JEWISH HOSPITAL 216

AT WASHINGTON UNIVERSITY MEDICAL CENTER

JANUARY/FEBRUARY 1987

A WORKING SOLUTION

KEY STROKES

AT THE CENTER OF IT ALL

JEWISH HOSPITAL 216

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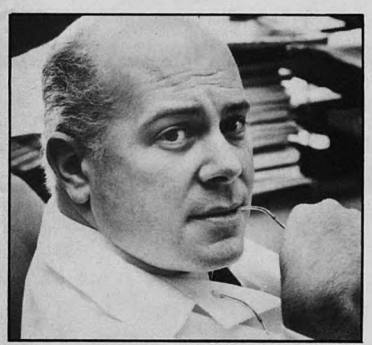

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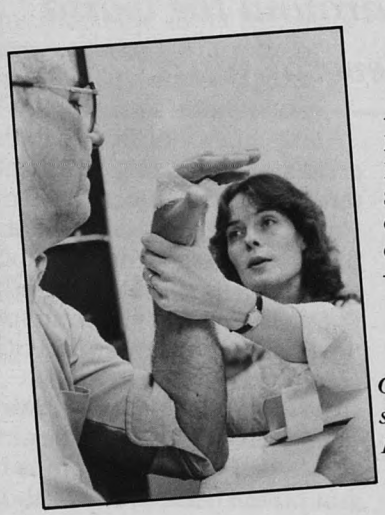

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ON THE COVER: Good therapists and work simulation are the nuts and bolts of Jewish Hospital's Work Entry Program. The story begins on page 4.

The Center of Attention: COLORECTAL CARE

by Steve Mainer

IN BRIEF...

...A pioneering team of surgeons and researchers at Jewish Hospital is developing methods to better diagnose and treat colo-rectal disorders. Their treatment techniques have nearly eliminated local recurrence of rectal cancer—a situation which almost always results in certain painful death.

Their progress includes innovative applications of radiation therapy that have allowed surgeons to perform less-radical surgical procedures —an advance which often enables patients to retain normal bowel function.

Medical professionals from different specialties at Jewish Hospital are also working together to achieve early diagnosis of other colo-rectal disorders which, while not often fatal, are sometimes misdiagnosed as psychological problems. Their work is helping the general public as well as those in the medical field gain a better understanding of this important group of disorders.

Diagnostic and treatment methods pioneered at Jewish Hospital for colo-rectal disorders are attracting the attention of treatment centers throughout the United States. These breakthroughs are especially valuable because of the damaging psychological effects that often accompany the physical disabilities of the diseases.

The work done at Jewish Hospital has nearly eliminated local recurrence of certain rectal cancers, which, when they occur, almost always lead to painful deaths. In addition, use of less radical treatment protocols now enables many patients to retain normal bowel function. Advances also originate from new diagnostic procedures that facilitate earlier remedies and, in many cases, eliminate the psychological problems associated with colo-rectal diseases.

