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NOVEMBER/DECEMBER 1986

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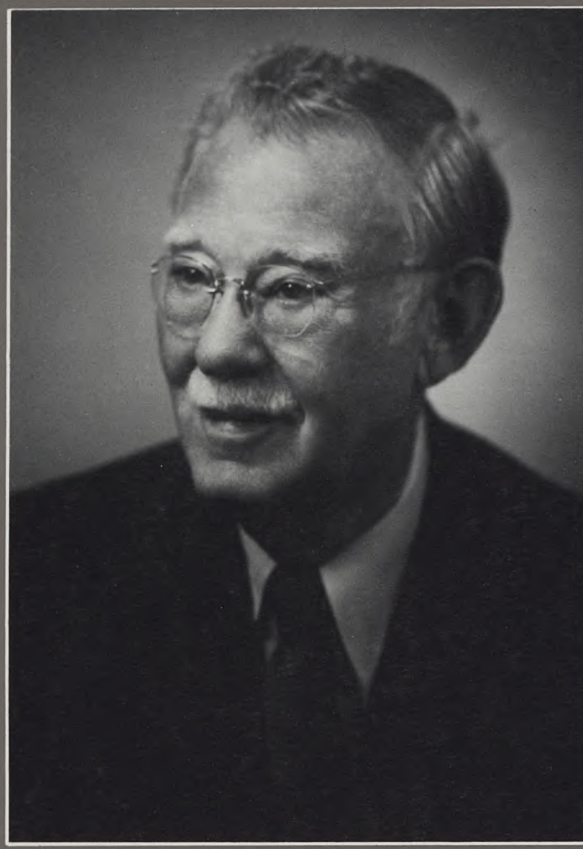
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ARCHIVES

Indexed

BONDS OF STRENGTH

IN TIMES OF NEED



**In Memorium
SAMUEL D. SOULE, M.D.**

On October 29, 1986, Samuel D. Soule, M.D., died at the age of 82. Dr. Soule had served on the Jewish Hospital medical staff, as one of the hospital's most honored physicians, for 54 years.

A native of St. Louis, Missouri, Dr. Soule received undergraduate degrees from the St. Louis College of Pharmacy and Washington University. He graduated from the Washington University Medical School in 1928 and completed his internship at Jewish Hospital and his residency at St. Louis Maternity Hospital.

In 1932, Dr. Soule joined the Jewish Hospital medical staff where he worked until 1943. For three years, he served in the United States Navy in the South Pacific, attaining the rank of Commander. In 1934, he was appointed to the faculty of the Washington University School of Medicine and by 1971, he had become full professor.

For several years Dr. Soule directed the Jewish Hospital obstetrics clinic. He also worked with Milton Meyrhardt, M.D., until 1952 as co-director of the hospital's department of obstetrics and gynecology. In 1955, he was elected to the two-year term of President of the Jewish Hospital Medical Staff.

Dr. Soule was a prolific author of both scientific and historical articles, which appeared regularly in the Bulletin of the St. Louis Medical Society and the Journal of the Missouri State Medical Association. In addition to his involvement in numerous civic and community organizations, he was a member of several professional organizations, including the American Medical Association, Missouri Medical Association, St. Louis Medical Society, American College of Obstetricians, American Fertility Society, American Society of Gynecology, Academy of Science of St. Louis, St. Louis Gynecology Society and the Jewish Federation of St. Louis.

On November 2, a memorial service was held for Dr. Soule. In his eulogy to his father, Oscar Soule said, "Dad did live a full and wonderful life. How many can say they travelled every continent of the globe save the polar regions, how many can say they have brought as much joy and happiness as this man did, how many can say they loved their work and excelled in it the way he did . . . and how many can say they had the love of a wife and family as did Samuel D. Soule?"

JEWISH HOSPITAL 216

A COMMUNITY PUBLICATION

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GET THE FULL PICTURE

On October 19, nearly 300 Fellows turned out for the annual Fellows brunch. They were there to applaud the efforts of an active group of volunteers and to hear about Jewish Hospital's position on marketing and advertising.

FORMING STRONGER BONDS

Orthopedic surgeons performing total joint replacement operations are hoping that new tools, technology and techniques will help improve upon past methods of permanently bonding bone to the metal joint prostheses. Jewish Hospital orthopedic specialists explain how such advances have strengthened their efforts to relieve pain and improve function in defective human joints.

COMPLETING THE CIRCLE

Caring for the terminally ill is the cornerstone of home care. The people who deliver that care are health care professionals who can help patients and families with sensitivity and professionalism.

DISPENSING EXPERT ADVICE

Effective communication between the patient and medical professional, a sharp awareness of false or misleading communication through the mass media, and understanding generic drugs are important factors in safe medication use. Three pharmaceutical experts dispelled myths and provided information concerning these topics at the Associates in Medicine (AIM) September 25 program "Tales and Truths of Drug Therapy."

NOT IN THE USUAL MANOR

On October 16, more than 250 members of the Jewish Hospital Auxiliary gathered in Ladue for the organization's Annual Fall Meeting.

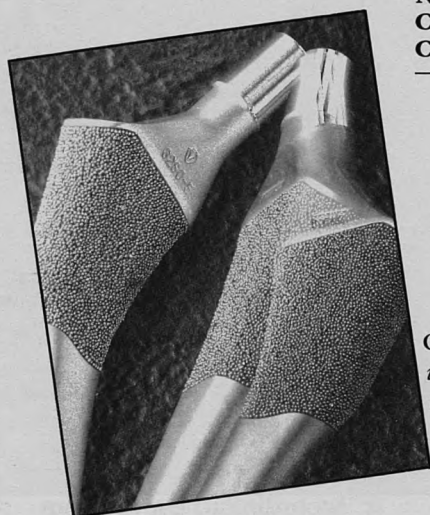


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ON THE COVER: Jewish Hospital surgeons are using new technology and appliances such as those shown on the cover, to improve the long-term effects of total joint replacement. The story begins on page 5

get the full picture

The state of the hospital and health care choices were addressed at the third annual Fellows Brunch on October 19. Nearly 300 Fellows attended the event held at Westwood Country Club. They came to hear David A. Gee, president, discuss current plans and programs at Jewish Hospital and William A. Peck, M.D., physician-in-chief and the John E. and Adaline Simon professor of medicine, share his views on consumer perceptions of health care advertising.

The annual Fellows meeting is also the occasion to honor an individual for contributions to the hospital. This year the award went not to an individual, but to an organization: the Jewish Hospital Auxiliary.

The timing was right to applaud the hospital's most active group of volunteers. The recognition came during a time when hospitals are feeling a financial squeeze, when volunteer services and fund-raising efforts have probably never been more important. "The Jewish Hospital volunteers have, in the last year, contributed 68,000 hours to the hospital," said Harold Blatt, board president, as he presented the award to Auxiliary president Esther Blumoff. "For more than 35 years, auxiliary members have been a very visible and important presence in Jewish Hospital with their individual efforts of service and their financial support. No organization could be more dedicated to the hospital."

Accepting the award, Mrs. Blumoff commented, "I accept this very special recognition on behalf of the

Auxiliary with pride and deep humility. We will continue the Auxiliary's mission, which is to promote and advance the services of Jewish Hospital."

While the volunteer sector has continued its service and fundraising efforts, a new hospital sector, marketing, has been working for the

hospital in a different way. In his remarks, Mr. Gee discussed the efforts the hospital has made in developing marketing and planning strategies, from physician outreach efforts in rural communities to hospital construction and renovation and the purchase of medical office buildings in West

In 1983, an organization was established to honor the hospital's major contributors. Before the formation of the Fellows of Jewish Hospital, a vehicle for formally recognizing these generous supporters did not exist. Every member contributes \$1,000 or more each year, sponsoring medical programs, research, and facility improvements. Their donations have enabled Jewish Hospital to provide exceptional medical care to the community and achieve international recognition in the fields of patient care, research and education.

County.

Gee discussed marketing evaluations, which were conducted in the past year. The results helped the hospital's marketing and planning division identify key "product" lines or centers of emphasis. "It is in these areas that Jewish Hospital will build upon its special expertise to become a market leader,"



David A. Gee

he said.

Changes in health care have also affected research. With numerous federal cutbacks in research funding, financial support for research has become critical. But the hospital has remained firm in its commitment to research and education. According to Gee, Jewish Hospital research operates on a 12 million dollar budget and 65 of its physicians spend most of their time involved with research. The hospital now has 46 ongoing research projects, he noted.

In the midst of health care coverage, a debate has swirled around advertising—its worth to the hospital and how the public responds to it. According to Dr. Peck, an



Harold Blatt



excess of hospital beds—a combination of over-construction and purchaser mandated decreases in utilization, has created competition and set the stage for advertising. “There is an excess of health care resources compared to demand,” says Dr. Peck. “New programs to stimulate demand have proliferated, supported by extensive advertising. Consequently, the public, especially women, are being bombarded by information on “instant institutes” and other new



services.

How does the consumer make good decisions in response to advertising? “Accurate methods for assessing the quality of services—how good is the health care delivery—are on the horizon,” says Dr. Peck. “In addition, patients and their relatives, friends and loved ones, can assess the quality of the experience—the amenities—and it is important to realize that these amenities can contribute to treatment outcome.”

Although amenities can contribute to patient care, people should consider other credentials as well. Dr. Peck advised people to evaluate the provider’s performance and experience before joining any advertised programs. “The public should know how long the services have been in place and they should know what the performance level is of a hospital. At Jewish Hospital, we are not offering instant programs, but reputable activities built on years of experience,” Dr. Peck added. “Areas like our bone health program are of the highest

PICTURE

quality available and have a proven record."

According to Dr. Peck, the best bet for quality is a medical school-associated hospital—an academic or teaching hospital. "They provide many cross checks on the quality of care, and offer up-to-date services and procedures. The teaching-learning atmosphere is a boost for all physicians," he said. "The rule of thumb for many people for opting for a university hospital has been, 'for serious illness go to the university hospital, anything else can be treated elsewhere,' Dr. Peck noted. "However, I think that no matter how trivial an illness the quality of the hospital is of utmost importance. There is always the possibility of a serious, unexpected complication."

Staff qualifications are of equal importance. Dr. Peck



William A. Peck, M.D.

noted that all of the Jewish Hospital private physicians and full-time staff members are either certified or board eligible in their fields and the nursing service boasts one of the highest ratios of registered nurses to patients of any hospital in Missouri. "The presence of the house

staff, fellows and attendings at our hospital give the patient important advantages," he emphasized.

