

JEWISH HOSPITAL 216

AT WASHINGTON UNIVERSITY MEDICAL CENTER

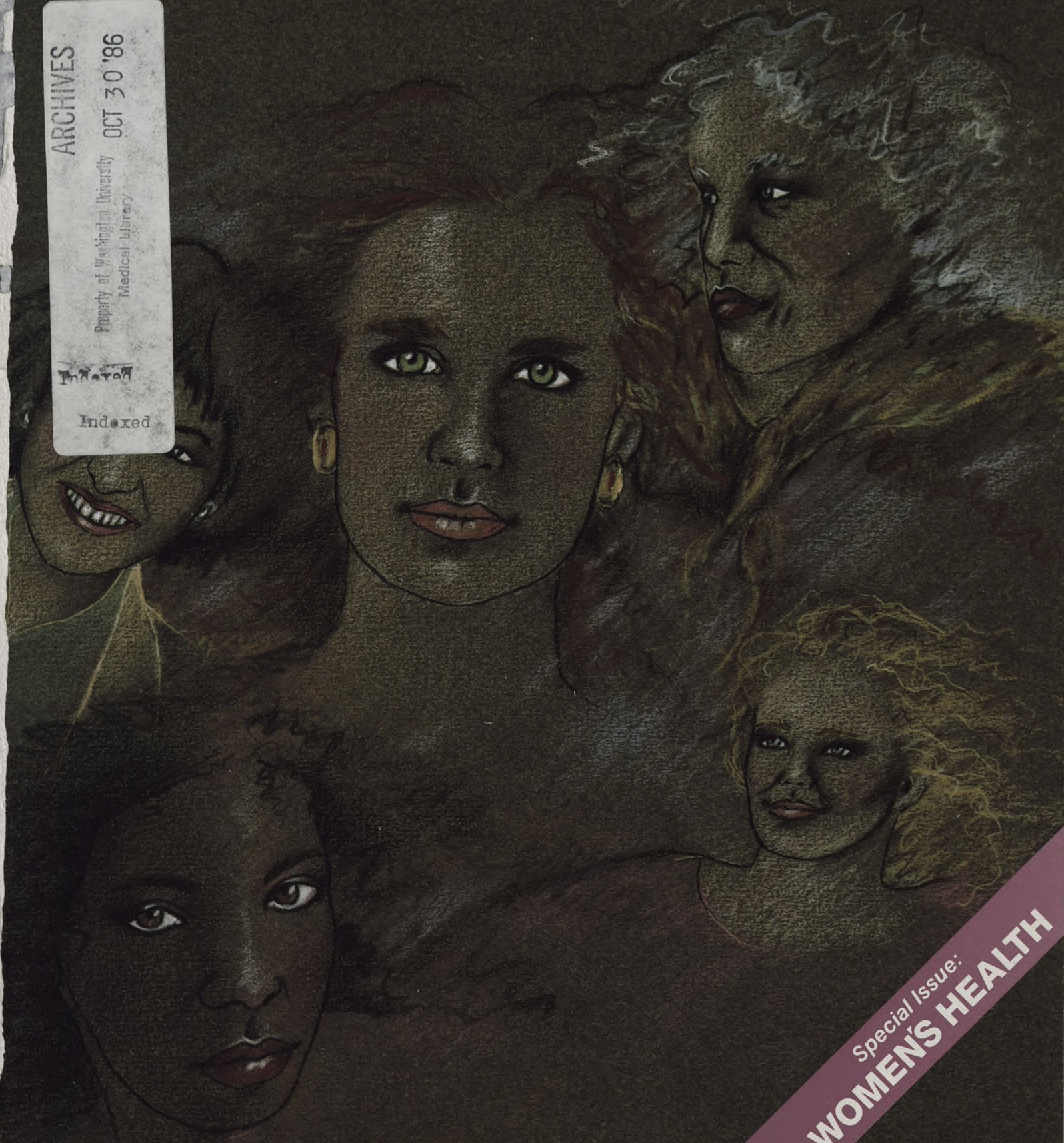
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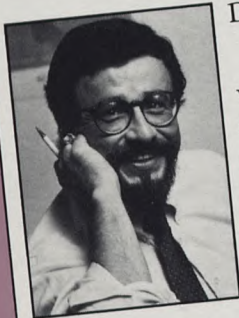
Indexed



Special Issue:
WOMEN'S HEALTH

JEWISH HOSPITAL

AT WASHINGTON UNIVERSITY MEDICAL CENTER
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Dear Readers,

Recently, you were asked to evaluate *216* magazine. Your responses were gratifying and have provided information which will result in some changes in the magazine's content and format. Comments provided on the returned surveys provided the staff with both pats and pans, as many people used this section of the survey to express positive, as well as negative, sentiments about *216*. Comments ranged from "It is an excellent publication—one of the best of its kind," and "If I didn't receive it, I would miss it," to "216 is a forbidding book to read," and "If it ain't broke, don't fix it." Each comment was considered as a plan for change was developed.

In response to your indicated interest, introductions summarizing the content of major features will be created. The articles, themselves, will continue to provide information about current research and medical advances. A new department in the magazine will feature articles about general health care issues, and another new element, an improved reprint ordering system will debut.

Subtle design changes are forthcoming, also. Layouts and headlines will receive new treatments, and photography (long a concern) will be upgraded. In response to suggestions that the Tribute Fund listing be handled differently, it will become a pre-printed insert bound into copies of the magazine sent to hospital supporters. A copy of the Tribute Fund listing will be available to anyone, upon request. This change will reduce the number of pages in each issue, resulting in a cost-saving (addressed numerous times in comments on the surveys).

While none of the changes proposed were drastic, your support of them, as well as your advice, was appreciated. I hope that you will continue to enjoy receiving *216*.

Sincerely,

A handwritten signature in cursive script that reads "Jerry H. Sears".

Jerry H. Sears,
EDITOR

JEWISH HOSPITAL 216

A COMMUNITY PUBLICATION

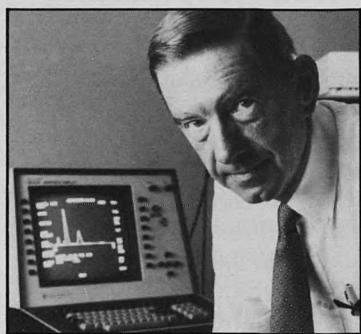
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WOMEN UNDER THE INFLUENCE

Jewish Hospital psychiatrists are treating increasing numbers of women for alcohol abuse. According to Theodore Reich, M.D., and Robert Cloninger, M.D., alcoholism is showing up in younger women and is proving to have serious medical and social implications.



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AN OUNCE OF DETECTION

Breast cancer still kills more women than any other form of the disease, but improved attitudes among women have led to earlier detection which, along with better treatment methods, consequently has increased the odds of surviving the disease.

4 NEW INSIGHTS INTO AN 9 INNER-MOST PROBLEM

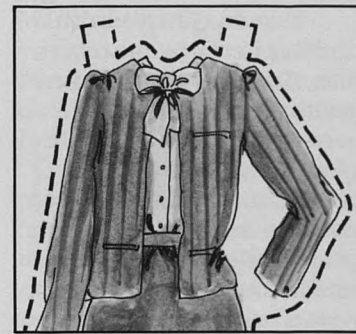
Endometriosis strikes 3 to 8 percent of today's women, resulting in painful menstruation, pain during sexual intercourse and even infertility. Unlike 20 or 30 years ago, however, the ailments of women suffering from endometriosis are not merely labeled as psychological problems. Victims of the disease are receiving relief in increasing numbers.



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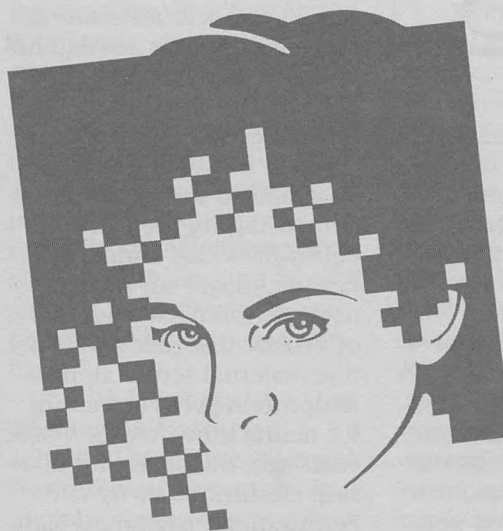
6 CAREER VERSUS SEX 12

Success in the business world may mean problems in the bedroom. Therapists are treating women for a now common disorder, desire discrepancy. Rose Boyarsky, Ph.D., and Randy Hammer, Ph.D., discuss why successful women have difficulty finding sexual fulfillment.



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ON THE COVER: Whether old or young, regardless of national origin, women have unique medical needs at various stages of their lives. Jewish Hospital provides services to treat, and in some cases prevent, many medical problems that develop among women. This issue deals with some Jewish Hospital services designed to meet these needs.

Cover Art by Lois Gruberger

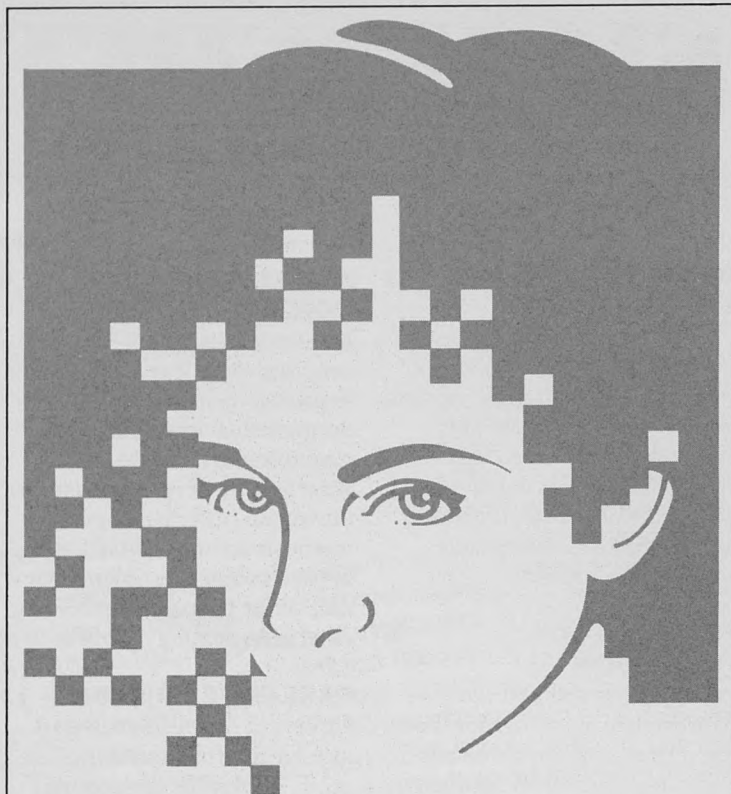
She is involved with her career, so busy she forgets to make time for regular medical examinations.

She is married, about to have her first child. How should she choose an obstetrician for her pre-natal care?

She is an older adult. It seems that every where she looks there is something in the news about osteoporosis and programs to treat the disease. She worries. Should she go to a bone health program? If so, which one?

Women. Their health care has never been so complex. Treatment for women's health care problems is becoming increasingly specialized. In the last decade, the medical profession has started to raise awareness of the impact that female diseases can have on women's lives: the deadly consequences of osteoporosis, the "silent killer;" the recognition of premenstrual syndrome as a physiological problem, not a mental disorder; the importance of taking preventive steps to avoid a most frightening disease, breast cancer. And yet, while diagnosis and methods of treatment have improved, women continue to experience an attitude on the part of some medical practitioners that seems to deny their concerns, even fears.

It was the changes in treatment—and the opportunity to offer healthcare for women in an improved environment—that prompted Jewish Hospital to establish a coordinated, multidisciplinary service for women's health care. On November 2, 1986, Women's Health Resources opens offering women, from adolescents to older adults, the most up-



WOMEN'S HEALTH RESOURCES

to-date, highest quality healthcare available in St. Louis, and, in some specialties, in the region. A program of Jewish Hospital at Washington University Medical Center, Women's Health Resources provides diagnosis and treatment for female diseases, advice on preventive steps to avoid illness, and educational seminars and

literature to keep women updated on current research. It encompasses inpatient and outpatient services.

"Women's Health Resources is a service that recognizes the unique health care needs of women," says Richard Cavanagh, director of marketing. "Through our research we have found that women account for 60 per-

cent of hospital admissions. We think this rate of admission is happening for two reasons: the complexity of women's bodies and compounding medical problems, and the fact that women tend to seek medical help more readily than men."

Establishing Women's Health Resources at Jewish Hospital was a logical outgrowth of the hospital's history of emphasizing women's health care. The hospital has been in the forefront of research, prevention and treatment of female-related diseases for years and has offered several well-established health care services for women. Its Bone Health Program is nationally-renowned and has been the standard for other osteoporosis programs. Headed by Louis Avioli, M.D., endocrinologist, the program offers a comprehensive diagnostic approach for assessing younger women at risk of developing osteoporosis and the degree of bone loss in older women as well as making recommendations for definitive preventive and therapeutic measures.