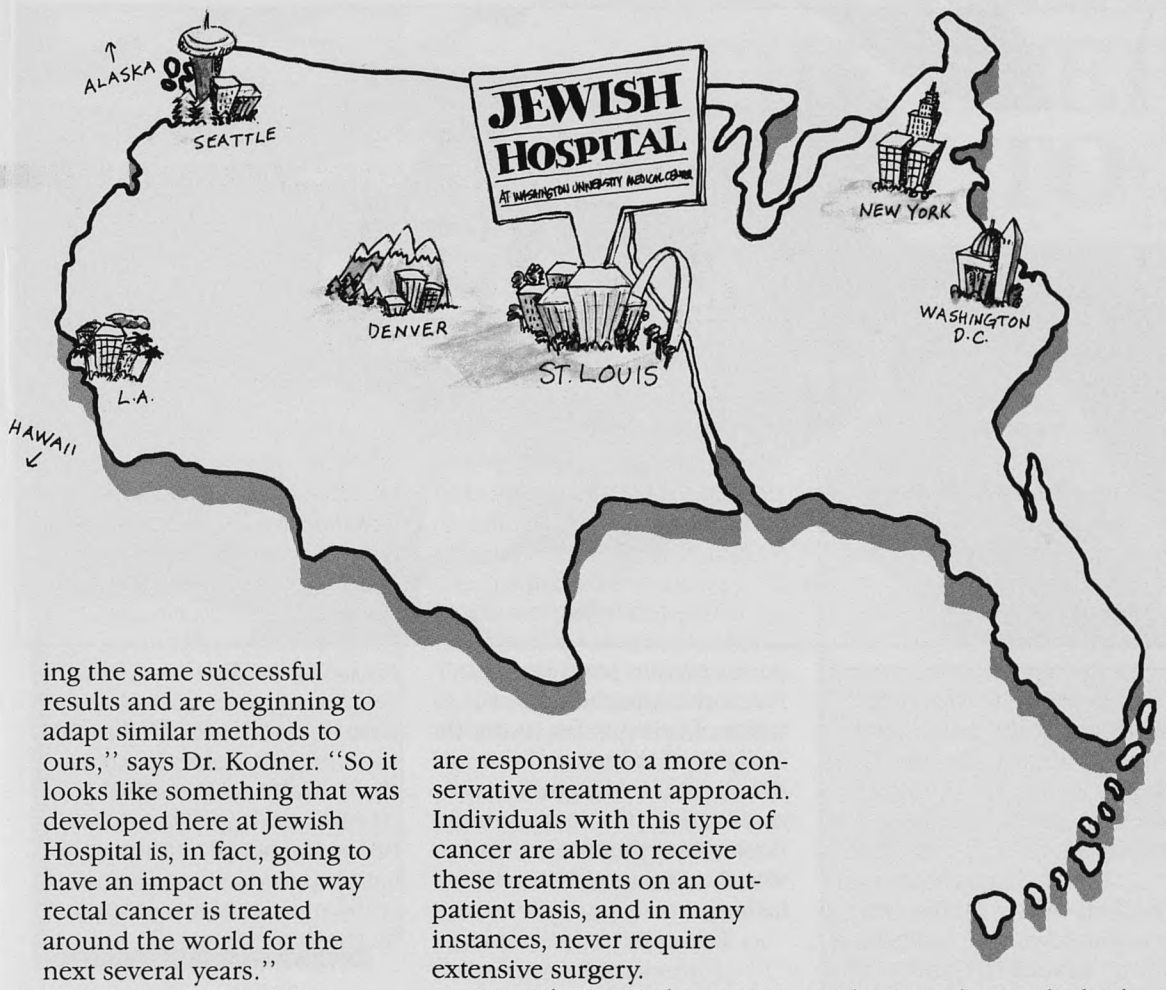
The most dramatic statistics were uncovered with a recent review of rectal cancer treatment at Jewish Hospital. The study revealed that recurrence of rectal cancer in the pelvis occurred in only three percent of the patients after initial treatment using surgery combined with radiation therapy. These results are far lower than the 20 percent figure recorded for similar recurrence nationally, utilizing surgery alone.

Twelve years ago colon and rectal surgeons at Jewish Hospital, in cooperation with physicians at the Mallinckrodt Institute of Radiology, developed the treatment protocol responsible for the improved results in managing rectal cancer. In the highly-successful program, they used preoperative external radiation therapy, and in most cases waited for the radiation to shrink tumors and inhibit their spread to surrounding tissue, before performing surgery to remove the portion of the rectum containing the cancer.

The high degree of success in preventing recurrence, so we've effectively almost completely eliminated this devastating form of essentially untreatable cancer."

Their achievements are now helping patients with colo-rectal disease in other areas of the United States. "We pioneered these techniques. Now a few other institutions around the country are finding suffering associated with the recurrence of pelvic tumors gives added significance to these improved results. "When these cancers recur, the ability to cure them is almost nil and the capability of making the patient feel better is also very low," says Ira J. Kodner, M.D., director of Jewish Hospital's division of colo-rectal surgery. "Our methods have been very suc-

"So it looks like something that was developed here at Jewish Hospital is, in fact, going to have an impact on the way rectal cancer is treated around the world for the next several years."



ing the same successful results and are beginning to adapt similar methods to ours," says Dr. Kodner. "So it looks like something that was developed here at Jewish Hospital is, in fact, going to have an impact on the way rectal cancer is treated around the world for the next several years."

