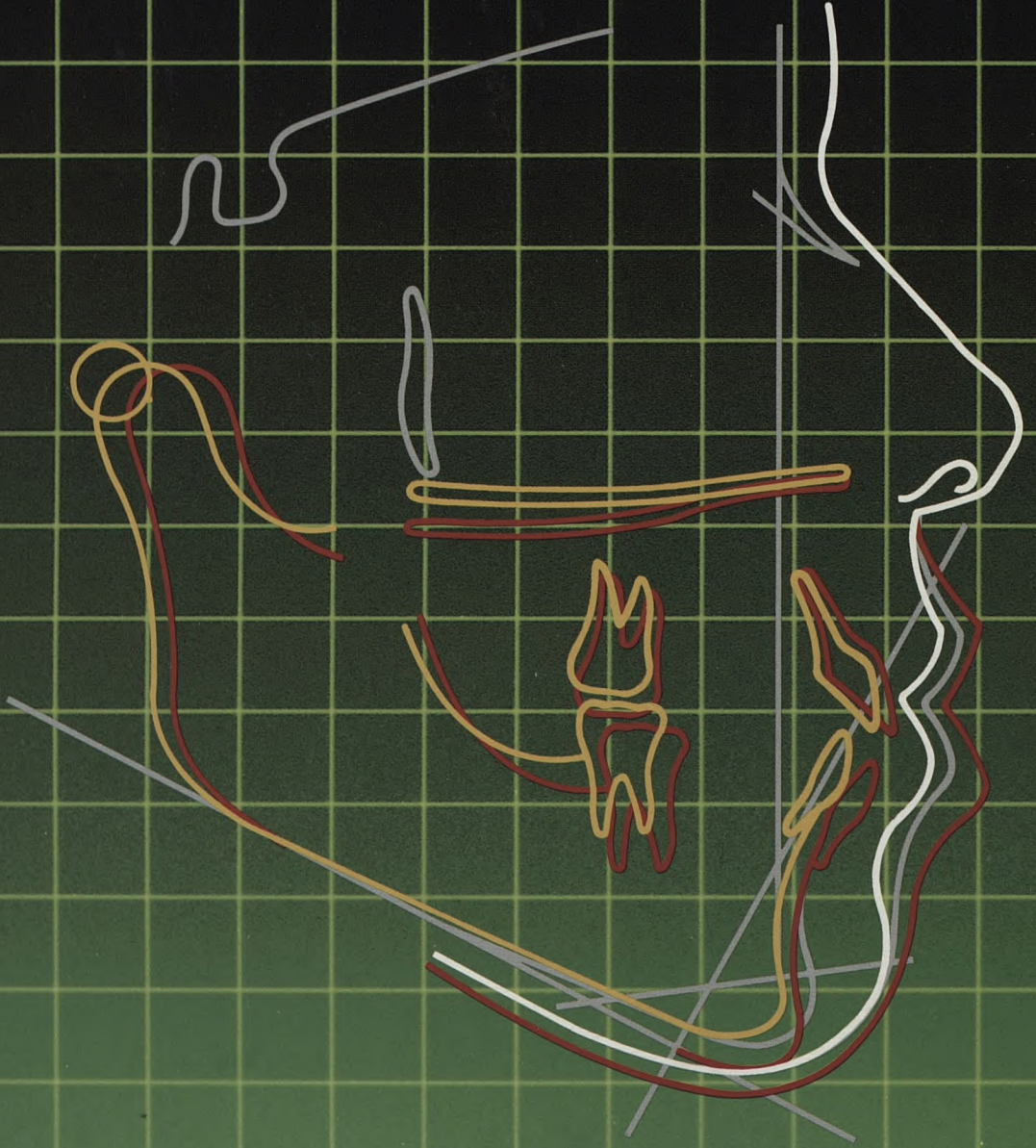


# JEWISH HOSPITAL

AT WASHINGTON UNIVERSITY MEDICAL CENTER

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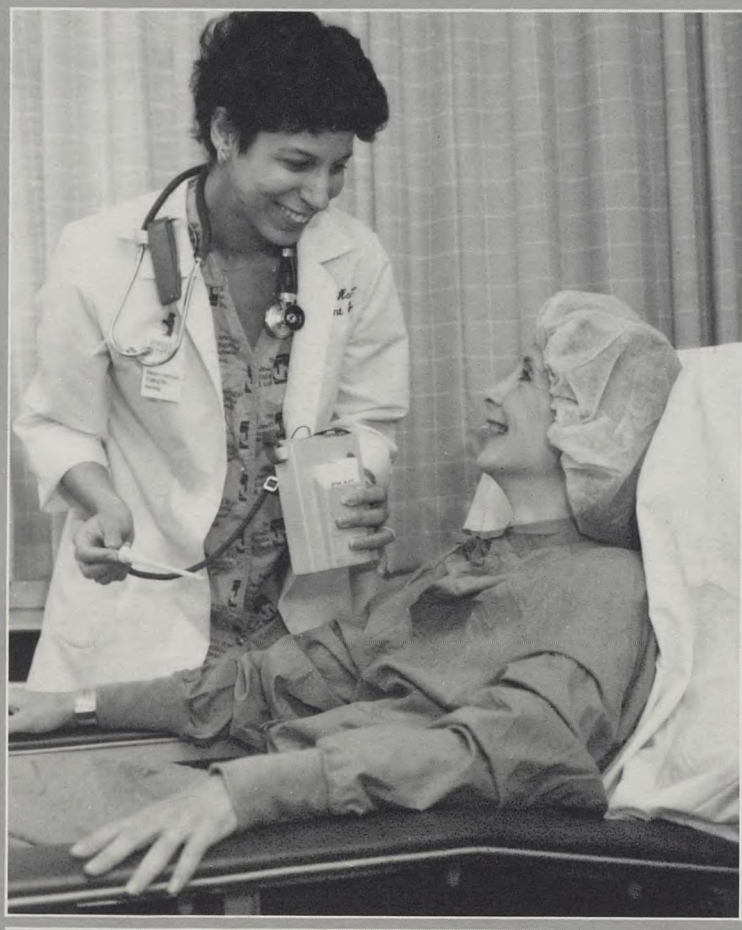
V. 35 N. 3, MAY/JUNE 1986



IMPROVED OUTLOOKS

AGAINST ALL ODDS

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# JEWISH HOSPITAL 216

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## ORTHOGNATHIC SURGERY: Creating a New Outlook

With 15 to 20 percent of the general population suffering from some type of dental/facial deformity, recent surgical breakthroughs are welcome accomplishments. Surgeons at Jewish Hospital are using new techniques and equipment to alleviate the problems encountered by their patients.

## 2 AIMing for an Optimistic Future

Many people visualize older patients when thinking of colorectal diseases, but such ailments jeopardize the future of young people also. At the March 13 Associates in Medicine (AIM) program, Ira Kodner, M.D., director of Jewish Hospital's division of colo-rectal surgery, explained recent advances that are improving the outlooks of doctors and patients in his specialty.



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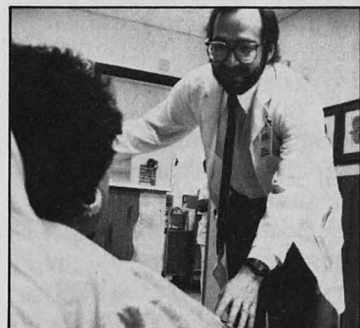
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## DARING TO DISCIPLINE 5

Raising children in the 1980s is a major challenge for parents. Stanely Lyss, M.D., pediatrician, shared his wisdom on disciplining children with Jewish Hospital Auxiliary members.

## RUNNING AGAINST ALL ODDS 10

Approximately 80,000 Americans suffer from kidney failure. The disease is a major health problem, but the outlook has never been brighter for its sufferers. These patients are leading productive, normal lives thanks to the choice of treatments available to them.



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## OPERATING EFFICIENTLY

One of the most exciting trends in healthcare is the boom in outpatient surgery. Healthcare professionals from the hospital's outpatient surgery staff, headed by Lawrence Waldbaum, M.D., medical director, division of outpatient surgery, discussed this development and its impact on patients and hospitals.

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*ON THE COVER: Prior to performing surgery, orthognathic surgeons develop detailed tracings of current jaw movement as well as that anticipated following the procedure. Following maps made by mounting plaster impressions of the patient's teeth on a simulation apparatus, accurate and detailed plans assist in the operation. Learn the effects the completed procedure can have on patient's lives, beginning on page 2.*

# Orthognathic Surgery: CREATING A NEW <sup>out</sup> LOOK

by Steve Mainer

**F**or years Beverly Brown knew that she needed the operation. Doctors warned her of possible pain and dental decay that could result from the bone deformity in her jaws. The occasional teasing about her "long face" from her sister was also a reminder.

But after the years of waiting—mainly to receive sufficient medical insurance—the dramatic reaction from her peers was a bit more than she expected.

"You're beautiful. You don't look the same," says Ms. Brown, relaying a common remark made by family and friends. "I asked, 'what, was I ugly before?'" After pausing for a chuckle, the 25-year-old directory composer for Southwestern Bell continues, "A lot of people say I really look different, but I don't see it."

Brown admits the 35 pounds she lost while having her jaws wired together for nearly eight weeks after the operation probably account for a younger appearance. "It feels good to go to the store and buy small sizes," she says, adding that when looking in the mirror, "I do look like myself."

The compliments aimed in Brown's direction demonstrate the cosmetic benefits of the rapidly-improving procedure known as orthognathic surgery. Function, however, is the most important aspect of the operation, which involves cutting and

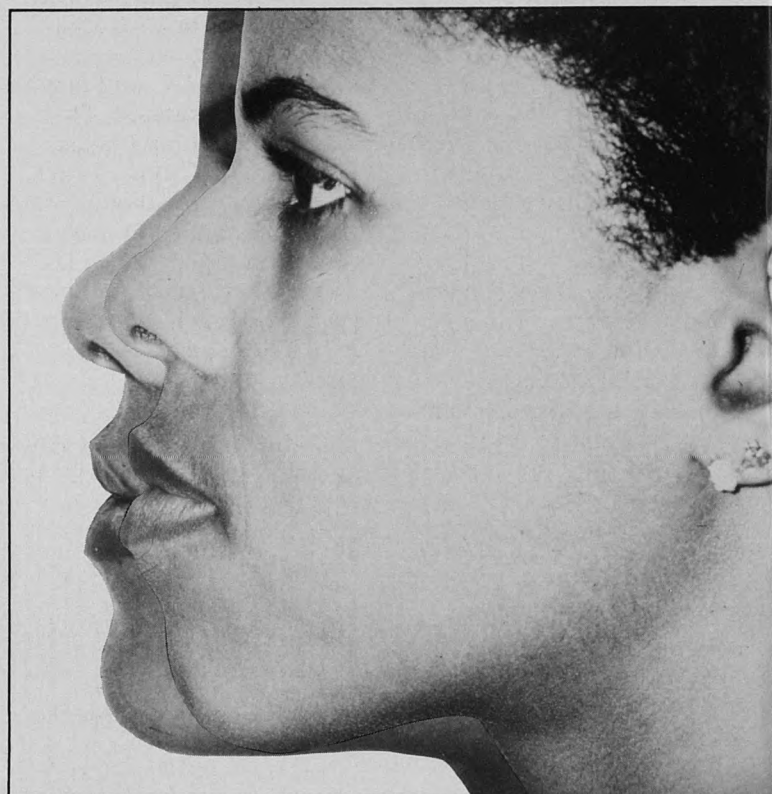
repositioning the jaw bone to correct deformities. "This type of surgery is dealing with bone structure. It's functional," explains Kenneth E. Kram, DMD, the man partially responsible for Brown's new look. "Of course there's a large cosmetic component that goes along with it, but the basis for it is functional."

Although most of Dr. Kram's orthognathic patients are between 16 and 25 years of age, some people do not discover their deformities early in life and often experience pain, eating difficulties, or tooth loss in later years.

Just as some victims discover problems late in life, some are diagnosed before their bones have completed growth, requiring them to wait until they are in their late teens. "I'll usually wait until they're 16 or 17 until the growth has ceased, depending on what type of surgery they're going to have," Dr. Kram says.

The surgeon's oldest patient, a 55-year-old woman, had lost her natural teeth and required surgery before a dentist could make dentures for her. Many older patients must wear dentures because corrective measures were not performed early in life. "That's why they lost their teeth in the first place," Dr. Kram says. In the case of the 55-year-old patient, Dr. Kram repositioned the bones so that a dentist could make the dentures."

With the rapid advance-



*Profile photographs taken before and after surgery illustrate Beverly Brown's new look.*

ment of orthognathic surgery techniques in recent years, the postponement of Brown's treatment may have been to her advantage. Prior to 1970, the only type of orthognathic operation that existed was conducted from outside of the mouth and was only capable of retracting the lower jaw.

The orthognathic surgery breakthrough that made operations from inside the mouth possible was devised in Germany and imported into the United States in 1970. The procedure allows

surgeons to advance the lower jaw, move it from side to side and perform upper jaw surgery. The latest technique also eliminates visible scarring.

Dr. Kram credits micropower instruments with making it possible to do 98 percent of his surgery from inside the mouth. "We very rarely have to go through the skin in these procedures," he says "So maxillofacial surgery has come a long, long way."

Much of this advancement took place at Sinai Hospital in Detroit. In his four-year residency there, Dr. Kram helped perform 400 orthognathic procedures annually. "The program at

Sinai was very progressive," he notes. "They had the latest techniques and instruments for our use."

With an estimated 15 to 20 percent of the general population suffering from some type of dental/facial deformity, the recent breakthroughs are welcome. "The surgery is becoming more and more common as people are becoming more aware of what's available," Dr. Kram adds. "Any time there's a demand among the medical or patient community for certain types of procedures, you have an incentive to improve on the equipment."

A frequent indicator of a jaw deformity is a problem with the joints in front of the ears, according to Dr. Kram. A victim may experience pain, popping or clicking—the body's response to malpositioning of the jaws. The joints experience trauma during chewing and speaking. "The body wants to get to the right position, but it can't because the bones are deformed," the surgeon adds.

The correction of these problems usually entails two phases—orthodontics followed by surgery. Most of the referrals Dr. Kram and his partners—Herman Turner, DDS, M.S. and Marc B. Abrams, DDS—receive originate from orthodontists, general dentists or other surgical specialists.

Using braces, the orthodontist aligns the teeth in the bone so that they're in an "ideal position." While the deformity is actually in the bone, Dr. Kram emphasizes the importance of properly aligning the teeth prior to surgery to get the desired result quickly. Braces are necessary in about 95 percent of the cases, and are usually worn for 10 to 12

months before the surgical phase and are removed a few months postoperatively.

Despite thorough preparation for the operation, Brown received an extra dose of anxiety when she heard about a female patient who had to have her jaws reset and wired together for a second time. "When I heard that I was devastated. That was the first thing I asked Dr. Kram, too," Brown says, referring to the possibility that she might suffer the same consequences. Kram assured her that he had never performed such a case.

To insure precision, Dr. Kram performs each operation on a plaster cast



Kenneth E. Kram, DMD.

before correcting a patient's deformities. The surgeon forms an impression of the teeth in plaster and mounts the cast on a machine that simulates jaw movement. He then surgically repairs the three-dimensional model, enabling him to form a precise plan.

"I know in my mind

exactly what I have to do during the procedure," Dr. Kram says. The operation, which generally requires one and one half to five hours, is performed under a general anesthetic.

Each case is different, but all orthognathic operations are variations of seven or eight basic procedures. "Once the diagnosis is made, treatment involves a combination of those types of procedures," Dr. Kram says.

The bulk of the surgery involves making precision cuts in the bone and repositioning the jaw where it should be. The surgeon must be careful to protect the nerves and split the bone properly to allow bone-to-bone contact to facilitate healing. "It has to be done in a meticulous manner so that you don't strip off the blood supply, impeding the healing process," Dr. Kram explains.

When Brown awoke after the five-and-one-half-hour operation, her first thoughts—despite Dr. Kram's warnings of swelling—were "Oh, God, what have I done?" she recalls 10 weeks after first examining her swollen face. "I just didn't think it would turn out like that." She experienced no pain, but whenever she looked at herself in the mirror Brown wondered, "Will the swelling ever go down?"

During the nearly eight weeks—five days of which were spent in the hospital—that Brown's jaws were in a fixed position, soup and milk shakes became her regular diet. She labeled the pureed food suggested for orthognathic surgery patients "horrible" and ate one gallon of ice cream per week.