In obstetrics/gynecology, Jewish Hospital is recognized throughout Missouri and Illinois as a referral center for high-risk pregnancies and has one of the largest genetic programs in the United States. Recently the genetics division instituted two new programs to detect birth defects during pregnancy: chorionic villus sampling, a new technique for first trimester prenatal diagnosis of genetic disorder and routine maternal serum alpha-fetoprotein (AFP) screening for neural tube defects. Three years ago, the obstetrics division established its In Vitro Fertilization Program, which

became the most active in the midwest and the first to produce in vitro births in the state of Missouri.

The Obstetrics/Gynecology division, headed by James Crane, M.D., a nationally-recognized expert in ultrasonography, also provides a broad range of services for uncomplicated obstetrical/gynecological needs, including deliveries, hysterectomies and tubal ligations. One year ago, the division implemented its Brief Stay Program, a cost-saving alternative for mothers and their new-born babies to reduce hospital length of stay, while providing home health care alternatives.

Carol Teig, vice president, emphasizes that Women's Health Resources offers comprehensive health care services that address women's social and psychological as well as medical needs. For women who are juggling careers and family responsibilities—or just having difficulties coping with stress—Women's Health Resources offers stress management and relaxation programs, supervised by the behavioral medicine division of the hospital's department of psychiatry. Recognizing the impact of appearance on a woman's sense of well-being, the hospital's private medical staff offer the most advanced cosmetic surgery services available, including breast implants, reductions and reconstructions, rhinoplasty and cosmetic eye and face lift surgery, most of which are performed on an outpatient basis.

With its strong tie to the Washington University School of Medicine, Women's Health Resources emphasizes the importance of research

and education, and is committed to providing accurate, current information to women so that they will be well informed about their health. Several programs on specific health problems are available, such as weight loss, nutrition and diabetes education, and classes on childbirth and child care. Many emphasize a preventive approach to help women avoid serious illness.

Women's health is an evolving field. Researchers and clinicians at Women's Health Resources are currently investigating health problems that are showing up increasingly in the female population. For instance, heart and lung disease as well as alcoholism are accelerating at alarming rates among women. "There has been a changing health care profile in females," says Cavanagh. "As women have moved toward a more democratic position professionally, they are also on equal footing in what were once traditionally male diseases. Because of our expertise in cardiology, cancer care and alcohol treatment, we are in an excellent position to address those problems."

Women's Health Resources is aided by a Medical Advisory Council and a Women's Advisory Council, which is comprised of a group of prominent women from the St. Louis metropolitan area who are concerned about health and obtaining the best health care service available. By early 1987, a special reception area will be constructed on the first floor of the hospital near the admitting department. There, women will have access to an information center containing literature on female

health concerns, programs and classes. A coordinator will be available to answer questions, facilitate appointments and physician referrals, and provide information.

Any woman who is interested in Women's Health Resources' programs, or anyone who comes to the hospital to use any services under its umbrella, can become a member of Women's Health Resources for a \$10 annual fee. Obtaining a membership is as simple as completing an application form. After the form is filled out and returned to the hospital, a membership card is issued. Although membership is not required to receive services, women who decide to become members receive special benefits, including valet parking vouchers, a quarterly newsletter, discounts on hospital educational programs, and a referral service to assist them in choosing a properly qualified private physician. "Women's Health Resources does not replace a woman's private physician," Cavanagh emphasizes. "We envision many women being referred to Women's Health Resources by their physicians because the private physician knows that Jewish Hospital can provide the best diagnostic or treatment service and physicians know the service will be provided in an environment that will be pleasing to female patients."

The concept for Women's Health Resources is not unique to the St. Louis area. But for the first time, the highest quality clinical services have been coordinated with research studies that will provide women of St. Louis with access to the most advanced medical knowledge

available. They will also be seen by clinicians who are experienced in treating women's problems, professionals who understand that contemporary women expect health care to be delivered with sensitivity, professionalism and a recognition of the patient's dignity.

According to Teig, those factors are critical for women to consider when making their health care choices. "It can be very difficult to make the right decision in choosing a health care provider. Many new programs for women are starting in the community to capitalize on the recent interest in women's health concerns," she says. "Our programs have been in place for several years and have often been the innovators in their field. That's why our Bone Health and In Vitro Fertilization Programs have become models for other institutions, who often call us for advice on how to start them up."

Respect for a women's right to participate in the health care decisions that affect her combined with the hospital's tradition of excellence in clinical care and support of research endeavors are the distinguishing factors of Women's Health Resources. "At Women's Health Resources, women are expected to take an active role in the health care that is provided because we think women are healthier for it," Teig observes. "They will benefit by receiving care that is the most current in the field. What Women's Health Resources offers goes beyond state of the art care. It's the future as well." ■

For information about Women's Health Resources, call 454-8890.

WOMEN UNDER THE INFLUENCE

IN BRIEF...

... Alcohol abuse is now increasing in the female population. Researchers are finding that the disease may have a greater impact on women. Jewish Hospital psychiatrists Theodore Reich, M.D., and Robert Cloninger, M.D., have conducted research studies on alcoholism. They have found that the disease has serious medical and social ramifications for women. The disease is being diagnosed in increasingly younger women and they, more than men, are at increased risk for medical complications such as cirrhosis of the liver and severe depression.

Dr. Cloninger's studies of adopted children indicate that alcoholism may have biological origins that predispose people to increased risk. Women who had alcoholic biological mothers are at greater risk of developing drinking problems, even though their adoptive parents were not problem drinkers. Interestingly, in families in which only fathers are alcoholics, daughters are at higher risk for developing somatic disorder (chronic physical complaints), resulting from high levels of sensitivity to pain.

There is little doubt that alcohol abuse is a major factor in domestic violence. Eighty percent of the cases involving abused women at a New York battered women's center during one year were related to the husbands' alcohol and other drug abuse.

Although women—and men—will usually deny the issue, alcohol abuse can be treated successfully through abstinence and education-oriented treatment programs.



by Sharon E. Zaring

Once considered a male problem, alcohol abuse is now increasing rapidly in the female population.

According to recent estimates, 4 to 5 percent of the female population in St. Louis has a drinking problem, compared to less than 2 percent just a decade ago. Worse, researchers are finding that drinking problems may have a greater impact on a woman than on her male counterpart.

"Women who become alcoholics face difficult consequences," says Theodore Reich, M.D., Jewish Hospital psychiatrist-in-chief. "They don't have as many resources as men. Because there is still more of a stigma against

women alcoholics, they don't receive the same kind of family support. For them, alcoholism usually means divorce, job loss, and if they have children, one way to lose custody. It's very tough for them."

Dr. Reich and his associate, Robert Cloninger, M.D., Jewish Hospital psychiatrist, have worked on family research studies on alcoholism. Until recently, research has indicated that women developed drinking problems at later ages than men, usually in their 40s. But in the last decade, alcoholism has been showing up increasingly in women in their 20s and 30s. They are also finding that women are more at risk than men of developing medical complications such as cirrhosis of the liver and

that they, more than men, will suffer severe depression with alcoholism.

According to Dr. Cloninger, the rising incidence of alcoholism in women can probably be attributed to social factors. "The increase in the numbers of women drinking has been of such magnitude and speed, that we think it has been a result of changing social attitudes," he says. "Today, women are coping with more responsibility and occupational stresses. At the same time there are no longer any taboos about women drinking in social situations. Both factors have increased their risk of becoming alcohol abusers."

Research has indicated that alcoholism may have biological origins that predispose people to increased

risk. In a study of adopted children, Dr. Cloninger found that women who had alcoholic biological mothers were at greater risk for developing drinking problems, even though their adoptive parents were not problem drinkers. In families in which only fathers were alcoholics, their daughters were at a higher risk of developing somatic disorders (chronic physical complaints), resulting from high levels of sensitivity to pain. Although the causal relationship is not clear, Dr. Cloninger thinks that these women are probably biologically predisposed to this low pain threshold.

“People who are sensitive to pain also tend to be characteristic of what we call impulsive personality traits, which is also found in men,” he says. “This is one type of person who will abuse alcohol.”

Dr. Reich emphasizes that even in families in which the male is an alcohol abuser, women are affected. “In the female alcoholic population, 40 percent of husbands are alcohol abusers,” he notes. “But in the male alcoholic population, only 9 percent are married to women who drink.”

The problem becomes more critical considering the volatile connection of alcohol to domestic violence. There is little doubt that alco-

hol abuse is a major factor in abusive relationships. Eighty percent of the cases involving abused women at a New York battered women’s center during one year were related to the husband’s alcohol and other drug abuse. Often, the abused woman needs treatment for alcohol abuse. In fact, abuse is being recognized as another cause of alcoholism in women. According to a 1984 task force report by the Missouri Attorney General’s office, alcohol abuse among women is a growing problem and one of the largest precipitating causes is abuse. According to

Dr. Reich, it is not unusual for a wife to start drinking with her alcoholic and/or abusive husband. Some experts think that abused women turn to alcohol as a way of numbing the constant physical and emotional pain in their lives.

The earliest symptoms of a drinking problem are no different in women than in men. “Usually the first indication of a problem comes from a friend or family member,” says Dr. Reich. “They, before the abuser, will point out the abuse.” Blackouts, loss of memory, and just the fact that an individual notices an elevated frequency of drinking or needs many drinks to relax in a social situation, points to alcohol abuse.

Although women—and men—will usually deny the issue, alcohol abuse can be treated successfully, says Dr. Reich, through abstinence and education-oriented treatment programs. “Alcohol addiction is a powerful force,” he says. “Individuals who have the disease need to resist it everyday. Because of the strong denial of their problems, alcoholism is the kind of problem that needs intervention, often by another family member.”

Through programs like Jewish Hospital’s Alcohol and Chemical Dependency Treatment Program, women who are alcoholics can get help for themselves or for their spouses. If you think you or a relative may have a drinking problem, please call Alice Noel, program coordinator, Jewish Hospital Alcohol and Chemical Dependency Treatment Program, at 454-8570. Ms. Noel can help you enroll in the treatment program or give advice on how to get help for a spouse or relative. ■



IN BRIEF...

... Women's improved attitudes toward breast cancer, resulting in earlier detection, have helped increase their odds of beating the disease, according to Robert W. McDivitt, M.D., associate pathologist-in-chief at Jewish Hospital.

Since most breast cancers are discovered by women themselves and their chances of being cured are highly related to how large the tumors are upon discovery, breast self-examination is a leading factor in the increasing cure rates. The fact that more women—particularly those over 50—are seeking annual mammograms, or breast X-rays, is another positive step in reducing breast cancer mortality.

Except in rare circumstances, surgeons no longer perform the once-common Halsted radical mastectomy—which involves removal of the breast. Improved treatment methods also contribute to the brighter outlooks women have adopted toward breast cancer.

Most treatment methods today involve one of two procedures, the modified radical mastectomy—removal of the breast and axillary lymph nodes, followed by chemotherapy—or a lumpectomy—which combines removal of the tumor with radiation therapy. This combination of radiation and drug therapy with surgery has become commonplace in the past 10 to 15 years. So far, evidence shows that the combination of lumpectomy and radiation is just as effective as breast removal.

An ounce of Detection

by Steve Mainer

While the incidence of breast cancer—the leading cause of cancer deaths among women—has remained relatively constant over the past 10 or 15 years, doctors are curing more patients, according to Robert W. McDivitt, M.D., associate pathologist-in-chief at Jewish Hospital. He credits improved attitudes among women toward breast cancer, resulting in earlier detection, with giving women better odds of beating the disease.

"I think women are reacting in a more positive way. We used to see women who would wait until they had a relatively large cancer before they came to see a doctor," Dr. McDivitt says. "Women have become much more aware of the problem. They're learning how to examine their own breasts and they're doing it conscientiously. If they find a lump, they're going to a surgeon immediately.

"Most breast cancers are discovered by women themselves and that's why it's so important that women learn to examine their own breasts," Dr. McDivitt adds.

"The chance of a woman being cured is very much related to how large the lesion is when it's discovered."

Dr. McDivitt cites the fact that more women—particularly those over 50—are seeking annual mammograms, or breast X-rays, as another positive step in the reduction of breast cancer mortality. Doctors recommend a baseline mammogram for women when they reach age 40, an annual X-ray after age 50, and sometimes suggest the test annually for women between 40 and 50 depending on risk factors.

Risk factors include having a close relative with the disease, beginning menstruation relatively early or reaching menopause at a relatively late age. Overweight women tend to be at higher risk and some studies suggest that diets high in animal fat increase a woman's chance of developing breast cancer. "Women who have certain types of benign disease in the biopsy (a tissue sample) also

have increased risk," Dr. McDivitt says. "Although most kinds of benign breast disease are not associated with an increased risk of cancer, women who have epithelial hyperplasia do have an increased risk.