Another promising mode of rectal cancer treatment used at Jewish Hospital involves applying a high dose of superficial (shallow penetration) radiation directly to a tumor. The procedure was initiated here about five years ago with the acquisition of an Auxiliary-donated piece of equipment called an endocavitary radiation unit. The instrument's applicator is inserted through the anal canal, permitting a direct dose of irradiation to destroy the tumor, while sparing surrounding tissue, according to Dr. Kodner.

This method is used for patients with favorable rectal cancers—the type of tumors that, because of their size, location and classification, are responsive to a more conservative treatment approach. Individuals with this type of cancer are able to receive these treatments on an outpatient basis, and in many instances, never require extensive surgery.

Jewish Hospital surgeons have investigated further improvement of this technique by combining their own external radiation methods with use of the endocavitary device. "By studying the use of this technique, we've shown that, contrary to some other reports in the literature from treatment centers around the world, this machine's use by itself has not been as effective as these centers would have us believe," says Dr. Kodner. "So for people with very favorable rectal tumors in special cases, we're now treating with the combination of external and internal radiation and avoiding the use of any radical surgery at all.

"Although this is a new and basically investigative technique, the results look pretty good," he adds. "It's exciting because it looks as if we're going to have a technique, if the statistics hold up, that will be used throughout the United States."

The less-radical approach has prevented many patients from losing normal bowel function, a situation in which psychological effects often accompany the physical changes. In the past, the popular belief has been that treatment of rectal cancer required constructing a colostomy, which reroutes the colon or large intestine, because the sphincter muscle is often removed. But Dr. Kodner explains that colostomies are often avoided through the use of newer reconstructive surgery methods for the rectum—the lower portion of the intestinal tract, which is attached to the anal canal.

Having recorded these strides in local recurrence management, Jewish Hospital physicians will soon focus attention on improving the long-term survival rate of patients who, after treatment for rectal cancer, develop recurrent cancer in other areas of the body. "Although our long-term survival rates are better here than at most institutions, we've found that we're controlling the disease in the pelvis, but not preventing late-stage disease from appearing in distant areas of the body," says Dr. Kodner. "One of the areas we are going to begin investigating, in cooperation with the oncology department here, is the use of chemotherapy to prevent this microscopic spread of cancer."

Cancer, although serious, is not the only concern of the division of colo-rectal surgery. They have developed methods to improve the diagnosis and treatment of disorders that, while less physically destructive, are often as psychologically damaging as cancer. Rectal prolapse is one of the fairly common disorders receiving special attention. Normally the rectum is positioned next to the backbone. But in some cases, often involving young people and usually females, the rectum slides out of position and becomes detached from the backbone. "It actually begins to protrude and causes embarassment, discomfort and an inability to control bowel movement," notes Dr. Kodner.