Brown's swelling subsided in nine or 10 days, as Dr.

Kram had predicted. After another six weeks of written communication, ending with a sleepless night of anticipation, the wires were removed from her jaws on February 5. "That was the longest period of my life," a relieved Brown

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***"I've had people change their entire lifestyles, they get married, they get a new wardrobe. They just can't believe it. They emerge as totally different people."***

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explains. "Eight weeks is not really long, but when you're bonded like I was, eight weeks is an eternity."

The anticipation of her first solid meal in eight weeks was met with a warning from Dr. Kram: "Don't think you're going to go out and eat a Big Mac." The excited patient proceeded directly to her favorite cuisine—Chinese food—which brought a revolt from her stomach.

Like Brown, most orthognathic surgery patients in the past have had their jaws wired together for six to eight weeks to facilitate healing. Another recent breakthrough, rigid fixation, has changed that. Now it is hardly ever necessary to wire the teeth together. The recovery of many future patients will include only the inconveniences of postoperative swelling and following a "soft diet." Dr. Kram estimates that 95 percent of jaw deformity patients will be eligible for the simpler recovery method.

## A NEW OUTLOOK

He compares recovery from this treatment to that from a severe case of impacted wisdom teeth.

A set of bone plates and miniscrews utilized in the newest procedure enables surgeons to fixate the bones in the proper healing positions without wiring the teeth together. The tiny rigid fixation systems allow the patients to move their mouths but keep the bones correctly aligned.

Dr. Kram cautions that wiring can not always be avoided. In mid-February he used some of the tiny, rigid fixation pins, screws and bone plates on the upper jaw of a patient at Jewish Hospital, marking the first time they had been used in the St. Louis area. It was necessary to use one of the patient's ribs to rebuild her lower jaw bone, so wiring was required to assure proper healing. According to the surgeon, his patient is among the five percent that will still require wiring.

Dr. Kram performed the surgery with a sample kit of alloy pins, screws and bone plates provided by the Walter Lorenz Co. Jewish Hospital then purchased some of the materials, which are smaller, lighter adaptations of orthopedic equipment. "It will replace all other systems in our field," Dr. Kram predicts.

Last summer shortly after he became a Jewish Hospital attending staff member, Dr. Kram persuaded the hospital to purchase the best equipment in the city for his specialty. He estimates the cost for a total package of orthognathic equipment at \$14,000. "I'm going to be practicing here for 30, 35 years. So I think that's terrific. It's not a big investment



*Dr. Kram, right, and Dr. Turner perform orthognathic surgery.*

when you look at it over that time period," he says.

Although the state-of-the-art technology is available, Dr. Kram realizes that most oral surgeons will not gain access to the equipment or training immediately. "That's where Jewish Hospital is a forerunner because it has purchased this special equipment," he says, praising the operating room staff for its support of the technique.

According to Dr. Kram, only five to 10 percent of the approximately 4,000 oral and

maxillofacial surgeons in this country have been properly trained and can successfully perform orthognathic surgery. "If they haven't been recently trained or recently updated surgeons are not just going to get the equipment and start using it," he says. "I think it'll take five or 10 years longer before all the surgeons who are doing this type of surgery will change over to rigid internal fixation."

Drs. Kram, Turner and Abrams presently perform orthognathic procedures at Jewish Hospital. Working as a team they average two orthognathic operations per

month, but envision correcting the deformities of 50 to 100 people a year.

Their work has had a profound effect on Brown, who received many puzzled stares during the first eight weeks of her recovery. The reactions changed her attitude toward people who have speech impediments or other defects. "People look at you so strangely, like 'you poor thing,'" she explains. "It really opened up my horizon to people who have deformities."

Although she returned to work after having the wires removed from her jaws, Brown's recovery is not yet complete. Her orthodontist says the braces on her teeth will be removed in August and she performs exercises 35 to 40 minutes a day to strengthen her jaws. Ten weeks after the surgery she was able to open her mouth 60 percent of the original range—progress with which she was pleased. "I'm not really worried about that. I'm just glad I can talk," she says.

The effect that the operation has on patients' lives is perhaps the most exciting and rewarding aspect of Dr. Kram's work. Orthognathic surgery usually has strong physiological and psychological impact on those who undergo the procedure. "The change in their personality is unbelievable," the surgeon says. "I've had people change their entire lifestyles, they get married, they get a new wardrobe. They just can't believe it. They emerge as totally different people." ■

*Persons seeking information about oral and maxillofacial surgery may call The Doctors Choice physicians referral service at 454-8180.*

# Daring to Discipline

If parents attending the February 19 Auxiliary seminar, "Dare to Discipline," expected easy answers to problems with raising children, they were in for a surprise. "All of us would like a cookbook to give us the recipe for perfect children," said Stanley Lyss, M.D., pediatrician and Jewish Hospital attending physician. "But no one, not even experts, have the answers to raising children in the 1980s."

The seminar, co-chaired by Charline Baizer (Mrs. Richard) and Terry Bernstein (Mrs. Richard), was held at the home of Margie Horowitz (Mrs. Merle). Approximately 50 members of the Auxiliary attended.

According to Dr. Lyss, parents today are facing challenges in raising children that no other generation has experienced. "Being a parent was much easier 40 years ago. Then, most parents shared the same ideas about discipline," he said. "Child-rearing is much more complicated now. There are more choices for parents to make and more concerns. Parents *find* things to worry about now. They ask themselves all kinds of questions: are they doing the wrong thing by spanking their child? Are they ruining their child's sexuality?"



Stanley Lyss, M.D., pediatrician

Parents would feel more comfortable if they had adequate preparation for their roles earlier in life. "Some people become parents almost accidentally," he noted. "Most people are not instructed on parenting until they have to do it." Dr. Lyss suggested starting parenting courses as early as adolescence.

A popular debate revolves around the pros and cons of permissiveness versus structure, as a mode of raising children. The real issue, according to Dr. Lyss, is not style as much as sensitivity. "Although there is some evidence that children who are raised in very structured homes are, to some degree, happier and less rebellious, the children who do best have parents who are sensitive and appreciate what their children are feeling. Successful parents are those who 'read' their children correctly."

Children with sleeping problems present a very common, and frustrating dilemma for parents. Sleep problems usually occur at two times: at bedtime, when

a child is resistant about going to bed, and/or upon waking during the night. "There is nothing more frustrating than having to deal with a child who won't sleep," said Dr. Lyss.

Although babies who resist sleeping are irritating, Dr. Lyss discouraged parents from letting babies "cry themselves to sleep" as a solution. "An eight-month-old baby who cries at bedtime is usually suffering from separation anxiety. They won't understand if you just let them 'cry it out,'" said

Dr. Lyss.

Four or five-year-olds with sleeping problems are a different matter. "Kids at this age are opportunists," he said. "They will do whatever they can get away with." If sleeping disorders are chronic, Dr. Lyss advocates prescribing medications, for a short period of time, to help change a child's sleeping habits.

Dr. Lyss also dispelled the myth that kids should never sleep with their parents. "That's nonsense. If you feel comfortable with your kids sleeping with you, let them," he said. "I'm a big believer in the family bed."

What about love? Of course, it's important, Dr. Lyss stressed, but love isn't everything. "Don't think you can give too much love," he said. "But love by itself produces a disaster. There are parents who love their children but are afraid to upset them. Those parents can wind up having a tyrant on their hands. In my experience, I've found that parents need the most encouragement in realizing that it's O.K. to upset their children in the course of disciplining. When



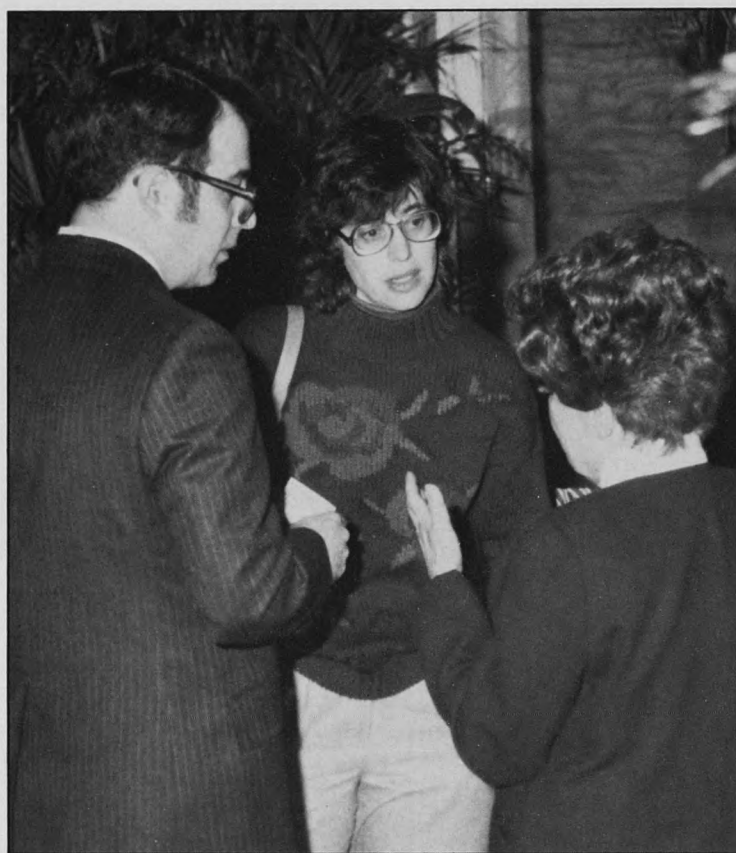
# Operating Efficiently

a child throws a temper tantrum, don't be afraid of upsetting him. Act quickly, and let him know who is boss."

In fact, Dr. Lyss believes that the difficult times, although upsetting and painful, are the most important periods in a child's growth. "I'm a big believer in the fact that people grow from pain," he said. Even a little pain in the form of physical punishment can be beneficial, particularly with young children. "If the purpose of physical punishment is to hurt, then it's wrong," Dr. Lyss emphasized. "But a spanking that is used to teach a lesson can get the message across quickly."

"It is important," he added, "to communicate your love, concern and kindness after the punishment when anger subsides. In fact, the period following a punishment is one of the best times to learn. More can be taught at that point than at any other time. Those are often the moments to cherish." ■

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



In the 1960s, the first hospital-based outpatient surgery units opened at the UCLA Medical Center in California and the George Washington Medical Center in Washington, D.C. It was the beginning of a transition in health care that would have an enormous impact on the health care industry.

It took more than two decades for "same-day" surgeries to become standard treatment, but by 1983 most hospitals in the United States were doing outpatient surgery. Today, this medical service has become widely accepted and is helping hospitals reduce the cost of treatment.

*Lawrence Waldbaum, M.D., medical director, division of outpatient surgery, talked with his wife, Auxilian Leslie Waldbaum and another guest.*

At the March 19 Auxiliary seminar, Lawrence Waldbaum, M.D., medical director, division of outpatient surgery; Starla Eller, R.N., head nurse, outpatient surgery; and Kass Meyer, R.N., head nurse, post-anesthesia care unit; discussed the evolution of outpatient surgery and the impact it has had on patients and hospitals. The presentation, chaired by Terry Bernstein (Mrs. Richard) and Charline Baizer (Mrs. Richard), was held at the home of Carolyn Bloom (Mrs. Martin).

According to Dr. Waldbaum, the present boom in outpatient surgeries is a result of two factors: medical advances and national

politics. The first technological advance that made same-day surgery possible occurred in the 1950s. At that time, ether had been the anesthetizing agent of choice but, said Dr. Waldbaum, it had its drawbacks, including the lengthy time for it to take and lose its effect. Also, approximately 50 percent of surgery patients anesthetized with ether suffered from nausea postoperatively. "A patient cannot be discharged from the hospital in a sleepy or nauseated state," he said. "Outpatients have to reach the same status of health for discharge as inpatients who will be staying in the hospital and have more time for recovery. This has been possible with the development of new quick-acting anesthetizing drugs that have minimal side effects."

Improvements in operating equipment have made more types of outpatient surgery possible. The invention of the arthroscope, used particularly for repair of knee injuries, changed what used to be major operations into quick outpatient procedures. Refined ophthalmic instrumentation has reduced recovery time for eye surgeries, and the laparoscope has made sterilizations for women and the treatment of pelvic disease standard outpatient procedures. New technology like mammography has helped surgeons pinpoint problems more accurately in women with



breast disease, making breast biopsies relatively fast outpatient procedures.

The surge in the number of outpatient surgeries has also been prompted by rising health care costs. In the early 1980s, the federal government implemented regulations to cut costs by providing incentives to hospitals to reduce length of hospital stays. Consequently, hospitals began expanding outpatient facilities to shift more of their inpatient populations to less

time-consuming and cost-effective outpatient treatment.

According to Dr. Waldbaum, this shift has put increasing pressure on the health care professionals who work in outpatient surgery. "Pre- and post-operative procedures have to be done faster in the outpatient surgery unit," said Dr. Waldbaum. "To get patients in and out on the same day we have to use time very efficiently. There can be no double stan-

"One year ago, Jewish Hospital's outpatient surgery unit was basically one room," she says. "Now, after refurbishing existing facilities, we cover an entire hospital floor."

Although the health care staff has made adjustments to the stepped-up atmosphere in outpatient surgery, Eller noted that patients themselves had to adjust to the changes. Overall, she said, they prefer the quick turnaround of outpatient surgery. "Patients seem to like staying at home right up until their time of surgeries and then having the convenience of recovering in their home environments," said Eller.

According to Eller, the shortened length of stay has been particularly beneficial to elderly patients. "Elderly people who stay in a hospital for any length of time often become disoriented," she said. "It can make the transition home and getting back into the mainstream difficult."

The Jewish Hospital outpatient surgery unit now averages from 30 to 40 patients a day. Because the staff cares for patients both pre- and post-operatively, each patient is seen twice per day for care, boosting the caseload to 80 patients a day. The unit is also responsible for the pre- and post-operative care of all patients receiving endoscopic

(stomach and bowel) examinations, and those who are undergoing bronchoscopy (lung) procedures.

In 1983, the continuing growth in the number of outpatient surgeries prompted the hospital to include plans for a new outpatient surgery unit in the design of its ambulatory care building, which is presently under construction. Ms. Meyer described the facility, which will be completed in 1987.

The outpatient surgery unit will be located on the third floor and will be connected by a bridge to the present operating rooms of the hospital. The unit will have a waiting room, preparation areas with lockers for personal belongings, a minor procedure room for local anesthetic procedures (removal of moles or cysts), recovery areas, and four major operating rooms, all, said Meyer, equipped with state-of-the-art equipment.

According to Dr. Waldbaum, the hospital has also invested \$80,000 for anesthesia equipment for each operating room. "There is no hospital in the United States that can surpass what Jewish Hospital is able to provide in patient care equipment," he noted.

The growth in outpatient surgeries is expected to continue. "This is the health care of the future," said Meyer. "Patients as consumers are also a part of this future. You're the health care consumer. You should be aware of what you're buying." ■

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



*Left: Starla Eller, R.N., head nurse, outpatient surgery*

dard. Patients who come to Jewish Hospital as outpatients receive the same high level of care as the individuals who are admitted. We have found that we can achieve the same quality care, but it takes team effort."

Ms. Eller underscored the drama that is taking place in outpatient surgery with a few statistics of her own.



# AIMing for an Optimistic Future

The problem with treating colo-rectal cancers is not always their severity, but instead, it's their favorability, according to Ira J. Kodner, M.D., director of Jewish Hospital's division of colo-rectal surgery. "We've been concerned over the years not only by bad cancers, but by very favorable rectal cancers," Dr. Kodner told the audience at the Associates in Medicine (AIM) lecture on March 13.

During his presentation, "Colo-Rectal Disease—An Optimistic Forecast," Dr. Kodner said some cancers diagnosed by doctors in the past were so "favorable" that the standard radical surgery was "overtreating the patient by removing part of the intestines or rectum." The use of an instrument called the endocavitary radiation machine sometimes allows doctors to treat these favorable tumors with internal radiation.

With some treatment methods external radiation must travel across normal tissue, limiting the radiation dosage applied to the cancerous tissue. "In very favorable cancers, this instrument can be inserted and the cancer can actually be destroyed locally," Dr. Kodner said.

Use of this machine—purchased with money raised by the Jewish Hospital Auxiliary—is not practical in all cases. "It was good for very, very special cases. But what we have been able to do is show the world, to its benefit, that this has limited applications," Dr. Kodner said.

