

Barbara O'Fallon, R.N., emergency department, "CPR and Emergency Care Overview," Crossroads School, November 22. ■



SHOPPING LIST

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

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

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

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

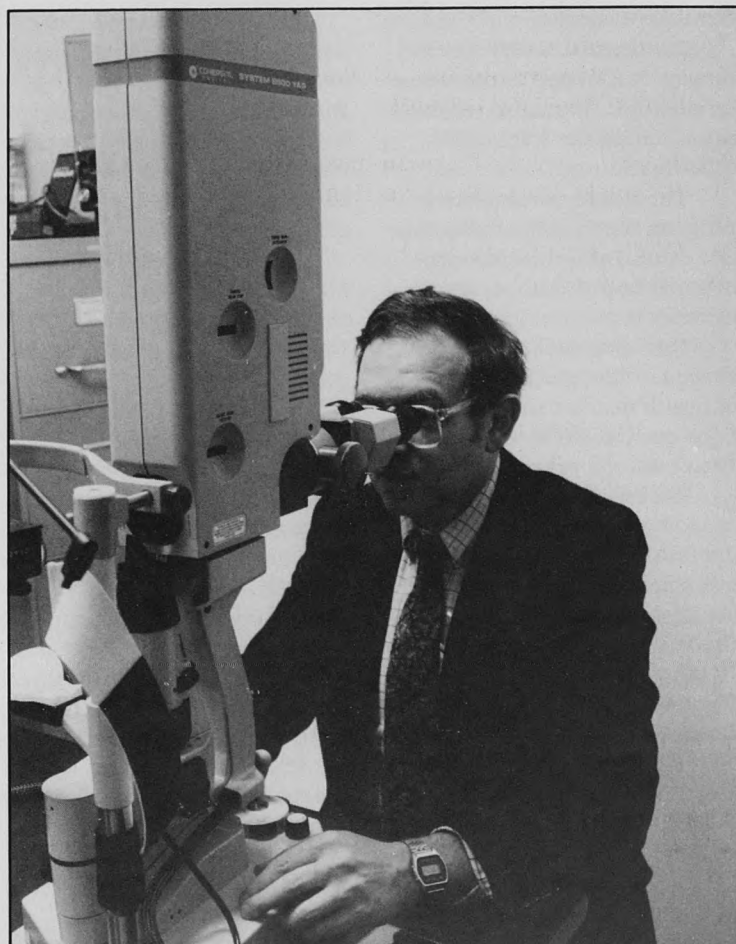
YAG Laser

Jewish Hospital recently became the first hospital in the Washington University Medical Center to purchase an FDA-approved YAG (an acronym for the three elements, yttrium, aluminum and garnet found in the laser's light crystals) laser. The state-of-the-art laser is used primarily for posterior capsulotomies, an ophthalmic surgery procedure which is frequently performed on cloudy membranes that often develop after cataract surgery. These membranes can become so dense that they cause blindness.

In the past, the operation was a full-scale surgical procedure done under anesthesia, with a surgical knife. But with the YAG laser, ophthalmologists can perform capsulotomies in their offices. The laser is focused on a point in the eye membrane and, when activated, the laser energy penetrates the membrane, making an opening which allows light to pass into the eye's retina. Sight is usually restored within minutes and the patient is able to leave the medical offices immediately, instead of having to stay overnight in the hospital.

According to Mitchel Wolf, M.D., director of the department of ophthalmology, the laser may have other applications in the future, possibly for glaucoma treatment. Although a different type of laser has already been used on glaucoma patients, Dr. Wolf thinks that the YAG may have specific benefits.

"The YAG laser is so powerful



that it can accomplish in one shot what might take another laser 50 to 100 attempts."

Other potential applications for the laser, says Dr. Wolf, could be for diabetes patients who have retinal

disease.