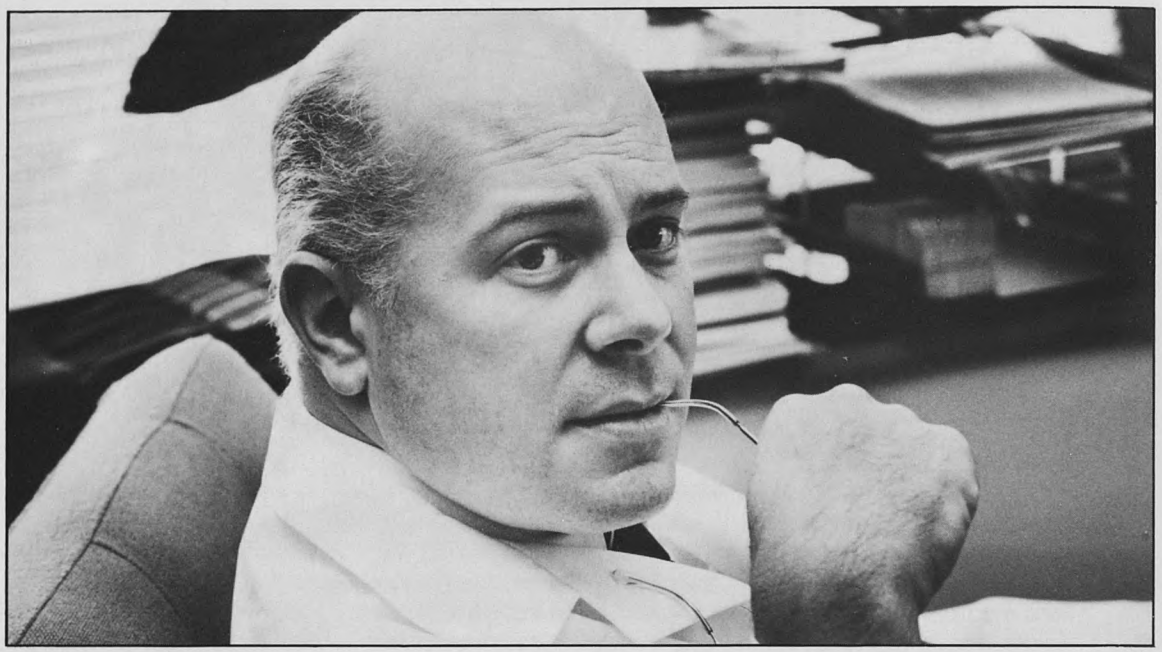
Jewish Hospital surgeons have simplified surgical repair methods for rectal prolapse,

but Dr. Kodner is even more enthusiastic about a new form of diagnosis developed in cooperation with the department of radiology. The process, known as defecography, uncovers the disease's preliminary stages, called intussusception. "Most importantly, our diagnostic procedures have become popularized around the United States as we are able to discover these diseases early," he says. "It's exciting because we're actually describing the anatomy of these physical disorders."

Undertaking additional team efforts to better address and correct colo-rectal diseases, Jewish Hospital surgeons plan to team up with researchers in the department of urology for in-depth analysis of sphincter function, a cause of significantly debilitating problems, which is only now becoming understood in a scientific fashion.

The experts are hoping that the early diagnosis provided through techniques like defecography and manometry can help eliminate mental burdens that sometimes accompany physical problems. "In some cases when people develop symptoms and fail to receive prompt, proper diagnoses they are led to believe that they have psychiatric disorders," Dr. Kodner explains. "People often joke about malfunctions of the rectum and bowel movement. But many people are incapacitated, many jobs are lost and many marriages are destroyed by these problems."

The development of improved patient care methods at Jewish Hospital most likely will also continue to fuel a healthy exchange of ideas among treatment centers throughout the nation. "Jewish Hospital is on the forefront of describing and treating these diseases," says Dr. Kodner. ■



Ira J. Kodner, M.D.

"People often joke about malfunctions of the rectum and bowel movement. But many people are incapacitated, many jobs are lost and many marriages are destroyed by these problems."

Dr. Kodner Appointed To American Board Of Surgery

Ira J. Kodner, M.D., chief of colon and rectal surgery at Jewish Hospital at Washington University Medical Center, has been elected to the board of directors of the American Board of Surgery. Beginning in June, Dr. Kodner will serve as sole representative of the Board of Colon and Rectal Surgery to the American Board.

Dr. Kodner is nationally and internationally recognized for his expertise in the surgical treatment of colon and rectal diseases. He has conducted programs and delivered papers in six foreign countries, England, West Germany, Israel, Italy, Canada, and Scotland. Dr. Kodner has taken a leadership role on the surgical certification programs of the American Board of Colon and Rectal Surgery and on the Residency Review Committee of the American Medical Association.