"I think the mammogram is very useful, but it supplements physical examination, it doesn't replace it," he says. Although breast self-examination and the mammogram can effectively locate a lesion, surgeons must either aspirate or remove the growth before a pathologist can determine whether it is benign or malignant. "Most lumps and bumps that women discover in their breasts are benign lesions. So just because a woman feels something new in her breast doesn't mean it's cancerous," he notes.

Improved treatment methods also contribute to the brighter outlooks women have adopted toward breast cancer. Fifteen years ago, a breast cancer patient would routinely undergo a standard Halsted radical mastectomy, or removal of the breast, including removal of the muscle from her chest wall and the lymph nodes in the axilla (armpit).

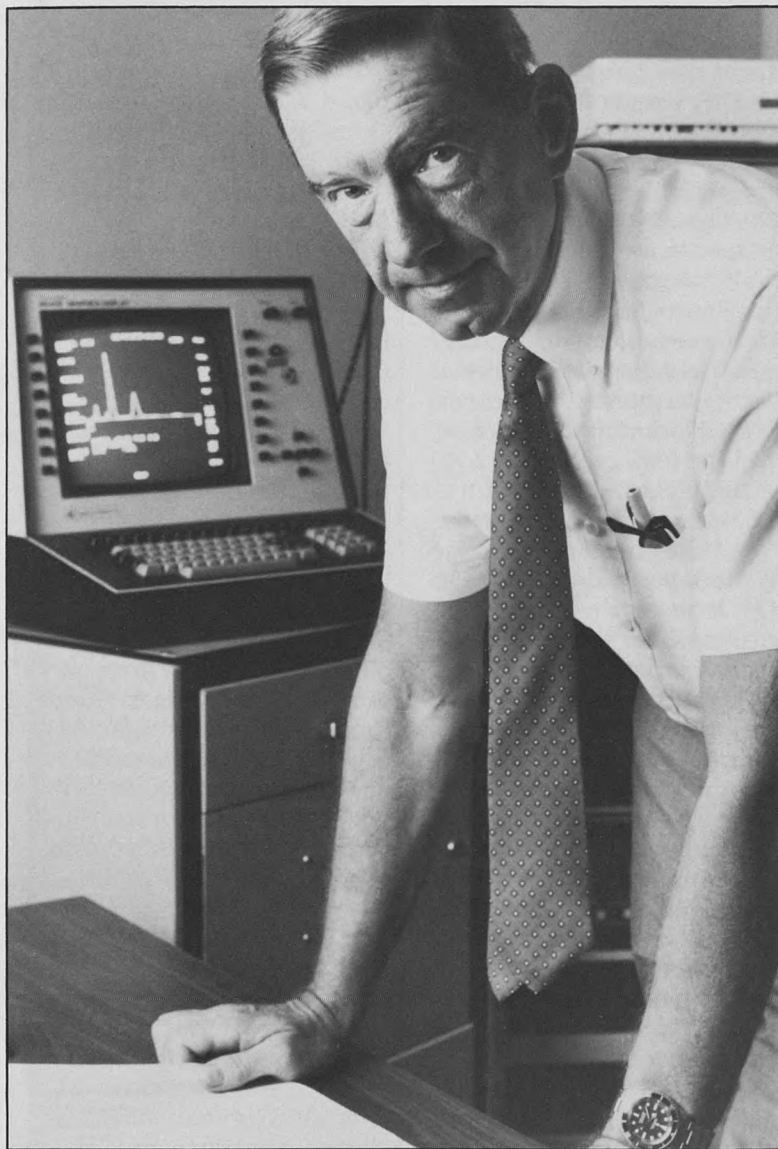
"That was a disfiguring operation. Women who had it were apprehensive about wearing bathing suits or low-cut gowns because they had defects on their chest walls,"

Dr. McDivitt explains. "We're not doing that operation anymore and except in rare circumstances, we're not removing the muscle from the chest wall. So the woman is left with a much better cosmetic effect. We've also learned a lot more about reconstructive surgery, so we can do more effective breast reconstructions."

Most treatment methods today involve one of two

procedures, the modified radical mastectomy—removal of the breast and axillary lymph nodes, followed by chemotherapy—or a lumpectomy—which combines removal of the tumor with radiation therapy. The combination of radiation and drug therapy with surgery has become commonplace in the past 10 to 15 years.

Robert McDivitt, M.D.



"In general today, I think most women who have breast cancer that has spread to the lymph nodes in the axilla will be given adjuvant (supplemental) chemotherapy," Dr. McDivitt says. "Usually we don't give women adjuvant chemotherapy if the cancer hasn't spread to their axillary lymph nodes, because the rate of cure in those women is really quite high and we don't feel it is warranted."

Fifteen years ago, radiation therapy was reserved only for women who had advanced breast cancer. "In that situation, the radiation therapy helped slow down the progress of the disease, but it didn't help cure more patients because the disease had already spread," Dr. McDivitt says. So far, evidence shows that the combination of lumpectomy and radiation is just as effective as breast removal. "We don't have long-term followup on this group of patients. We still don't know what's going to happen in 15 or 20 years, but so far it looks good, so we're encouraged."

If the breast cancer is detected while it is *in situ*, or before it has invaded the surrounding breast tissue, the chance of cure is nearly 100 percent, according to Dr. McDivitt. If the cancer has invaded the breast, but has not spread to the axillary lymph nodes, the patient still has a 50 percent chance of living 20 years, which is considered a long-term cure. "On the other hand, once a breast cancer has spread beyond the axillary lymph nodes—has spread to the lungs, liver or other organs—there's virtually no chance of cure," Dr. McDivitt says. "Our game plan then is to try to treat her

with combinations of radiation therapy and chemotherapy to give her as long and as comfortable a life as we can."

Multi-disciplinary treatment centers like Jewish Hospital's Marilyn Fixman Breast Center and support groups also have contributed to better patient care, Dr. McDivitt says. "It's becoming more common to have specialists in different disciplines see individual patients in conjunction with each other to plan therapy."

These measures have also been responsible for increasing women's awareness of the disease and offering them more input in their treatment. "Many members of the support groups are women who have had breast cancer themselves and have been cured of the disease," Dr. McDivitt explains. "It's a very positive thing for someone who's worried about cancer to come talk to a woman who can say 'look, I've been through this, I'm cured, I'm fine and you're going to get through this okay too.' It's very helpful." ■

For more information about breast cancer, contact the Marilyn Fixman Breast Center at 454-7463.

MEDICAL ISSUE



Ronald C. Strickler, M.D., is director of gynecology at Jewish Hospital and associate professor of obstetrics and gynecology, Washington University School of Medicine division of reproductive endocrinology. He is one of several Jewish Hospital physicians to whom you may be referred, by calling The Doctors Choice physician referral service at 454-8180.

Premenstrual syndrome (PMS), the regular monthly experience of physiological and emotional distress usually occurring during the several days preceding menses, affects nearly half of the adult women experiencing menstrual cycles. Ronald C. Strickler, M.D., notes that about ten percent, or approximately 2.5 million women in the United States, have symptoms that are severe and disruptive of their lifestyles—fatigue, edema, irritability, tension, anxiety and depression.

“In 1981, when an English court accepted it as a defense for manslaughter, PMS was catapulted from the back pages of medical textbooks to the front covers of women’s magazines,” notes Dr. Strickler. As the media raised awareness of the syndrome, increasing numbers of women who previously had been told that their symptoms were psychological began to seek medical diagnosis. “A problem exists in diagnosing PMS,” he notes. “The techniques commonly used today are subjective, relying on the responses of the patient.”

Refining the “tools” used in diagnosing PMS resulting in the manner in which questions are phrased. By asking questions about their state of well-being, and only alluding to problems related to their cycles, a clearer idea of PMS-related symptoms is gained,” notes Dr. Strickler.

If the initial findings warrant further investigation, a menstrual distress questionnaire is used as a screening device that provides additional information enabling its administrator to form a profile of the individual. Should

an analysis of the responses indicate the presence of PMS, the patient is instructed to keep a diary through at least two menstrual cycles. The diary may reveal a clustering of symptoms around the cycle, indicating the existence of true PMS.

In the future, such diagnostic procedures may not have to be used. In 1985, results of research at the Mayo Clinic, in Rochester, Minnesota, indicated that there may be an objective marker among PMS candidates. In the group tested, the level of endorphin (a hormone) in the bloodstream fluctuated abnormally among PMS sufferers. This is the first objective monitor presented and, if verified, could result in a non-subjective measurement as a diagnostic criteria. It may also provide scientists with another means to control the PMS cycle—manipulation of the endorphin level.

Until conclusive evidence is produced indicating that this is a viable means of controlling PMS, several other techniques are being used. A popular treatment involves administering progesterone, a steroidal hormonal compound espoused by Dr. Katrina Dalton, who gave testimony in the murder case which first popularized PMS. Some of the pharmacologic properties of progesterone are what would be prescribed to treat agitation, anxiety, poor sleeping habits, violent outbursts and fluid retention, each a common symptom among PMS sufferers.

According to Dr. Strickler, two other methods of treatment have proven effective. “Two out of three PMS patients can effectively be treated naturally, with a combination of balanced diet, exercise and vitamin therapy,” he says.

The diet, free of refined sugars which are replaced by complex carbohydrates such as starches found in pasta, eschews most red meats in favor of fish and chicken, and eliminates alcohol, particularly red wine, as it triggers severe symptoms. The vitamin supplement replaces the B6 depleted by, among other things, the use of birth control pills, and users see a marked decrease in the degree of depression and irritability with its re-introduction to their systems. Research has found that women who exercise regularly have fewer menstrual complications than those who seldom exercise, and, according to Dr. Strickler, do not have as many psychological problems.

As important as these elements are in the management of PMS, he notes that a social/environmental factor is providing assistance to PMS patients. “In today’s society it’s okay for women to be irritable, and irritability at the time of menstrual flow is more widely acceptable. It is also recognized that women need their own space and time away from being mothers and wives. This realization, in combination with accurate diagnosis and appropriate treatment serves to make life better for PMS sufferers.” ■

IN BRIEF...

... Endometriosis, a menstruation-related disease, has plagued women for many years, but until 20 or 30 years ago many of its victims' problems were believed to be psychological. With women delaying pregnancies into their 30s and having fewer children, doctors believe that not only are a higher percentage of endometriosis cases diagnosed today, but a higher percentage also exists.

The ailment strikes 3 to 8 percent of today's women, results in 25 to 50 percent of the infertility cases, and 50 to 70 percent of its victims experience infertility problems, according to Diana Gray, M.D., Jewish Hospital obstetrician/gynecologist.

Endometriosis occurs when the endometrium, the mucous membrane comprising the inner layer of the uterine wall, flows into organs other than the uterus. A definite diagnosis cannot be made without surgery, which involves a laparoscopy (a minor surgical examination) or, less commonly, a laparotomy (a more complicated surgery involving an open abdominal incision).

Danazol is widely used in endometriosis treatment. Other treatment methods include birth control pills and progesterone, another hormone. In most cases, symptoms return within two years after medication use stops.

Even in its most severe stages, endometriosis itself is not fatal. If a woman does not desire pregnancy, surgical treatment is a preferable option, especially if severe endometriosis is diagnosed.

New Insights Into An Inner-most Problem

by Steve Mainer

Women suffering from endometriosis, a menstruation-related disease that often went undiagnosed 20 or 30 years ago, are receiving relief—in increasing numbers—from pain and infertility resulting from the ailment. First described in 1899, endometriosis strikes 3 to 8 percent of today's women and results in 25 to 50 percent of the infertility cases reported today. Other symptoms include painful menstruation (dysmenorrhea) and pain during sexual intercourse (dyspareunia).

Approximately two-thirds of the women with endometriosis suffer from dysmenorrhea and one-third of those same women experience dyspareunia. Doctors estimate that one-third of endometriosis victims do not experience pain, but may be infertile. Overall, 50 to 70 percent of women with endometriosis will have infertility problems.

"In the past, a lot of women probably suffered with painful menstrual periods and painful intercourse without ever knowing the cause for it or attempting to treat it," says Diana Gray, M.D., Jewish Hospital attending obstetrician/gynecologist. "It's only been in the last 20 or 30 years that another factor besides mental dysfunction was sought as a cause for problems with the

menstrual period."

Endometriosis occurs when the endometrium, the mucous membrane comprising the inner layer of the uterine wall, flows into organs—usually within the abdominal cavity—other than the uterus. On rare occasions, the endometrium reaches areas outside the

and into the abdominal cavity, rather than through the vagina.

"But, obviously, in cases where you find the disease in places other than the abdominal cavity—like the lung, the skin, or the thyroid—it has to get there some way other than just retrograde flow from the uterus. That flow is contained in the abdominal cavity," Dr. Gray explains. In non-abdominal cases, doctors believe the endometrium travels through the blood or the lymph system. A disputed theory places blame for the disease on celomic epithelium, a multi-potential bodily tissue which mysteriously undergoes change.