"These are the factors that the public must consider in evaluating the health care being promoted," said Dr. Peck. "After a careful evaluation I think they will find that many hospitals don't have them."

Jewish Hospital has been able to back its advertisements with quality care. Maintaining that level of excellence in the face of so much change has resulted, in part, because of the continued—and consistent—support of the Fellows.

It's nice to know that some things never change. ■

For further information about the Jewish Hospital Fellows, please call Don Levin, director of development, 454-7250.

F O R M I N G S T R O N G E R B O N D S

IN BRIEF...

... Jewish Hospital orthopedic surgeons hope that improved treatment of traumatic injuries early in life, better methods of ligament reconstruction and earlier recognition of childhood joint disorders will help spare many people from the need for total joint replacements—a surgical procedure needed by an estimated 200,000 Americans each year.

However, with a population that is becoming older overall and remaining physiologically active in those later years, the number of these operations are likely to increase.

To help this group stay active, the surgeons performing total joint replacement operations are using new tools, technology and techniques in their quest to improve mobility and help patients maintain an active lifestyle.

With promise of further refinement looming on the horizon, orthopedic surgeons at Jewish Hospital find satisfaction in the knowledge that they are providing the most up-to-date, effective treatment for joint ailments.

by Steve Mainer

Total joint replacement surgery, a procedure designed to relieve pain and restore function in faulty human joints, is a specialty in which rapid and radical change has occurred in recent years. The tools, technology and even the materials used have each been dramatically improved.

Some of the latest developments revolve around bonding, a method used to tie human bone to artificial joints. Although bonding has been a promising technique, problems have occurred when bones have failed to permanently bond to the metal joint protheses. Orthopedic surgeons—physicians who specialize in the preservation, restoration and development of form and function of the human extremities, spine and joints—are hoping that a new form of bonding called bone ingrowth will help solve these problems.

At Jewish Hospital, the bone ingrowth process is now used in about 80 to 90 percent of the procedures performed by attending orthopedic surgeons Robert C. Lander, M.D., Marvin R.

Mishkin, M.D., and Jerome J. Gilden, M.D., the hospital's chief of orthopedic surgery.

"We do more total joint replacements here than many hospitals, and I think we are really on the forefront of total joint replacement techniques," says Dr. Lander. "The people who do total joint replacements at Jewish Hospital have stayed on top of the latest developments."

Bone ingrowth's burgeoning popularity is forcing methods of cementing, which involve a bonding material called methyl methacrylate, into the background of the total joint replacement process. "Cementing provided the first successful means of affixing a piece of metal to bone," notes Dr. Lander. It had mixed success, however, with follow-up studies showing that 10 percent of the total joint replacements performed 15 years ago required revision 10 years later.

"The bonding between the bone and the cement or the cement and the metal did not hold up and the components loosened," says Dr. Mishkin, who along with Dr. Gilden, performed many of Jewish Hospital's first total joint replacement operations in the early 1970s. "This loosening resulted in complications such as pain, instability and bone absorption, all of which led to ultimate failure of the device in some patients." In many cases,

such failure required new operations, sometimes even two or more revisions, according to Dr. Mishkin.

The latest breakthrough occurred with the development of prostheses in which porous metal coatings—using either titanium or a group of metals known as "super alloys"—encourage the growth of human body tissue into the implant surface, thus stabilizing the implant. The growth of bone into the prostheses has been documented in humans—as well as in experiments involving dogs and rabbits—but medical professionals are not certain what percentage of patients actually experience bone ingrowth, rather than ingrowth from other body tissue. "The implants lock themselves in. Whether they lock themselves in through the growth of fibrous tissue or bone is not always clear," explains Dr. Lander.

The porous metal prostheses have been used experimentally in joint replacements for 10 to 12 years and among the general public for three years in knee

BONDS



From left to right, Robert C. Lander, M.D., Marvin R. Mishkin, M.D., and Jerome J. Gilden, M.D.

operations. While early evidence is promising, long-term results are still being monitored. "Therein lies the problem," says Dr. Lander. "We don't know what the long-term results are going to be. We think they're better. We hope they're better."

Such uncertainty is one of the reasons that some orthopedic surgeons are hesitant to commit themselves to the latest technology. "Many physicians are

reluctant to try bone ingrowth techniques until they have been used longer. They are staying with the cementing process," says Dr. Lander, adding that the cement can be used with the newer prostheses.

Success rates are high when surgeons use "hybrid" techniques, which involve the combination of cementing and bone ingrowth in the operative process. "When considering whether or not to use cement, what we're learning is there are 'different strokes for different folks,'" Dr. Gilden says.

Orthopedic surgeons credit new techniques of cement use with drastically reducing failure rates in

cemented implants. In a six-year follow-up study of new cementing methods, revision rates averaged only 0.8 percent of all implants and loosening occurred in only 1.7 percent of the cases—compared with revision rates of 10 percent and loosening in 25 to 50 percent of the cases using earlier methods.

Chronological age and bone health are important factors in determining whether cementing is used for Jewish Hospital total joint replacement patients. The cementing method is more

likely to be used in elderly patients, especially those who suffer from bone loss or poor bone quality.

"Most of the people having the operation are older, but there are many younger people who have joint problems for a variety of reasons," Dr. Mishkin says. Rheumatoid arthritis, osteoarthritis, traumatic joint injuries and untreated joint dislocations are among the

conditions that may lead to total joint replacements.

AN INSPIRATIONAL PATIENT

Pauline Werner, a petite, 77-year-old native of Russia, was one of Dr. Gilden's early hip replacement patients. On May 30, 1975, after nearly 10 years of periodic treatment for arthritis pain that became progressively worse, she underwent the operation. Eleven years after her right

Pauline Werner



hip was replaced with an artificial implant Ms. Werner experiences no pain, nor does she have any complaints or regrets about the operation's results.

"The pain started very, very slowly. It progressed and progressed and then it was misery," she says, explaining that a regimen of heat treatments, whirlpool massages and exercises helped her bear the pain in its early years. "My right leg was already shorter than the left because the bone had

deteriorated. So there was no other way. Either I would live in pain and use a cane, a walker or wheelchair, or I could have the operation."

Werner made her decision with the knowledge of possible complications—such as loosening and instability of the implant and recurrent pain—which could lead to revision operations. "I said 'to heck with this pain, I'm going to do this.' So I did."

A yearly X-ray is the only follow-up measure required to monitor Werner's implant, which allows her to actively continue two of her favorite pastimes—volunteering as a Russian translator at the hospital and dancing. "The hip is very good," she says.

RECOVERY AND PREPARATION

When surgeons avoid cementing by using the porous coated components, recovery may take longer because of the time required for bone ingrowth. "Because you're allowing for bone to grow into this artificial implant, the process includes a very deliberate protocol for post-operative care," says Dr. Gilden, referring to the vital involvement of physical therapists and the Jewish Hospital home care staff. The average hospital stay after a joint replacement operation ranges from 10 to 15 days. After hip or knee joint replacement, a patient is often out of bed in one to three days and begins rehabilitation soon afterwards.

Werner remembers pain during the recovery process, which involved twice-a-day physical therapy sessions. Despite the pain, she highly recommends total joint

replacements for people suffering from serious joint ailments. "I was always thinking that the end justifies the means. I was determined. I think attitude and determination are the important things."

Preparing patients for their operations and helping them set realistic expectations is just as important as recovery. "The biggest problem occurs when people expect that joint replacement surgery can be used whenever they have any discomfort or pain whatsoever in a

"Most of the people having the operation are older, but there are many younger people who have joint problems for a variety of reasons." Rheumatoid arthritis, traumatic joint injuries and untreated joint dislocations are among the conditions that may lead to total joint replacements.

BONDS

joint," Dr. Mishkin says. "Sometimes patients' expectations of what they can do following a joint replacement are unrealistic because they've been misinformed or haven't been told what to expect."

Orthopedic surgeons advise total joint replacement patients to avoid athletic activities that place excessive stress on the artificial weight-bearing joints. Swimming, walking, cycling, bowling and golf are sports they sanction. When counseling patients about post-operative expectations, the surgeons stress that the operation is designed to improve quality of life by relieving pain and providing the stability and mobility needed to restore daily living capabilities.

HIPS AND KNEES LEAD PACK

Today, an estimated 100,000 to 120,000 hip joint replacements and nearly as many knee joint replacements take place in the United States every year. "Almost all joints have some type of operative procedure for replacement," explains Dr. Mishkin, adding that shoulder, elbow, finger, wrist and ankle replacements are much less common than are those of the hip and knee replacements. "The reason these joints are not replaced as often is that upper extremity joint problems do not cause as great a degree of disability as do problems in lower joints. So a person can have fairly severe arthritis of

Sue Million, P.T., assists hip replacement patient Roy Armes with rehabilitation exercises.

the shoulder and still function fairly well and use the arm, whereas if someone has fairly advanced arthritis of the hip or knee, it interferes with the ability to walk. There's more stress in weight-bearing joints and, if afflicted, they're more apt to be painful."

Joint fusion—another operation used to treat arthritis patients—is an additional reason that fewer total joint replacements are performed on joints other than knees and hips. Fusion involves removing cartilage from the socket so that, through the natural healing process, two bones will grow together and stop painful movement in the joint. In some cases, bone grafts or screws are used to aid the healing process.



"Wrist fusions are still good operations and probably are safer and offer just as much relief for the patient as replacing a wrist joint," Dr. Lander explains, noting that arthritic ankle joints also usually fare better when treated with the fusion procedure rather than with replacement.

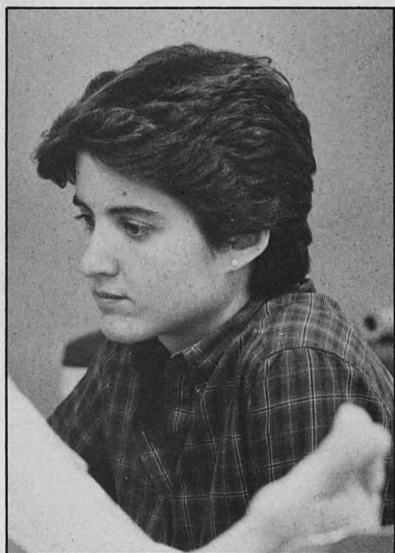
IMPROVED PROSTHESES

Even with rapidly advancing technology, orthopedic surgeons do not foresee future potential for hip or joint replacements in injured high-performance

athletes wanting to return to competition in their sport. They base their beliefs on the extreme biomechanical stresses that such sports place on the affected areas where bone meets metal or the fixation source meets bone or metal. "We're using a joint that we hope lasts the rest of a patient's life. We don't want to see it fail," Dr. Gilden says.