The constant development of new technology

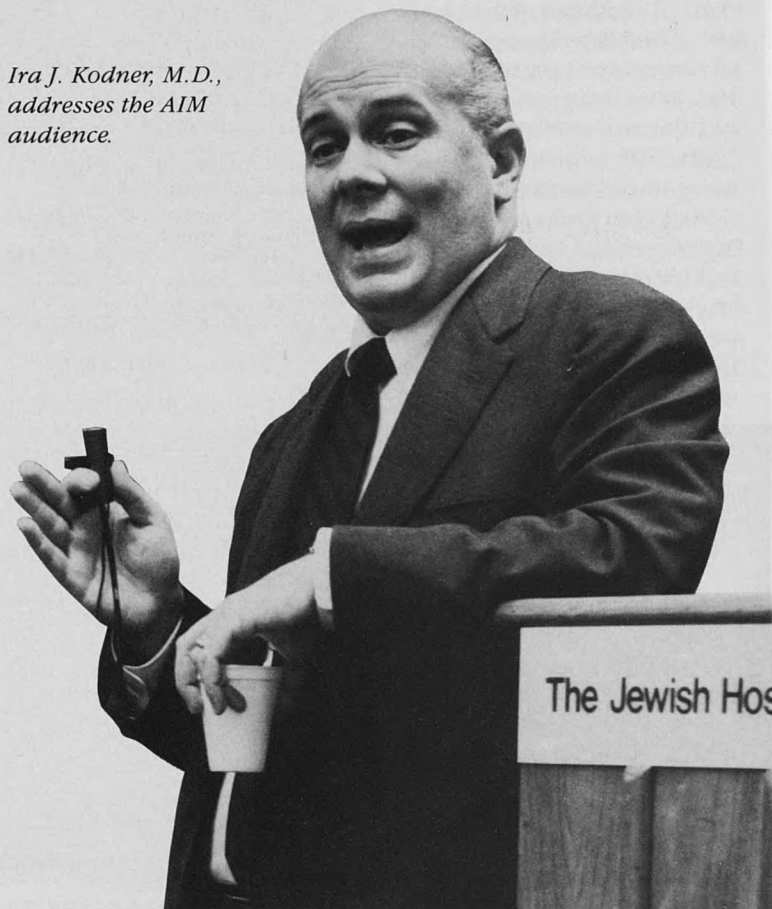
enables doctors to examine the large intestine using fiberoptic instruments and to remove polyps and take biopsies. "Formerly, if a person had a polyp, abnormal growth or lesion in the colon, we would have to perform surgery to open the colon in order to find out exactly what was going on," he said. "These new techniques have decreased the incidence of surgery to remove lesions."

Many people have images of older patients when they think of colo-rectal disease, which usually affects people in their 60s and 70s. But an ailment known as inflammatory bowel disease strikes young adults, in their late teens through early 30s. Inflammatory bowel disease includes two categories, ulcerative colitis and Crohn's disease. "We don't know what causes them. It seems as if the body is trying to reject the large intestinal tissue," Dr. Kodner said.

With ulcerative colitis "the inner lining is destroyed. It becomes ulcerated and bleeds. These are very, very sick young people. They can be cured by removing the colon," Dr. Kodner said. If ulcerative colitis is present for several years, it can also develop into cancer. In some cases the young patient may require an ileostomy (an opening of the small intestine to the abdominal wall) or colostomy (a similar opening of the large intestine) in order to be treated adequately for inflammatory bowel disease.

In procedures where it is necessary to remove the rectum and large intestine for ulcerative colitis, attempts to

*Ira J. Kodner, M.D., addresses the AIM audience.*



save the sphincter muscle present a new challenge. "From the small intestine, we can make a new rectum and use the sphincter muscle to allow these young adults to have normal intestinal functions. This has been a very exciting advance for us, and so far the results are good."

Crohn's disease is "even a more devastating form of inflammatory bowel disease," Dr. Kodner said. While Crohn's disease doesn't carry the risk of cancer, it can leave a perforation of the intestine in its wake. The risk of perforation makes these patients especially difficult to treat.

A study done by physicians at Jewish Hospital revealed that black victims of Crohn's disease have a much

higher recurrence rate than white victims. Of the patients studied, the disease had recurred in 80 percent of the blacks and only 23 percent of the whites five years after initial treatment. Kodner called the finding "a very important piece of information."

The Crohn's disease study was just one advance recorded since the Jewish Hospital ostomy clinic opened in 1973. An ostomy—also known as a stoma—is an artificial opening in the intestine, attached to an opening in the abdominal wall during a surgical procedure. Both ileostomies and colostomy are grouped in the ostomy category. Dr. Kodner emphasized that the effects of an ostomy aren't purely physi-

cal. "There are many emotional, psychological and social impacts on patients who have ostomy surgery. These problems were addressed from the very night we started our clinic."

Dr. Kodner discussed the urinary conduit operation as one of the types of stoma seen at the ostomy clinic. Before the urinary conduit

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***The constant development of new technology enables doctors to examine the large intestine using fiberoptic instruments and to remove polyps and take biopsies. "Formerly, if a person had a polyp, abnormal growth or lesion in the colon, we would have to perform surgery to open the colon in order to find out exactly what was going on," he said. "These new techniques have decreased the incidence of surgery to remove lesions."***

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operation was devised, children who had bladder or urinary tract abnormalities died before adulthood.

In 1978, Jewish Hospital started a school of enterostomal therapy to train nurses in the care of ostomy patients. The United Ostomy Association established an ostomy data registry, using Jewish Hospital as the data

bank for the entire country.

In 1980, Jewish Hospital started a colo-rectal residency program, one of approximately 25 programs in the country to allow fully-trained surgeons to become certified in the subspecialty of colon and rectal surgery. Robert Fry, M.D., is the director of this program.

The colo-rectal surgery division's work also includes ailments—such as hemorrhoids—that are less serious, but still very painful. In the past decade, the method of treating this ailment with rubber bands has become very popular. "The real gratifying thing is that now everyone does it. That's the difference between a teaching hospital and a non-teaching hospital. We at Jewish Hospital keep each other going with new ideas."

Jewish Hospital physicians have also explored new surgical techniques for repairing the rectum. Normally, the rectum sits next to the backbone, but in some cases it slides out of position causing discomfort and disfunction of bowel movement. A radiology resident at the hospital, Dr. Mark Hoffman, developed a technique that is becoming the standard for x-ray diagnosis of this ailment.

Fixation methods also have helped ease the lives of young women who have had surgery to remove the rectum. Physicians in the division of colo-rectal surgery have developed a series of very simple techniques of moving and surgically attaching the ovaries out of the pelvic area, increasing the patient's chances of having children and reducing the risk of postoperative problems, Kodner reported.

He ended the program



*Melba Kiger, Jewish Hospital assistant vice president, and Gene Guttin converse at the wine and cheese buffet, which followed the lecture.*

by answering questions from the audience concerning detection and prevention of colo-rectal diseases. After age 40, Dr. Kodner recommends yearly screening tests for microscopic amounts of blood in the stool. "If there's any disease in the colon then this initial test will usually be positive. Colon and rectal cancers can be preventable."

Another test, the procto exam, should be performed every two years on people over 50 who show no signs of colo-rectal disease. If patients have had a polyp or cancer they should have a colonoscopy performed periodically. "It's not a screening test, but it's a very good diagnostic surveillance procedure," Dr. Kodner said.

Although prevention methods remain uncertain, most research suggests that nutrition, genetic predisposition and environmental factors play major roles. "If it's assumed that we get something into our intestinal tract that causes cancer, the longer it's there the more harm it's going to do. Some research findings are incriminating animal fats as the agents that cause cancer," Dr. Kodner said. Countries where diets

include a high fat intake—such as the United States and Great Britain—have a high incidence of colon and rectal cancer. Nations where diets contain low fat and high roughage—mainly primitive cultures—record a low colo-rectal cancer rate. In addition, countries with high fat and high roughage diets—such as the Scandinavian nations—experience low cancer rates. "It appears that our low-residue diet and the ingestion of some type of cancer-causing agent puts us at high risk," Dr. Kodner said.

"What can you do to prevent colon and rectal cancer? Probably increase the roughage in the diet, reduce the amount of animal fat, and have indicated routine screening tests, and by all means, have any symptoms of abnormal intestinal function evaluated by a physician." Dr. Kodner expressed gratitude for the support provided by hospital organizations which have allowed Jewish Hospital's colo-rectal surgery and ostomy care programs to grow and excel. ■

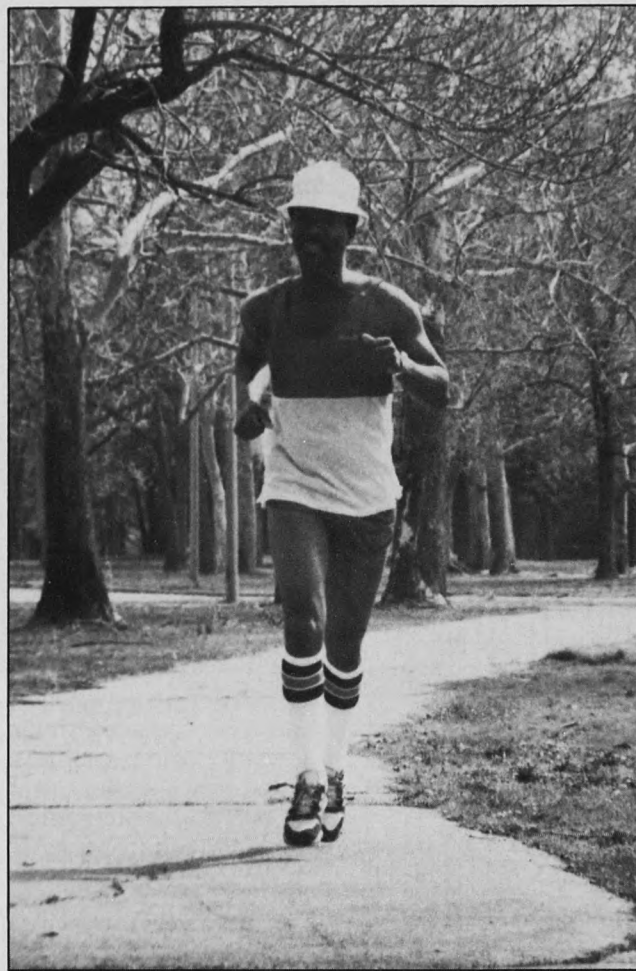
*For more information on the Associates in Medicine (AIM), call 454-8088.*

**K**idney disease. It often catches people off-guard, sometimes progressing unobtrusively without any overt warning signs. When symptoms do appear, patients are often faced with the unsettling news that their kidneys are failing, a condition that, without medical intervention, is terminal.

Consider Michael Frazier. He was one of those people who never seemed to get sick. "I don't even catch colds," he says. The 35-year-old running enthusiast had always kept himself in shape, jogging 30 to 40 miles a week in Forest Park for years. Mr. Frazier hadn't noticed any change in the way he felt. Maybe he didn't have quite the zip that he used to have at the end of each run. But that, he rationalized, was probably because he was getting a little burned out on jogging.

When a St. Louis corporation hired Frazier three years ago, he took the required—and what he thought would be routine—physical. To his surprise, he failed it. The physician conducting the examination told Frazier he had high blood pressure and an abnormal amount of protein in his urine. After a referral to a specialist, Frazier was given what he thought was a devastating diagnosis: end-stage renal disease—kidney failure.

Frazier is one of 80,000 Americans who suffer from kidney failure, a condition that occurs when kidneys falter, failing to filter toxic waste products from the blood. The waste products then accumulate in their bodies, leaving patients feeling nauseated, bloated and in many cases, seriously ill.



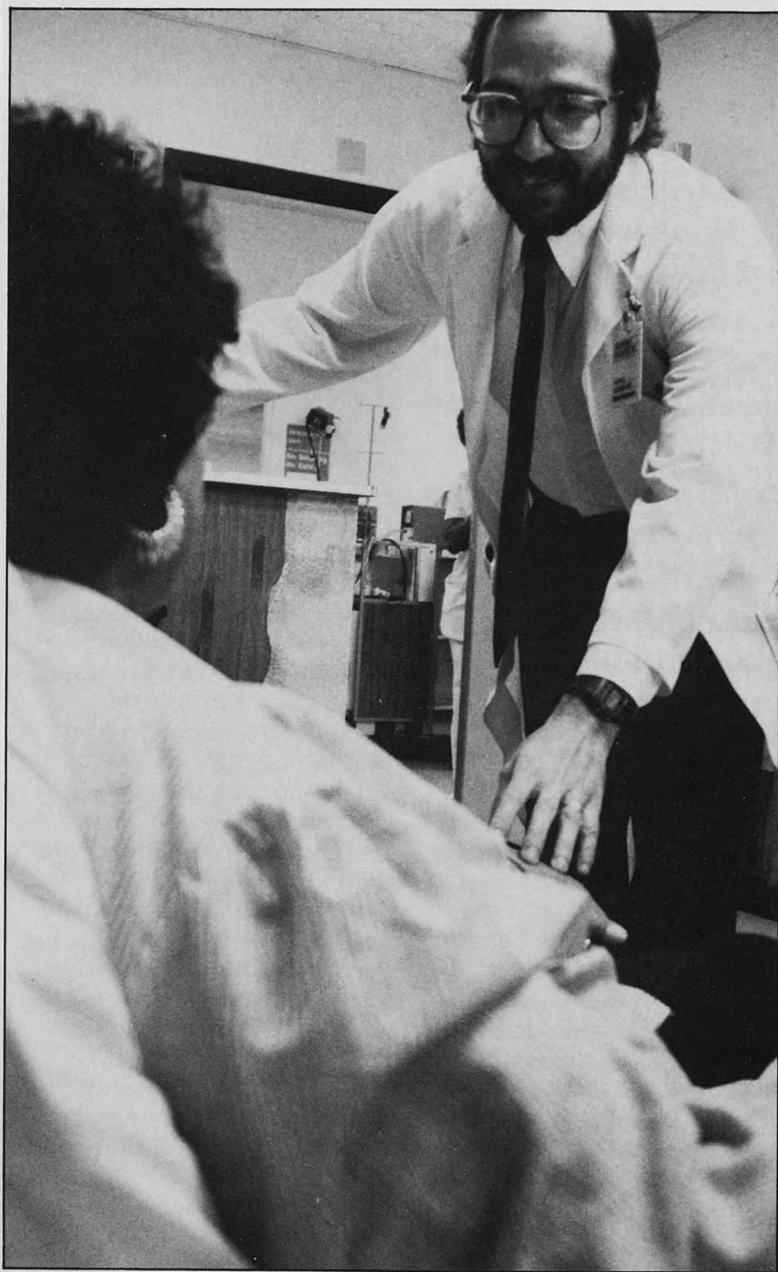
*Kidney transplant patient Michael Frazier is running in top form after a successful kidney transplant.*

# **RUNNING STRONG against all odds**

**by Sharon E. Zaring**

Kidney failure is a major health problem, and to its victims a terrifying diagnosis. However, according to Marcos Rothstein, M.D., medical director of Jewish Hospital's hemodialysis services, the outlook has never been brighter for patients with kidney failure. "Kidney failure is the only end-stage disease that can be treated successfully through viable treatment modes," he says. "In fact, 30 to 40 percent of the people who are diagnosed with kidney failure are fully rehabilitated, living active lives and holding jobs." For Frazier, rehabilitation came in the form of a successful kidney transplant, performed at the Washington University Medical Center less than a year after his diagnosis. He is now back in the job market, jogging every day and attending college.

The hopeful outlook for kidney patients has resulted from pioneering research by nephrologists (kidney specialists) during the last 25 years. They have been the pathfinders for all organ transplantation, says Dr. Rothstein, giving kidney transplants the highest success rate among organ replacements. But even if a kidney transplant is not a viable alternative—either from lack of available donors or organ rejection after the transplant—health care experts have developed other forms of treatment, giving these patients more choices. "It's an area of treatment that is really coming of age," says Dr. Rothstein. "There are improvements in the field



*Marcos Rothstein, M.D., medical director, Jewish Hospital's hemodialysis services, offers advice and encouragement to dialysis patients.*

every day.”

Today, patients like Frazier have at least three choices of treatment open to them: kidney transplant, hemodialysis or through continuous ambulatory peritoneal dialysis (CAPD). Hemodialysis

removes waste products from the blood through a filtering machine connected to the patient's blood stream, while CAPD removes waste products by the process of cyclic addition and removal of fluids from the abdominal cavity.