Another possible sign of endometriosis is uncovered during pelvic exams. Doctors find that about one-half of endometriosis victims have a uterus that is retroflexed, or tilted backwards toward the rectum. The backwards tilted uterus may cause reverse menstrual flow, according to Dr. Gray. However, a definite diagnosis cannot be made without surgery. For abdominal cases, doctors most commonly will perform a laparoscopy (a minor surgical procedure in which the abdomen is examined through a laparoscope). Less commonly, endometriosis is diagnosed through a laparotomy (a more complicated procedure involving an open abdominal incision). A biopsy can be performed to reach a diagnosis in other

"It's only been in the last 20 or 30 years that another factor besides mental dysfunction was sought as a cause for problems with the menstrual period."

abdominal cavity, such as the lungs, thyroid tissue, and even arms and legs.

Doctors are still not certain how endometriosis occurs, but most experts agree that the disease most commonly results when menstrual flow carries endometrial tissue backwards through the fallopian tubes

parts of the body.

To make the diagnosis, it's usually not recommended that one do a laparotomy right off because that's a major surgical procedure and one is not necessarily going to do any corrective surgery at that time," Dr. Gray says. "One just wants to look and

Of the women who undergo surgery to correct the disease in its moderate stages, 60 percent are able to become pregnant. The pregnancy success rate for victims of severe endometriosis drops to 35 percent. The highest pregnancy rates occur during the first year after surgery.

see if endometriosis is the correct diagnosis. So that's why we recommend a laparoscopy to make the diagnosis. It's a very minor surgical procedure in most instances. It can be done easily on an outpatient basis."

Doctors usually prefer to



Diana Gray, M.D., meets with a patient

treat patients with medication before determining whether surgery is necessary. "Medication is the mainstay of initial treatment of the disease, unless it's severely advanced or the patient has limited time left for fertility and wants to get pregnant very soon," Dr. Gray explains.

An expensive male hormone called danazol is widely used in endometriosis treatment. "Danazol creates a pseudo-menopausal state," Dr. Gray says. "When we put

women on the medication, their ovaries go into a dormant state. They don't produce the normal female hormones so they don't stimulate the endometrium. They remain in regression for as long as they are on the medication."

In addition to the expense, unpleasant side effects—including weight gain, acne, hot flashes, libido changes, facial hair growth and deepening of the voice—may accompany danazol use. "So a lot of women don't like it," Dr. Gray says. "However, women in the pursuit of fer-

tility will usually tolerate such side effects better than those not seeking fertility."

Normally, danazol is prescribed for a period of six to nine months, after which the patient will attempt conception, if that's her goal. Other treatment methods include birth control pills and progesterone, another hormone. Other hormones are being examined as possible treatments because of the expense and side effects of danazol.

If the patient's goal is not pregnancy—but just relief of symptoms—doctors may still

prescribe medication, but in most cases symptoms return within two years after the medication is ceased. If a woman does not desire pregnancy, surgical treatment is a preferable option, especially if she has severe endometriosis. The disease is divided

into four stages according to its severity, with stage one being the most mild.

"Endometriomas, which are blood-filled cysts—usually around the ovaries—comprise part of that which we call the more advanced forms of the disease," Dr.

Gray says. "It's actually what we find at the time of the laparoscopy or laparotomy that stages the disease."

Even in its most severe stages, endometriosis itself is not fatal, but corrective surgery brings obvious risks. "It's not a malignancy, it's a benign disease. You wouldn't die of the disease per se," Dr. Gray explains. The complicated surgical procedures potentially could involve other organs, such as the bladder or colon. Typically, danazol is prescribed for several weeks before surgery because it reduces inflammation and softens tissue around the endometrial cysts, easing the operation.

Curing endometriosis sometimes requires a hysterectomy, or removal of the uterus, and a bilateral ovariectomy (removal of both ovaries). "That's essentially a surgical castration of women. It's done when the disease is advanced, causing a lot of problems and there's no desire for fertility," Dr. Gray says.

Of the women who undergo surgery to correct the disease in its moderate stages, 60 percent are able to become pregnant. The pregnancy success rate for victims of severe endometriosis drops to 35 percent. The highest pregnancy rates occur during the first year after surgery.

Victims of endometriosis may have slightly higher risks of experiencing ectopic—or tubal—pregnancies, which are considered surgical emergencies and carry one of the highest mortality rates among maternal complications. "But barring that complication, pregnancies are not affected by endometriosis," Dr. Gray says.

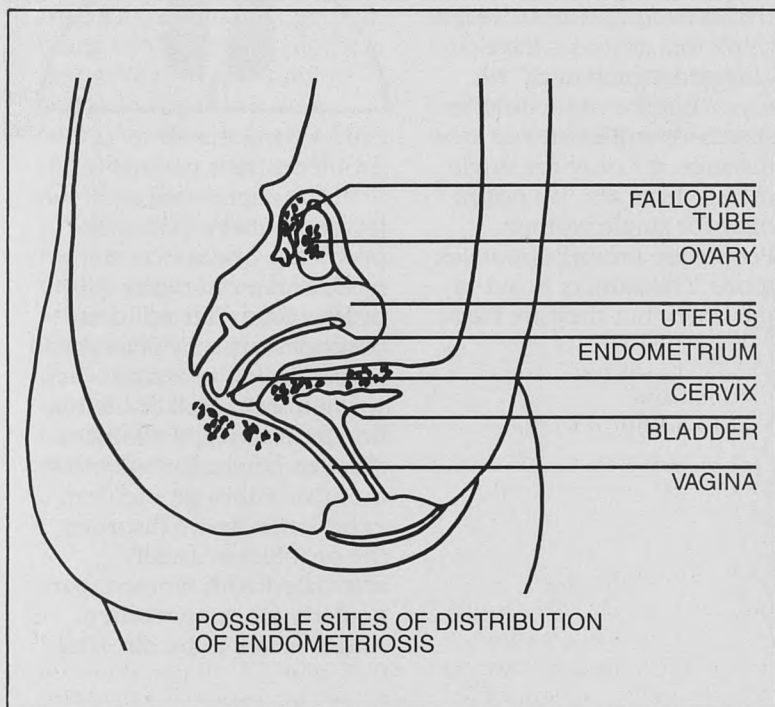
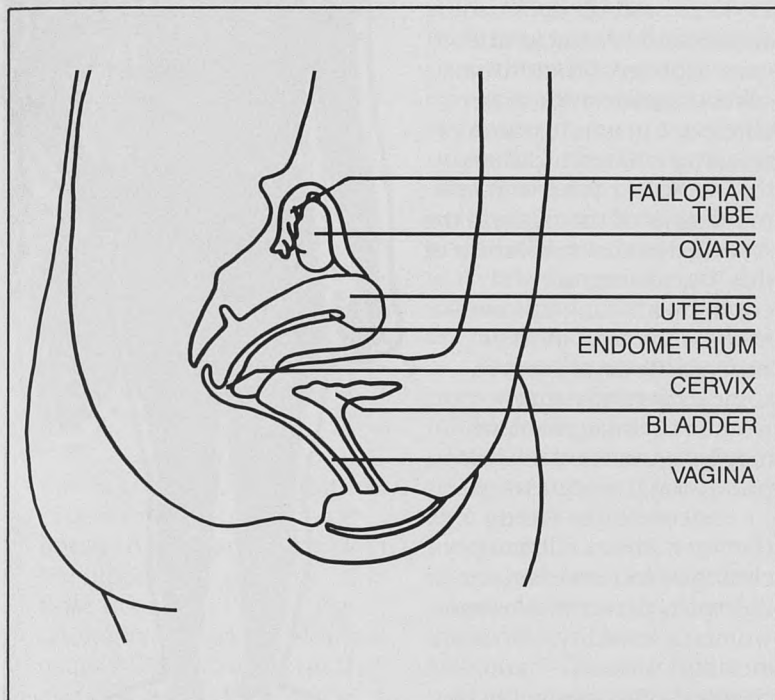
With women delaying

pregnancies into their 30s and having fewer children, doctors believe that not only are a higher percentage of endometriosis cases diagnosed today, but a higher percentage also exists. "It used to be thought that pregnancy had a sparing effect on the disease, and it probably does to some extent, because pregnancy interrupts the normal menstrual cycle," Dr. Gray says. "During pregnancy the endometrial implants usually regress, just as if the woman was on one of the hormonal treatments. Throughout a woman's reproductive life, if she has 10 or 11 children she probably has very little chance of developing endometriosis, but that's not a practical solution," Of course, menopause halts the threat of endometriosis. However, with an average menopausal-age of 51 in the United States, this "cure" also lacks practicality.

Besides delaying pregnancy beyond age 30 without the use of oral contraception, only one other endometriosis risk factor is known. According to studies, about 10 percent of first-degree relatives—for example, a mother and daughter, or two sisters—of endometriosis victims will contract the disease.

"Fortunately, in most women with endometriosis, it doesn't cause significant problems—other than infertility—except during the menstrual period, when it causes pain," Dr. Gray says. "But as far as day-to-day functioning, it's usually not a significant problem." ■

People seeking further information about endometriosis may call The Doctors Choice physicians referral service at 454-8180.



SUCCESS VS SEX

IN BRIEF...

... Even with the women's movement of the 60s and the so-called sexual revolution of the 70s, women are still coping with the same sexual problems experienced by their mothers. But they differ from their mothers in one respect: they are talking about their problems.

In fact, perceptions about women's sexuality—by both men and women—have changed only minimally in the last two decades. Men and women may talk more about sex but the same double standard still exist.

One of the most common sexual disorders that contemporary women experience is desire discrepancy, a lack of sexual desire. The women who are most affected by the disorder are career women. Of all the sexual dysfunctions women experience, desire discrepancy is the most difficult to treat, largely because of the complex psychological and relationship dynamics involved. But with better sex education and communication between partners, therapist Rose Boyarsky, Ph.D., and Randy Hammer, Ph.D., think that women can increase their chances for sexual fulfillment.

by Sharon E. Zaring

In the past two decades, women have made considerable advances in their professional lives. Their numbers in the work force have at least doubled and they are exercising their talents and intelligence to a greater degree.

But career women may well be suffering from what could be called sexual lag. While their careers have

accelerated, the most intimate aspects of their lives, sexual relationships, have faltered. Current research on working women indicates that, in spite of the women's movement of the 60s and the so-called sexual revolution of the 70s, women are still coping with hang-ups similar to the ones their mother suffered. Today, however, some experts say that women's sexual problems may be connected to their professional achievements.

According to Randy Hammer, Ph.D., clinical psychologist and certified sex therapist, perceptions about women's sexuality—by both men and women—have changed only minimally in the last two decades. "People think that attitudes have changed a great deal," he says. "But the same double standards still exist. For instance, it's okay for single men to have sex, it's not as okay for single women. People are *talking* about sex more. The subject is out in the open, but they are basi-



cally having the same problems their parents did."

Although women are subject to a variety of sexual problems, one is becoming more common: desire disorder, often referred to as desire discrepancy or inhibited sexual desire. It occurs when women feel a lack of inclination to have sex, a problem that can persist for weeks or months. Although men can experience desire disorder, the problem is usually associated with women, particularly working women. And it seems to be disorder



that is growing in magnitude. "For women who become involved in a career, sex often becomes a low priority," says Rose Boyarsky, Ph.D., psychologist. "Working women usually feel exhausted at the end of a work day. They're trying to hold it all together, being professionals, mothers and wives—superwomen—and they have very little energy or time left over for sex with their partners."

The problem is not new. It was not unusual for the mothers of today's generation to experience sexual apathy. The difference: they accepted that disinclination. "A woman used to believe that she should never deny her spouse sexual contact no matter how she felt," says Dr.

Hammer. "She thought that was part of her role: when her husband wants sex she should be there for him. Today's woman is voicing her dissatisfaction about sex."

Interestingly, men seem to feel less divided between careers and sexual relationships. "Men do have to divide their time between jobs and parenting, but in a dual earner relationship, it is still the woman who is usually the organizer," says Dr. Boyarsky. "She is still the one who is holding a job, running the household, and making sure that everything runs smoothly. Consequently, her energies are more dissipated."

Of all the sexual dysfunctions women experience, inhibited sexual desire presents the most complexities in treatment. "It is treatable but it's different than a functional sexual disorder, like vaginismus (involuntary contractions causing painful intercourse)," says Dr. Hammer. "There are more psychological components and relationship dynamics involved."