The components that form the prostheses used today have evolved significantly since the early joint replacements, such as the cup arthroplasty developed by the Harvard physician Dr. Smith-Peterson. Improved

design of prostheses components helped raise the success rate. Years of bioengineering study have allowed surgeons to narrow the field of popular components to a handful of hip and knee prostheses. A knee prosthesis includes three parts: the femoral component, a metal piece that fits on the end of the thigh bone; the tibial component, which fits on the shin bone and usually consists of a



Ms. Million examines Mr. Armes' progress.

metal plate combined with ultra high-density polyethylene plastic; and the patella, or kneecap, which is also a metal plate with a polyethylene covering.

The hip prosthesis consists of two parts: the femoral component, a combination of metal alloys

which forms the ball and stem of the joint and attaches to the thigh bone; and the acetabular component, a metal cup, which is placed within the socket of the pelvis and includes a polyethylene liner. The independent parts of the prostheses enable surgeons to custom-fit the joints according to the body sizes of individual patients.

FUTURE POSSIBILITIES

Jewish Hospital orthopedic surgeons hope that improved treatment of traumatic injuries early in life, better methods of ligament reconstruction and earlier recognition of childhood joint disorders will help spare many people from the need for total joint replacements. They acknowledge, however, that even these factors may not decrease the total number of such operations. "I would hope that statistically these operations could decrease," says Dr. Gilden. "But I can visualize performing more of this type of surgery because the population continues to increase, people are living longer and they are physiologically more active."

Despite the refinement that has occurred in the total joint replacement arena of orthopedic surgery, the future holds promise of even greater capabilities, such as improved materials or allografting, the use of human-donor joints to replace damaged joints. Allografting appears to be most practical in patients with tumors or very traumatic joint damage and among young patients. "The process is still considered experimental, but as we see the field unfolding, I predict that there will be more and more use of the allograft-type procedures," Dr. Gilden says.

"Joint replacement is really in the very early stages, if not in its infancy," adds Dr. Mishkin. "There's going to be a tremendous number of developments in the future associated with the changes in technology, metallurgy and plastics, and new information about bonding these substances to bone."

"I would hope that statistically these operations could decrease. But I can visualize performing more of this type of surgery because the population continues to increase, people are living longer and they are physiologically more active."

These developments lead Dr. Lander to rank total joint replacement with arthroscopy and recently developed spinal surgery techniques as one of the most exciting new aspects of orthopedics.

And while orthopedic surgeons continue to explore future equipment and treatment method alternatives, they express confidence in the present processes. "I feel that the methods we use at Jewish Hospital are the best available," explains Dr. Gilden.

"The most remarkable thing is to visualize patients first coming to you in terrible pain, faces wrinkled, brows furrowed. And they don't look well," he continues. "Then to see these patients six months to one year later after their surgeries and to have them look younger, their faces are more alive and relaxed, their color better. They feel better subjectively and they look better. They become whole people again." ■

For more information about a Jewish Hospital orthopedic surgeon—or a physician in any other specialty, call the Doctors Choice physician referral service at 454-8180.



IN BRIEF...

...Caring effectively for the terminally ill takes health care workers who can be sensitive to their patients' needs without sacrificing professional objectivity. That isn't always easy.

Karen Jefferson, R.N., tries to ensure that patients receive optimum care during a terminal illness. Often, their care begins with patients and families accepting the fact of a terminal diagnosis. Throughout the illness, she helps patients and families cope with inevitable stress and conflicts. She also prepares them for the realities of dying at home if the patient makes that choice.

Providing quality services for terminally ill patients requires funding. Thanks to a fund established by hospital benefactors, terminally ill patients will receive help for a multitude of special needs.

COMPLETING THE CIRCLE

by Sharon Zaring Pentland

Before Karen Jefferson, R.N., began nursing school, she had developed an irrational fear of death. Maybe her fear was a common experience for students who are new to a health care environment. Or, perhaps, it was just a personal dilemma. Whatever the reason, Ms. Jefferson had resolved the problem by the time she graduated five years ago. But now, she sees a slight irony in the turn her nursing career has taken—from hospital to home health care nurse and someone who helps other people confront their own fears of death.

Jefferson has been a home care nurse for approximately one year and spends considerable time working with terminally ill patients, a health care field for professionals who can maintain a balance between emotional involvement with their patients and tough-minded objectivity. When she talks about her work, Jefferson is candid, but, like most home care professionals, she tries to couch this emotionally-charged topic in professional language. "The goal with terminally ill patients is not to cure," she says, "but to enhance the quality of life until death. The immediate medical concern is ensuring that family members are comfortable with their home



Karen Jefferson, R.N.

health care roles, such as giving medications, changing dressings and supervising the patient's oxygen intake. The patients should be as comfortable as possible."

Still, as Jefferson discusses particular patients her cool objectivity invariably breaks down. They get to her, she says, and sometimes it's as difficult for her, as for families, to "let go" of these patients. "I'm a very emotional person and I get attached to people," she says. "I spend a lot of time with them. During their most difficult times, I hold them and I cry with them."

In a home health environment, it is easy to become involved in the relationships and dynamics that evolve as a

family member dies. According to Jefferson, roles often change when a family member dies, which can cause emotional upheavals. "Sometimes parents take on the child role and, vice versa, the children become the parents," she says. "A lot of confused feelings and guilt come into play. Terminally ill patients vent anger about their situations to their children, who in turn begin to question themselves and wonder if they're taking good enough care of their parents."

Yet, Jefferson maintains that the family can provide considerable comfort for home care patients—with any kind of illness—despite the inevitable conflicts. In the case of Ethel Conway (a fictitious name), a home care

CIRCLE

patient with terminal lung cancer, a complex network of extended family members, was a source of strength—and temporary recovery—for the patient. “She would talk so animatedly about her family,” recalls Jefferson. “I think her daughters, grandchildren, nephews and nieces, who all flocked to her bedside when she was sick, gave her support and life.”

In May, 1986, Mrs. Conway’s health had deteriorated to the point that her physician doubted she would live longer than two weeks. She was unable to eat or sit up without assistance and had become incontinent and her mental capacity had deteriorated. The Monday following Mother’s Day, Jefferson made a routine visit to her patient. On Mother’s Day, Conway’s family, the entire hierarchy, had come to visit. “When I walked into her bedroom, she was sitting on the edge of her bed, chatting away with her daughter about yesterday’s visit,” says Jefferson. “I was stunned. It was an incredible turnaround.”

For Conway, it was a turning point, a temporary respite from her illness. She improved for a few months and for awhile she seemed like the person her family had known. “As corny as it might sound, I’ve watched my patients get strength in some of the strangest ways,” says Jefferson. “It still amazes me.”

But Jefferson is a realist, too. Miracles are infrequent, and part of her job is helping families face some of the tough realities of caring for the terminally ill. She insists that patients and their families have no illusions about what an extended terminal illness entails. For instance, does the patient prefer to die at home

or in the hospital? The outcome of that decision affects how the family will cope with medical crises that invariably occur when a terminally ill patient is cared for at home. “Family caregivers have to know what to expect,” she observes. “If they call 911 in an emergency, they need to know that an ambulance team may resuscitate the patient and do whatever is necessary to get the patient to the hospital. If the patient wants to die at home, that has to be communicated to the ambulance service, preferably before a crisis occurs.”

“If the patient dies at home, the police and a medical examiner are contacted. Questions are asked,” Jefferson adds. “This is a very difficult time for people. When they are grief stricken, they are not always in a good frame of mind to answer questions. It helps if they know what to expect in advance.”

Jefferson follows one rule of thumb: find out “where patients are” and what they want. “Not every terminally ill patient wants to die at home,” she says. “One of my patients had very mixed feelings about dying at home, although that’s what her daughter assumed that her mother would want. But the more I talked to the patient, I began to realize that was not what she wanted because she didn’t believe that her daughter would be able to deal with the situation.”

In other cases, Jefferson helps patients and their families face up to an impending death. Many have difficulties accepting terminal diagnoses. For instance, the husband of one patient refused to accept the fact that his wife of 50 years was dying. “She had always been the center of his



life,” says Jefferson. “‘Make her better, make her better,’ he kept telling me.”

His lack of acceptance became paramount when Jefferson noticed that her patient was not receiving pain medication regularly. “That’s often a tip-off that the patient or caregiver is having problems accepting the situation,” she says. “It’s as if giving medication is an admission that the disease exists.”

After two months of denial by the husband, Jefferson decided to force the issue.

“After one visit, I had a long talk with him [the husband],” she recalls. “I told him ‘Your wife is not getting better. She will never again be the person you knew. There is not a cure for her, but we can make her comfortable until she dies.’”

The husband listened without a word, but Jefferson knew that she had reached him. “It was the expression on his face. Sometimes you can just see the heart fall out of someone,” she says. “I think he finally was *ready* to face the

facts. After that day he became more realistic. He started giving her medication promptly."

She also encourages families to allow patients to maintain as much control as possible over their lives. "It

bothers me to see a patient being treated like a two-year-old because they're sick and we assume that they are helpless," she says. "If they don't want to eat, or take a bath for a day, they shouldn't be

forced. They may not be able to control their diseases but they can at least control what they eat or wear. By taking away those decisions, you can take away people's desire to live—for however short a

time that is."

Close involvement with her patients has its emotional price. Her work can be as painful as it is rewarding. She watched Conway's health deteriorate slowly, changing her from a sprite, animated woman to a bedridden invalid. She was informed of Conway's death as she is with many patients, suddenly, without warning, as she was making a regular home visit. As she drove up to Conway's home she saw an ambulance parked in front. There was no sign of activity from the house.

"That's often how I find out that a patient has died," she recalls. "I remember sitting there in my car, looking at the ambulance and thinking, 'I don't know how much longer I can do this for a living.'"

Jefferson may pay an emotional price for her involvement with her patients, but she insists that it's worth it. "I used to worry that this type of work would make me cold," she says. "It does that to some people. That's how they protect themselves from the pain. Maybe I'll become that way, too, but I hope I don't. If I ever stop feeling and caring, it will be time to get out of this field."

But caring for terminally ill patients has brighter moments, too. "In this so-called 'throwaway society' of ours I'm amazed at how many close, extended families there are," says Jefferson. "And sometimes I've wondered if some of the families of my patients would be capable of giving the necessary care. Over and over again, I've found that they will do everything and anything to have their parents, or whomever, at home. It's nice to know how many people want to give that kind of care." ■



The Elaine Seldin Kornblum Division of Home Care was formally dedicated during a ceremony held at the home care division at the Chai House, which is a housing complex located at the JCCA for older adults. The hospital's home care division was recently named in honor of Elaine Seldin Kornblum who died in 1985. Mrs. Kornblum was a psychotherapist, who had a lifelong interest in the quality of people's lives. After her death, family members established a fund for the home care division to be used for the care of the terminally ill and their special needs. The dedication was attended by relatives, friends and hospital administrators.