Also active in local medical affairs, Dr. Kodner has served on the boards of the American Cancer Society, the National Foundation for Ileitis and Colitis, the Ostomy Association of St. Louis, the St. Louis Metropolitan Medical Society, and the St. Louis Society for Medical and Scientific Education.

A native of Mayfield, Kentucky, Dr. Kodner earned both his undergraduate and medical degrees from Washington University. He completed both his internship and residencey in surgery at Jewish Hospital, and joined its medical staff in 1977. At Washington University School of Medicine, he is an associate professor of surgery.

RETRACING THE STEPS BACK TO WORK

IN BRIEF . . .

. . . People with injuries or debilitating illness now have a better chance of returning to their jobs through one of Jewish Hospital's newest programs. The Work Entry Program, which opened in September, 1986, rehabilitates individuals through physical and occupational therapies in simulated work environments.

Located in Olivette, the program offers therapies, such as back and hand rehabilitation, that were developed at Jewish Hospital's rehabilitation divison. Therapists work with participants from four to six weeks in a process called "work hardening," a gradual progressive course of therapy that conditions and strengthens participants for their work. Therapists describe the Work Entry Program as the final touch in the rehabilitation process—a transition between hospital therapy and work.

The concept is hardly new. In the early 1900s, therapists knew that work could be the best therapy for rehabilitation patients. And they put their patients to work, often assigning them to hospital jobs, like cleaning or office work, depending on patients' interests and abilities. Today, that working approach to rehabilitation has never been more viable. The terminology and techniques that therapists use have become sophisticated, but the fundamental philosophy is the same: work promotes health.

In September, 1986, Jewish Hospital opened its Work Entry Program, a service that reaches back to the roots of those turn-of-the-century therapists. According to Jeff Cowdry, occupational therapist and program director, the Work Entry Program is a multidisciplinary approach that gets people back to work through a combination of physical and occupational therapies plus a progressive therapeutic process, called "work hardening," that rehabilitates clients in simulated work situations.

Work Entry Programs are not unique to St. Louis, but Mr. Cowdry thinks that the Jewish Hospital program has elements that set it apart from other services. "Most programs rely almost solely on one specialty to rehabilitate participants," he says. "Jewish Hospital's program utilizes physical therapy, occupational therapy, vocational evaluation and other rehabilitation medicine services. Consequently, our therapists use a strong team approach so that clients can reach optimum levels of performance to return and stay in the work force."

Kathryn Newman, OTR, monitors workers' progress closely.

The Work Entry Program is located in Olivette. A quick tour through the facility testifies to the unique mode in which activities take place. The front offices are typical enough—the usual desks and word processors that would be found in any office—but the real "work" takes place in a very different atmosphere. In the back of the building, a door opens into the work area. Once a warehouse, the high-ceilinged, expansive room is large enough to contain a wide range of simulated work environments. An entire kitchen occupies one corner and desks with various types of office equipment fill a back wall. On one side of the room a 20-foot platform with steps on either side looms as a hurdle that most Work Entry participants will have to negotiate.

Throughout the room, therapists work with clients on sophisticated equipment that provide measurements of their clients' strengths and increases in productivity. Although the program is

staffed by professional therapists, there are no white lab coats in sight and the word "patient" is never heard. Therapists refer to Work Entry participants as "workers" or "evaluees," never patients. There is even a time clock. People who would normally clock in at their actual jobs also clock in at Work Entry. "We want the Work Entry Program to have a completely non-hospital feel," says Cowdry. "Our participants should think of themselves as potential workers, not patients."

Participants share one common bond: they each have a debilitating condition as a result of an illness or some type of injury. In most cases, they received hospital rehabilitation, and learned to function fairly independently. But they have not been able to attain a tolerance level that enables them to return to the work force. "They just haven't been able to make that final transition," says Cowdry. "We think of the Work Entry Program as the final touch to the rehabilitation process. It doesn't replace traditional hospital therapies. The hospital gets the patient home. Our program tries to get them back to work."