The YAG laser was purchased with financial backing from the hospital Auxiliary. The organization donated \$25,000 for the \$35,000 instrument. ■

Anesthesiology

Blood Pressure Monitor \$2,700

Behavioral Therapy

Electromyography \$3,600

Nursing Division 2200

Wheelchair \$700

Nursing Division 5300

Isolette Transporter \$5,700

Operating Room

Dermatone Surgical Instrument \$2,000



CONTRIBUTIONS TO JEWISH HOSPITAL FUNDS

SUSTAINING GIFTS

An anonymous donor has made a contribution to the Department of Surgery for research.

Mr. and Mrs. Arthur Bierman have made a contribution to the Arthur and June Bierman Hematology Research Fund.

Mr. Milton Ferman has made a contribution to the Research Endowment Fund.

Mr. Harris J. Frank has made a contribution to the Directors Fund.

General Dynamics Corporation has made a contribution to the Mary Ann and Elliot Stein Endowment Fund through its Matching Gifts Program.

The Estate of Josephine Herzfeld has made a contribution to the Cardiology Research and Education Fund.

Mr. and Mrs. Paul Lux have made a contribution to the Building Fund.

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

Mr. and Mrs. Harold Marglous have joined the Fellows of Jewish Hospital and have made a contribution to the Rubin and Mary Cohen Endowment Fund.

Mr. Ben Peck has made a contribution to the Building Fund.

Mr. and Mrs. Raymond Peters, II have made a generous contribution to the John M. Shoenberg Research Fund.

Mr. and Mrs. George Rosenschein have made a generous contribution to the Jane and George Rosenschein Fund for Hypertension Research.

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

Mrs. Barbara F. Richman has established the Barbara and Stanley Richman Fund in memory of her husband.

Mr. Sylvan Sandler has made a contribution to the Rupert Turnbull Memorial Lectureship in Colo/Rectal Surgery.

Mrs. Lester Seansongood has made a contribution to the Seansongood Heart Research Fund.

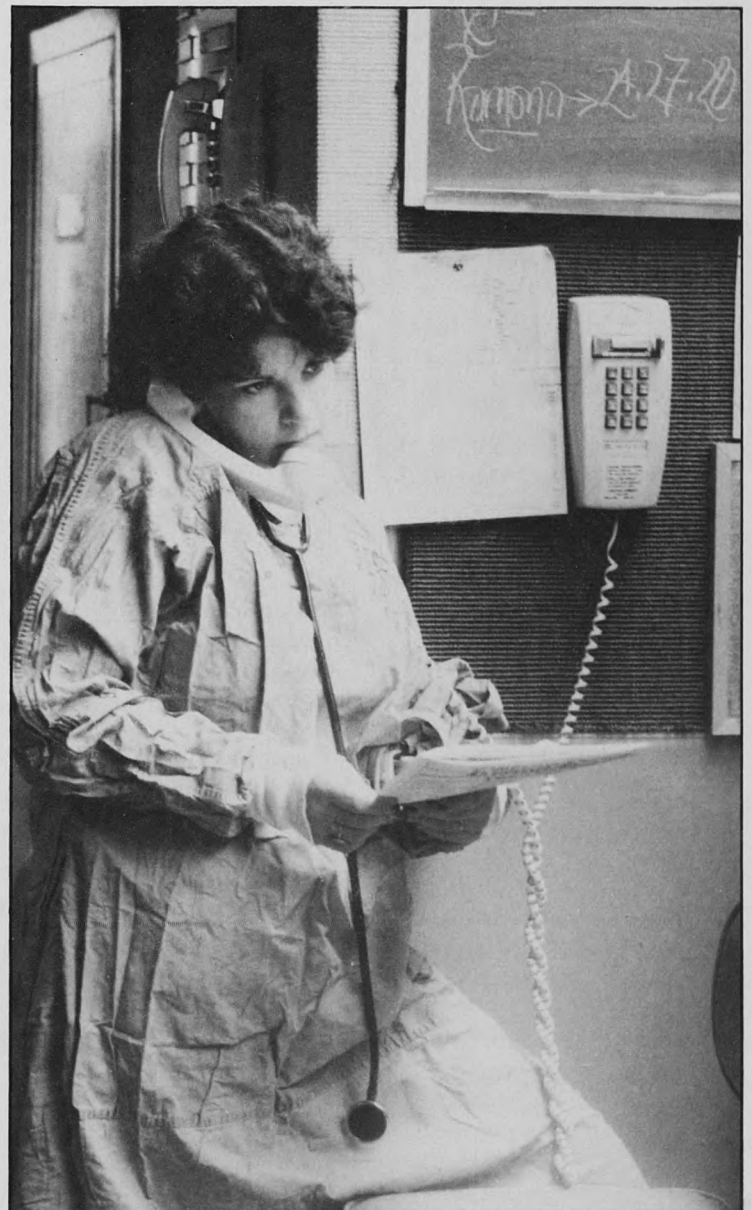
Mr. and Mrs. David S. Sherman, Jr., have made a contribution to the Building Fund.