According to James Sebben, director of home care, the fund will be used to provide the type of care for terminally ill patients that is usually not covered

Pictured, left to right, Harvey Kornblum, Mrs. Herman Seldin, Marc Seldin, and David Gee at the dedication ceremony.

by Medicare. "The money can be used for families who need someone to stay with patients while they shop or if they need help with housekeeping or even buying and having medications delivered," says Mr. Sebben. "There are a multitude of needs that can be met."

Sebben thinks that this type of funding is essential. "Caring for the terminally ill has always been a big part of home care," says Sebben. "It's the character of home care and fits well with the home care philosophy. Increasingly, there is growing interest from the community in this type of service. It's less costly, and a more natural way to die. I think it also helps other family members better come to

terms with the death of a loved one."

The hospital does not have a certified hospice program. Because of inadequate Medicare reimbursement for hospice programs, says Sebben, the home care division has chosen to care for its patients by providing hospice-type care utilizing established services. "Hospice programs are a great concept," says Sebben. "But when it comes down to paying for needed services, little is currently available from Medicare or insurance companies.

Through the generosity of the Seldin and Kornblum families, we have been able to increase our services to terminally ill patients. That's why this type of support is so important."

National Home Care Week is November 30 through December 6. The theme this year is "We're Bringing Healthcare Back Home Where It Belongs." According to Sebben, the hospital's home care division will have displays to increase public awareness of a growing number of possibilities for care of patients at home. The displays will be located in the hospital's lobby and several special events.

If you have any questions about home care, please call 454-7031 or 993-4600.

DISPENSING

EXPERT ADVICE

Three pharmaceutical experts dispelled myths and dispensed information concerning medication use at the Associates in Medicine (AIM) September 25 program "Tales and Truths of Drug Therapy" held in the hospital's Brown Room. The trio focused on the importance of effective communication between the patient and medical professional; a sharp awareness of false or misleading communication through advertising and the mass media; and understanding generic drugs.

The panel consisted of Bob Manchester, R.Ph., director of pharmacy at Jewish Hospital, and two faculty members from St. Louis College of Pharmacy: Tim McNamara, Pharm. D., and Rebecca Coley, R.Ph. Ms. Coley is interim director of the Drug Information Center, a service for health care professionals, which is housed at Jewish Hospital and sponsored by the St. Louis College of Pharmacy.

Dr. McNamara discussed advertising's role among medications and in making medical claims. He warned the group to be on guard against misleading advertising by citing several examples. Ads for Nestle's Quick encourage consumers to "shape up with calcium," by drinking this beverage. Quick actually relies on the added milk as a calcium source. MaxEPA, touted as a coronary artery disease cure because of its fish oil content; popular pain relievers like Tylenol, Advil and Panadol, which all claim the highest level of effectiveness; and Aquaban, a diuretic designed to relieve bloating through its high caffeine content, are other examples.

Deceptive ads are

among the causes of problems with medication use, which are evident in recent statistics. According to Dr. McNamara, who is also a consulting pharmacist for Jewish Hospital's Program on Aging, people over the age of 60 experience the highest percentage of adverse reactions to medications. "Use of medications among the elderly is one of the most difficult problems we're faced with today," he said.

Although people between age 65 and 85 account for 10 percent of the nation's population, this group consumes 25 percent of the medications used in the United States. People over the age of 80 account for 60 percent of that 25 percent. "As we get older, we tend to take more drugs and we experience more adverse reactions," Dr. McNamara explained. "Many of these adverse reactions are unexpected because people take over-the-counter medications that their caregivers do not know about." According to Dr. McNamara, the fear of losing independence—or entering a nursing home—causes many older adults to diagnose ailments and purchase medication without consulting professionals.

Medication difficulties also arise because of differences among individual metabolism and kidney function, which affect medication absorption and elimination. Kidney function can differ by as much as 30 percent among the healthy elderly population. "Most of the time, drugs are prescribed in one dose for everybody. This could be the problem. There should be different dosages for different age

populations and different individuals in these age ranges," Dr. McNamara said.

Compliance problems—often a result of misunderstood or insufficient instructions—are also common in drug therapy. "This is our fault more than the patient's fault," Dr. McNamara said. "Physicians, pharmacists and nurses sometimes don't have the sensitivity in communication that's required when giving instructions about taking drugs. You should require your caregiver to make instructions explicit and you should explain to the caregiver when it becomes too burdensome to take too many drugs, because many times drug regimens can be simplified."

Mr. Manchester followed Dr. McNamara with advice on generic drugs, which he labeled as one of the larger controversies facing the public today. According to Manchester, economics and governmental control are the two primary issues affecting generic drugs. Generic drug companies are able to save the consumer money through lower prices because they avoid expenses incurred through research and development of the drugs. "The drug may be very inexpensive to produce, but it may have been very expensive to develop. So the drug companies have got to get their developmental cost back," Manchester

explained.

"Generic companies don't have to do safety studies and efficacy studies that the innovators do. They can produce that drug at a very small fraction of the cost."

The Food and Drug Administration (FDA) handles the control issue of generic drugs. The FDA requires generic drugs to deliver the same therapeutic effect; possess the same stability, purity and quality; as well as carry the same warnings and claims of the name brand drug. Although the FDA requires equality in most aspects, it allows a variance of plus or minus 20 percent in the strength of most drugs and up to a 30 percent variance in one class of drugs. For example, one form of medication with a stated strength of 100 milligrams in each tablet could contain anywhere from 70 milligrams to 130 milligrams. However, once a manufacturer starts producing a drug it will vary by only plus or minus 5 percent. Thus, according to Manchester, the most critical issue is that, once stabilized on one manufacturer's dosage, a patient receive his or her medication from the same producer.

This variance poses one of the most critical issues that

needs to be addressed when using generic drugs, according to Manchester. "If you were stabilized with a drug that was supplying you with 80 milligrams of the drug and switched to another manufacturer of the same drug, you could end up with a variance," he explained. "When treating a hypertensive patient, those kinds of differences can become significant. This kind of wide variation represents the worst case scenario. It is also possible that the 100-milligram tablet would contain 100 milligrams, which



Left: Robert Manchester, R.Ph., addresses the AIM audience. Above: Tim McNamara, Pharm. D., far left, and Rebecca Coley, R.Ph., answer questions after their presentations.



would pose no problem."

Coley presented additional startling facts concerning medication use in this country. She said that only 50 percent of diabetic patients take insulin as prescribed and the compliance figure is even lower for glaucoma and asthma patients. "We also know that approximately 70 percent of patients receive no information from their physicians or their pharmacists concerning either adverse side effects or precautions for their medications," Coley added.

Overall compliance to medication regimens is estimated at 60 to 70 percent, but this figure increases to 80 percent when written information accompanies the medication. When written information is supplemented with oral information by a physician or pharmacist, compliance jumps to 96 percent.

Coley listed five key facts that patients should know about their medications: The name of the drug and the reason for taking it; how and when to take the medication as well as the drug regimen's duration; food, drinks, activities and other medications that may interfere with the medicine; side effects

and precautions that may help the patient cope with or avoid the side effects; and that there is written information available about most prescription drugs.

Although she noted that the media provide helpful information, Coley echoed the concern over misleading and inaccurate claims cited by Dr. McNamara. She added that most media sources offer no means of two-way communication. "People exposed to this information are left to their own interpretation of what they are hearing at that time," she said. "They often have no way of clarifying any misunderstanding that may occur."

Physicians offer a strong outlet for two-way communication, but patients are sometimes intimidated by the physician or they become overwhelmed by vast amounts of information, according to Coley. The pharmacist can provide another valuable source of information. "Loyalty to one pharmacist is a very good idea, because then he or she can have a well-rounded and extensive drug profile of all the medications—prescriptions as well as over-the-counter products—that the patient may be taking," Coley said. "This allows him or her to anticipate problems that may occur."

"What is important is that you understand the importance of getting proper drug information, no matter which source you get it from," she said, adding that the Drug Information Center focuses on supporting professionals, who in turn are able to use the information in treating and/or educating their patients. "Even the best professional needs some help. That's why we have the Drug Information Center here." ■

Not in the Usual Manor

Mother nature could not have been more cooperative. Clear blue skies and temperatures in the mid-60s prevailed as more than 230 members of the Jewish Hospital Auxiliary gathered in Ladue for the annual fall meeting. This event marked a milestone for the organization: the debut of *Cooking In Clover II*, the second collection of recipes published by the organization. The setting, a departure from the traditional yearly meeting site at the hospital, was selected by program co-chairs Terry Bernstein and Kathy Kline and

Margie Horowitz, vice president membership services.

Three neighbor/Auxiliary members living in Somerset Downs opened their homes for a progressive luncheon featuring foods prepared from recipes in the new cookbook. In addition to meeting, greeting and eating, lunch-time activities included tours of the houses, a show of fashions from the Clover

Terry Bernstein (left) and Kathy Kline (right), who, with Margie Horowitz, Auxiliary vice-president, membership services, planned the Fall Meeting.





John D. Hirsch, M.D., prepares for his presentation.

Gift Gallery coordinated by Elaine Friedman, and a lecture provided by John D. Hirsch, M.D., FACS, Jewish Hospital surgeon. Floral arrangements displayed in the homes were created by Norma Cherry, Betty Mitchell and Janis Gollub of the Clover Garden.

In addition, at each home, sales tables staffed by volunteers headed by cookbook committee heads Pat Padawer, Susan Zimmerman and Joan Goldstein, offered members the first opportunity to purchase the new volume. The response was gratifying, with sales of 700 books reported.

Appetizers, offered at the home of Mr. and Mrs. Arthur Loomstein, were Parmesan Bites, toasty spiced

cheese cracker-like squares piled in a large basket centerpiece, and Salmon Bisque, cool and smooth with a dash of dill. Models Robyn Loomstein-Mintz and Marcie Pass wearing casual, sports and lingerie items, greeted guests beside a mirrored pier table and glass, decorated with an arrangement of yellow lilies accented with a single Protea King.