Dr. Hammer says that one of the most effective ways to deal with any sexual

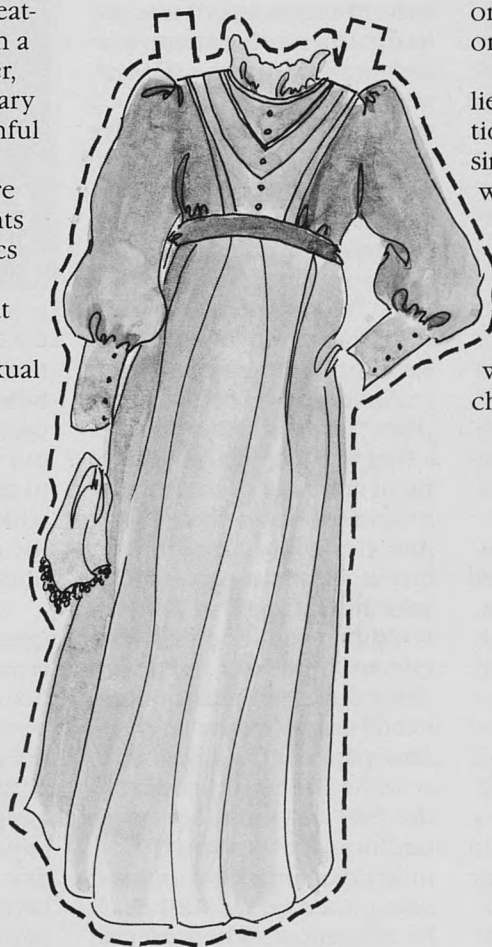
disorder is to develop better communication between partners and to increase sex education. According to Dr. Boyarsky, many women are still steeped in ignorance about sex. "I see many intelligent women who know nothing about themselves sexually," says Dr. Boyarsky. "They have misconceptions about their anatomy and sexual reproduction. Many know nothing about the kinds of stimulus that is necessary for a woman to have an orgasm. They still prefer that men take responsibility for knowing what to do. They want to take their cues from men."

The chances for sexual fulfillment are increased if women take responsibility

for their sexuality. "Women need to know about their bodies, how they function and respond sexually. And then they need to communicate what feels good to their partners," Dr. Hammer says. "Sex is a pleasurable act and the object for women—and men—is to maximize that pleasure."

But women should not be overly concerned about their levels of sexual activity, Dr. Boyarsky cautions. "All the media hype surrounding the sexual revolution has set up false expectations for both men and women," she says. "Just because there was a so-called sexual revolution, individuals need to remember that their sexual habits have to be to their own liking. They don't have to fit someone else's definition of what, or how much, is good sex."

In fact, Dr. Hammer believes that the sexual revolution of the 70s is a myth. It simply never happened. "What we had was a communication revolution in the 70s," he points out. "People began talking about sex more, they had a little more choice, but what they were actually doing didn't change." ■



RECOGNIZING REHABILITATION EFFORTS

The Associates in Medicine were treated to the story of one of the region's most tradition-filled newspapers at the group's annual dinner May 20. Jewish Hospital's "friend raising" organization welcomed *St. Louis Globe-Democrat* Publisher John B. Prentis, III as guest speaker for the event, which was held at the Breckenridge-Frontenac Inn.

"It's appropriate that you are hearing me on a night when you are making a contribution to the rehabilitation department at the hospital," Mr. Prentis said, after watching the Associates donate a specially-equipped van to the hospital's department of rehabilitation medicine. "That's sort of the business that I'm in nowadays—the rehabilitation business of a newspaper."

Prentis, along with William Franke, began their rehabilitation project following their purchase of the 134-year-old newspaper in January, after publication was discontinued December 6, 1985. The *Globe-Democrat* was founded in 1852, 50 years before Jewish Hospital's birth. "This newspaper is an old institution, just as Jewish Hospital is an old institution," Prentis said.

Prentis explained that the *Globe-Democrat* took unpopular stands in its early years, holding the position that slavery not be allowed in any states entering the Union. "That wasn't a very popular position in the slave state of

Missouri in the 1850's," he said. "There were better ways that one could go about making a living than starting a newspaper that took that position,"

The newspaper was the first major media voice to support Abraham Lincoln's first presidential candidacy. "Abraham Lincoln said that the *Globe* was worth more than 10 regiments of troops to the Union, that there was no question that the state of Missouri would not have stayed in the Union if it were not for the *Globe-Democrat*," Prentis said. "The paper became a major force in this community and this part of the country."

"In more recent times, the *Globe* has developed and sponsored programs which really make St. Louis a unique place," the publisher said, citing the Women of Achievement and Man of the Year programs, Humanitarian Award and Old Newsboys Day as a few examples. Prentis said these programs, coupled with the need for alternative editorial opinions and advertising outlets, highlight the need for two major newspapers in St. Louis.

"As you're well aware, the *Post* and the *Globe* have traditionally taken pretty much diametrically opposed viewpoints on most issues," he explained. "There aren't



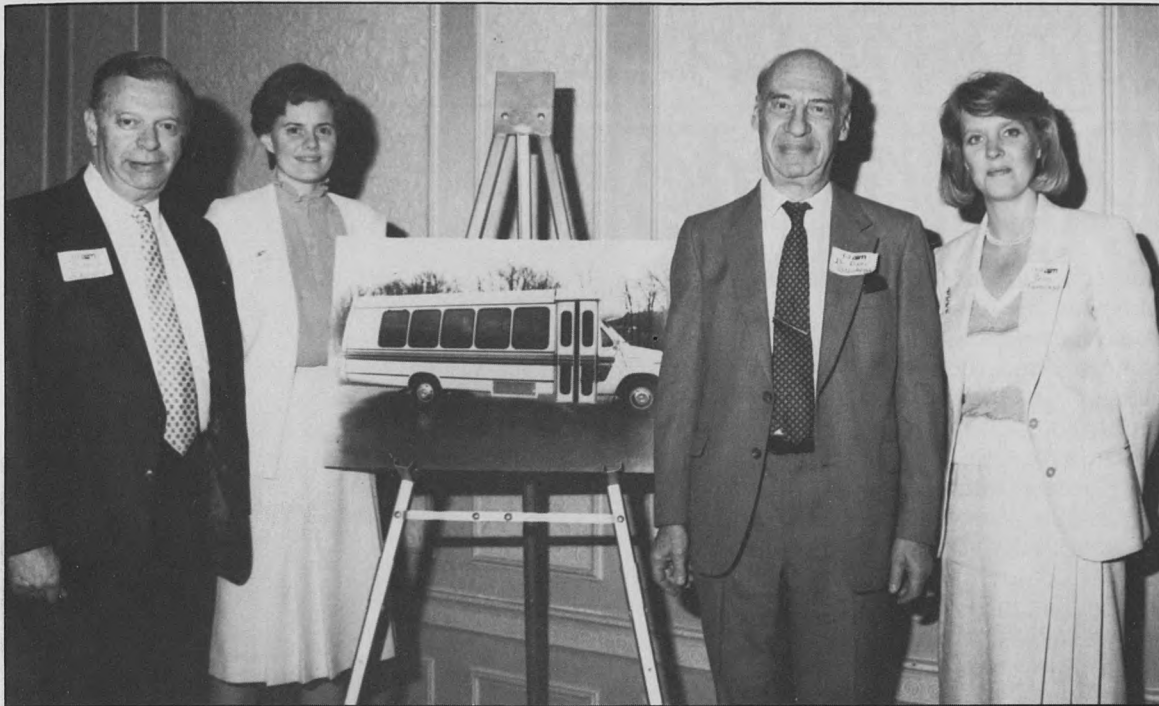
too many places in the country where you have this situation. If there's only one newspaper in town it doesn't take you very long to figure out what's going to happen to the cost of advertising," he added. "The advertisers in the community would be hurt badly?"

Prentis also cited better quality and accuracy in reporting the news as other benefits enjoyed by a two-newspaper city. "We really do need to be held accountable in whatever we do. That can't happen if we only have one paper. There's no question that we're all better off and better served by two newspapers."

The publisher informed the Associates of the newspaper's plans to purchase presses that will give the paper a bright, colorful look similar to that of *USA Today*. The newspaper's offices also will be relocated soon.

About 20,000 readers have initiated or renewed subscriptions to the newspaper since it resumed publication, and Prentis said circulation, as well as revenue, is still increasing. "I think the future is bright because we're producing a quality product that people will come back and support."

Before Prentis' presentation, new officers and board members were installed. Tom



Lewin, chairman of the nominating committee, presented the slate of new directors to members. Accepted as directors were Jerome Goodman, Marlene Kopman, Harvey Lehrer, DDS, Pat Mendel, Marilyn Ratkin and David Segal.

Board members beginning second terms are Marvin Kasnetz, Kenneth Langsdorf, Paul Lux, Gene Pattiz and Terry Purviance. Officers for 1986-1987 are Mr. Kasnetz, president; Kenneth Cohen and Randy Hammer, Ph.D., vice presidents; Ms. Purviance, treasurer; and Mr. Pattiz, secretary.

Mr. Lewin introduced directors who were elected at the recent board meeting to fill unexpired vacancies. Those directors are Jerome Gilden, M.D., Jerome Greenblatt, and Stanley Feldman, M.D. Lewin also recognized outgoing board members Linda Mantle, Patricia Kaiser, Joyce Yalem, Kenneth Goldberg, Judith Jacobs, R.N., Louis Glaser, JoAnn Steinbaum, Norman Druck, M.D., and Bruce White, M.D.

Kasnetz expressed appreciation for the efforts of committee co-chairmen, Dr. Hammer and Mr. Cohen, membership; Pattiz and Dick

Weinstein, program; Purviance and Ms. Mantle, projects; and Lewin, chairman of the nominating committee.

Kasnetz reported that, through the AIM Speakers' Bureau, the group sponsored 50 programs during the past year. The president expressed gratitude to Sunny Combs, special projects coordinator in Jewish Hospital's community relations department, for her work on the speakers' bureau. Reminding the group that its main source of income is membership dues, Kasnetz said, "Many of our programs which do not have an immediate bottom line, certainly will help the hospital and the community in the long run."

Kasnetz also thanked the people responsible for keeping communication between the hospital and AIM flowing smoothly. "It's good to know that you can pick up the phone and have Don Levin (hospital administrator for the Associates) and Chris Mouser, our secretary, provide whatever assistance is needed," he said.

"It's been a very successful year, but quite frankly, I claim little credit on my own for the year we've had,"

Kasnetz said. "I've been very fortunate, or maybe very smart, in picking the right people to do their jobs. And if I claim any responsibility it would be in picking the right people."

Purviance presented the Associates' annual gift to the hospital in the name of Franz Steinberg, M.D., who stepped down January 1, after 28 years as director of Jewish Hospital's department of rehabilitation medicine. Purviance displayed a mounted photograph of the specially-designed van which will be used to transport hospital patients on field trips.

Dr. Steinberg, a member of the hospital's staff for more than 35 years, said the van would replace one purchased by the hospital 10 years ago. "Recreation rehabilitation is not just a way to keep patients busy on Sunday afternoons. It's a way to get patients, and particularly younger patients, back into the community," Dr. Steinberg said. "I want to thank you for this most meaningful gift."

MaryBeth Pereira, M.D., director of rehabilitation medicine, also voiced her appreciation for the gift. "The utility of this van to our department is immense," said Dr. Pereira. "It allows patients to gain access and visibility in the community. It provides access to enjoyable activity that otherwise would be unavailable.

"The van is a very important stepping stone to be realized in conjunction with sophisticated therapy in all rehabilitation programs," Dr. Pereira added. "It will provide us with the opportunity to continue the expansion of efforts to do more with outpatient services for these patients." ■

Helping to make the Difference

In 1985, they logged 67,984 hours at the hospital. As a group, they comprise 244 members of the hospital force, contributing their diverse talents and expertise to more than 30 hospital departments. They are the Jewish Hospital volunteers, a vital group of individuals who are proving to be as valuable in the delivery of health care services as the paid employees.

During Volunteer Week, April 12-16, luncheons were held in the Brown Room to recognize the volunteers. Although hospital president David Gee was attending a meeting in another city, he delivered his annual address to the volunteers by preparing a video presentation in advance. "Volunteers have helped to maintain an impor-

tant equilibrium at Jewish Hospital," he noted "With today's marketing emphasis in health care, there is a danger of putting too much emphasis on money and not on the sick. Our volunteers have been extremely important by consistently giving their warmth, enthusiasm and tender loving care. You, as much as anyone, are making a difference in this new health care environment."

At each luncheon, gold pins were presented to volunteers who have reached increments of 500 hours in their volunteer service. Once again, Bert Brand, Clover Garden volunteer, captured top honors by accumulating a total of 21,000 hours of volunteer time. Congratulations to Mrs. Brand and her fellow volunteers. ■



CONTINUING THE PATTERN OF EXCELLENCE

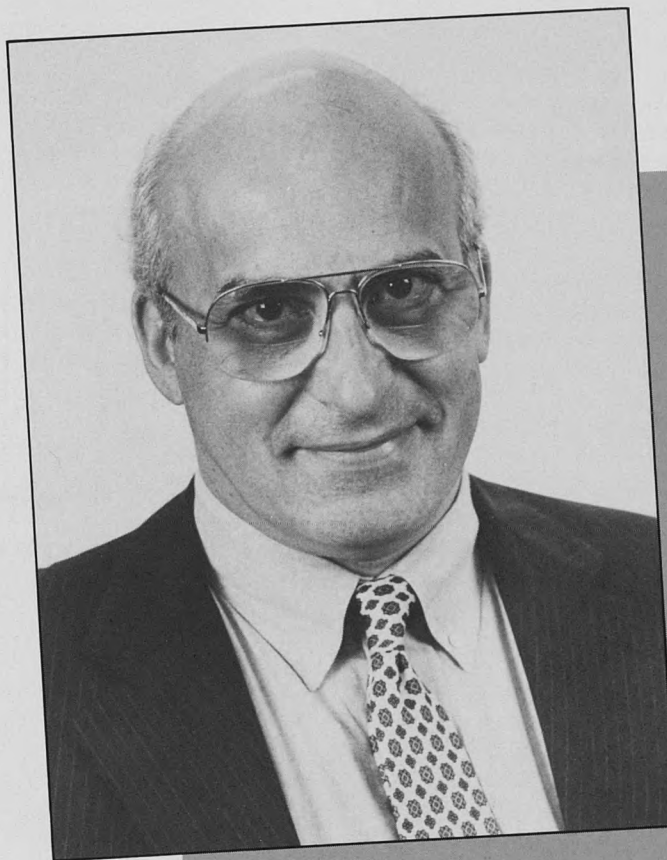
William A. Peck, M.D., Jewish Hospital physician-in-chief, will deliver the keynote address at the annual meeting of the Fellows of Jewish Hospital on Sunday, October 19, 1986, at the Westwood Country Club. His topic will be "Beyond Advertising: Making the Health Care Choice."