When patients are referred to the Jewish Hospital renal dialysis unit for treatment, staff physicians help them determine which form of treatment is best according to

each patient's needs.

Whenever possible, members of the renal dialysis team encourage patients to undergo treatment that can be accomplished outside of the hospital. “All studies that have been done on patients with kidney failure indicate that the patients who have the longest survival rates and fewest side effects are those who undergo some form of home-based treatment,” says Dr. Rothstein. “They don't have that constant, potentially negative, reinforcement of being a hospital patient.”

Dr. Rothstein emphasizes that if patients are not comfortable with any kind of home treatment, dialysis in Jewish Hospital's dialysis unit is available. “We run a very efficient and personal dialysis unit,” he says. “We operate three shifts a day from 6 a.m. to 11:30 p.m.”

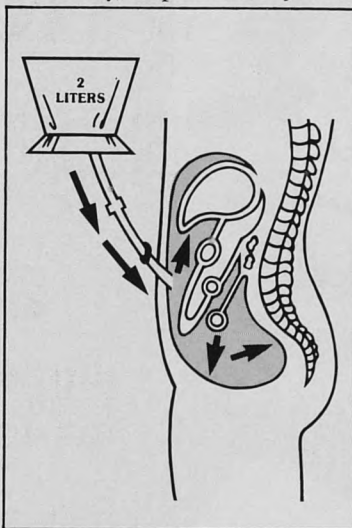
According to Dr. Rothstein, Jewish Hospital's renal dialysis unit has continuously been a leader in treating kidney disease, a standard of care reflected in national statistics. Currently, 54 percent of Jewish

Hospital patients treated for kidney failure undergo home dialysis or CAPD—a cost-effective, medically-sound approach. On the national average, however, only 20 percent of kidney failure patients are treated through home hemodialysis; in Missouri, that average rises slightly to 25 percent. The renal dialysis team cares for 43 patients who received kidney transplants here at the Washington University Medical Center.

Patients who undergo any type of treatment for kidney failure must first overcome their fears and realize that the impact of kidney disease on their lives can be minimized. “I thought I would be an invalid for the rest of my life,” says Paul Held, aged 66, a retired carpenter who was diagnosed with kidney failure in 1982. For him CAPD was a viable option.

Patients like Mr. Held who opt for CAPD must first feel comfortable with the idea of wearing a catheter. The CAPD catheter is inserted surgically through the patient's abdomen (belly), with one end through the peritoneum—a thin, semi-permeable membrane that surrounds the stomach and other internal organs—and into the peritoneal cavity. The other end of the catheter remains outside of the body.

A plastic bag containing dialyzing solution is connected to the exposed end of the catheter. The solution is fed into the peritoneum where it remains for four to five hours mixing with waste products from the blood and excess water. During this time, the empty bag can be concealed under clothing as the patient goes about his



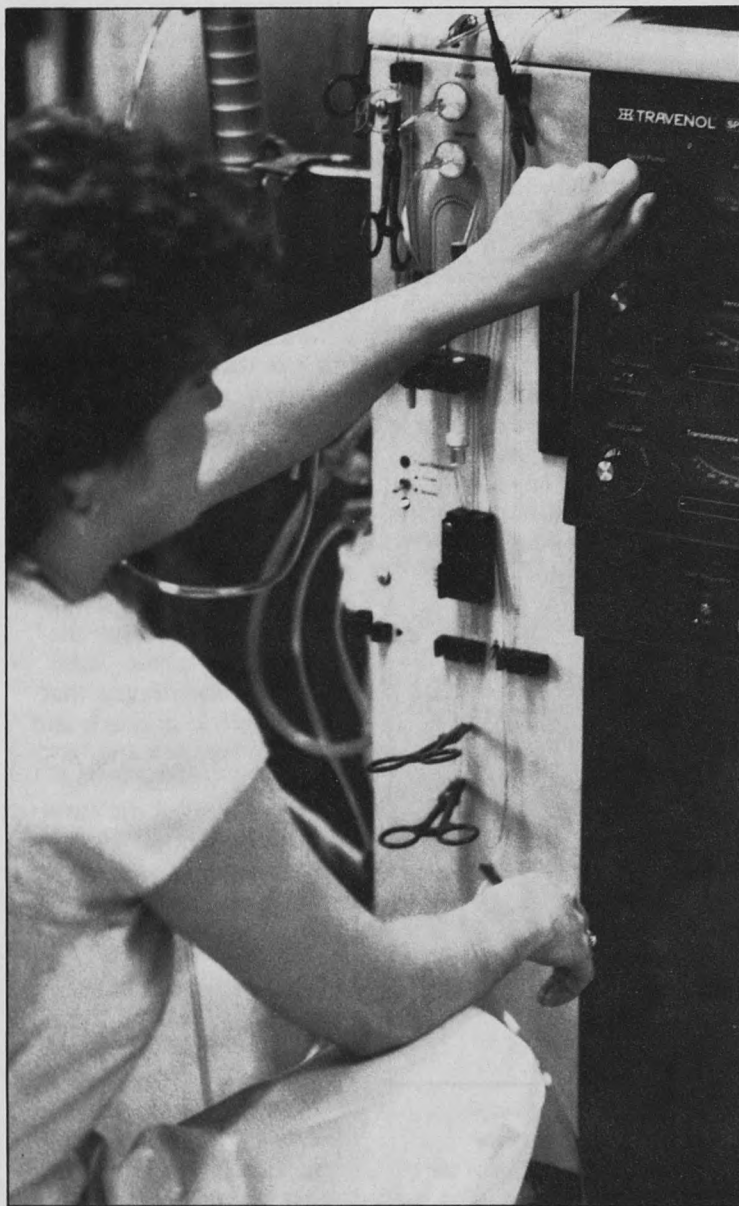
*The dialyzing solution flows through a catheter to the peritoneum, the lining of the abdominal cavity.*

## AGAINST ALL ODDS

daily activities. The bag needs to be changed four times a day, a simple procedure that, after training, patients learn to do by themselves. Each exchange takes approximately 30 minutes.

With CAPD Held has the convenience of taking care of his own treatment at home, instead of making the 54-mile round trip from his home in Wood River, Illinois, to

*Nurses monitor equipment while patients are undergoing dialysis.*



Jewish Hospital three times a week. As for his fears, they have subsided. "When I first had the CAPD, I thought no one would want to have anything to do with me," he said. "Things like that just ran through my mind. Instead, I've had a lot of support from my friends. Other than gaining a little weight, I haven't changed much."

Mary Douglas (a fictitious name) is convinced of the benefits of home dialysis. In 1983, Mrs. Douglas was

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***The hopeful outlook for kidney patients has resulted from pioneering research by nephrologists (kidney specialists) during the last 25 years. They have been the pathfinders for all organ transplantation, says Dr. Rothstein, giving kidney transplants the highest success rate among organ replacements.***

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diagnosed with end-stage renal disease. She had been treated for kidney disease since 1974, but her condition started deteriorating in the early 1980s until she became incapacitated in 1983. "I could hardly walk," she recalls. "And I was constantly nauseated. I finally reached the point that I was vomiting almost every day."

When Dr. Rothstein first discussed the possibility of treating her through hemodialysis, Mrs. Douglas was terrified. "I knew so little about it," she recalls. "Hemodialysis was a scary word to me." But after a few treatments at the Jewish Hospital dialysis unit, Douglas discovered that her fears were unfounded. "After two months, I was walking again and no longer vomiting," she says. "It was exhilarating."

After undergoing hemodialysis for several months in Jewish Hospital's hemodialysis unit, Douglas decided that she was ready to move the

hemodialysis treatment to her home. The elderly woman does not own a car and was relying on taxicabs to transport her to and from the hospital three times a week for the four-hour treatments. After she completed an initial two-month training period, she was able to use her home hemodialysis equipment with assistance from a home health aide.

The three-hour treatment begins when the aide inserts a needle with attached tubing into a blood vessel in Douglas' arm. Douglas' blood is then pumped through this tube into the kidney machine, which performs the filtering process in a dialysis "bath." The purified blood is returned to her body through the same needle. "Being at home during these treatments appeals to me," she says. "I can watch television or just relax. And I've adapted better than I thought I would."

Since starting hemodialysis, Douglas has been able to get out socially, even rekindling an old interest—writing—and attending writing classes. "I never thought I would be able to say this, but having this disease, and having treatment has become almost routine," she says.

As long as there is any chance of mortality, health care professionals will never think of kidney disease as routine. But patients like Douglas, Frazier and Held and their levels of success now represent typical rather than unusual cases. "The message we want patients with kidney failure to get is that in spite of the seriousness of their illnesses, their future is almost unlimited," says Dr. Rothstein. "We want them to know that we can meet this challenge." ■



# LETTERS



Excerpts from patient letters will be a regular feature in future issues of 216. If you have comments to share about the care received at Jewish Hospital, please send them to us at 216 South Kingshighway, St. Louis, Missouri 63110.

From the day of my admittance through the day of my discharge I received the utmost consideration, care and attention that was possible. The nursing staff on division 7800 was superb throughout the three shifts, and the supervisors, too, were great. One went to great lengths to have maintenance rebuild a special chair for me to facilitate my safe recovery.

The food was excellent and the menu was varied and delicious.

The personnel in physical therapy were wonderful. Their patience and efforts light up the lives of so many unfortunate people.

Gus Abrams

My visit to Jewish Hospital was made as pleasant as possible. I never ran across one unpleasant employee. That meant a lot. The nurses who took care of me were all super and did their best to make me comfortable.

Virginia Christine

I was recently a patient in your hospital for the first time. I would like to express my sincere appreciation for the excellent care I received. The dedication of the entire staff, from doctors and nurses, to office staffs and housekeeping provided me with the best of care concerning my health and my everyday comforts. It was truly remarkable. I commend you on a very efficient and well-run facility.

If, in the future, any of my family or friends need to be hospitalized, you may be assured that I will highly recommend Jewish Hospital. My sincere thanks to everyone, and a special thanks to the nursing staff on the sixth floor.

Norman Sharp

I was so pleased with the treatment I received at Jewish Hospital, that I can hardly say enough. EVERYONE was competent, friendly and truly concerned.

I especially wish to commend the personnel in the Emergency Department. We in St. Louis are truly fortunate to have Jewish Hospital to serve us.

(Mrs.) Stella Pearlmutter

Thank you for making patients feel like people instead of just medical problems. Illness is not pleasant, but my stay at Jewish Hospital was great. Thank you.

Roberta Coleman

I was recently a patient in Jewish Hospital and delivered a healthy baby girl. I'm writing to let you know how pleased my husband and I were with the care I received while there. We appreciate the concern for our baby and the efficiency with which everything was handled.

We thought you would appreciate hearing our compliments and we wanted to express our thanks. By the way, the festive meal was delicious.

Mr. & Mrs. Danny Ferrell

There are no words to convey my appreciation for the courtesy, consideration and kindness I received from everyone during my recent stay in Jewish Hospital. It was a short but traumatic experience and your wonderful staff did so much to relieve the normal tension and fear. I am indeed grateful.

Naomi Silvermintz

Prior to my retirement I worked as Assistant Personnel Director at a large St. Louis hospital. For this reason perhaps I am more observant and aware of hospital employees. As a recent patient at your hospital, I found the personnel to be absolutely incredible! During my entire stay I was amazed at their professionalism medically speaking . . . and most especially at their total warmth and caring.

Every employee who entered my door came in smiling, caring above and beyond the "expected," and genuinely concerned for my needs and wants.

I feel compelled to write to you to commend the hospital for its excellent personnel, but truly find words inadequate to express my total gratitude to a magnificent staff of hospital employees.

Simply speaking, they are wonderful!

Nancy Cole

# LIFEGUARD LUNCHTIME

**A**n important part of the Jewish Hospital wellness program, known by the umbrella title *LIFEGUARD*, is the ongoing series of lunchtime lectures. Addressing topics related to health and staying healthy, the series is open to employees, visitors and patients who are available to leave their floors. Each issue of **216** will bring you highlights of recent lectures.

**P**hyllis Jackson, R.N., assistant director of nursing, psychiatry offers no simple formulas to relieve stress, much of which occurs as “our brains are being overloaded with sensory input.” For people seeking such quick recipes, she replies, “there aren’t any,” but she’s quick to point out that we can change the effects that stress has on our lives.

“Contrary to popular belief, we can’t change the world we live in, but we can change the way we perceive it and we can make changes in our life to avoid burnout,” Ms. Jackson said at the March 5 LIFEGUARD Lunchtime Lecture “Handling Job Stress.” She pointed out that stress attacks the immune system and is often the culprit in migraine headaches, ulcers, colitis and backaches. “These are no doubt stressful times,” Jackson said, citing technology, economic situations and the accelerated changes of the health care industry as stress factors.

Jackson offered a four-point plan, also used by nurses treating patients, to help alleviate stressful situations:

- identifying your stressor, your perceptions and determining the impact;
- planning short-term and long-term goals;
- taking action and setting up a support system;
- evaluating the effectiveness of planning and intervention.

Jackson emphasized the importance of identifying the basis for a stressful situation. “Sit down and talk to yourself. Ask yourself, ‘Why am I so upset?’”

“Most events are either neutral or non-stressful,” Jackson said. “It’s your perception of these events that causes stress. Everybody in here has different things that cause them to feel stress or distress.” She offered some “prescriptions to be stressed” that people can use to identify the root of the stress before attacking it.



People often hold superstitious beliefs that worrying prevents mistakes, aids in anticipation of the future and provides control over events. She emphasized that worrying can not reduce—and often increases—stress levels.

Stressful situations can arise when people evaluate themselves as less worthy or deserving because they fall short of expectations of others. Attributing a negative or disappointing view of others to their basic personality traits—adopting a “well you know how he is, you know how she is” attitude—also breeds stress, Jackson said.

Downfalls also result when people adopt a competitive—win-lose attitude that transforms life into a series of contests—or believe that they have the right to be free from discomfort. “Life is hard. Life has always been hard,” Jackson said. “Each one of us has within ourselves the power for our own peace of mind. We have been programmed and programmed that this peace is going to come from someone else.”

Jackson also offered factors designed to help workers



# LECTURES

identify aspects of their jobs that may contribute to stressful situations. Problems arise when employees put all their energy into the job without receiving the necessary nurturing and support to do the job.

According to Jackson, stress also invades the workplace when employees spend most of their time working on deadlines and take on more work than they can complete before these deadlines. Workers sometimes find it difficult to maintain the skills and information necessary to keep up with the changing nature of their jobs, leading them to feel that their job is too demanding or difficult to handle. At the other extreme, if someone feels that their job is too demeaning, stress is likely to enter the picture, Jackson added.

Work-related problems also occur when employees hesitate to trust peers and subordinates after they assign them a task. Assuming knowledge of a situation, rather than asking questions, can also create stress, Jackson said.

One of the most important considerations when confronting stress is solid communication, according to Jackson. "We don't listen. We go in with preconceived ideas," she said. "Throw all that other garbage out of your head, then go in and listen." ■

**B**arry Hong, Ph.D., Jewish Hospital assistant director of psychiatry, spoke on depression to an audience of 85 people at a LIFEGUARD-sponsored lunch-time lecture, held February 5, 1986, in the hospital Brown Room. Dr. Hong is a graduate of St. Louis University, and is also assistant professor of psychiatry at Washington University. He is a consultant to the National Institute of Mental Health and his main area of research is the effects of depression on psychiatric and medical patients.

Dr. Hong noted that depression is universal in scope, and stems from a disturbance or problem in mood. "When people are depressed, they usually express it in their behavior," said Dr. Hong. "They do things more slowly or in a graduated way, or maybe they speed up activities," he said.

Depression is a broad illness and occurs in varying degrees. Depressed individuals may feel sad, "puts themselves down," or in the severe depressive, may have psychotic or dillusional experiences. "The most important thing for patients who suffer from severe

depression to remember is that their disorder is the most treatable," noted Dr. Hong.

Common depression occurs in any loss situation in which people experience grief or bereavment. This type of depression differs in severity from major depression. It doesn't last as long and the source of depression can be pinpointed quickly. "This can also occur when a close friend moves away, or there is a loss of physical function," said Dr. Hong.

"A major depression has various symptoms. We use certain criteria in guaging this form of depression," Dr. Hong said. These criteria include:

- sleep disorder-falling into and staying asleep
- eating-eating more than usual
- reactions-feeling run-down, slow nervous, figidy
- excessive and often severe guilt
- limited concentration
- loss of interest in regular activities
- suicide (death wish)

"I want to stress that suicide is very closely linked to depression," Dr. Hong said. "Fifteen percent of people who commit suicide, I feel, suffered from major depression. These people see their lives in three ways; the past has been rotten, the present isn't any good, and the future doesn't look good, either," he concluded.