Luncheon salads were presented at the home of Mr. and Mrs. Martin Bloom, to the accompaniment of Joe Dreyer at the Baldwin. The menu,

also gleaned from the new edition of the Auxiliary cookbook by Blayne Caterers, featured Artichoke Rice Salad with a hint of curry, Chinese Chicken Salad with plum sauce, and tangy Mandarin Orange Salad. A croissant completed the light but filling main course, attractively served in crisp white boxes tied with Auxiliary-green ribbons. Exhibition-sized floral arrangements of gladioli and roses in crystal beakers decorated the house.

Following the seminar presented by Dr. Hirsch (see below), members crossed the lawn for desserts, baked by the Auxiliary board and program committee from recipes found in the dessert section of *Cooking In Clover II*. The home of Mr. and Mrs. Wilbur Eckstein provided the stage for the presentation of Heath Bar Bundt Cake filled with

nuts and crushed candy bars, Linzer Bars, Apricot Dollies, and an all-American favorite, Chocolate Peanut Butter Balls. The floral centerpiece, in the new parallel form, featured earth-tones of dried material.

TIPS TO KEEP THE SCALES FROM TIPPING

Between the salads and desserts at the Jewish Hospital Auxiliary Fall Meeting, the first Auxiliary-sponsored seminar of the season was presented by John D. Hirsch, M.D. Drawing on his experience in specialized nutritional support, Dr. Hirsch presented "Diet and Nutrition." In preparing his presentation, he surveyed 200 members by mail, to determine a profile of the audience.

Among the questions asked were the number of children in families, member's height, weight, desired weight, self-determined ideal weight, age, dieting habits, and general health habits. He and his staff analyzed 125 responses and charted the information on overhead transparencies used as an introduction to his lecture. He congratulated the group, pointing out the similarity in most categories with national norms.

In addition, he singled out two statistics well above those found in reports from the general population—far fewer Auxilians smoke, and more members exercise regularly. "Each of these factors contribute to overall good health," Dr. Hirsch said.

MANOR

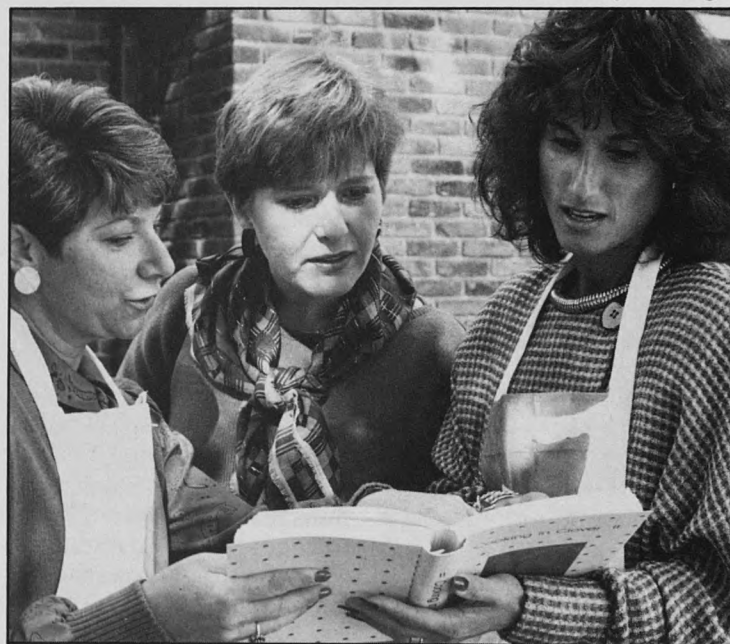


Left: Sales of Cooking In Clover II were brisk at each of the three locations. Below: Susan Zimmerman (left) and Joan Goldstein (right) share a finer point of Cooking In Clover II with Wendy Ludwig.

"Everyone knows the health dangers associated with smoking, and the benefits of exercise."

Since his research revealed that most of the surveyed members diet regularly, Dr. Hirsch shared the formula for weight gain—3500 excess calories equal one pound of fat. Losing extra weight is never easy, but all successful diets rely on a single basic premise. "To lose weight," he explained, "your body must utilize more calories than it consumes, creating a caloric deficit. To maintain its energy level, your body will 'burn' fat in order to meet the caloric demand of daily activities."

Members were urged to be cautious about indulging in diet programs that "guarantee" spectacular weight losses "effortlessly," without changes in your eating habits



or lifestyles, and promise "permanent" weight reductions. "Be very cautious of those claiming to work for everyone, and that allow you to eat unlimited amounts of any single food," he warned.

According to Dr. Hirsch,

sensible diet programs offer a nutritionally-balanced variety of foods, a minimum of 1,000 calories per day and require some exercise on a regular basis. "Go for the program that allows flexibility to accommodate your tastes and lifestyle," he urged. "When you have decided to change your weight, do it sensibly."

Some important elements in practical dieting include the need to consume fewer calories, the selection of nutritious foods, the setting of realistic short- and long-term weight goals, and the development and maintenance of new eating habits. "Once you have reached your desired weight, you must continue using your newly learned consumption habits and take in just the amount of calories your body burns in a day," he said.

A hand-out, highlighting positive and negative aspects of dieting and exercise, accompanied Dr. Hirsch's presentation. The practical "Seven Dietary Guidelines For Americans," appearing on the first page, digested the points of his lecture. For maximum health, the guidelines prescribe that you eat a variety of foods, maintain an ideal weight; avoid excess fat, saturated fat, and cholesterol; eat foods with adequate starch and fiber; avoid too much sugar and sodium; and moderate the consumption of alcohol. ■

For more information about the Jewish Hospital Auxiliary, call the Auxiliary office at 454-7130.

TESTICULAR CANCER

Testicular cancer accounts for one percent of cancers in men and is the leading cause of cancer-related deaths in men aged 35 to 50. Frightening statistics, to be sure, but Neal Neuman, M.D., Jewish Hospital attending urologist, hopes those figures may soon be outdated. Advances in chemotherapy and early detection of symptoms—perhaps because of increased public awareness of the disease—may already be reducing that statistic dramatically.

Men between the ages of 20 and 50 are at the greatest risk of developing testicular cancer, with 35 the age of peak incidence. Dr. Neuman advises regular self-examinations for men in that category and urges them to see their physicians or a urologist immediately if they notice any abnormalities in their testicles. "There is a very good cure rate if a tumor is detected early," says Dr. Neuman. "Even in patients with advanced stages of the disease, we are finding a marked increase in their survival rates because of the great advances in chemotherapy."

ASSOCIATION, NOT CAUSES

As with most forms of cancer, specific causes for tumor development are not known. Yet, there are three medical situations associated with a higher incidence of testicular cancer.

Men who have experienced an abnormal prenatal descent of the testicle from the abdomen to the scrotum are at a relatively high risk to develop tumors, perhaps 20 to 40 times higher than other men. Current thinking is that

the descent problem indicates tissue abnormalities. "The abnormal position implies abnormal cells," explains Dr. Neuman. "Even if the undescended testicle is brought down surgically or medically, the risk remains and the physician and patient should maintain a close vigilance on both testicles."

Testicles affected by inflammation during childhood mumps also increase a man's risk of developing a testicular tumor. For years, it was thought that injuries to the testicle were responsible for some tumor development. Today, it seems more likely that a tumor makes the testicle more susceptible to injury and bruising. Spontaneous bleeding at the tumor site may also make the testicle sore and can exaggerate the pain of an otherwise minor trauma.

TECHNIQUES FOR DIAGNOSIS

A testicular scan and ultrasound are sometimes used to evaluate whether a testicle needs to be surgically explored if the physical exam is inconclusive. The test results can rule out other medical situations, such as an inflamed sperm duct, fluid collection, a calcium deposit, or a cyst.

Urologists will probably pursue surgery if a mass in the scrotum is unexplained after the tests. "In that target group, if there is any doubt, we explore the testicle surgically," explains Dr. Neuman. "A scrotal mass should be regarded as a tumor unless proven otherwise. If we have a strong suspicion, we take out the testicle."

After the surgery to remove the testicle, the mass

is examined for type and extent of disease. The patient also undergoes a CT scan and perhaps a lymph-angiogram to ascertain if there has been any spread of tumor cells. Then the physician assesses the disease stage and prescribes appropriate treatment.

NEW TUMOR TYPES

The two categories of testicular tumors are different in origin and indicate different treatment procedures. A seminoma tumor, the type most often associated with undescended testicles, carries the best overall prognosis and is very sensitive to radiation therapy. A non-seminoma, or germ cell tumor, is responsive to chemotherapy and not to radiation therapy.

Both tumors are malignant and the danger lies in allowing the tumor to spread to the lymph system in the abdominal cavity. If the cancer cells spread to this area, there is potential to spread to more distant sites above the abdomen.

STAGING THE TREATMENT

If the tumor is a seminoma type, and the cancer has been localized in the testicle, radiation therapy is applied to the area of the lymph nodes in the abdominal cavity, as insurance against microscopic spread. Only if the disease is widespread is it necessary to use chemotherapy for a seminoma tumor.

For patients with non-seminoma tumors, the staging measure has been to remove the lymph nodes in the abdomen and examine them for microscopic traces of cancer cells, even if diag-

nostic techniques have not discovered cancerous tissue. "This has become rather controversial," explains Dr. Neuman. "Before, we would almost always remove the lymph nodes, a major stem-to-stern surgery, just to be sure. Now, some physicians feel if there is no X-ray evidence that tumor cells have spread to the lymph system, we should not remove it, and rather, monitor the situation closely and use chemotherapy if tumor cells are subsequently found."

If the lymph nodes are removed and, after close examination, reveal no signs of cancer cells, the patient does not receive chemotherapy. If, on the other hand, the examination shows cancer cell traces, the patient will receive chemotherapy.

At Jewish Hospital, Dr. Neuman says, urologists are prone to advocate the most aggressive protocol for non-seminoma tumors—full removal of the lymph system whether or not cancer cells can be detected on X-ray. "We have to give the patient an option in this situation," he notes. "We do not have a complete consensus on the best course to pursue. We have great chemotherapy now and a number of tests we can use to monitor a patient's progress. The key is close observation. With all of the types of treatment available today, we are able to do a great deal more for the patient with a non-seminoma tumor than in the past." ■

For more information about a Jewish Hospital urologist—or a physician in any other specialty, call The Doctors Choice physician referral service at 454-8180.



JEWISH HOSPITAL NEWS BRIEFS

Marc Abrams, DDS, attended the Institute for Joint Disease's meeting, July 24-25, in New York, New York. The theme of the meeting was "Arthroscopic Surgery of the TMJ."

Charles Anderson, M.D.,

co-authored "Preoperative Immunomodulation of Renal Allograft Recipients by Concomitant Immunosuppression and Donor Specific Transfusions." The paper was presented at the XI Congress of the Inter-

national Transplantation Society, August 3-6, in Helsinki, Finland, and will be published in *Transplantation Proceedings* in 1987.