Dr. Peck, the John E. and Adaline Simon Professor of Medicine and Co-chairman of the Department of Medicine at Washington University School of Medicine, is a graduate of the Rochester School of Medicine and Dentistry. He pursued post-graduate training in internal medicine at Barnes Hospital, and Strong Memorial Hospital at the University of Rochester School of Medicine, where he served as chief medical resident. He followed clinical and research interests in endocrinology and metabolism, training in that area both at the Washington University School of Medicine and, before his chief residency, at the National Institutes of Health.

A member of prestigious scientific societies, he has been president of the American Society for Bone and Mineral Research, and a founder of the National

Osteoporosis Foundation of which he currently serves as president. Dr. Peck is widely published in learned journals, is on editorial boards of several, and is editor-in-chief of the *Bone and Mineral Research* annuals.

As a teacher, Dr. Peck has achieved many distinctions; he has delivered commencement addresses and has been a visiting professor at major universities. He was awarded the 1984 Clinical Teacher of the Year by Washington



University medical students. He is listed in *Who's Who in America*, and *Who's Who in the World*.

Donald L. Levin, Jewish Hospital director of development, says, "The annual meeting of the Fellows of Jewish Hospital presents the hospital with the opportunity to do two things. First, to thank the members for their generous support which makes funding many of our programs possible, and second, to keep people informed about health care issues which affect us all—directly or indirectly.

"In the past two years,

our principle speakers have been Dr. C. Everett Koop, Surgeon General of the United States, and the Honorable Paul G. Rogers, former Chairman of the House Subcommittee on Health and Environment. This year we continue the pattern of excellence by inviting Dr. Peck to address the Fellows."

The Fellows is the hospital's organization established to recognize benefactors, each of whose annual gifts to the hospital total \$1,000 or more. The members' contributions help provide the margin of difference which makes it possible for Jewish Hospital to be the best and provide the best. ■

For information about how you can become one of the growing number of Fellows of Jewish Hospital, contact Donald Levin, director of development. Call (314) 454-7250 or write, c/o Jewish Hospital, 216 South Kingshighway, St. Louis, Missouri 63110.



JEWISH HOSPITAL NEWS BRIEFS



DEUEL RECOGNITION

—Thomas F. Deuel, M.D., director of the division of hematology and oncology at Jewish Hospital and professor

of biological chemistry at Washington University School of Medicine, is the first recipient of the Lewis T. Apple Chair in Oncology. His

selection recognizes the contributions he has made in his field and to the hospital, as well as his international reputation among cancer researchers. A recent recipient of the Damashek prize of the American Society of Hematology, Dr. Deuel has made several fundamental observations that have altered the concept and nature of the cancer cell.

“Dr. Deuel has assembled a team of the most outstanding young investigators and clinicians in the field,” says William A. Peck, M.D., Jewish Hospital physician-in-chief. “Under his guidance, the research, teaching and clinical activities of the division have flourished.”

The Apple chair was established by a bequest from the estate of Lewis T. Apple, author, philanthropist and St. Louis businessman. Gifts in support of Jewish Hospital's pursuit of excellence are appreciated, and have become traditional. If you would like to provide a memorial or honorial donation to the hospital, please contact Don Levin, director of development, 454-7250.

Louis Altshuler, DDS, co-authored an article, “Total Mandibular Replacement In A Patient With Hand-Schuller-Christian Disease”, published in the December issue of the *Journal Of Oral and Maxillofacial Surgery*.

Charles B. Anderson, M.D., served as an associate examiner for the American Board of Surgery Certifying Examination held in St. Louis on April 7-8. He also chaired the meeting on “Lipid Mediators in Organ Transplantation” and presented a paper,

“Intrarenal Prostaglandins in Allograft Rejection,” at the first annual Alexis Carrel Conference held by Georgetown University in Washington, D.C., April 8-10. On May 3, he gave a presentation to the Washington University Medical School Alumni on the current status of renal transplantation. On May 6, as President-Elect, Dr. Anderson was Moderator of the St. Louis Surgical Society Fundamental Forum.

Jerome M. Aronberg, M.D., spoke on “Targetoid Hemosiderotic Hemangioma” to

People to People Dermatology in Nanjing, China, May 21.

Robert R. Bahnson, M.D., co-authored a paper with William J. Catalona, M.D., “Adverse Implication of Acid Phosphatase Levels in the Upper Range of Normal,” presented to a conference at the Annual Meeting of the American Urological Association on May 18-22, in New York, New York.

John Boineau, M.D., spoke on “Excitation Patterns in Normal and Ischemic Hearts” at the International Symposium to

**GRACIOUSLY GIVEN,
GRATEFULLY RECEIVED—**

Approximately 170 members and friends were present as Ben A'Kiba Aid Society President Mrs. Adele Kelman presented gifts to Jewish Hospital. A \$1,000 donation, for the support of bone disease research, was presented to Steven Teitelbaum, M.D., who provided the address at the annual luncheon. Another gift, in the amount of \$1,000 for the Recreation Therapy program, was accepted by Donald Levin, Jewish Hospital director of development.

This year's gifts continue

a long-standing tradition of the Society. Its members have a 94-year history of providing assistance to a variety of community service organizations, and have been contributing to Jewish Hospital almost from its inception in 1902. The organization has provided annual gifts to the hospital's Department of Rehabilitation Medicine since 1967, according to Mr. Levin.

Pictured above, Mrs. Kelman (center) presents the check for bone disease research to Dr. Teitelbaum (right), as Levin (left) looks on.



Commemorate Dirk Durrer, May 29-30 in Amsterdam, Netherlands.

William J. Catalona, M.D., attended a meeting of the Prostate Cancer Working Group of the Organ Systems Coordinating Center at the NIH in Rockville, Maryland. On May 17-23 he attended the American Urological Association Annual Meeting in New York City, serving as instructor for three postgraduate

courses: "How I Manage Prostate Cancer: Stage for Stage" and "Prostate Cancer," on May 19; and "Alternatives and New Approaches to Urinary Diversion," on May 20. A film made by Dr. Catalona. "Nerve-Sparing Radical Retropubic Prostatectomy," was presented on May 21.

Dr. Catalona serves as a Consultant for the NIH Organ Systems Coordinating Center

BY INVITATION ONLY—

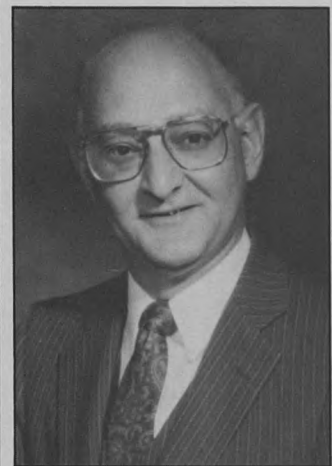
Todd H. Wasserman, M.D., has been selected to speak in Beijing and Shanghai, China, sharing his research on drugs that enhance the ability of radiation therapy to destroy cancer cells. He and his wife will accompany three other Western radiotherapists on a tour of speaking engagements on the subjects of "Chemical Modifiers with Radiation Effects," "The Modern Treatment of Hodgkin's Disease," and "The Role of Radiation Therapy in Non-Hodgkin's Lymphomas."

Upon his return from China, Dr. Wasserman will begin a sabbatical in England, continuing his clinical and laboratory research on a drug, sensitizer SR-2508. Dr. Wasserman will be conducting studies with it and the British sensitizer RO-3-8799 to find additional radiosensitizing capabilities of the two drugs. The work undertaken will be a continuation of his 10-year relationship with British colleagues at the Medical Research Council Laboratories in Radiation Biology and Oncology at Cambridge University.

Prostate Cancer Working group for 1986, and has been elected to the Clinical Society of Genitourinary Surgeons. He received the 1986 American Urological Association Gold Cystoscope Award, in recognition of his contributions to the specialty.

David Dugger, M.D., was inducted as a fellow to the American College of Obstetrics and Gynecology at the annual ACOG meeting held in New Orleans, in May.

Marvin E. Levin, M.D., was recently awarded the 1986



BOARD PROFILE—

Alyn V. Essman, chairman of the board and chief executive officer of CPI Corporation, has joined the Jewish Hospital Board of Directors. Mr. Essman is an active member on the boards of Clayton Mercantile Bank, The St. Louis Symphony Society and the Jewish Federation of St. Louis

Mr. Essman is a St. Louis native, holds a B.S. in Business Administration from Washington University, and became a Certified Public Accountant in 1956. He joined CPI that same year, as controller, and was elected president in 1969. In 1973, he was elected chairman of the board and chief executive officer. The two divisions of CPI Corporation operate more than 800 Sears Portrait studios and more than 170 CPI photo finish film processing minilabs.

Alumni Faculty Achievement Award by the Washington University Medical School Center Alumni Association. He recently co-authored an article, "Rhabdomyolysis Associated with Hyperosmolar Non-ketotic



V.P. PROFILE—Carol Teig has been appointed Jewish Hospital Vice President, responsible for the directorship of strategic planning, marketing and public relations activities. Prior to her appointment, Ms. Teig served as assistant vice president in charge of strategic planning. The consolidation of these functions recognizes their importance in helping the hospital confront a challenging environment.

"Strategic planning helps to develop a road map for the hospital's future," says Teig. "Marketing and public relations assist hospital operations in following that road map by devising tactics to

achieve long-term objectives."

A major objective for the planning and marketing operations over the next year will be the development and implementation of a new corporate business plan that will incorporate a marketing plan. "By analyzing our strengths and weaknesses with input from medical staff and department heads, we hope to develop a set of detailed goals, objectives and strategies that will position the hospital as a leader in St. Louis," Teig notes.

As part of her efforts to this end, Teig will develop and coordinate planning information reporting and negotiate and review contracts for alternative delivery system components of hospital services. In addition, she will assist in the assessment of acquisitions and joint venture opportunities, and serve as staff liaison with the Washington University Medical Center and regulatory agencies.

Teig joined Jewish Hospital in 1983 as an administrative resident while completing her Master of Health Administration degree from Washington University. She was appointed director of planning in 1985, and served in that capacity until her recent promotion.

Coma," which he co-authored with Dr. Eric Schlepfforst. He also co-authored "The Course of Peripheral Vascular Disease in Non-insulin Dependent Diabetes." He has published "Sidestepping Foot Problems," in *Diabetes Self-Management*, and "Noninvasive Workup for Peripheral Vascular Disease," in *Diagnosis*; and is co-author of "Pregnancy and diabetes: the Team Approach," in

Archives of Internal Medicine. He has contributed chapters to two texts, as well. "The Pathophysiology of Diabetic Foot Lesions" in *Clinical Diabetes Mellitus, a Problem Oriented Approach* published by Thieme-Stratton Inc., edited by J. K. Davidson, and "The Diabetic Foot," in the text *Diabetes and the Skin* edited by J. E. Jelinek.

He spoke on "Diabetic Foot

SENIOR ADVISOR—

Robert Senior, M.D., director of Jewish Hospital's Respiratory and Critical Care Division and professor at Washington University School of Medicine, is one of 13 prominent physicians and clinical investigators recently appointed to serve as scientific advisors to a national research group.

The group, Premier Research, is the nation's only network of major teaching hospitals conducting clinical investigations for the pharmaceutical industry. It was created by Premier Hospitals Alliance, a voluntary group of the nation's largest and most prestigious metropolitan medical centers.

Each year Premier hospitals conduct more than \$100 million in sponsored research projects. Approximately one-fifth of these projects test the safety and effectiveness of new drugs and medical devices. The advisory board will address medical and other specific issues and such as research topics and clinical protocols for multi-site national studies.

Problems" at the Kaiser Foundation in Sacramento California, "The Treatment of Diabetic Foot Ulcers" at the Flower Memorial Hospital in Toledo, Ohio, "Nutrition in the Diabetic" at the Louisiana State University School of Medicine at New Orleans. He lectured on "Obesity" for the Uniformed Services Academy of Family Physicians, in San Antonio, Texas and "The Aging Diabetic," for the Texas State Medical Association, in Dallas. He also was a guest of Dr. Armand Brodeur on Doctor-to-Doctor discussing the problems of nutrition.