Dr. Hong said that 20 percent of the population has at least experienced one major depression. He stated that a quarter of hospital patients admitted nationwide fulfill the criteria for major depression.

People have a 50 percent chance of suffering a major depression after the age of 40 to 50.

Depression is familial—a member of a family with a history of depression is at increased risk for depression. Women are more likely to be depressed than men by a ratio of 2-1, but the figures for suicide are reversed, with men more likely to commit suicide than women by a ratio of 2-1.

A brief question and answer session followed Dr. Hong's lecture. ■

LIFEGUARD





# JEWISH HOSPITAL NEWS BRIEFS

**CRITICAL TIME**—The current crisis in medical malpractice indicates that both legal reform is necessary and that physicians need to become politically active. These observations were made by two guest speakers who addressed physicians in a continuing education program on the malpractice issue on March 5.

The speakers were James E. Davis, M.D., a North Carolina surgeon and speaker of the House of Delegates of the American Medical Association, and Don Udstuen, chief lobbyist for the Illinois State Medical Society. The program was organized by Arthur H. Gale, M.D., chairman of continuing education programs for the Jewish Hospital Medical Staff Association.

"The people of this country have to understand that the practice of medicine involves risk," Dr. Davis said. "Risk always exists without negligence by anyone. Obviously, the only way to eliminate all risk is to eliminate all care. It never will be true that perfection will be available in any medical procedure."

Because of the cost of medical malpractice insurance and the growing likeli-

hood of lawsuits, physicians in many states are limiting the scope of their practices to lessen liability. Dr. Davis related statistics on Massachusetts, where restrictive state laws have prompted many of its obstetricians and orthopedic surgeons to consider stopping taking new patients. Further, one-third of the state's physicians are considering leaving the state to consider setting up practice in a less restrictive environment, Dr. Davis said.

For changes to be effected, physicians must relinquish their apolitical roles and demonstrate their interests and concerns to their legislators, remarked Mr. Udstuen.

He characterized most physicians as "locker room toughies" who voice their complaints only in the doctors' lounge. Without a public presence and support of their views, however, there is no way that legislators—an appendage on "the elephant of public opinion"—will ever move in their direction.

"People tell me they want to practice medicine, not play politics. I tell them they can't do one without the other any more," he said.

**Charles B. Anderson, M.D.**, was named president-elect of the St. Louis Surgical Society for 1986. The announcement took place at the Annual Meeting of the St. Louis Metropolitan Medical Society, January 21, 1986, in St. Louis, Missouri. He addressed the members of the Lee County Medical Society of Keokuk, Iowa, March 5. His topic was "Carotid Artery Disease and Vascular Laboratory Studies."

**David Ban, M.D.**, delivered

an address, "Medical Overview of Alzheimer's Disease," to the Missouri Licensed Practical Nurse Association, February 18, in St. Louis, Missouri.

**Rose Boyarsky, Ph.D.**, has been elected chairperson of the Missouri State Committee of Psychologists for 1986. She has also been selected by the Governor to serve five years on the State Licensing Board, effective in 1985.

**Charles Butrick, M.D.**,

**AN ELEVATING EXPERIENCE**—At the end of May, maternity patients at Jewish Hospital will be on the move. The entire maternity division and its skilled nursing staff will temporarily relocate to the seventh and eighth floors of the Kingshighway Building as work crews begin the face-lift on their current fifth-floor areas. All services, including those of pediatric and obstetrical residents, will continue uninterrupted by the relocation. The department will keep the same telephone numbers at its new location.

The tranquility of the recently redecorated seventh floor was briefly interrupted by the pre-move creation of a nursery for newborns. There will be no decrease in the number of patients served by the hospital's maternity unit. Mothers who have delivered will stay on the seventh floor, and treatment for high-risk mothers-to-be will be provided on a wing of the eighth floor.

Although patient rooms will be moved, labor and delivery suites will remain on the fifth floor, served by direct elevators from the seventh and eighth floors. Fathers-in-waiting will be able to use a new fifth-floor waiting area, convenient to the labor and delivery area. Family members who elect to wait at the hospital will continue to use the Shoenberg lobby.

The project, anticipated to take about nine months to complete, will result in a fresh look and upgraded amenities. Each room will have a shower, vanity and new decor. An improved infant viewing area, against a backdrop of Forest Park, will provide added convenience to visitors.



**REACHING OUT—**

Randall D. Barron (above, left), president of the Missouri Division of Southwestern Bell Telephone, presented a symbolic check for \$125,000 to William A. Peck, M.D., physician-in-chief, and Marylen Mann, director of OASIS, at ceremonies at the hospital on March 27.

This grant from the Southwestern Bell Foundation will benefit both the Program on Aging, directed by Dr. Peck, and OASIS, the Older Adult Service and Information System. The funds will be used to develop a series of educational book-

lets for distribution throughout the area on subjects of concern to the well-being of the elderly, including exercise, nutrition, home hazards, and common health problems.

"Southwestern Bell, in its capacity as a member of this community, wants to do all it can to help promote the continued well-being of its valued and long-time customers," said Randall D. Barron, president of the Missouri Division of Southwestern Bell Telephone. "We are happy to be a part of this effort not only in this community, but throughout the state."

attended the Medical Care Group's Ob/Gyn department-sponsored workshop on Laser Applications in Gynecology held January 23-25, in Memphis, Tennessee.

**Edward Campbell, M.D.**, spoke to the British Thoracic Society, December 12, 1985, in London, England. His topic was "Mechanisms of Inflammatory Cell Proteolysis in the Lung."

**William J. Catalona, M.D.**, co-authored "Current Management of Prostatic Carcinoma," in

*Primary Care*. January 12-16, Dr. Catalona attended the AUA Exam Committee Meeting, at Captiva Island, Florida. He attended the Annual Meeting of the American Board of Urology, in Kansas City, Missouri, February 12-17, participating in giving the oral exams.

**David B. Clifford, M.D.**, co-authored "Acute Effects of Lithium on Hippocampal Kindled Seizures," published in *Epilepsia*, and "Acute Effects of Antidepressants on Hippocam-



**SOCIAL LEARNING—**

Phyllis Jackson, R.N., Jewish Hospital assistant director of nursing, psychiatry, addressed more than 100 area nursing directors at a seminar sponsored by the hospital's department of social work. At the March 19 event, Ms. Jackson's topic, "How to Deal with Difficult Patients," was the first in what the department hopes will be a continuing series of practical seminars for nursing home personnel.

Following the presentation and question-and-answer session, attendees met infor-

*Phyllis Jackson, R.N., greets guests after the department of social work's workshop for nursing home directors.*

mally with hospital social work staff members at a social hour. "The seminar provided an opportunity to expand the good working-relationship the hospital enjoys with area nursing homes. It also fostered new relationships in the effort to continue quality and expedient discharge planning for Jewish Hospital patients," said Ann Johnson, ACSW, social work, chairperson of the event.

pal Seizures," published in the *Annals of Neurology*, vol. 18, no. 6, December, 1985.

**Paula Davis, M.D.**, addressed "The Human Body and How It Works," at weekly meetings of OASIS, January 22-March 19, at the OASIS

Center, Famous Barr, Clayton, Missouri. She attended November's Annual Meeting of the Gerontological Society of America, in New Orleans, Louisiana.

**Joseph W. Eades, M.D.**, spoke on "EF Teleplasty" and "Suction Lipectomy" at St. Luke's

## NEWS BRIEFS

Hospital West on February 22. Dr. Eades attended the Cosmetic Surgery Symposium of the American Society for Aesthetic Plastic Surgery, Inc., February 6-8, in Miami, Florida.

**Marshall L. Fay, M.D.**, attended the Obstetrical Anesthesia Update provided by the University of California, San Francisco, February 27-March 2, in San Francisco, California.

**Branka Ford, M.D.**, attended an infectious disease

conference, January 5-10, at Keystone, Colorado.

**Jerome J. Gilden, M.D.**, completed two American Academy of Orthopaedic Surgeons-sponsored continuing medical education courses, "Acetabular Reconstruction in Total Hip Replacement," November 2 and "Treatment of the Adult Forefoot," November 16, in Chicago, Illinois.

**Jordan Ginsburg, M.D.**, spoke to the National Associa-

### KEY TOPICS HIGHLIGHTED

—Guest and employee relations were addressed by Alan Geller, representative of Albert Einstein Hospital's Consulting Group, at two informational sessions held March 21 at Jewish Hospital. The Group, headquartered at Albert Einstein Hospital in Philadelphia, Pennsylvania, developed a highly successful guest relations program in 1982. Its purpose was to make a good hospital even better. In addition, the program was designed to present to its community a sense of unity among employees.

With these ideas in mind, Jewish Hospital became one of approximately 50 hospitals nation-wide adapting the Einstein Group's Hospitality Program of guest/employee relations. In each location, the program is customized to answer each hospital's particular needs.

The Jewish Hospital adaptation is called KEY, in recognition of the hospital's philosophy that each employee is key to the hospital's continued success in delivering quality care and service. Designed to cover topics including behavior,

motivation and employee involvement, the program instills a sense of service orientation, raised standards of behavior and excellence among all employees. In his overview, Mr. Geller stressed that such programs do not work miracles. But, he said, through hard work, after a period of time, changes are noticed.

The work to which Geller referred begins in earnest on June 18. "Blitz" training, in three-hour units, will provide the basics of the program to all 3,000 hospital employees by scheduling the sessions around-the-clock for a four-week period. Single-topic follow-up seminars will be initiated for areas of the hospital, following the initial training.

Specific units for department heads and supervisors, frontline employee skill training and an introductory unit for inclusion in the new employee orientation program are among the planned follow-ups. Poster campaigns, employee awareness and recognition programs and a new column in *Employee Update*, the hospital's monthly employee newsletter, will also be implemented.



**FOUR-LEGGED GUESTS**—Although Jewish Hospital rehabilitation patients only see certain furry visitors once or twice a month, the four-legged participants in the visiting pets program provide at least a month's worth of love and attention during each visit. "It's a reality for the patients that they need to express love and emotion," said Jean Ferguson, R.T., supervisor of the rehabilitation medicine department's recreational therapy division.

Once or twice a month recreational therapists corral a group of puppies or kittens at the Humane Society of Missouri and bring them to the Hospital for a rendezvous with rehabilitation patients. Most the program's participants are victims of spinal and head injuries or stroke. According to Ms. Ferguson, the pet program helps

patients cope with lengthy hospital stays.

"It kind of breaks up the hospital monotony," she said. "They've been here a long time and they miss their own pets." The pets offer a break from judgments that friends, relatives and hospital personnel often make on a patient's condition and progress. "Puppies are not threatening," said Ferguson, who initiated the program at Jewish Hospital two years ago. "They do not judge people."

The program is often the first opportunity, following injuries, for patients to express any emotion and allows them to share "a lot of reminiscing." According to Ferguson, it also reawakens latent interests and builds self-respect and confidence. "The patients need to get out of their rooms and interact," she said. "The pet program has been very positive."



**POISON-PROOFING PACKETS**—During Poison Prevention Week—March 16-22—the Jewish Hospital pharmacy staff promoted its new program designed to help parents protect their youngsters from poisoning. In the program, poison prevention packets are given to the parents of all newborns at Jewish Hospital.

The packets, designed to help parents poison-proof their homes, were distributed at the Super Sibling meeting in March. Youngsters at the meeting had a chance to test their knowledge about poison.

The pharmacy's packet provides a booklet of poison control tips along with a coupon for a complimentary bottle of syrup of ipecac at Medicare-Glaser pharmacies. Syrup of ipecac is a safe and effective product used to induce vomiting, when appropriate, after poison ingestion. Both the booklet and the package of syrup provide information about its use.

The packet for new parents also includes a sheet of "Mr. Yuk" stickers and a telephone sticker with the St. Louis Regional Poison Center's phone number—772-5200 or 1-800-392-9111.

tion of Orthopaedic Nurses, at a workshop in St. Louis, Missouri, February 6. His topic was "Injuries In Professional Athletes."

**David A. Goran, M.D.**, co-authored "Scanning Electron Microscopic Appearance of Chronic Ulcerative Colitis With and Without Dysplasia," published in *Gastroenterology*.

**Eric O. Haaf, M.D.**, won the 1986 Resident Essay Contest of the AUA. His paper, "Detection of Interleukin-2 in the Urine of Patients with Superficial Bladder Tumors After Treatment with Intravesical BCG," was presented

at the AUA Annual Meeting in New York, in May.

**Jack Hartstein, M.D.**, delivered a paper on the new Saturn Contact Lens to the Contact Lens Association of Ophthalmologists, at their meeting held in Las Vegas, Nevada, January 13-17. He also conducted a course, "Hartstein Manual Irrigation Aspiration Control for Extracapsular Cataract Surgery," at the meeting.

**J. Michael Halelid, M.D.**, co-authored "Kindling with Rapidly Recurring Hippocampal Seizures" and "Functional Mapping of Limbic Seizures Originat-



**OPENING DOORS**—Senior level nursing students from St. Louis area schools had the opportunity to examine health care career alternatives at the Jewish Hospital School of Nursing Career Fair held on February 26. According to Eloise Delap, R.N., assistant director of education, the program was designed to expose students and hospital personnel to the expanded roles in nursing and "other avenues of nursing besides bedside nursing in a hospital."

The hospital's Brown Room was filled to capacity with representatives from 25 nursing employers and their displays at the fair. Students from Jewish, Lutheran, St. Luke's, and Deaconess hospitals and Forest Park Community College were among the estimated 150 who attended the 4 1/2-hour event.

"It's grown every year," Ms. Delap said, noting that this year's fair marked the event's fourth anniversary. "It's been extremely successful."

ing in the Hippocampus," both published in *Brain Research*, December 23, 1985.

**Barry Hieb, M.D.**, presented four talks on the use of computers in medical care at the First Southeast Asia Regional Nursing Conference and Exhibition, December 9-12 in Hong Kong.

**William E. Houck, M.D.**, addressed "Pregnancy-induced Hypertension," at the Washington University-sponsored continuing medical education course, "Selected Topics in Surgery, Obstetrics and Gynecology and Medicine," February 6, in St. Louis, Missouri.

**Nicholas T. Kouchoukos,**

**M.D.**, presented "Myocardial Revascularization Surgery—Goals for 1986," and "Current Surgical Approach to Management of Patients with Left Ventricular Dysfunction," to the Central Florida Chapter, American Heart Association, February 22, at Lake Buena Vista, Florida.

**Louis G. Lang, M.D., Ph.D.**, co-authored "Presence of Nonoxidative Ethanol Metabolism in Human Organs Commonly Damaged by Ethanol Abuse," published in *Science*, January 31, 1986, vol. 231, no. 4737.

**Thomas A. Mustoc, M.D.**, co-authored "Carcinomas in Pressure Sores: A Fulminant Dis-

ease," published in *Plastic and Reconstructive Surgery*, January, 1986. The St. Louis Oral Surgery Society heard his presentations, "Changing Concepts in Head and Neck Cancer" in November, and "Mandibule Reconstruction" on February 24, in St. Louis, Missouri.

**Nathaniel Murdock, M.D.**, presented "Female Anatomy and Physiology" to the Girls' Program of Matthew Dickey Boys' Club, March 12, in St. Louis, Missouri. In January, he attended the ACOG convention on Laser and Coloscopy, in Washington, D.C. Dr. Murdock has been appointed Chairman, Region IV of the National Medical Association.

**Gary Ratkin, M.D.**, co-authored "Chemotherapy of Head and Neck Cancer: Comparison of Cis-Platinum, Vinblastine, Bleomycin vs. Methotrexate," published in *Cancer*, January, 1986. He delivered an address, "Economic and Political Considerations in Medical Oncology," to the St. Louis Medical Oncology Society, February 13, in St. Louis, Missouri.

**Timothy L. Ratliff, Ph.D.**, received a National Institutes of Health grant to study "Surgery and BCG in Bladder Cancer: Immunological Effects," begun in April. He and **William J. Catalona, M.D.**, were among the authors of "Prognostic Value of Purified Protein Derivative Skin Test and Granuloma Formation in Patients Treated with Intravesical Bacillus Calmette-Guerin," published in *The Journal of Urology*.