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

Shiley Incorporated has made a contribution to the Cardiothoracic Surgery Fund to assist in the funding of a follow-up study of patients with the Shiley AGV graft.

Mrs. Merla Small has made a contribution to the Merla and Abe Small Cancer Research Fund.

Mrs. Harvey Wittcoff has made a contribution in memory of her husband to the Harvey Wittcoff Endowment Fund.

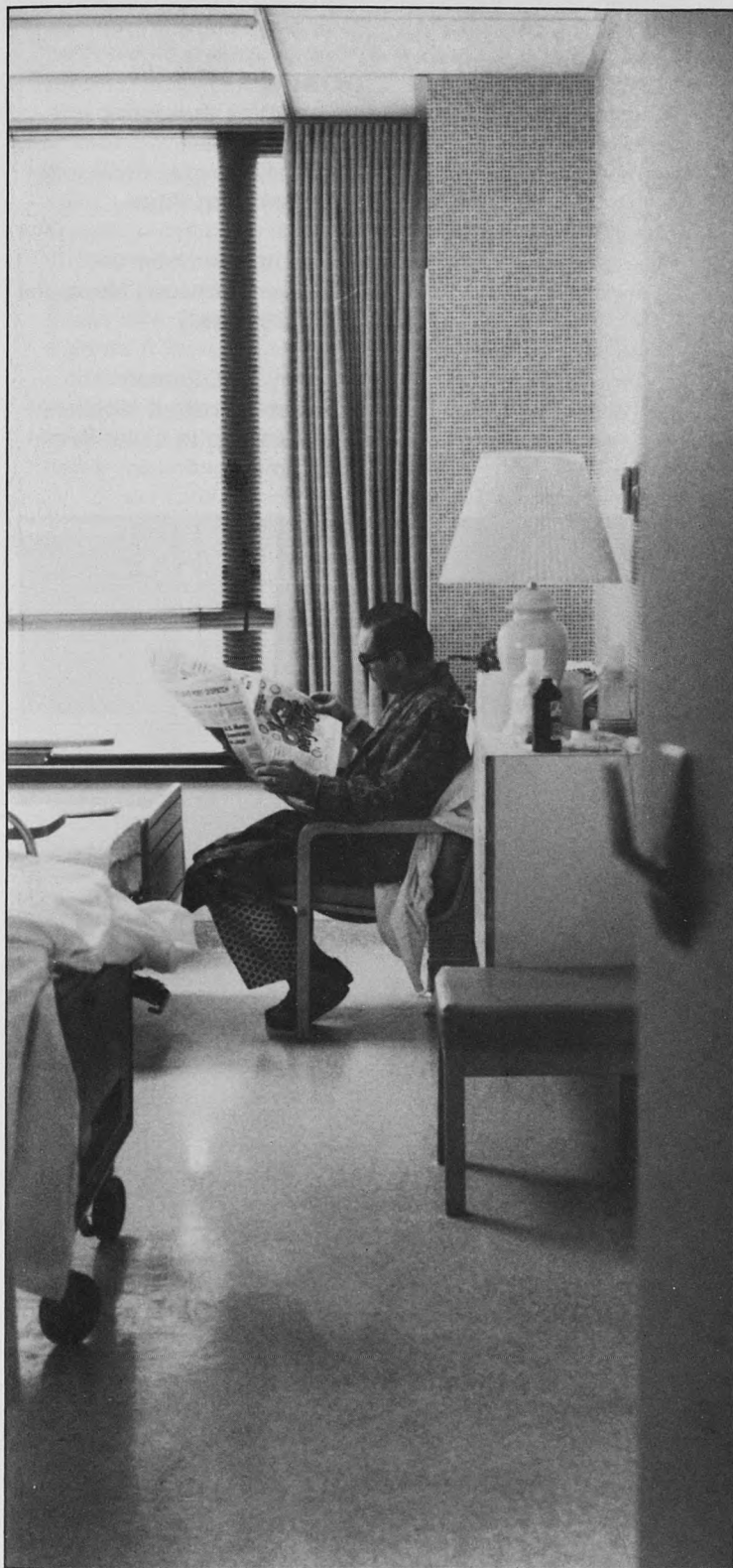


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The Tribute Fund, initiated by the Jewish Hospital Auxiliary in 1952, receives approximately \$195,000 a year for research and aid to the needy. To make the donation process convenient, drawing accounts have been established. Anyone can open a drawing 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 11, 1985 to November 22, 1985. Any contributions received after November 22 will be listed in the next issue of 216.

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Dolly and Saul Krawll (Dorothy Bogard Memorial Fund)

..... **Special Birthday of AL ROSE**
Karen and Larry Kotner

..... **Bar Mitzvah of TEDDY ROSEN**
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..... **Birth of Grandchild of MR. and MRS. HARRY ROSENBERG**
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..... **Recovery of SYLVIA SCHNEIDER**
Fay and Herman Israel (Heart Research Fund)

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..... **Grand Opening of Park Terrace Resident Center of MR. and MRS. HAROLD SHER**
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Mr. and Mrs. Stewart Topper (Dr. Alex Sonnenwirth Memorial Lectureship Fund)

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Paul and Marvin Eichenberg

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Esther Katz

Dr. and Mrs. Helman Wasserman (Herbert Weinstock Memorial Fund)