Jerome Aronberg, M.D., addressed "Sports Dermatology" at the Big League Baseball

SUPPORTING CURES—

The commitment of the Marilyn Fixman Cancer Center staff and Ben Fixman, a major financial backer of the center, received the praise of one of the world's most recognized and respected medical oncologists at a recent event dedicating the center's new administrative suite. "Private philanthropy is keeping us going in these times of federal constraints," George P. Canellos, M.D., said during the dedication, held in the Steinberg Amphitheater on September 18. "People like Mr. Fixman bail us out and are of utmost importance to help us start new programs and to sustain the high quality of priority programs."

Dr. Canellos is chief of medical oncology at Dana-Farber Cancer Institute in Boston and professor of medicine at Harvard Medical School. "Many of the new treatment initiatives actually have been supported very much by institutional or private funds," he said. "I cannot emphasize enough the importance of private philanthropy, not only in all kinds of research, but certainly cancer research as well. I think all of you should be proud in establishing a cancer center. The treatment statistics are quite impressive."

In his keynote address to members of the medical community, Dr. Canellos pre-

sented "Evolution of Progress in Lymphomas: Prototype of Cancer Research." He told the audience that malignant lymphomas offer promise as a model of research in other cancers. "They offer us at least a look-see into the biology and fundamentals of cancer proliferation. But they've also given us the secondary gain of being able to offer therapeutic initiatives that might actually cure the patients rather than just control the disease. In a sense, they are at the head of the pack of cancers."

According to Dr. Canellos, lymphoma cell research has played an important role in forming the philosophy that cancer can be cured, rather than just controlled. The cure methods have evolved through the work of cancer researchers during the past 25 years. "Until we found some tumors that we could cure, many people didn't believe that there was even a field of medical oncology," he said.

The Marilyn Fixman Cancer Center was established in 1981 as a comprehensive program for patients with malignant disease who are in need of specialized diagnostic services, treatment, or supportive care. Its initiation and operation has been made possible through grants and gifts of Ben Fixman, his family, friends and associates.

CHANGING OF THE

GUARD—On November 17, Harvey Liebhaber, M.D., assumed the two-year office of President of the Jewish Hospital Medical Staff. Dr. Liebhaber succeeds Marvin Mishkin, M.D. In his capacity as president, Dr. Liebhaber will work primarily as a liaison between full-time and attending physicians and the hospital administration, board of directors and chiefs of service. "I'm delighted to have the opportunity to make whatever contribution I can to fostering a more productive relationship between the hospital and medical staff," said Dr. Liebhaber. Pictured is Dr. Mishkin, right, giving the President's gavel to Dr. Liebhaber.



INSTRUCTING THE INSTRUCTORS—Jewish Hospital cardiopulmonary resuscitation (CPR) instructors have begun the process of updating fellow employees on improved and simplified methods of performing the life-saving technique. The American Heart Association, which celebrated its 25th anniversary in 1986, recently updated the CPR standards. Jewish Hospital subsequently recertified 90 instructors to

pass along their knowledge, according to Joan Williams, R.N., an instructor in the Department of Education.

"I think we're probably one of the few hospitals that has so many instructors in one institution," Ms. Williams said. The instructors were recertified in courses taught by seven instructor trainers, who were updated by the American Heart Association in May and July. The instructor trainers are Ms. Williams;

Dawn Meyer, R.N.; Patti Eisenberg, R.N.; Susan Grindslade, R.N.; Barb O'Fallon, R.N.; Don Rehkop, R.N.; and Jane Read, R.N.

In each CPR course, two or three instructors teach adult, child and infant CPR as well as the Heimlich maneuver, which is used to help a choking victim. Each instructor must teach a minimum of four classes per year to retain CPR certification and is recertified every three years.

Classroom participants learn the skills using Annies, which are life-sized mannequins designed for CPR instruction. Instructors from the hospital's nursing divisions as well as the respiratory, occupational and recreational therapy divisions train employees from their respective units. In addition, the Department of Education offers six classes per year—with a maximum class size of 15—to other hospital personnel, in addition to courses for house staff, private physicians and physicians' office personnel.

"It's not expected that we're going to have everybody updated in a month or two," Williams commented

and noted that the updating process should be completed in 12 to 18 months. Until those certified to perform CPR are updated, their skills will continue to be sufficient in helping to reduce cardiopulmonary deaths.

Since 60 to 70 percent of sudden deaths caused by cardiac arrest occur before hospitalization, those performing CPR have great potential to save lives with little effort. "The technique is important to know," Williams said. "If you don't know the proper technique, you can cause added complications for the patient or victim."

Physical limitations may restrict some people from learning CPR, but Williams noted these people can still prepare themselves for cardiopulmonary emergencies by learning how to recognize early warning signs of heart attack, reassuring the victim and knowing who to call in such situations.

There are other ways that people can help the CPR cause. For example, a local couple recently aided the CPR instruction process at Jewish Hospital by donating \$1,250 to purchase an Anne.

Sportsmedicine Conference, June 23-28, in Reno, Nevada.

Robert W. Bastian, M.D., authored "Vocal Fold Surgery in Singers," which he presented to the National Association of Teachers of Singing, July 21, in Chicago, Illinois.

George M. Bohigian, M.D., co-authored "Lasers in Medicine and Surgery," published in *Journal of the American Medical Association*, vol. 256, no. 7, August 15.

Saul Boyarsky, M.D., J.D., co-authored a letter "A Possible Cause of Hematuria in Patients Taking Warfarin," in the *New England Journal of Medicine*, vol. 315, no. 1, 1986. He was elected to a three-year term to the American College of Legal Medicine's board of governors and has been re-appointed as a member of the Food and Drug Administration's Gastroenterology-Urology Devices Panel.

Jack R. Eidelman, M.D., attended the American Psych-

iatric Association's conference in May, at Washington, D.C. and the American Association for Study of Headache's convention in June, in Chicago, Illinois.

Alvin Frank, M.D., authored "Brain and Mind, Facial Image and Object Constancy," which he presented at the 17th Annual Margaret S. Mansler Symposium on Child Development, May 31, at Philadelphia, Pennsylvania. Also in May, he was appointed to the American Psychoanalytic Association's Committee on

Scientific Activities.

Florentina U. Garcia, M.D., attended the International Pediatric Association's convention, July 7-13, in Honolulu, Hawaii.

Randy L. Hammer, Ph.D., spoke on "Treating Sexually Dysfunctional Couples" and "Couple Therapy with Difficult Cases," at the American Psychoanalytic Association's meeting in Washington, D.C., August 21-26.

COOLING BURNOUT—

Friends and relatives providing care for sufferers of chronic illness can better cope with their situations by setting realistic expectations and sharing problems with others, according to Ruth Oakes, Ph.D., a clinical psychologist. Dr. Oakes offered the advice in her presentation "Caregiver Burnout" at the Parkinson's Educational Program (PEP) meeting in Jewish Hospital's Steinberg Amphitheater on August 3.

Dr. Oakes, whose 83-year-old father suffers from Parkinson's disease, defined burnout as "a kind of physical and emotional exhaustion" and warned that anyone who has frequent contact with victims of chronic illness can encounter burnout. "Many of us begin with very high expectations of ourselves as well as very high expectations of the diseased patient and of the system," she said. "Frustrations and disappointments are bound to occur with such high expectations. Trying to do more than you're capable of flings you headlong into burnout."

Other factors that contribute to caregiver burnout

are reduction in emotional resources or support from the patient, increased physical responsibility in caring for the patient, losing touch with outside activities and support networks, strained financial resources, and doubts and fears about the future.

Dr. Oakes identified some caregiver burnout symptoms, which include sleep and eating disorders, lack of concentration, irritability, fatigue and lack of interest in formerly pleasurable activities. "You don't need all of those to be burned out," she said. "If you have any one of those, you need to use it as a red flag." The most commonly-cited problem among the audience was dealing with chronic disease victims who refuse to carry out simple tasks that they are capable of doing.

"Beyond a point there's not much you can do about it. You can't make them do it," Dr. Oakes said. "It is, however, very helpful not to let yourself become isolated with these things. Talk to the health care team. Make it a problem that you solve together. I find the best way to solve problems is to lay them out for everyone

involved and get some ideas."

Dr. Oakes recommended that caregivers utilize a program she calls A.R.T. to eliminate burnout. Under the initial "A", she suggested that caregivers accept their vulnerability, assert their needs, anticipate the future and adapt by being realistic about their expectations. "The way to deal with caregiver burnout is to address it early" she said.

Under "R", Dr. Oakes said caregivers should respect their needs, read to learn what to expect in their situations, react and know now to react, rotate responsibilities by getting others to help out and take time to relax.

"Imagine yourself where you want to be. Set aside quiet time," she said. "Do that several times a day. It's something anybody can do."

The letter "T" in the burnout elimination formula stands for tender loving care, which the caregivers should focus on providing for themselves as well as for those for whom they are caring.

For further information on Parkinson's disease programs, call 314-362-3299.

Sung Soon Kim, M.D., Roop Lal, M.D., and Rudolph E. Ruffy, M.D., co-authored "Treatment of Paroxysmal Reentrant Supraventricular Tachycardia with Flecainide Acetate," which appeared in the *American Journal of Cardiology* July 1986, vol. 58, p. 80-85.

Robert R. Kuske, M.D., was interviewed on Channel 4 regarding "Treatment of Local Breast Cancer Recurrence with Radiation Therapy and Hyperthermia," for the station's Eye on St. Louis program, July 27.

Alan P. Lyss, M.D., served as program director for the Marilyn Fixman Cancer Center's annual symposium, July 17, at Jewish Hospital. The topic was "Breast Cancer: Controversies in Management." He attended the Cancer and Leukemia Group B convention, where "Cancer Research in Breast Cancer and Lung Cancer" was addressed, July 18-19, at Dana-Farber Cancer Institute, Boston, Massachusetts. He has also been appointed principal investigator at Washington University School of Medicine for Cancer and Leukemia Group B, a research group in Boston, Massachusetts.

Robert McDivitt, M.D., has been appointed chairman of the National Cancer Institute's Cancer Clinical Investigation Review Committee based in Bethesda, Maryland.

Carlos A. Perez, M.D., co-authored "Impact of Tumor Control on Survival in Carcinoma of the Lung Treated with Irradiation" and "Tumor Control in Definitive Irradiation of Localized Carcinoma of the Prostate,"

He was recently appointed vice president of the Associates in Medicine of Jewish Hospital.