**Jerome T.Y. Shen, M.D.**, authored an introduction to "Coping in Adolescence—A Three-Article Symposium," published in *Postgraduate Medicine*, vol. 7, no.1.

**Jules Snitzer, DDS**, was re-elected secretary of the Mid-

west Society of Periodontology at the Society's Annual Meeting held February 14-15, in Chicago, Illinois.

**Bruce Walz, M.D.**, co-authored "Radiation Protection Considerations for Endocavitary X-Ray Units," published in the November, 1985, *International Journal of Radiation Oncology, Biology, Physics*. The medical staff at Jewish Hospital heard his presentation, "Radiation Therapy for Prostate Cancer," on January 29, 1986, at Jewish Hospital, St. Louis, Missouri.

**Peter D. Weiss, M.D.**, participated in the Southeastern Cancer Study Group meeting on Cancer Research Clinical Trials January 8-10, in Atlanta, Georgia.

**Zila Welner, M.D.**, co-authored "Blind High-Risk Study of Depressives' Offspring: Preliminary Data," published in the *International Journal of Family Psychiatry*, vol. 6.

**Earl Woerner, DDS**, addressed the Meramec Valley Study Club on January 14. His topic was "A Multidisciplinary Approach to TMJ Treatment." He attended conventions of the American Prosthodontic Society: New Developments in Prosthodontics and the American Equilibration Society's TMJ Update 1986, between February 12 and 15, in Chicago, Illinois.

**Robert A. Young, M.D.**, attended the Southeastern Society of Plastic Surgeons Second Annual Symposium on Breast Reconstruction, January 24-26, in Atlanta, Georgia. ■



## MEDIA BRIEFS

The birth of the first set of twins from the In Vitro Fertilization Program to a couple from Arkansas received extensive coverage in Little Rock, Arkansas, on January 15.

**Marylen Mann**, director of OASIS, participated in interviews which resulted in broadcast or publication in the *West County Journal*, *Jewish Light*, *North County Journal*, *West End Word*, KWMU-FM, KSLH-FM, and WIBV-AM, in December and January.

The *Jewish Light* started 1986 with an article on the community's first Jewish baby of the year, who was born at Jewish Hospital.

**Rod Klein**, vice president for finance, was quoted in a January 17 *St. Louis Post-Dispatch* article on the possible repercussions of federal funding cuts on the hospital.

KMOX-AM's "Call for Action" program on January 25 featured a team of Jewish Hospital pharmacists answering drug questions. The participating pharmacists were **Diane Baldus, R.Ph.**, **Karen Biehle, R.Ph.**, **Roy Grooms, R.Ph.**, **J. Joseph Gruber, R.Ph.**, **Michael Kays, R.Ph.**, and **Paul Milligan, R.Ph.**

**Elaine Friedman**, the Auxiliary's gift gallery chairman, was pictured in the *Globe-Democrat* on February 13 in an illustration of the Fanny May candy company's philanthropic programs.

Plans for the hospital's ambulatory care building were featured in a *Post-Dispatch* article on February 17. The article focused on the use of models to help make building decisions.

**Richard Wetzell, Ph.D.**,

was quoted in a February 26 article in the *West County Journal* on the effects of moon phases on human behavior.

**David A. Gee, president**, was quoted in the *Post-Dispatch* and on KWMU-FM on March 13 regarding a report on Jewish Hospital's lower-than-predicted mortality rate for Medicare patients.

The Medical Staff Association's continuing education program on medical malpractice on March 5 received media attention from the *Globe-Democrat*, *Suburban Journals*, KMOX-AM, and the *Belleville News-Democrat*.

**Louis V. Avioli, M.D.**, appeared in a feature on dietary calcium on KPLR-TV on March 9.

**William A. Peck, M.D.**, and **Peggy Judd, R.D.**, were interviewed for a March 10 feature on KSDK-TV on the value of calcium and proper nutrition.

"Health Matters," the Washington University Medical Center's medical issues series on KETC-TV, has featured these Jewish Hospital experts in the past months: **Alfred B. Knight, Jr., M.D.**, **D. Michael Nelson, M.D.**, **Collins Lewis, M.D.**, **Barry Hong, Ph.D.**, **Donald Bassman, M.D.**, **Charles Mannis, M.D.**, **Scott Sale, M.D.**, **Jim Sebben, ACSW**, and **Jeanne Heffernen, R.N.** ■



## SPEAKERS BRIEFS

**Joseph J. Gruber, R.Ph.**, spoke on "Generic Prescribed Drugs and the Older Adult," at a meeting on January 8, of the National Council of Jewish Women at The Delcrest Apartments. He spoke on the same topic to residents of Parkview Tower Senior Apartments on February 20. "Pharmacology and the Older Adult" was his topic on February 15, addressed to occupational therapists at McMillan Hospital.

**Carol Wilner, ACSW**, addressed the AMC Town & Country League on January 17. Her topic was "Women in the Middle—Stress and Coping."

"Mate, Mom, Mentor, Maven: A Study of the Roles the Jewish 'Superwoman' Contends with in Today's World" was presented by **Rose Boyarsky, Ph.D.**, to the B'nai Amoona Sisterhood on January 20.

**Janine Pullen, Catering**, and **Maria Ylagan, R.D., M.Ed.**, spoke to the Brandeis University National Women's Committee on January 23. Their presentation was titled "How to Cook and Eat More Nutritionally."

**Randy Hammer, Ph.D.**, exploded "Sexual Myths and Misconceptions" at a meeting of the B'nai B'rith Yachad Unit 5180, married couples, February 9.

**Kenneth Bennett, M.D.**, spoke on "Surgical Evaluation of the Acute Abdomen" at the Mercy Hospital Education Center, Des Moines, Iowa, February 12.

On February 14, **Sandy Collins**, employee assistance coordinator, addressed the REGIS Commission. "Handling Stress in the Workplace" was her topic.

**Rabbi Dr. Jay Goldberg** gave information about "Coping with Illness" to occupational therapists at McMillan Hospital on February 17.

**Ralph Chavez, M.A.**, addressed "Self-management of Ostomy Stress" to members of the United Ostomy Association, February 24.

On February 24, **Joyce Hayes, R.N., BSN**, spoke to the B'nai El Sisterhood about "Women's Wellness."

The Recovery Room Nurses Association of St. Luke's Hospital heard **Maria Ylagan, R.D., M.Ed.**, address "Weight-Reduction Diets—Do They Work?," March 4.

**Paul Milligan, R.Ph.**, presented information on "Sensible Vitamin Usage" on March 5, at The Delcrest Apartments.

**Jim Sebben, ACSW**, director of home care, addressed the issue of "Home Care, Medicare" at a meeting of The Group of the United Hebrew Temple, on March 16.

**Joseph Eades, M.D.**, spoke on "New Developments in Cosmetic and Plastic Surgery" at United Hebrew Temple West, March 17.

**Stanley Birge, M.D.**, provided information on "Osteoporosis and the Program on Aging" to the Mary Queen of Universe Catholic Church Women's Group, at its meeting, March 19. ■





# 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 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 exists. Your generosity could help save a life.*

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

## Vacuum Steam Sterilizer

In the current health care climate, the priority is not only better, but more efficient care. With those objectives in mind, the hospital recently purchased a Getinge International Microprocessor Vacuum Steam Sterilizer for the operating room.

According to Perry Willmore, unit manager, operating room services, the new unit will cut time spent sterilizing instruments by as much as 45 minutes for each procedure. "Time is reduced because this unit is a high vacuum sterilizer," he explains. "Consequently, it is able to pull steam into the sterilizing chamber faster."

The new unit is equipped with a microprocessor control panel. It lets the operator know the

conditions within the sterilizer by relaying temperature, the time used for each procedure, and the amount of pressure inside the chamber. Knowing all of these factors assures proper steam sterilization and the best possible care for surgery patients.

The microprocessor sterilizer is used to prepare all routine surgical instruments. According to Mr. Willmore, an improved loading carriage on the unit will also help reduce surgery equipment

repair costs. "The former loading equipment utilized trays on the sides, which sometimes resulted in instrument sets being improperly loaded," he says. "This caused wear and tear on delicate and expensive surgical instruments. With the new sterilizer, we expect that those repair costs will be greatly reduced."

The Getinge International Microprocessor Vacuum Steam Sterilizer was purchased for \$40,000. ■

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## Dialysis Services

Dialysis Machine ..... \$3,000

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## Radiology

X-Ray Grids ..... \$ 800

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## Nursing Division 5400

Microscope ..... \$ 900

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## Anesthesiology

Blood & IV Fluid Warmer ..... \$5,000

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## Blood Bank

Cell Washing System ..... \$5,000

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## Histology

Analytical Balance ..... \$1,500

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## Nursing Division 8900

AV Sequential Pulse Generator ..... \$2,500

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# CONTRIBUTIONS TO JEWISH HOSPITAL FUNDS

## SUSTAINING GIFTS

**Mr. and Mrs. Norman Bierman** have made a contribution to the Directors Fund.

**Mr. and Mrs. Stanley Birge** have made a contribution to the Stanley A. Birge Research Endowment Fund.

**The Brown Group Charitable Trust** has made a contribution to the Building Fund, dedicating the Outpatient Surgery Recovery Room of the new Ambulatory Care Building.

**Mr. and Mrs. Keith Callahan** have made a contribution to the Medical Staff Library and to the Jacquell Hirsch Brown Fund.

**The Estate of Esther Brichler Clucas** has contributed to research for cancer, mental health, cardiac and circulatory diseases in honor and in memory of Dr. and Mrs. Lewis Littmann.

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

**The Danpearl Foundation** has made a contribution to the Building Fund.

**Mr. and Mrs. Michael Ernst** have made a contribution to the Nursing Education Fund.

**Mr. and Mrs. Aaron Fischer** have made a contribution to the Dr. Ralph Graff Cancer Research Fund.

**Mr. and Mrs. Richard Flom** have made a contribution to the Bruce A. Beatie Heart Research Fund and the Rupert Turnbull Memorial Lectureship in Colo-Rectal Surgery Fund.

**Mr. and Mrs. Sam Fox** have joined the Fellows of Jewish Hospital and made a contribution to the Medical Research Endowment Fund.

**Mr. and Mrs. S. E. Freund** have joined the Fellows of Jewish Hospital and made a contribution to the Flora D. Freund Nursing Scholarship Fund.

**Mr. and Mrs. Harvey A. Friedman** have made a contribution to the Dorismae and Harvey A. Friedman Program on Aging in memory of Hermann Deutsch, Morris H. Erlich, and Dr. Bernard C. Peck.

**Mr. and Mrs. Norman Friedman** have made a contribution to the Jeanette Spector Nursing Fund.

**Mr. and Mrs. David A. Gee** have made a contribution to the Harold F. and Thelma A. Gee Research Endowment Fund.

**Mr. Sam J. Golman** has become a major benefactor and life-member of the Fellows with a gift to the Building Fund, dedicating the second floor of the new Ambulatory Care Building.

**The Estate of Julia Gruenfeld** has made a contribution to the Surgical Research Fund.

**Mr. and Mrs. Neil Handelman** have made a contribution to the Lester Handelman Cardiology Fund.

**Mrs. Mary D. Harris** has made a contribution to the Ben Borman Family and Leon Harris Family Parkinson's Fund in memory of Mr. I. M. Kay.

**Mrs. Pearl Hitt** has joined The Fellows of Jewish Hospital and made a contribution to the Roland E. Hitt Fund for Cancer Research in memory of Mr. Hitt.

**Theodore H. Hoffman** has joined the Fellows of Jewish Hospital and has made a contribution to the Research Endowment Fund.

**Dr. and Mrs. James Jenkins** have made a contribution to the Hospital's General Fund.

**The Kellwood Foundation** has made a contribution to the Jean T. McKenna Radiation Oncology Research Fund.

**Mr. and Mrs. Allen S. Lasky** have made a contribution to the Hematology Oncology Research & Education Fund.

**Mrs. Sally L. Lesser** has joined the Fellows of Jewish Hospital and established the Robert C. Lesser Fund for Lipid Research in memory of Robert C. Lesser.

**Mr. and Mrs. Donald L. Levin** have made a contribution to the Henry Levin Fund for Cancer Research.

**Mr. and Mrs. Richard Levinson** have made a contribution to the Alma and Joseph Levinson Nursing Scholarship Fund in memory of Alma and Joseph Levinson.

**Mark Twain Bancshares, Inc.** has made a contribution to the Research Endowment Fund.

**The Morton J. May Foundation** has made contributions to the May Loan Fund of The School of Nursing and the Morton J. May Research Fund.

**Mr. and Mrs. John McGuire** have made contributions to several programs at the Hospital.

## CONTRIBUTIONS

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Mr. Dan P. Mohrmann has made a contribution to the Building Fund.

Mr. and Mrs. David Nations have made a contribution to the Gus W. Nations Pulmonary Fund.

Dr. and Mrs. William A. Peck have made a contribution to the Dr. William A. Peck Research Fund.

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

Mr. W. R. Persons has made a contribution to the Psychiatric Research Programs.

Mr. and Mrs. Raymond W. Peters have made a contribution to the John Schoenberg Fund in memory of John Schoenberg.

Mr. and Mrs. George Purviance have made a contribution to the Building Fund.

Mr. and Mrs. Lawrence K. Roos have made a contribution to the Selma K. Roos Fund.

Mr. and Mrs. Mahlon Rubin have made a donation to the Dr. William A. Peck Research Fund.

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

Dr. and Mrs. Robert Senior have made a contribution to the Dr. Alfred Goldman Pulmonary Research Fund.

Mr. and Mrs. Robert E. Shapiro have made a contribution to the Harry and Nancy Shapiro Scholarship Fund.

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

Southwestern Bell Foundation has established a new endowment fund to support the Hospital's Program on Aging and OASIS.

Mr. Steven M. Stone has made a contribution to the Morris H. Erlich Fund.

Mr. and Mrs. Edward J. Turner have made a contribution to the Research Endowment Fund.

The Estate of Juanita Way has made contributions to the Way Rehabilitation and the Way Nursing Scholarship Funds.

Mr. and Mrs. Sanford Weiss have made a contribution to the Radiology Research Fund.

Mr. and Mrs. David A. Yawitz have made a contribution to the Thelma S. Seltzer Psychiatric Research Fund in memory of Thelma Seltzer.



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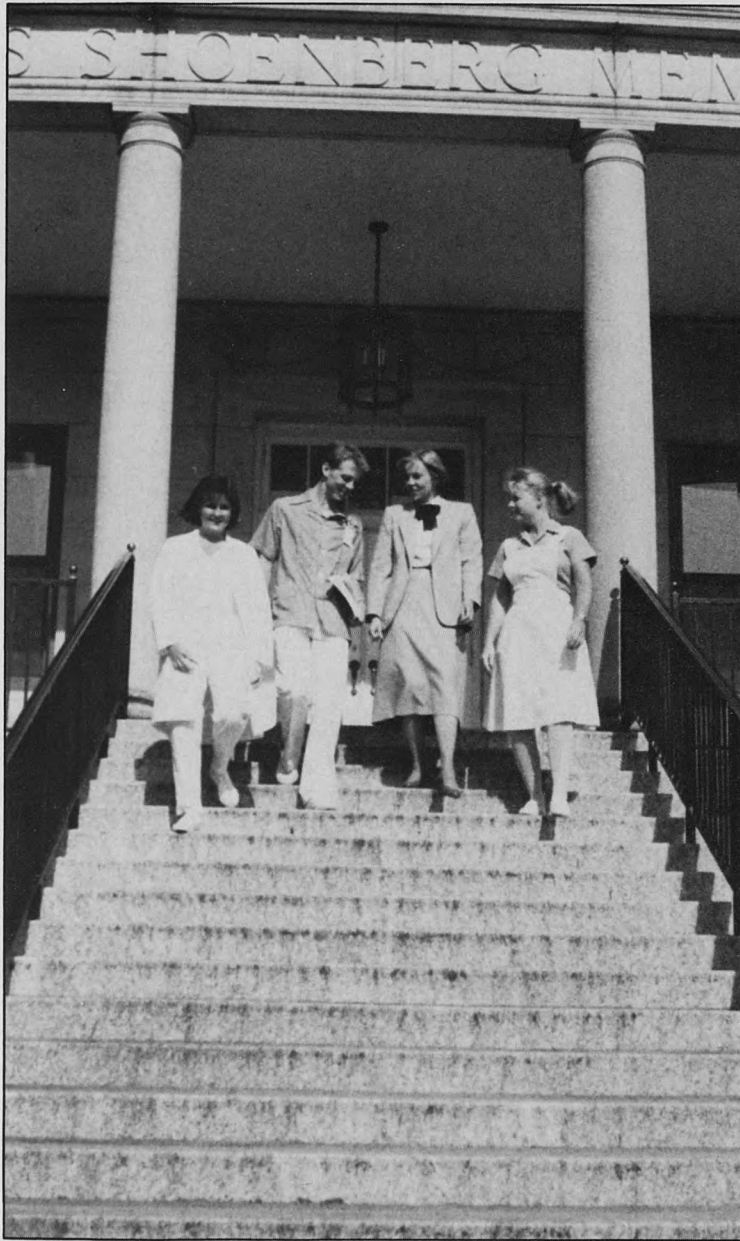
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Recovery of Marsha Wolff

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# TRIBUTE FUND



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 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 January 31, 1986 to March 31, 1986. Any contributions received after March 31 will be listed in the next issue of 216.