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CALENDAR OF EVENTS

FEBRUARY 1, 8, 15, 22

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.

FEBRUARY 5, 12, 19, 26

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 10

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

FEBRUARY 18

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.

FEBRUARY 19

Jewish Hospital Auxiliary Educational Seminar Series VII features "Dare to Discipline" (focusing on children ages 6-12) with guest speaker Stanley Lyss, M.D.; 9:30 a.m.; Auxiliary Members only; limited seating, by reservation, call 454-7130.

MARCH 1, 8, 15, 22, 29

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.

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MARCH 12

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 13

Associates In Medicine Lectures Series features "Colo-Rectal Disease—An Optimistic Forecast" with guest speaker Ira Kodner, Director, Division of Colo-Rectal Surgery at Jewish Hospital; 7:30 p.m.; Brown Room; complimentary refreshments; open to the public at no charge; reservations required; call 454-8088.

MARCH 16

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.

MARCH 19

Jewish Hospital Auxiliary Educational Seminar Series VII features "Outpatient Surgery" with guest speaker Larry Waldbaum, M.D., anesthesiologist at Jewish Hospital; 9:30 a.m.; Auxiliary Members only; limited seating, by reservation, call 454-7130.

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454-

7000
Jewish
Hospital

7420
Patient
Information

7900
Emergency
Room

7045
Admitting

7240/1
Patient
Relations

7239
Community
Relations

7130
Auxiliary

8088
Associates

7250
Fellows

7134
Patient
Accounts

8180
Physician's
Referral

7166
Clover
Garden
(Flower Shop)

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 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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