OASIS PRESENTS—"The Immigration Experience: St. Louisans Remember" will be shown October 10-26 at the Missouri Historical Society in Forest Park in Emerson Auditorium. The project is presented by OASIS (Older Adult Service and Information System), a program of Jewish Hospital and Washington University School of Medicine. "The Immigration Experience" is undertaken in cooperation with the Missouri Historical Society.

The Immigration Experience exhibit includes paintings, creative writing, historical photos and memorabilia of 22 older adults from around the world who immigrated to the United States before 1960. A series of workshops held at OASIS centers this summer enabled participants to produce poetry, drawings and paintings inspired by their varied experiences.

A videotape produced by Southwestern Bell will be shown as part of the exhibit. The videotape features interviews with program participants sharing their memories and feelings about leaving their native countries and starting new lives in St. Louis.

"The Immigration Experience" is being shown as part of the St. Louis Arts Festival. It is sponsored by OASIS, and the Missouri Historical Society with support from the Regional Arts Commission, Famous-Barr, Southwestern Bell and Frank/James Direct Marketing, Inc.

The exhibit will be open Tuesdays through Sundays, 9:30 a.m.-4:45 p.m., October 10-26.

Jack Eidelman, M.D., attended a convention of the American Psychiatric Association, May 12-16 in Washington, D.C.

Alvin Frank, M.D., spoke on "Brand and Mind, Facial Image and Object Constancy: Report of a Clinical Experience" at the 17th annual Mahler Symposium on Child Development, co-sponsored by Medical College of Pennsylvania, Department of Psychiatry, Division of Child Psychiatry and the Philadelphia Psychoanalytic Institute and Society, May 31 in Philadelphia, Pennsylvania.

M. Wayne Flye, M.D., participated in a panel discussion on Organ Transplantation, April 26, on Newsmakers, Channel 4.

M. Gilbert Grand, M.D., was elected to the Executive Committee of the Macula Society for 1986.

Joseph Hazan, M.D., fellow of ACOG, attended the annual convention of the American College of Obstetrics and Gynecology, May 4-8 in New Orleans, Louisiana.

Lawrence Hoffman, DMD, attended the Quintessence 2nd International Symposium on Periodontics and Restorative

Dentistry, May 2-4 in Boston, Massachusetts.

Harold Joseph, M.D., attended a convention on "Inflammatory Bowel Disorders; Experience and Controversy," April 4-5 in New York, New York.

Alex Kaplan, M.D., co-authored a paper, "The Dying Psychotherapist," published in the May issue of the *American Journal of Psychiatry*. In May, he was appointed President Elect of the American College of Psychoanalysts.

Harry L. S. Knopf, M.D., authored two articles which

have been accepted for publication: "Periocular Anesthesia for Relief of Pain," by the *Annals of Ophthalmology*; and "Surgical Therapy of a Pseudomonas Corneal Ulcer in a Diabetic," by the *Journal of Ocular Therapy and Surgery*.

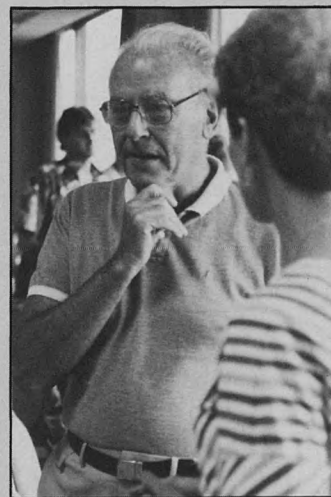
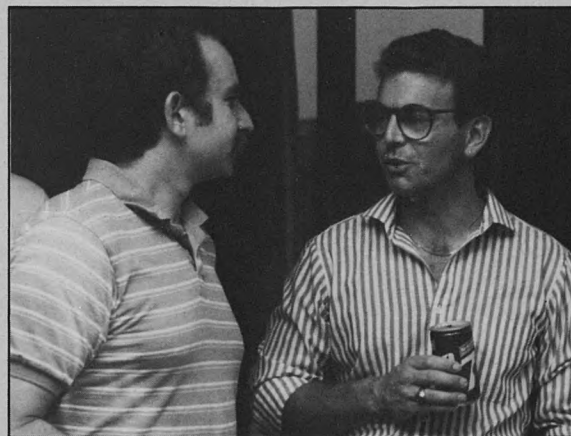
Nicholas T. Kouchoukos, M.D., spoke on "Eleven Year Experience with Composite Graft Replacement of the Ascending Aorta and Aortic Valve" to a conference of the American Association for Thoracic Surgery, April 28-30 in New York, New York.

Roop Lal, M.D., co-authored a paper with Sung Soon Kim, M.D., Rudolphe Ruffy, M.D., Ken Schechtman, M.D., and Patrick Shea, M.D., entitled "Flecainide and Amiodarone Interaction" which was published in the *Journal of the American College of Cardiology* in May.

Harvey Leibhaber, M.D., spoke on "Infectious Diseases of the 80s" at the United Hebrew Temple, May 28.

Stanley L. London, M.D., chaired the program at the Sports Medicine Conference for the St. Louis Medical Society, June 25, in St. Louis.

Carlos A. Perez, M.D., spoke on "Newer Concepts in Gynecologic Brachytherapy" to the Radiation Therapy Oncology Group, January 13-19 in San Francisco, California. In Kansas City, Kansas he spoke on "Hyperthermia and Cancer Therapy" to the Department of Radiation Oncology at the University of Kansas Medical Center on February 19. On April 3-4, he spoke on "Hyperthermia in Head and Neck Cancer Management" at the 19th Annual Cancer Symposium, Wayne State University School of Medicine in Detroit, Michigan. He addressed "Clinical Aspects of Superficial and Interstitial Hyperthermia" at the Hyperthermia Seminar at the



A FROLICKIN' FOURTH—

At the Riverfront Conference Room facility of the Holiday Inn, Jewish Hospital provided its physicians and their families an oasis at which to relax and refresh themselves during the Veiled Prophet Fair, held over the Fourth of July weekend. The facility and the party it held was a means for the hospital administration to thank the physicians for their service.

In addition to providing respites between forays onto the grounds of the Arch during the heat of the day, the fairgoers were given a comfortable front-row, air-conditioned vantage point from which to observe the spectacular fireworks displays that highlighted each evening of the weekend. Hospital staff members from several departments served as their hosts and hostesses.



RECORD-SETTING GENEROSITY—Jewish Hospital employees set new records by generously giving blood to the American Red Cross during the hospital's blood drive on July 15 and 16. Donors lined up in the School of Nursing gymnasium to give 353 pints of blood, well exceeding the hospital's goal of 180 pints.

According to Sunny Combs, program coordinator, the success of this year's drive was a result of the special efforts of the Blood Drive Pep Rally Team and their recruiting efforts. Team members gave extra time to organize the drive.

Although several recruiters were outstanding, the top recruiters were Shirley Higgenbotham, pathology, who signed up 53 donors and Louis Nation, vascular surgery, who brought in 34 recruits. For their special efforts, they received official major league baseballs from Ozzie Smith of the St. Louis Cardinals.

Following the blood drive, a prize drawing was held in the cafeteria for the donors. The winners were Rod Hartzel, M.D., house staff, and Earl Miller, technician, histology. They received Jewish Hospital candy canisters and candy.

Regional Radiation Therapy Center, April 4 in Columbia, Missouri. On April 14-18, his topic was the "Biological Principles of Hyperthermia," for the II Curso Internacional de Fisica Medica in Bogota, Columbia. At the same

meeting, he spoke on "Clinical Applications of Hyperthermia" and "Interaction of Hyperthermia with Radiation and Anti-Neoplastic Drugs." At the Varian Tenth Annual Users Meeting in Marco Island, Florida, May 11-13,



AUXILIARY DONATION

—Esther Blumoff, president of the Jewish Hospital Auxiliary, recently presented Marvin Mishkin, M.D., president of the medical staff association, with a check for \$1,000 for the Rothschild Medical Library. The contribution is an annual tradition and helps fund library material purchases.

he spoke on "Hyperthermia."

Dr. Perez co-authored a paper with H. Marvin Camel, M.D., Robert R. Kuske, M.D., Ming-Shian Kao, M.D., Andrew Galakatos, M.D., Mary Ann Hederman, M.D. and William E. Powers, M.D., entitled "Radiation Therapy Alone in the Treatment of Carcinoma of the Uterine Cervix: A 20 Year Experience," published in the *Journal of Gynecologic Oncology*. Two articles, "Hysterectomy and Adjuvant Irradiation for Pathologic Stage III Adenocarcinoma of the Endometrium" and "Treatment of Stage I Adenocarcinoma of the Endometrium by Hysterectomy and Adjuvant Irradiation: A Retrospective Analysis of 304 Patients," co-authored with Steven Stokes, M.D., John Bedwinek,

The following names were which were inadvertantly dropped, to the list of medical staff members which appeared in the 1985 Annual Report:

Franz U. Steinberg, M.D.
Departments of Medicine and Rehabilitation Medicine

Elizabeth Stoddard, M.D.
Departments of Medicine and Rehabilitation Medicine

In addition, please note that Wallace R. Ruwitch is a member of the Board of Directors.



FISH FOR FUN—The Auxiliary recently donated a \$300 aquarium to rehabilitation medicine. According to Jean Ferguson, recreation therapist, an aquarium is an excellent outlet for rehabilitation patients. "Watching the fish is relaxing and interesting for patients," she says. "Keeping fish is also an excellent leisure activity, particularly for stroke patients. It is something they can easily follow up on after discharge."

^{right} Pictured is Ms. Ferguson, ^{left} with Esther Blumoff, Auxiliary president.

M.D., H. Marvin Camel, M.D., and Ming-Shian Kao, M.D., were published in the March issue of the *International Journal of Radiation Oncology, Biology*



DONATING HEARTS—

Jewish Hospital's Brown Room recently adopted an assembly line atmosphere as hospital volunteers produced bright red, heart-shaped pillows. Volunteers cut, sewed, stuffed and wrapped more than 700 pillows in the temporary factory.

The fruits of the volunteers' labor will help the hospital's open heart surgery patients recover from their operations more comfortably. By holding the pillows against their chests when coughing, these patients can soften the jarring effects of their coughing.

Physics. Dr. Perez spoke on "Radiation Therapy in Carcinoma of the Uterine Cervix" to the X Jornadas Rioplatenses de Radiologia, in Punta del Este, Uruguay, March 26-29. At the same meeting, he spoke on "Irradiation in the Management of Carcinoma of the Endometrium," "Clinical Applications of Hyperthermia," "Definitive Radiation Therapy of Carcinoma of the Prostate" and "Radiation Therapy in the Management of Urinary Bladder."

Joel S. Perlmutter, M.D., addressed "Regional Blood Flow in Dystonia," to the 2nd International Dystonia Symposium at Arden House in New York.

Arthur Prenskey, M.D., spoke on "Epilepsy and Intelligence" and "Headache Therapy in Children" to the American Academy of Neurology in New Orleans, Louisiana, April 28-May 3.

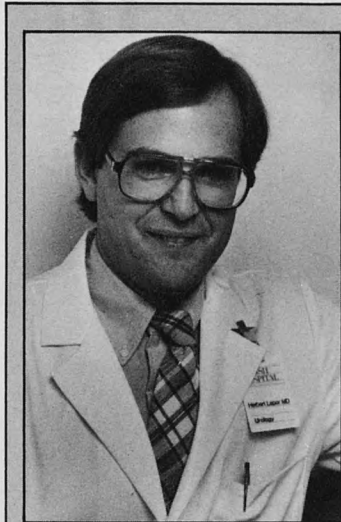
Gary Ratkin, M.D., chaired a session, Infusional Chemotherapy, Clinical Practice Forum, at a national meeting of the American Society of Clinical



TRIPLE HONORS—

Three Jewish Hospital physicians (pictured left to right), William A. Peck, M.D., physician-in-chief, Morton Binder, M.D., and Franz U. Steinberg, M.D., were honored at the Annual Meeting of the Jewish Center for Aged. The Center is a 276-bed long-term care facility at which the motivating philosophy is life should be more than long.

Dr. Peck, a long-time member of the JCA board, was bestowed the title of Honorary Director of the board. Dr. Binder was presented the Award of Merit, for seven years' service on the board, three of which he was chairman of the Center's health care services committee. Dr. Steinberg's Award of Merit was given in recognition of his work in rehabilitation and service over a 25-year period as a consultant and friend to the frail elderly who make their homes at the JCA.



CHIEF APPOINTMENT—

Herbert Lepor, M.D., has been appointed Jewish Hospital chief of urologic surgery. A native of Brooklyn, New York, Dr. Lepor completed his pre-medical education at the University of California, Los Angeles and his medical education at The Johns Hopkins University School of Medicine, Baltimore, Maryland. He gained graduate experience as both an intern and junior assistant resident in surgery, and resident in urology at Johns Hopkins Hospital in Baltimore.