## GIFTS IN MEMORY

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 ..... **Continued Good Health of PHIL NEWMARK**  
 Ken and Geri Rothman (Geri Jaffe Rothman Fund)  
 ..... **Speedy Recovery of ELLEN NISSENBAUM**  
 Mr. and Mrs. Sidney M. Frager (Cancer Research Fund)  
 Mr. and Mrs. Melvin Friedman & Family (Edna Malen Scholarship Fund)  
 Ann Loomstein (Edna Malen Scholarship Fund)  
 Kay and Arthur Loomstein (Edna Malen Scholarship Fund)  
 Robyn Loomstein-Mintz & Zachary (Edna Malen Scholarship Fund)  
 Hortense and Dan Morgan (William, Dorothy & Jerome Molasky Memorial Fund)  
 Douglas and Adrienne Morgan (Marilyn Fixman Cancer Research Center)  
 Mr. and Mrs. Jack Spewak (Heart Research Fund)  
 ..... **Special Birthday of MARTIN OBERMAN**  
 Mr. and Mrs. Jeffrey Pass (Carl Pass Diabetic Research Fund)  
 ..... **New Granddaughter of MR. and MRS. DAVID OLOVITCH**  
 Diane Kolker  
 Sylvia and Dan Zussman (Cancer Research Fund)  
 ..... **Special Birthdays of IDA ORENSTEIN & LEAH MOSS**  
 Phyllis Leipziger (Milton Moss Cancer Research Fund)  
 ..... **Recovery of DR. MICHAEL ORGEL**  
 Mr. and Mrs. Isadore Harwood  
 Mr. and Mrs. Jeffrey Korn (Letty Korn Breast Cancer Fund)

**DONOR**

**IN HONOR OF**

..... **Special Birthday of PEARL OXENHANDLER**  
 Ann Loomstein (Edna Malen Scholarship Fund)  
 ..... **Special Birthday of MRS. E.I. PALLO**  
 Mr. and Mrs. Frank Josephson  
 ..... **Special Anniversary of MR. and MRS. STANLEY PALMER**  
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 ..... **Special Anniversary of MR. and MRS. RON PASS**  
 Dr. and Mrs. Richard Feldsher (Carl Pass Diabetic Research Fund)  
 Gussie Frenzel (Carl Pass Diabetic Research Fund)  
 Tillie Frenzel (Carl Pass Diabetic Research Fund)  
 Mr. and Mrs. George Glass (Carl Pass Diabetic Research Fund)  
 Margie, Leslie and Billy Krantz (Carl Pass Diabetic Research Fund)  
 Mr. and Mrs. Kenneth Langsdorf  
 Mr. and Mrs. Isadore Pass (Carl Pass Diabetic Research Fund)  
 Mr. and Mrs. Jules L. Pass (Carl Pass Diabetic Research Fund)  
 Nita Pass (Carl Pass Diabetic Research Fund)  
 Marcia and Robert Pass (Carl Pass Diabetic Research Fund)  
 ..... **Welcome Home to MR. and MRS. DON PEARLMAN**  
 Ed and Barbara Buchholz (Invitro Fertilization Program)  
 ..... **Special Anniversary of MR. and MRS. JOE PEREZ**  
 Diana and Alex Perez (Jewish Hospital Equipment Fund)  
 ..... **Recovery of STELLA PERLES**  
 Mrs. Louis Karpf (Louis & Alma Karpf Emphysema Research Fund)  
 ..... **Recovery of CLAIRE PERLMUTTER**  
 Mel and Geri Friedman (Edna Malen Scholarship Fund)  
 ..... **Birth of First Grandson of MR. and MRS. SAUL PICKER**  
 Mr. and Mrs. Larry Bretsnider  
 ..... **Recovery of HATTIE POORE**  
 Bess Gollub (Cancer Research Fund)  
 ..... **Birthdays of DOROTHY PORTNOY**  
 Mr. and Mrs. Harvey Frohlichstein (Ruth W. Portnoy Cancer Research Fund)  
 ..... **First Grandchild of MR. and MRS. STANWOOD PORTNOY**  
 Mr. and Mrs. Harvey Frohlichstein (Ruth W. Portnoy Cancer Research Fund)  
 ..... **Special Birthday of KEN POSLOSKY**  
 Bette and Norman Spitzer (Corinne, Joseph & Fuller Glaser Research Fund)  
 Mr. and Mrs. M. Erwin Bry (Lisa Bry-James Dreyer Memorial Fund)  
 ..... **Special Birthday of DR. JACOB PROBSTEIN**  
 Dr. Jos. M. and Myrtle S. Orenstein (Sidney I. Rothschild Medical Library Fund)  
 Edna Malen (Edna Malen Scholarship Fund)  
 ..... **In Appreciation of INA RAINEY**  
 Beverly Turken (Ruth Portnoy Cancer Research Fund)  
 ..... **Anniversary of MR. and MRS. DAVID RASCOVAR**  
 Charles and Gail Eisenkramer (Charles & Evelyn Eisenkramer Fund)  
 ..... **Recovery of MRS. ALVIN REDLER**  
 Dr. and Mrs. Joseph Orenstein (Sidney Rothschild Medical Library Fund)  
 ..... **New Store of MR. and MRS. JULES REDLER**  
 Al and Irene Hyman (Cancer Research Fund)  
 ..... **Anniversary of MR. and MRS. HARRY REICHMAN**  
 Mrs. Jeanette Gould (Harold Zager Blood Research Fund)  
 Mrs. Louis Lippe (Harold Zager Blood Research Fund)  
 Mrs. Mildred Spiegel (Harold Zager Blood Research Fund)  
 ..... **Speedy Recovery of MRS. S. REISMAN**  
 Mr. and Mrs. Hyman Kaufman (Carol Kaufman Cancer Research Fund)  
 ..... **In Appreciation of DR. MARVIN RENNARD**  
 Susan and Gary Grammer (Dr. David Rothman Fund)  
 ..... **Birthdays of ALFRED REVSON**  
 Ethel and Meyer Weil (Meyer & Ethel Weil Otolaryngology Equipment Fund)  
 ..... **Marriage of GINNY RICE and TOM WILSON**  
 Mr. and Mrs. Charles J. Steiner (Beany & Harry Tenenbaum Research Fund)  
 ..... **Special Birthday of AL ROBEN**  
 Alex and Shirlee Chackes  
 ..... **Recovery of LEO ROSEN**  
 Lillian Gelfanbaum (Diana Rosen Recreational Therapy Fund)  
 Bernice Schwartz (Diana Rosen Recreational Therapy Fund)  
 ..... **Marriage of Daughter of MR. and MRS. LESTER ROSENBLATT**  
 Judy and Mark Goodman (Arnold Goodman Fund for Radiation Oncology)

**DONOR**

**IN HONOR OF**

..... **Speedy Recovery of ESTHER ROSENGARTEN**  
 Sandi, Mike, Amy and Abby Dorrin (Natalie E. Wald Scholarship Fund)  
 Bernice Kaplan (Natalie E. Wald Scholarship Fund)  
 ..... **Continued Good Health of HILLEL ROSENTHAL**  
 Gladys M. Cohen (Jackie Sue Margulis Liver Research Fund)  
 Hortense Goodman (Arnold Goodman Fund for Radiation Oncology)  
 ..... **Birthday of PEGGY ROSS**  
 Cynthia Frohlichstein (Edna Malen Scholarship Fund)  
 Ann Loomstein (Edna Malen Scholarship Fund)  
 Edna Malen (Edna Malen Scholarship Fund)  
 Robyn Loomstein-Mintz (Edna Malen Scholarship Fund)  
 Mr. and Mrs. Robert E. Shapiro (Edna Malen Scholarship Fund)  
 ..... **Speedy Recovery of PEGGY ROSS**  
 Mr. and Mrs. Alan Goldberg (Edna Malen Scholarship Fund)  
 Mr. and Mrs. Ronald Ross (Mary McKeever Memorial Fund)  
 ..... **Speedy Recovery of MRS. ETHEL ROTHMAN**  
 Carol and Bill Pomerantz  
 ..... **Bar Mitzvah of Son of MR. and MRS. RICHARD RUBENSTEIN**  
 Mr. and Mrs. Bert Schweizer III (Helen & Walter Wolff Endowment Fund)  
 ..... **Recovery of NANCY RUBIN**  
 Mr. and Mrs. Robert Bogard (Dorothy Bogard Memorial Fund)  
 ..... **Speedy Recovery of SARA RUDMAN**  
 Sara T. Kaiser (Edna Malen Scholarship Fund)  
 ..... **Speedy Recovery of BYRON SACHAR**  
 Mr. and Mrs. Jeffrey Korn (Letty Korn Breast Cancer Fund)  
 ..... **Special Birthday of JUDITH ANN ST. MARY**  
 Mrs. Shirley Laycob Kornblum (Elaine Kornblum Home Care Endowment Fund)  
 ..... **Anniversary of MR. and MRS. BERNARD SALKY**  
 Mr. and Mrs. Howard Cohen (Lisa Bry-James Dreyer Memorial Fund)  
 Mr. and Mrs. Melvin Schloss, Jr. (Lisa Bry-James Dreyer Memorial Fund)  
 ..... **In Appreciation of KENNY SALKY**  
 Mr. and Mrs. Mark Zorensky (Ann Morris Fund)  
 ..... **Recovery of ROSALIE SCALLET**  
 Mel and Geri Friedman (Edna Malen Scholarship Fund)  
 Mr. and Mrs. Julian Mathes (Nathan & Sadye Mathes Fund)  
 ..... **Special Anniversary of DR. and MRS. NATHAN SCHEAR**  
 Dr. and Mrs. Samuel Zuckerman (Ethel & Meyer Weil Otolaryngology Equipment Fund)  
 ..... **Special Anniversary of MR. and MRS. GORDON SCHERCK, JR.**  
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 ..... **Anniversary of MR. and MRS. GIDEON SCHILLER**  
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 Dr. and Mrs. Llewellyn Sale, Jr. (Dr. Llewellyn Sale, Sr. Memorial Fund)  
 ..... **Speedy Recovery of DAVID SCHLOSSMAN**  
 Mr. and Mrs. Herschel Eichler (Borman-Harris Parkinson Fund)  
 ..... **Speedy Recovery of REGINA SCHMUCKLER**  
 Ruth Berger (Heart Research Fund)  
 Mr. and Mrs. Jerry Hirsch (Jacqueline Hirsch Brown Memorial Fund)  
 Mr. and Mrs. Ronald Ross (Mary McKeever Memorial Fund)  
 ..... **Special Birthday of ALYCE SCHNEIDER**  
 Mrs. Jeanette Gould (Harold Zager Blood Research Fund)  
 Mr. and Mrs. Leslie Grodsky (Edna Malen Scholarship Fund)  
 Maurice and Rachel Guller (Dr. Sam Schneider Enterostomy Fund)  
 Mr. and Mrs. Sherman LeMaster (Leukemia Fund)  
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 Mr. and Mrs. Max Schneider (Dr. Sam Schneider Enterostomy Fund)  
 Mrs. Sylvia Schneider (Dr. Sam Schneider Enterostomy Fund)  
 Mrs. Mildred Spiegel (Harold Zager Blood Research Fund)  
 Ethyle Weinstein (Shirley W. Cohen School of Nursing Fund)  
 Dr. and Mrs. Bruce White (Dr. Sam Schneider Enterostomy Fund)  
 ..... **Speedy Recovery of MRS. PAUL SCHNEIDER**  
 Mr. and Mrs. James K. Rosen (Cancer Research Fund)  
 ..... **Recovery of MARCIA SCHREIBER**  
 Ann Snitzer (Dr. David Rothman Fund)  
 ..... **Special Birthday of JACK SCHULTZ**  
 Mr. and Mrs. Sid Frager (Cancer Research Fund)  
 Mr. and Mrs. David Hayman  
 Nita Pass (Carl Pass Diabetic Research Fund)

**DONOR**

**IN HONOR OF**

..... **Bat Mitzvah of JOANN SCHWARTZ**  
 Mr. and Mrs. Mark Zorensky (Ann Morris Fund)  
 ..... **Speedy Recovery of DR. BERNARD SCHWARTZMAN**  
 Dr. and Mrs. Larry Aronberg (Aronberg Lectureship in Urology Fund)  
 Mr. and Mrs. Lester Handelman (Frieda & Lester Handelman Cardiology Fund)  
 ..... **Bat Mitzvah of JENNIFER SCHWESIG**  
 Mr. and Mrs. Kenneth Steinback (Dr. Sam Schneider Enterostomy Fund)  
 ..... **New Grandson of DR. and MRS. H.R. SENTURIA**  
 Sheila and Richard Flom (Bruce Beattie Heart Research Fund)  
 Mignon and Irv Shanfeld (Dr. Hyman Senturia Radiology Fund)  
 ..... **Recovery of RAE SENTURIA**  
 Mrs. Rae Burstein  
 ..... **Recovery of MARILYN SHAMPAINE**  
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 ..... **Engagement of ALLEN SHANFELD**  
 Florence Gallant  
 ..... **Birth of Son of MR. and MRS. HOWARD SHAPIRO**  
 Jackie and Marv Kasnetz (Invitro Fertilization Program)  
 ..... **Recovery of KENNETH SHAPIRO**  
 Mr. and Mrs. Benjamin Shapiro  
 ..... **Speedy Recovery of SHIRLY SHAPIRO**  
 Mrs. Lillian Cogan (Harry & June Agress Cardiology Fund)  
 ..... **Speedy Recovery of SUE SHEPARD**  
 Mr. and Mrs. Ronald Ross (Mary McKeever Memorial Fund)  
 Beattie and Joe Rothberg (Marilyn Fixman Cancer Research Center)  
 Dr. and Mrs. Leonard Wiedershine (Cancer Research Fund)  
 ..... **Special Birthday of DAVID SHER**  
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 ..... **Special Birthday of ROBERT SHIFRIN**  
 Mr. and Mrs. Howard Hearsh (Cancer Research Fund)  
 ..... **Special Anniversary of MR. and MRS. ROBERT SHOENBERG**  
 Mrs. J.A. Jacobs  
 Mr. and Mrs. Sander Zwick  
 ..... **Special Birthday of JOHN SIMON**  
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 ..... **Special Birthday of ADELE SMITH**  
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 ..... **Special Birthday of MRS. HARRY SMITH**  
 Diana Mandel  
 ..... **In Appreciation of ELANA SPITZBERG SMITH**  
 Mr. and Mrs. Mark Zorensky (Ann Morris Fund)  
 ..... **Recovery of JUDY SMITH**  
 Lee and Barbara Wagman (Irving Brin Cancer Research Fund)  
 ..... **Special Birthday of MRS. JULES SNITZER**  
 Bernard and Lorraine Susman (Cancer Research Fund)  
 ..... **Complete Recovery of AL SOKOLIK**  
 Charles and Gail Eisenkramer (Evelyn & Charles Eisenkramer Fund)  
 ..... **Anniversary of MR. and MRS. JACK SORKIN**  
 Mrs. S.S. Crasilneck (Dorothy Bogard Memorial Fund)  
 ..... **Birthday of DR. SAMUEL SOULE**  
 Dr. and Mrs. Joseph Orenstein (Sidney Rothschild Medical Library Fund)  
 ..... **Recovery of FATHER of MR. & MRS. MEL SPIEGELGLASS**  
 Mr. and Mrs. Jack Deutsch (Hermann & Erna Deutsch Endowment Fund)  
 ..... **Special Birthday of JULIA SRENCO**  
 David W. Ortballs, M.D.  
 ..... **Speedy Recovery of STACY STARR**  
 Mr. and Mrs. Hyman Kaufman (Carol Kaufman Cancer Research Fund)  
 ..... **Special Anniversary of MR. and MRS. CHARLES STEIN**  
 Mr. and Mrs. Harry Shapiro (Harry & Nancy Shapiro Scholarship Fund)  
 ..... **Devoted Service of DR. FRANZ STEINBERG**  
 Dr. Paul Lowenstein