Jack Hartstein, M.D., was co-chairman of the Ophthalmology Department of Hadassah Hospital's annual meeting held in Jerusalem, Israel, June 19-20. He attended a convention of the International Association of Ocular Surgeons, September 12-15, in Montreal, Quebec, Canada, where he spoke on the

"Hartstein System of Manual Extracapsular Cataract Extraction." Dr. Hartstein also attended the course "Ten Man Panel on Extracapsular Cataract Surgery" and conducted "An Update on Gas Permeable and Soft Lenses" at the American Academy of Ophthalmology, in New Orleans, Louisiana, in November.

Keith Isenberg, M.D., co-authored "Nucleotide Sequence of the Mouse Muscle Nicotinic Acetylcholine Receptor α Subunit," which appeared in

Nucleic Acids Research, vol. 14, p. 5111, 1986.

Mark J. Jostes, M.D., participated in a panel discussion on "Amenorrhea/Dysmenorrhea" at a family planning training seminar, July 24, at the Brentwood Community Center. He was interviewed on Channel 11 regarding the "Implications of Removal of Copper IUDs from the Market," August 6.



SETTING THE BALL IN MOTION

— The Clover Ball, Jewish Hospital Auxiliary's major fund-raising event, is scheduled for November 21, 1987. The Ball, held every fifth year, requires two years of planning and behind-the-scenes activity by committees making arrange-

ments for everything from decoration to designing and mailing invitations.

Chairmen for the 1987 Clover Ball, Marcia Shapiro (left, in photo) and Donna Nussbaum (right), were appointed by Auxiliary president Esther Bloomoff during the summer of 1985. Since

that time, they have selected members to fill the sub-committee slots who have begun the planning process.

According to Mrs. Shapiro, since 1962 when the Ball was inaugurated, the funds raised at these events have provided vital hospital program equipment. The CAT Scanner purchased in 1977 and advanced cardiac diagnostic equipment, the organization's 1982 donation, are examples of the manner in which the Ball benefits the hospital and its patients. Mrs. Nussbaum adds, "All projects have helped the hospital maintain and enhance its reputation of excellence, as well."

As work on Clover Ball 1987 continues, 216 will provide you with glimpses into the process, and review Clover Balls past. Watch for "Countdown '87."

University School of Medicine, June 19.

Kenneth L. Russ, Ph.D., attended the annual meeting of the American Association of State Psychology Boards as a delegate from the Missouri State Committee of Psychologists, in Washington D.C., August 19-21.

Peter G. Smith, M.D., Ph.D., recently presented "Indications for the Decompression of the Facial Nerve Through the Middle Fossa Approach," at the Missouri State Medical Association's annual meeting in St. Louis. He co-authored "Experience with the Resection of Parapharyngeal Cancers via the Infratemporal Fossa Approach," published in *Otolaryngology—Head and Neck Surgery* 94:291, 1986. He has been appointed to Washington University School of Medicine's committee on admissions.

Jules Snitzer, DDS, has been appointed to the Missouri Dental Board, based in Jefferson City, Missouri, by Governor John Ashcroft.

both of which appeared in *International Journal of Radiation Oncology, Biology, Physics*, April 1986, vol. 12, p. 539-547. He presented both papers at the Third Rome International Symposium "The Challenge of Local Tumor Control and its Impact on Survival," May 12-16, 1985, in Rome, Italy.

Gary Ratkin, M.D., and **M. V. Philepich, M.D.**, were among co-authors of "Adjuvant Chemotherapy with Adriamycin, Cytosin and Cisplatinum in High Grade Prostate Cancer," which appeared in the *American Journal of Clinical Oncology*, February 1986. Dr. Ratkin participated in a panel discussion "Management of Lymphomas," at a Lymphoma Conference held at Jewish Hospital and Washington



VP PROFILE—Lee A. Bernstein, former assistant administrator with Kaiser

Foundation Hospital, Hayward, California, has been appointed Jewish Hospital vice president. Since graduation from Horton Watkins High School in Ladue, Mr. Bernstein has obtained an undergraduate degree in mathematics from the University of Missouri/Columbia, masters degrees in both business administration and hospital administration from Washington University, and experience as a research analyst for the Missouri Division of Health. During graduate school, he worked part-time in systems analysis for the Washington University Medical School.

This is Bernstein's first

position in an academic environment. His experience gained in working with a health maintenance organization enables him to view hospital issues from a different perspective that is already proving useful in his efforts to assist the hospital in maintaining financial vitality and developing new approaches to healthcare delivery.

According to Bernstein, he advocates leadership by involvement and management by "walking around" style. "These are dynamic times in the health care industry," he says. "Leadership and good management are critical."

**NUMBERS TO KNOW
AT JEWISH HOSPITAL**

The Doctors Choice
(Physician referral)
454-8180

OR

1-800-822-1201
(outside St. Louis, in
Missouri)

1-800-233-3783
(outside Missouri)

Women's Health Resources
454-8890

Associates
454-8088

Auxiliary
454-7130

Clover Garden
454-7166

Community Relations
454-7239

Fellows
454-7250

Tribute Fund
454-7242

Jewish Hospital Home Care

*after hours
454-7000

*follow-up
993-4600

*new referrals
454-7031

Extra-Care
(private duty nursing)
454-8800

OASIS
454-0113

Main Number
454-7000



**CONTINUING
EDUCATION**—On August 18, Roswell "Buddy" Messing, Jr., long-time board member, and his wife, Wilma, attended a luncheon/meeting in the hospital's President's Room in honor of the Wilma and Roswell Messing, Jr., Nursing Education Fund. The fund was established in 1973 by Mr. and Mrs. Messing for advanced educational opportunities for Jewish Hospital nurses. Their contributions have enabled nurses to participate in unique health care seminars and study tours throughout the world.

Presentations were given

Pictured, left to right, Don Levin, Director of development; Brenda Ernst, R.N., vice president; Pat Harper, R.N., nursing administration; Mary Ann Jacobs, R.N., clinical nurse specialist; Phyllis Jackson, R.N., nursing administration; Wilma Messing and Roswell "Buddy" Messing.

at the luncheon by three recipients of the Educational funds: Mary Ann Jacobs, R.N., nurse clinician; Phyllis Jackson, R.N., psychiatric nurse; and Pat Harper, R.N., administration. Ms. Jacobs gave a presentation on her

study tour of health care in England, Ms. Jackson discussed her experiences during a tour of Russia and Ms. Harper gave a talk on a meeting she attended for nursing executives in Berkeley, California.

According to Brenda Ernst, R.N., vice president, the money has helped nurses broaden their education and expertise. "Mr. Messing has always been a major contributor to the hospital," says Ms. Ernst. "Through the Wilma and Roswell Messing, Jr., Nursing Education Fund, the department of nursing continues to benefit from his generosity."

Nurses who have been employed by the hospital for at least five years may be eligible for an award from the Wilma and Roswell Messing, Jr., Nursing Fund. Further information is available in the nursing office at extension 7120.

A PLAN FOR MOVING FORWARD—On September 20, the Jewish Hospital Board of Directors held its second strategic planning conference, gathering at the Doubletree Inn in Chesterfield. The subject of this retreat was the Corporate Business Plan prepared by the hospital's top-level management team.

Designed to outline the hospital's long-term strategic goals and policies, the Plan proposed that the hospital build upon its existing strengths in four major clinical areas to achieve positions of market leadership in the bi-state region. Other clinical services will focus upon finding specific market niches

that fill a unique community need. The Plan also recommended the exploration of opportunities to diversify horizontally and vertically.

More than 30 members of the Board attended the all-day conference along with representatives of the hospital's full-time and private medical staff, the Washington University School of Medicine, and hospital management. After presentations on corporate and clinical department strategies were delivered by members of management and chiefs of service, conference participants met in small groups to assess various aspects of the Plan and to discuss their recommendations.

"The Corporate Business Plan provides a framework for some of the tough decisions we will be making in the future regarding the hospital's development and resource allocation," said David Gee, president. "The Board planning conference provided a unique opportunity for members of the Board, the medical staff, and management to discuss the Plan and thereby develop a shared understanding of the directions we will be taking to maintain the Hospital's tradition of excellence."

Progress against the objectives cited in the Plan will be the subject of future planning conferences.

INTERNAL INVESTIGATION—Patti Eisenberg, R.N., MSN, Jewish Hospital nurse specialist, has received a \$3,000 research grant from Sigma Theta Tau, the international honor society of nursing. With the grant, Ms. Eisenberg and co-author Norma Metheny, R.N., Ph.D., St. Louis University School of Nursing, will conduct laboratory studies on feeding tubes.

According to Eisenberg, as the proportion of the elderly American population increases, the need for medical treatment requiring the use of feeding tubes will also increase. Patients undergoing feeding tube treatment receive nutrients in the form of formula through tubes inserted into the digestive tract. For short-term treatment the tube may be inserted through nasal passages, whereas long-term or permanent treatment usually requires surgical implantation of the tube through the abdominal wall. The primary objective of Eisenberg's research will be maintaining patency, that is, keeping feeding tubes open and free of blockages.

As evidenced in earlier studies, 20- to 24-percent of the most frequently-used

appliances in this procedure become blocked. In most cases, replacement of the blocked tube, a costly and uncomfortable procedure for the patient, is necessary because mechanical removal (aspiration) of blockages frequently collapses the tube. Under the grant, Eisenberg will investigate fluid agents (irrigants) to remove blockages as well as materials used in tube construction.

In one part of the project, the team will analyze the internal diameters and composition of a variety of tubes to determine the ideal combination of size and material that will withstand the stress of aspirating blockages without collapse. Further, the project will compare irrigants, concentrating on cranberry juice and carbonated cola beverages, which aid in maintaining the pH balance of the digestive system, and water.

Eisenberg and Ms. Metheny are hopeful that the findings of the project will benefit patients as well as caregivers. Results of this project are also eagerly anticipated by manufacturers of feeding tubes, according to Eisenberg.

Samuel Soule, M.D., continued his series "Our Medical Ancestors" with articles published in the St. Louis Medical Society's newsletter *St. Louis Metropolitan Bulletin* from January through July.

Patrick R. M. Thomas, M.D., co-authored "Toxicity Associated with Adjuvant Post-operative Therapy for Adenocarcinoma of the Rectum,"

published in *Cancer*, 1986 and "Perineal Effects of Postoperative Treatment for Adenocarcinoma of the Rectum," which appeared in *International Journal of Radiation Oncology Biology, Physics*, 1986.

E. A. Wallach, M.D., spoke on "Unusual Presentations of Common Adnexal Tumors and Eruptive Polycentric Pilomatrixoma" to meetings of the North American Clinical Dermatologic Society, in Ireland and Scotland, May 10-22.