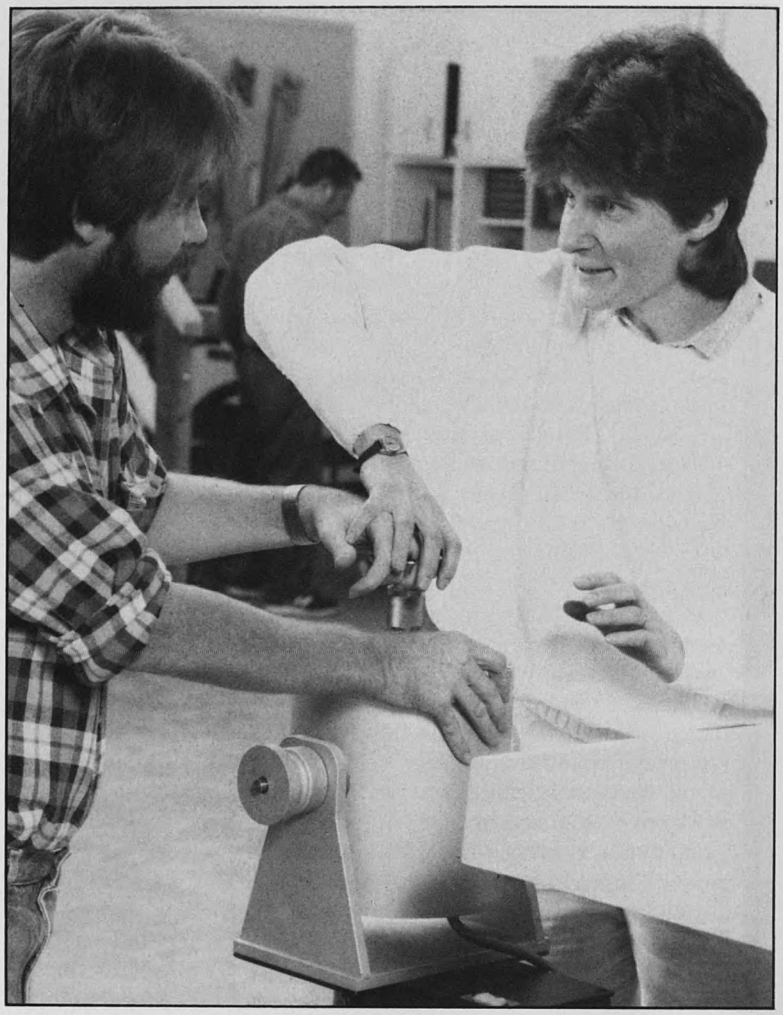
According to Cowdry, the Work Entry Program is a cost-effective way to rehabilitate people as safely and quickly as possible. "There are many people who want to go back to their jobs but do not have the necessary physical capabilities. It's a frustrating, and often costly, situation for everyone—patients, employers, insurance companies and society as a whole," says Cowdry. "Through the Work Entry Program, people can be assured that they will be thoroughly evaluated and, in many instances, rehabilitated to their optimum potential."

The process starts when candidates are referred to the Work Entry Program by a physician. Cowdry and his associates use what he describes as a three-pronged approach. Starting with a functional capacity assessment —or work tolerance screening —workers are evaluated by physical and occupational therapists for the extent of their injuries, as well as present and potential capabilities. Many evaluations, including a full muskuloskeletal assessment, are performed prior to admission to the program. If the evaluations indicate that the candidate could benefit from the program, the staff plots a course of treatment or "work hardening," which could take from four to six weeks. "After our evaluations we determine a safe physical working range for each participant," says JoAnna Daugherty, physical therapist. "All work hardening is done at appropriate physical levels. We start off slowly and progress gradually."

"We think of the Work Entry Program as the final touch to the rehabilitation process."