**TRIBUTE FUND**

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..... **Recovery of STANLEY TALESNIK**  
Diana and Jim Rothbarth  
..... **Special Birthday of ADRIENNE TALLIN**  
Lee and Barbara Wagman (Irving Brin Cancer Research Fund)  
..... **New Granddaughter of MR. and MRS. SAM TEMPERATO**  
Mr. and Mrs. Morton Mitchell (Mayer-Mitchell Heart Fund)  
..... **Speedy Recovery of MRS. HAROLD TOBER**  
Dr. and Mrs. Larry Aronberg (Aronberg Lectureship in Urology Fund)  
..... **Special Birthday of ELAINE TUCKER**  
Bernard and Lorraine Susman (Cancer Research Fund)  
..... **Special Birthday of BORIS TUREEN**  
Joan and Claude Abrams  
Bev and Don Abrams (Joseph Abrams Memorial Fund)  
Mr. and Mrs. Edwin Abrams (Joseph Abrams Memorial Fund)  
Mr. and Mrs. Sylvan Agatstein  
Mrs. Paul Goldblum (Joseph Abrams Memorial Fund)  
Mr. and Mrs. Thomas Langsdorf (Joseph Abrams Memorial Fund)  
..... **Recovery of JOYCE WAGNER**  
Mrs. Jerry Hirsch (Jacqueline Hirsch Brown Memorial Fund)  
..... **New Daughter of MR. and MRS. JOHN WALLACH**  
Mr. and Mrs. James K. Rosen (Cancer Research Fund)  
..... **Special Birthday of MRS. WILLIAM WALLBRUNN**  
Mrs. Walter Sears (Barbara & Stanley Richman Fund)  
Mrs. Emil Tamm (Emil Tamm Memorial Fund)  
..... **Special Birthdays of DR. STEPHEN WALTMAN & MRS. GILL WALTMAN**  
Mr. and Mrs. M. Erwin Bry (Lisa Bry-James Dreyer Memorial Fund)  
..... **Speedy Recovery of AL WANT**  
Phyllis Leipziger (Ralph Hirsch Cancer Fund)  
..... **Recovery of NATHAN WASSERMAN**  
Mr. and Mrs. Abe Borman  
Mr. and Mrs. Sanford Goffstein (Marilyn Fixman Cancer Research Fund)  
..... **Marriage of Son of MR. and MRS. SAM WEBER**  
Mr. and Mrs. Jacob Altman (Milton Kravitz Heart Research Fund)  
Mr. and Mrs. Lester Handelman (Frieda & Lester Handelman Cardiology Fund)  
..... **Recovery of DAVE WEIL**  
Dr. and Mrs. Larry Aronberg (Aronberg Lectureship in Urology Fund)  
Ruth Kessler (Samuel R. Kessler Hematology Research Fund)  
..... **Special Birthday of PAUL WEIL**  
Ed and Barbara Buchholz (Invitro Fertilization Program)  
..... **Continued Good Health of IRV WEINBERG**  
Mr. and Mrs. Jacob Altman (Milton Kravitz Heart Research Fund)  
..... **Recovery of IRVIN WEINBERG**  
Charles and Gail Eisenkramer (Charles & Evelyn Eisenkramer Cancer Fund)  
Mr. and Mrs. Sidney Librach (Evelyn B. Treumann Stroke Registry)  
..... **Recovery of JACK WEINBERG**  
Shirley and Ralph Grosberg (Edna Malen Scholarship Fund)  
..... **Speedy Recovery of SUE WEINTRAUB**  
Mr. and Mrs. Daniel Bogard (Dorothy Bogard Memorial Fund)  
..... **New Arrival of MR. and MRS. MARK WEISMAN**  
Dr. and Mrs. David Caplin  
..... **Marriage of MICKEY WEISS**  
Roberta and David Hayman (Carl Pass Diabetic Research Fund)  
..... **New Home of MR. and MRS. RICHARD WEISS**  
Mr. and Mrs. Robert Pass (Carl Pass Diabetic Research Fund)  
..... **Special Birthday of GENE WEISSMAN**  
Mr. and Mrs. Melvin Friedman (Edna Malen Scholarship Fund)  
Bernard and Irma Gerchen  
Hascal and Gussie Schneider (Lottie & Abe Schneider Cancer Research Fund)  
..... **New Grandson of MR. and MRS. BURTON M. WENNEKER**  
Mr. and Mrs. Paul Armin

**DONOR**

**IN HONOR OF**

..... **Birthday of MRS. B. WISEMAN**  
Phyllis and Saul Wolf  
..... **First Grandchild of DR. and MRS. E. WITTCOFF**  
Mrs. Ethyle Weinstein (Shirley W. Cohen School of Nursing Fund)  
..... **Recovery of JOANIE WOLF**  
Mr. and Mrs. Howard Hearsh (Cancer Research Fund)  
..... **Care and Kindness of MITCHEL L. WOLF, M.D.**  
Marcia Ann Devine (Robert A. Rosenbaum Fund)  
..... **Special Birthday of MRS. FRANK WOLFF**  
Mr. and Mrs. Henry Lowenhaupt (Koven-Wasserman Research Fund)  
..... **Anniversary of MR. and MRS. GARY WOLFF**  
Lee and Barbara Wagman (Irving Brin Cancer Research Fund)  
..... **Recovery of JOAN WOLFF**  
Mr. and Mrs. Jerry Hirsch (Jacqueline Hirsch Brown Memorial Fund)  
..... **Speedy Recovery of MARSHA WOLFF**  
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Mr. and Mrs. James K. Rosen (Cancer Research Fund)  
..... **Birth of Grandson of MR. and MRS. RICHARD WOLFF**  
June and Arthur Bierman (Arthur & June Bierman Hematology Research Fund)  
Al and Irene Hyman (Cancer Research Fund)  
..... **Recovery of JERRY WOLFSFELD**  
Mr. and Mrs. Jacob Altman (Milton Kravitz Heart Research Fund)  
..... **New Granddaughter of MR. and MRS. AUBREY YAWITZ**  
Mr. and Mrs. Frank Gollub (Cancer Research Fund)  
..... **Birthday of GEORGE J. ZATLIN**  
Dr. and Mrs. Joseph Orenstein (Sidney Rothschild Medical Library Fund)  
..... **Speedy Recovery of ISADORE ZIGLER**  
Adolph Siskin (Goodman Cancer Research Fund)  
Mr. and Mrs. Jack Spewak (Heart Research Fund)  
..... **Special Birthday of KAREN ZORENSKY**  
Lee and Barbara Wagman (Irving Brin Cancer Research Fund)  
..... **Special Anniversary of DR. and MRS. JACK ZUCKNER**  
Judy and Mark Goodman (Arnold Goodman Oncology Fund)  
..... **New Home of DR. and MRS. JEFFREY ZUKE**  
Mr. and Mrs. Ivan Lyss (Jack Aaron Lyss Cancer Research Fund)  
..... **Woman of Achievement Award of MRS. SANDER ZWICK**  
Mr. and Mrs. Stanley Cohen (Shirley W. Cohen School of Nursing Fund)  
Mr. and Mrs. Melvin Friedman (Edna Malen Scholarship Fund)  
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Mr. and Mrs. Frank Wolff, Jr.  
Mr. and Mrs. Richard Wolfheim (Nancy & Richard Wolfheim Fund)  
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Los Angeles Times (Physician in Chief Fund)  
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Swiss American Securities  
Mr. and Mrs. Mark Vittert





# CALENDAR OF EVENTS

## JUNE 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.

## JUNE 5

Cancer Support Group for patients and their families; each session will focus on the current concerns and questions of the participants; open to the public at no charge, 7 p.m., Oncology Lounge-4th Floor; call 454-7463 or 454-7040 for more information.

## JUNE 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.

## JUNE 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.

## JUNE 11

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

## JUNE 21

School of Nursing Alumni Luncheon for all graduates, 12 p.m., Chase-Park Plaza Hotel. Tours of the school and hospital, 8-11 a.m. Lunchtime speakers will be David A. Gee, president; Brenda Ernst, R.N., vice president for nursing; Susan Graves, R.N., school director; and Pat Harper, R.N., assistant director of nursing. For reservations, call (314) 454-8750.

## JULY 2, 9, 16, 23, 30

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.

## JULY 3

Cancer Support Group for patients and their families; each session will focus on the current concerns and questions of the participants; open to the public at no charge, 7 p.m., Oncology Lounge-4th Floor; call 454-7463 or 454-7040 for more information.

## JULY 5, 12, 19, 26

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.

## JULY 14

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

### NUMBERS TO KNOW AT JEWISH HOSPITAL

454-

7000  
Jewish  
Hospital

7420  
Patient  
Information

7900  
Emergency  
Room

7045  
Admitting

7240/1  
Patient  
Relations

7239  
Community  
Relations

7130  
Auxiliary

8088  
Associates

7250  
Fellows

7134  
Patient  
Accounts

8180  
Physician's  
Referral

7166  
Clover  
Garden  
(Flower Shop)

**MONDAYS**

**LEARN**  
about  
**LIVING**  
**WELL**  
and  
**LIVE**

Mondays, 7:30 p.m.  
Town and Country Racquet  
& Fitness Club  
1777 Des Peres Road  
Town and Country 63131

Wellness. It's a buzz word of the 80s. This positive approach to a healthy life permeates every aspect of healthcare, encompassing preventive medicine and corrective treatment. Living well is not only the best revenge, it's also a good way to prevent injuries and look and feel more fit.

1. **SURVIVAL OF THE FITTEST: EXERCISE, FITNESS AND RELAXATION TECHNIQUES**  
June 16, 1986
2. **SUMMER SURVIVAL TRAINING**  
June 23, 1986
3. **BE A GOOD—AND HEALTHY—SPORT**  
July 7, 1986
4. **BACK BASICS**  
July 14, 1986
5. **THE LATEST WRINKLE IN COSMETIC SURGERY**  
July 21, 1986
6. **THE TURNING POINT: RECOGNIZING AND DEALING WITH MIDDLE AGE**  
July 28, 1986

**TUESDAYS**

**LEARN**  
about  
**AGING**  
and  
**LIVE**

Tuesdays, 10:30 a.m.  
Crestwood Community  
Center,  
9245 Whitecliff Park Lane  
Crestwood 63126

The best is yet to come. Recent research, new treatments and the development of special programs for older adults can make life after 60 the richest of experiences. If you don't believe it, hear what the experts from Jewish Hospital's renowned Program on Aging have to say about the process of growing older and what the future holds for you or your parents.

1. **LOVE, SEX, AND AGING**  
July 22, 1986
2. **RECIPE FOR GOOD HEALTH**  
July 29, 1986
3. **THE OLDER MIND SET: MENTAL HEALTH AND AGING**  
August 5, 1986
4. **DEALING WITH AGING PARENTS**  
August 12, 1986
5. **HOUSE CALLS**  
August 19, 1986
6. **GROWING OLD WITH GUSTO**  
August 26, 1986

**TUESDAYS**

**LEARN**  
about  
**HEART**  
**DISEASE**  
and  
**LIVE**

Tuesdays, 7:30 p.m.  
University City Library  
Auditorium S  
6701 Delmar  
University City 63130

Heart disease is the number one cause of death in America. If you don't have heart problems, you probably know someone who does. Today, sophisticated testing, complex monitoring equipment and refined surgical techniques provide for less invasive treatments and an improved outlook for individuals with heart disease. These new developments are enabling many patients to live fuller, more active lives than would have been possible in prior years. And new developments promise further advances in caring for one of the most important parts of our bodies.

1. **MEDICATIONS FOR THE AILING HEART**  
July 8, 1986
2. **CARDIAC REHABILITATION**  
July 15, 1986
3. **ADVANCES IN CARDIAC SURGERY**  
July 22, 1986
4. **JUST A LITTLE INDIGESTION—OR CHEST PAIN?**  
July 29, 1986
5. **RISK FACTORS IN HEART DISEASE (AND HOW TO MINIMIZE THEM)**  
August 5, 1986
6. **EVERYTHING YOU'VE EVER WANTED TO KNOW ABOUT HEART PROBLEMS**  
August 12, 1986

**WEDNESDAYS**

**LEARN**  
about  
**WOMEN'S**  
**HEALTH**  
and  
**LIVE**

Wednesdays, 7:30 p.m.  
Jewish Community Centers  
Association (JCCA)  
2 Millstone Campus Drive  
Room 142, Wohl Building  
Olivette 63146

We are fortunate to live during an era in which the medical profession has progressed beyond classifying women's health problems as pregnancy or hysteria. New discoveries each year further our knowledge about the female body, its unique functions and malfunctions. Increasingly, a woman realizes that as important as understanding herself psychologically and emotionally, she must understand herself physically.

1. **BONING UP ON OSTEOPOROSIS**  
July 9, 1986
2. **THE MONTHLY MONSTER: PMS (PREMENSTRUAL SYNDROME)**  
July 16, 1986
3. **THE INSIDE STORY: THE GYNECOLOGICAL EXAM EXAMINED**  
July 23, 1986
4. **HOT FLASH: THE LATEST NEWS ON MENOPAUSE**  
July 30, 1986
5. **CANCERS WHICH AFFECT WOMEN**  
August 6, 1986
6. **THE SUPERWOMAN SYNDROME**  
August 13, 1986

THURSDAYS

# LEARN about COPING WITH CONDITIONS and LIVE

Thursdays, 7:30 p.m.  
Ballwin Recreational Center  
333 Holloway Road  
Ballwin 63011

Unfortunately, no one goes through life without facing some kind of ailment—or suffer through various medical problems with loved ones. Whether you have an emergency in the home, an asthma attack or a debilitating headache, knowing how to deal with the situation can often mean the difference between pain and relief, health and sickness, even life and death. In the **Learn and Live** series about health conditions, you will learn how to cope with these situations and their sometimes accompanying crises.

1. EVEN "NICE GIRLS" AREN'T IMMUNE  
June 26, 1986
2. THE NOSE KNOWS: ASTHMA AND ALLERGIES  
July 10, 1986
3. INFORMATION ON THE INSIDE TRACT  
July 17, 1986
4. ADVICE ON ARTHRITIS  
July 24, 1986
5. MAKING HEADWAY AGAINST HEADACHE  
July 31, 1986
6. CLOSE CALLS  
August 7, 1986

# LEARN and LIVE

Today you are making more decisions about your healthcare than consumers have at any other time. You have a wider choice of how and from whom you receive healthcare, and have access to more information about how you can take care of yourself to avoid medical problems.

**Learn and Live** makes more information-expert information-available to you. This series of specially-selected programs is presented by Jewish Hospital at Washington University Medical Center, a hospital known for exceptional patient care and an outstanding medical staff. All of the speakers are associated with the Washington University School of Medicine—many are renowned experts in their fields. What they have to tell you is the most up-to-date information in their specialties. They will share research breakthroughs, present available treatments and answer any questions you have on the important issues discussed.

Please join us for these beneficial presentations. What you learn might just help you live longer and healthier.

## REGISTRATION FORM LEARN and LIVE

In order to adequately plan for the programs, we strongly request that you register in advance. We also strongly suggest that you register in advance, since seating for programs is limited to 60 people (for aging, 50).

Your registration entitles you to attend any or all of the six programs in each category. Just fill out the registration form, and return it with your registration fee of \$5 for each category to the address on the form. You may register for one or several series (check the appropriate

The Learn and Live programs in the designated category(ies) I am planning to attend are:

1							
2							
3							
4							
5							
6							

Living Well  
Women's Health  
Heart Disease  
Aging  
Coping with Conditions

Please print your name, address and telephone number below

NAME

ADDRESS

TELEPHONE

Detach this form and return it with your registration of \$5 per category to:

**LEARN AND LIVE**  
Jewish Hospital  
Community Relations Department  
Jewish Hospital of St. Louis  
216 South Kingshighway  
St. Louis, MO 63110

# 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.

The Jewish Hospital publications department provides a reprint service for any article appearing in this magazine. It is offered free of charge as a community and physician's service. Call 454-7239 for more information or a reprint of your choice.

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