REMEMBER WHEN—The Khorassan Room at the Chase Hotel echoed with shrieks of delight as nurses spotted familiar faces across the room. The occasion was the first Jewish Hospital School of Nursing Alumni Reunion. Nearly 450 nursing school alums turned out for the gathering.

The event was organized by the Alumni Association of the Jewish Hospital School of Nursing of St. Louis. Its officers are Eloise Delap, R.N., president, Eileen Grant, R.N., vice president, Rose Siebert, R.N., secretary, Emily Gottenstroeter Huber, R.N., treasurer, and Cathy Merlenbach Robinson, R.N., historian.

The School of Nursing had searched for alums for six months preceding the event through mailings and newspaper advertisements for the event. Their promotional efforts paid off. Nurses from as far back as the 1929 graduating class attended.

A great deal has changed

since the School of Nursing graduated its first class in 1905. David A. Gee, hospital president, took the alums on a trip down memory lane with a video presentation featuring Jewish Hospital nurses over the years. Brenda Ernst, R.N., class of 1961 and now vice president, spoke on nursing and how it has evolved. Susan Graves, R.N., reviewed photographs of students and faculty over the decades.

The occasion also marked a tribute to Jacob Probst, M.D. Dr. Probst was presented with a plaque, commemorating his contributions and continued support for the School of Nursing. He was also made an honorary member of the Alumni Association.

Recognition was given to Edna Malen and Margerie May, School of Nursing alumnis, for their ongoing support to the School of Nursing. Each received books that depicted nursing in art.



CONTRIBUTIONS TO JEWISH HOSPITAL FUNDS

SUSTAINING GIFTS

Mr. Stanley Allen and Mrs. Evelyn Cohen of Allen Foods, Inc. have made a contribution to the Research Endowment Fund of Jewish Hospital in appreciation for the care received by their father, Mr. Ben Allen.

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

Mr. and Mrs. Stanley Birge have made a contribution to the Stanley J. Birge Research Endowment Fund, to be used for the Program on Aging.

Mr. and Mrs. Joe Cohen have joined the Fellows of Jewish Hospital and made a contribution to the Building Fund for the Radiology Department.

Mr. and Mrs. Richard D. Cohn and Mrs. Max M. Levy have established the Dr. Theodore Reich Psychiatric Research Fund.

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

Mr. and Mrs. Siegmund Halpern have made a contribution to the Jewish Hospital of St. Louis.

Mr. and Mrs. Albert Halsband have made a contribution to the Peter A. Halsband Fund for Cancer Research in memory of their son, Peter.

Mrs. Harold Koplár has become a Major Benefactor by establishing the Harold and Marie Koplár Scholarship Fund at the Jewish Hospital of St. Louis in memory of her husband, Harold Koplár.

Mr. and Mrs. Gary Lazaroff have joined the Fellows of Jewish Hospital and made a contribution to the Colon and Rectal Surgery Education Fund.

Mrs. Edgar L. Levin, Sr., Mr. Edgar Levin, Jr., Dr. and Mrs. Marcos Rothstein, and Dr. and Mrs. Robert Katz have established The Edgar L. Levin, Sr. Fund for Cancer Research in his memory.

Mr. and Mrs. Willard Levy have made a contribution to the Jewish Hospital of St. Louis.

Mr. and Mrs. Harold G. Lieberman have established the M. Randall Spitzer Leukemia Fund in memory of M. Randall Spitzer.

Mr. and Mrs. Fred H. Loeb have joined the Fellows of Jewish Hospital and made a contribution to the Judy L. Smith Cancer Research Fund in honor of Judy Smith's birthday.

Mr. and Mrs. Roswell Messing, Jr. have made a contribution to the Messing Chair in Pathology of The Jewish Hospital of St. Louis.

Dr. and Mrs. M. Norman Orgel have made a contribution to The Jewish Hospital Research Endowment Fund.

Mr. and Mrs. Robert M. Pass, and friends, have purchased a Rescue Annie for the Hospital in honor of their 25th anniversary and also joined the Fellows of Jewish Hospital.

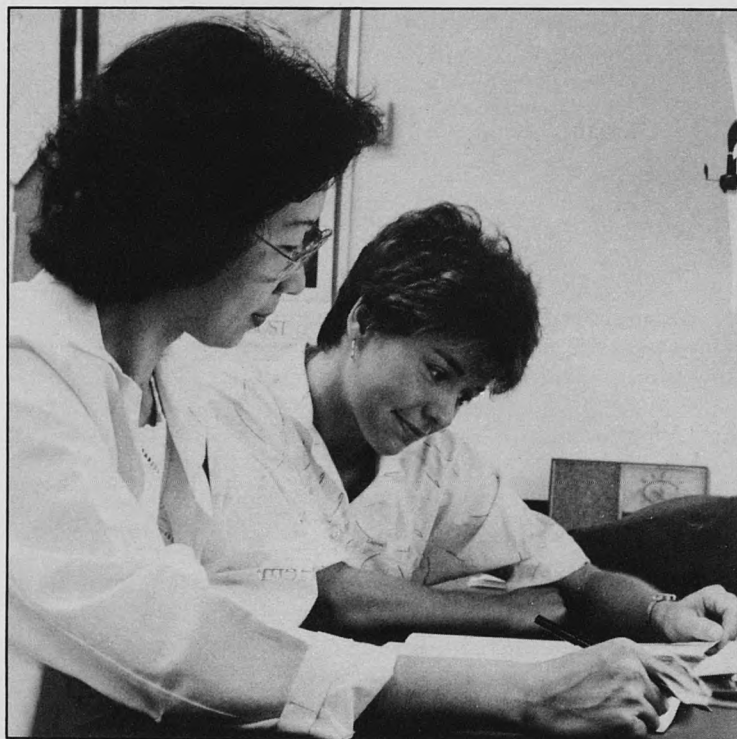
Mr. and Mrs. Ronald Ross have made a contribution to the Research Endowment Fund of The Jewish Hospital of St. Louis.

Mr. and Mrs. Alvin Siteman have established the Bernard and Miriam Levinsohn Geriatric Endowment Fund at the Jewish Hospital of St. Louis in memory of Mrs. Siteman's mother, Miriam and in honor of her father, Bernard Levinsohn.

Mr. and Mrs. Kenneth Steinback have joined the Fellows of Jewish Hospital and made a contribution to the Research Endowment Fund.

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

The Jack Wohl Trust has made a contribution to the Research Endowment Fund of The Jewish Hospital of St. Louis.



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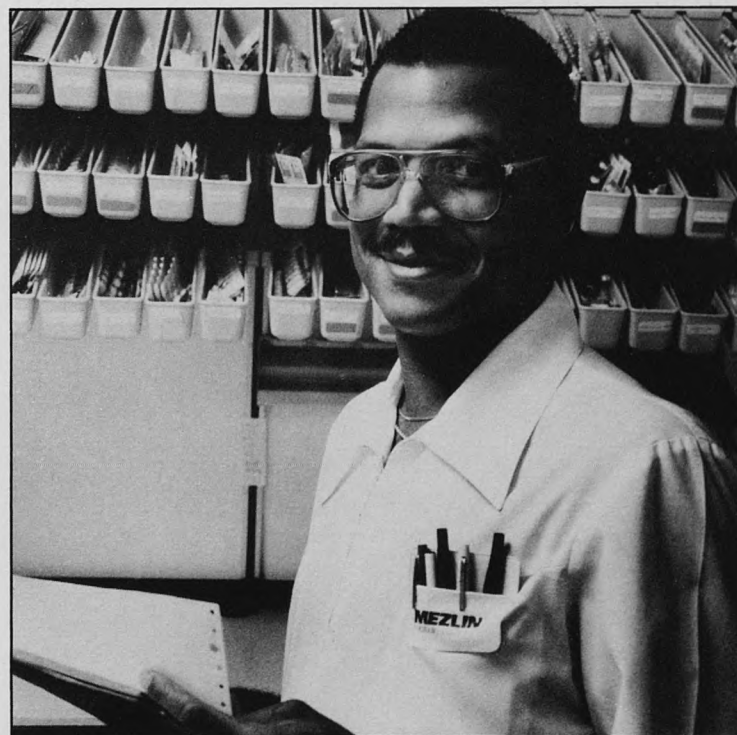
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Friendship of Mr. and Mrs. Hubert Moog	Dr. and Mrs. James J. Jenkins (Hubert P. & Irma C. Moog Endowment Fund)
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Appreciation to: Dr. Richard Sisson and Dr. Saul Klein	Mr. Lin Ferguson (Harry and June Agress Cardiology Fund)
Appreciation to: Dr. Erika Schuster, Dr. Marvin Rennard, and entire nursing staff	Mr. and Mrs. Eugene Kornblum (Nursing Education Fund)

Contributions to the hospital through the Tribute Fund in the period July 25, 1986 to September 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

DECEMBER

Smoking Cessation Classes to help smokers kick the habit through the use of nicotine gum and behavior modification techniques are being formed periodically; call 454-8188.

DECEMBER 3, 10, 17, 24, 31

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

DECEMBER 4

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.

DECEMBER 7

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.

DECEMBER 8

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 11:30am; by reservation only, call 454-7130.

JANUARY

Smoking Cessation Classes to help smokers kick the habit through the use of nicotine gum and behavior modification techniques are being formed periodically; call 454-8188.

JANUARY 7, 14, 21, 28

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

JANUARY 8

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.

JANUARY 12

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

JANUARY 18

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.

JANUARY 21

Associates In Medicine Lecture Series, in conjunction with Women's Health Resources, features "Breast Cancer: A Focus on Cosmetics and Quality of Life" with guest speaker Alan Lyss, M.D., director of clinical oncology at Jewish Hospital; 7:30 p.m.; Brown Room; complimentary refreshments; open to the public at no charge; reservations required; call 454-8088.

JEWISH HOSPITAL

AT WASHINGTON UNIVERSITY MEDICAL CENTER

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

The Jewish Hospital of St. Louis is a 550-bed acute care teaching hospital affiliated with Washington University School of Medicine. Located in the Central West End of St. Louis, it is dedicated to distinctive patient care and medically advanced research. The medical staff of 650 physicians and dentists comprise a group of full-time academic faculty and private physicians. These professionals are reinforced by a house staff of 150 residents and interns, along with nurses and technicians, service and support personnel to deliver 24-hour high-quality patient care. The Jewish Hospital of St. Louis is fully accredited by the Joint Commission on Accreditation of Hospitals.

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216 is published by the publications department of The Jewish Hospital of St. Louis

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