Prior to accepting his position at Jewish Hospital Dr. Lepor was an instructor in the department of urology at Johns Hopkins University School of Medicine, and was on staff at Johns Hopkins Hospital and Francis Scott Key Medical Center in Baltimore. His academic appointment at Washington University School of Medicine is that of assistant professor of surgery (urology). He is, in addition, a consultant to the Eli Lilly Pharmaceutical Company. He has co-authored and presented numerous articles and abstracts in his specialty.

Oncology in Los Angeles, California. He participated in recruiting new members for Cancer Support Groups at the "Make Today Count National Meeting" held at the Adam's Mark Hotel, St. Louis, April 26. He was also reappointed Chairman of the Clinical Practice Commission, by the American Society of Clinical Oncology.

Kenneth L. Russ, Ph.D., has been elected a member of the Committee of Ethics Standing Hearing Panel of the American Psychological Association for 1986.

Gunter Schmidt, DDS, attended the annual meeting of the American Academy of Oral Medicine in Toronto, Canada, on May 10. He received the "Herschfus Award," the highest given by the Academy for service.

Robert J. Schneider, M.D., spoke on "Arthritis Diagnosis and Management" at the United Ostomy Association of Greater St. Louis, April 28 in the Brown Room of Jewish Hospital.

Moisy Shopper, M.D., presented a paper, "Why Johnny Doesn't Take His Medicine; A Psychiatric View of the Problem of Non-Compliance," at Grand Rounds on May 28, Cardinal Glennon Hospital in St. Louis. Dr. Shopper also delivered a speech, "Supervision of Child Analysis," to the Association of Child Psychoanalysts in Seattle, Washington, on March 21. He participated in a panel discussion, "Adolescent Suicide and Its Prevention," at the B'nai El Temple in St. Louis on May 13. Dr. Shopper was elected Chairman of Membership Committee for the Association of Child Psychoanalysts in Seattle, Washington for 1986 to 1988.

Patrick R. M. Thomas, M.D., co-authored a paper, "Perineal Effects of Postoperative treatment for Adenocarcinoma

**NUMBERS TO KNOW
AT JEWISH HOSPITAL**
454-

 The Doctors Choice
(Physician referral)
8180
OR
1-800-822-1201
(outside St. Louis, in
Missouri)

1-800-233-3783
(outside Missouri)

 Admitting
7045

 Associates
8088

 Auxiliary
7130

 Clover Garden
7166

 Community Relations
7239

 Emergency Room
7900

 Fellows
7250

 Jewish Hospital
7000

 Patient Accounts
7134

 Patient Information
7420

 Patient Relations
7240/1

 Tribute Fund
7242
**OTHER HELPFUL
NUMBERS**

Jewish Hospital Home Care

 *new referrals
454-7031

 *follow-up
993-4600

 *after hours
454-7000

 OASIS
454-0113

PROMOTIONAL

MARCH—Jerry Mathers, star of the 1960s television show "Leave it to Beaver" and its sequels, recently received a first-hand look at some of the Jewish Hospital research that he helps promote. Mathers re-

ceived an overview on controlling diabetes in pregnancy from D. Michael Nelson, M.D., Jewish Hospital obstetrician and high-risk pregnancy specialist.

After touring a hospital laboratory with Dr. Nelson, Mathers learned more about diabetes and pregnancy by speaking with Pat Johnson, R.N., a diabetic Jewish Hospital employee who is pregnant. Ms. Johnson explained how a tiny, automatic insulin pump spares her the inconveniences of manually checking her blood sugar level several times a day and injecting insulin with a syringe.

The actor's visit was part of a promotional tour for the March of Dimes, which provides funding for Dr. Nelson's research on diabetic pregnancies.

of the Rectum," which was published in the *International Journal of Radiation Oncology, Biology and Physics*.

Franz U. Steinberg, M.D., was invited to lecture on "Rehabilitation and the Elderly," by the Royal Ottawa Regional Rehabilitation Centre on May 29th, in Ottawa, Canada.

Sandy Siehl, R.N., MSN, attended a national workshop, "The Advanced Oncology Clinical Nurse Specialist," at which she delivered a presentation on "Advocating Nursing Through Professional Consultation." The workshop was held in conjunction with the National Oncology Nursing Society Congress, April 30-May 4 in Los Angeles, California.

Roland Valdes, Jr., Ph.D., delivered a symposium presentation, "Effect of Endogenous Digoxin-Like Immunoreactive Substances on Digoxin Assays,"

to the Clinical Ligand Assay Society, May 6-10 in Boston, Massachusetts. Dr. Valdes also received a \$151,938.00 research grant from Monsanto Company to study "Demonstration of Digitalis-like Biological Activity of Endogenous Digoxin Immunoreactive Factors from Adrenal Glands."

E. A. Wallach, M.D., presented "Unusual Presentations of Common Adrenal Tumors: And a Case of Eruptive Polycentric Pilonicoma" to the North American Clinical Dermatological Society, May 10-22 in Dublin, Ireland.

James Warren, M.D., delivered an address "Neuroendocrinology" to attendees at the 13th Annual Symposium on OB/GYN on April 24-25 at Washington University Medical School. Dr. Warren also participates in lectures on the subject of "Multiple Topics in Reproduc-

tive Endocrinology & Infertility" at an American College of Obstetrics and Gynecology Postgraduate Course in New Orleans, Louisiana, May 3-4.

Todd H. Wasserman, M.D., has been elected a member of the Gold Medal Award Committee of the American Society of Therapeutic Radiology and Oncology for 1986. Dr. Wasserman presented a review of "The Washington University Experience in the Treatment of Solitary Plasmacytomas, Their Response to Radiation, and Progression to Multiple Myeloma," at the American Society of Clinical Oncology meeting in Los Angeles, California, May 6. He recently attended the International Symposium on Intraoperative Radiation Therapy. On April 13-16, he was invited to be a participant in the first meeting of International Clinical Trials in Radiation Oncology which was held in Paris, France where he presented an overview of current clinical trials involving radiation in lymphomas. He will co-author a report on this with Professor Tubiana, head of the radiotherapy oncology program at the Institute Gustave Roussey in Paris, France.

Peter D. Weiss, M.D., attended a convention of the American Society of Clinical Oncologists at which the theme was Cancer. It was held May 5-6 in Los Angeles, California. Dr. Weiss was recently elected a member of the American Society of Clinical Oncologists and a member of Radiation Therapy Oncology Group.

Bruce White, M.D., attended the educational Foundation of American Society of Plastic and Reconstructive Surgeons convention in New Orleans, Louisiana, on April 18-19.

Robert A. Young, M.D., presented information about Sunscreens in an interview on Channel 5 News, May 22. ■



CONTRIBUTIONS TO JEWISH HOSPITAL FUNDS

SUSTAINING GIFTS

Mr. and Mrs. Donald C. Bernstein have joined the Fellows of Jewish Hospital with a gift to the Hospital in memory of their son, Adam.

The Board of Trustees of the Clifford Willard Gaylord Foundation has made a generous contribution to the Clifford Willard Gaylord Foundation Endowment Fund of Jewish Hospital of St. Louis.

Mr. and Mrs. A. J. De Mayo have made a gift to the Marilyn Fixman Cancer Center in honor of Ben and Cookie Fixman's marriage.

Mr. and Mrs. Eugene J. Fishgoll have made a contribution to the Nursing Education Fund in honor of the Emergency Room Staff.

Mr. and Mrs. Edward Greensfelder have made a contribution to the Kathleen Parriott Metabolism Education Fund to support a visiting lecturer.

Dr. Edward J. Griffith has made a contribution to the Department of Radiology Research Fund in honor of Dr. Noah Susman.

Mr. and Mrs. Howard T. Handelman have made a contribution to the Frieda and Lester Handelman Cardiology Research Fund.

Mrs. Gustav L. Harris has made a contribution to The Jewish Hospital of St. Louis to purchase a dialysis machine.

Interco Charitable Trust has made a generous contribution to The Jewish Hospital Building Fund.

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

Laclede Gas Charitable Trust has made a contribution to the Research Endowment Fund of Jewish Hospital.

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

Mr. Lester Miller has made a contribution to the Elaine Seldin Kornblum Home Care Endowment Fund.

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

Mr. and Mrs. Joseph D. Morrissey have made a contribution to the Marilyn Fixman Cancer Fund in memory of Hymie Fixman.

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

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

The John E. Simon Charitable Trust has made a contribution to the John E. Simon Fund for Research.

Mr. and Mrs. David R. Smith have become Major Benefactors by establishing the Judy L. Smith Cancer Research Fund.

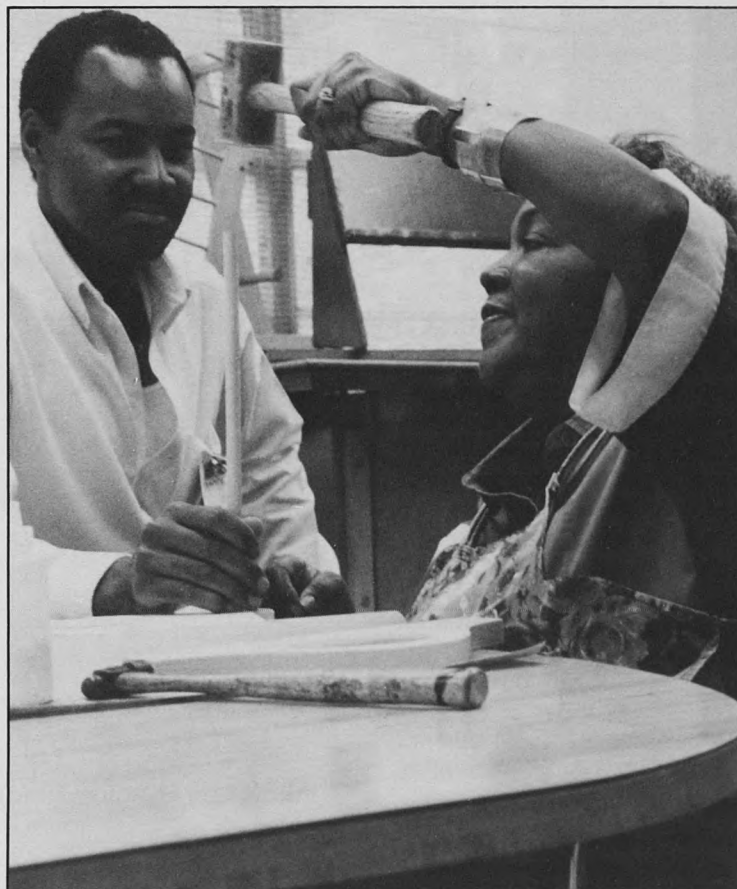
Mr. and Mrs. Jerry Spitzer have made a contribution to the Jerry and Daisy Spitzer Endowment Fund for Cancer Research.

Ms. Carol Teig has joined the Fellows of Jewish Hospital with a contribution to the Hematology/Oncology Research Fund.

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

Dr. and Mrs. Bruce I. White have joined the Fellows of Jewish Hospital with a contribution to the Research Endowment Fund.

The Philip Wohl Trust has made a contribution to the Research Endowment Fund.



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Birthday of
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Special thanks for care received from Dr. Alan Lyss

Special thanks for care received from entire staff including the volunteers

Contributions to the hospital through the Tribute Fund in the period May 19, 1986 to July 24, 1986, were made by 2,350 donors. Lists of donors and commemorations are published separately, six times a year. If you wish a copy, please request it from the Publications Department. Be sure to specify the issue of 216 covering the period for which you want the Tribute Listing.





CALENDAR OF EVENTS

OCTOBER 1, 8, 15, 22, 29

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

OCTOBER 2

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.

OCTOBER 4, 11, 18, 25

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

OCTOBER 5

School of Nursing Open House tour of school and hospital for those interested in a nursing career; 1-3 p.m. in the school residence; open to the public; participants must be at least 15 years of age; no charge; call 454-7055.

OCTOBER 8

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.

OCTOBER 13

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

OCTOBER 22

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

NOVEMBER 1, 8, 15, 22, 29

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

NOVEMBER 5, 12, 19, 26

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

NOVEMBER 6

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.

NOVEMBER 10

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

NOVEMBER 15

Nurse for a Day sponsored by the School of Nursing, tour of nursing school and hospital with student and faculty presentations. 11:30 a.m. to 4 p.m.; lunch served; open to the public at no charge, reservations required.

JEWISH HOSPITAL

AT WASHINGTON UNIVERSITY MEDICAL CENTER

216 South Kingshighway
P.O. Box 14109
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The Jewish Hospital of St. Louis is a 600-bed acute care teaching hospital affiliated with Washington University School of Medicine. Located in the Central West End of St. Louis, it is dedicated to distinctive patient care and medically advanced research. The medical staff of 650 physicians and dentists comprise a group of full-time academic faculty and private physicians. These professionals are reinforced by a house staff of 150 residents and interns, along with nurses and technicians, service and support personnel to deliver 24-hour high-quality patient care. The Jewish Hospital of St. Louis is fully accredited by the Joint Commission on Accreditation of Hospitals.

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