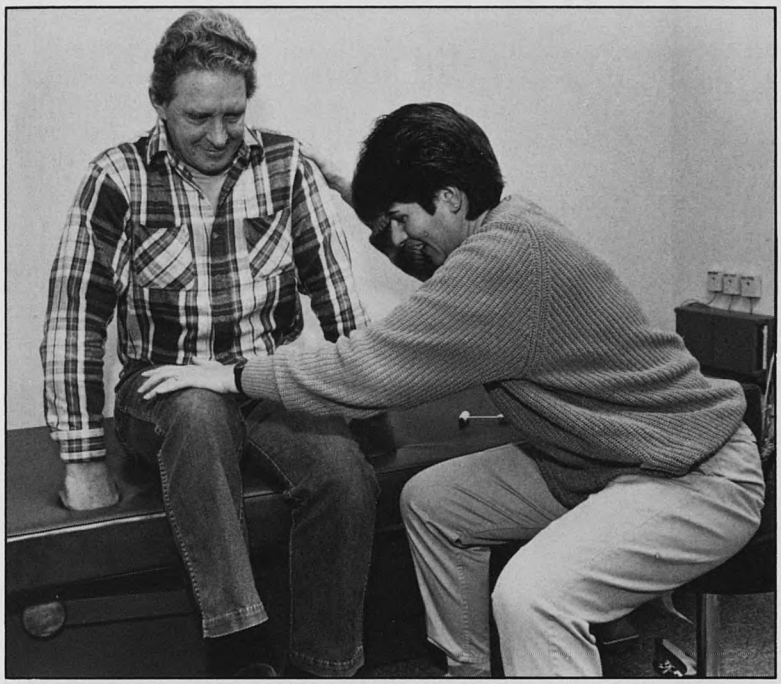
Work hardening is tailored to meet each client's specific job demands. One participant, a checker at a local grocery store who suffered a hand injury, was rehabilitated through exercises on cash registers. Therapists performed a job analysis and even went to the store to obtain grocery bags and racks for the bags as part of her exercise routine. The worker was able to build up tolerance to the considerable lifting stresses that are placed on her hand in the course of a work day.

During therapy, Work Entry Program therapists maintain communication with the physician by submitting written reports on each patient's progress every two weeks. Physicians are also encouraged to visit their patients at the Work Entry Program. "We think it's essential that physicians maintain control of their patients' overall care throughout the program and for follow-up care if and when patients return to their jobs," says Cowdry.



Kathryn Newman, OTR, sometimes takes a hands-on approach with workers.

Donald Wild, a sanitation worker, is two weeks into the Work Entry Program and he already feels stronger. Mr. Wild injured his back two years ago when he slipped cleaning floors. "The accident happened so fast, I fell and I couldn't move. It was like the lights went out."



Things certainly looked dim for Wild's career. Since the injury, Wild has been living primarily on workmen's compensation benefits. He tried to return to work once only to reinjure himself. He was finally referred to the Work Entry Program after attending an area pain management program.

According to therapist Kathryn Newman, OTR, Wild's initial evaluation at the Work Entry program showed that Wild's extremities—arms and legs—were weak. "Our primary goal is to increase strength in his limbs and build up his general tolerance," says Ms. Newman.

On any given day, Wild will perform a series of exercises that parallel the type of work he encountered at his job. Under the supervision of therapists, he does numerous exercises, sometimes constructing walls with 14-pound bricks, lifting 30-gallon garbage cans and boxes or using a weighted vacuum with industrial strength hoses. Wild is now able to tolerate lifting 50 pounds, a level at which his therapists would like him to stabilize temporarily until they think he is ready to increase weight loads without risking injury.

If a participant cannot return to his previous work capacity, therapists discuss job modifications with employers. Or, if workers like Wild are unable to be rehabilitated to their previous capacities, vocational exploration is available through the Work Entry Program. Cowdry credits Jewish Hospital's Janet Williams, O.T.R., for this extra benefit of the program. "She has a masters degree in education with an emphasis in counseling. Consequently, we can give our workers tests that evaluate their aptitudes, interests, and temperaments as they pertain to employment," he says but points out, "We're not a job placement program. We can suggest a group of suitable jobs, but we do not find the jobs for them."

Above: Physical therapist JoAnna Daugherty uses Jewish Hospital's back program to help clients achieve their potential. Left: Workers are rehabilitated in settings that simulate their actual jobs.

Jewish Hospital's extensive rehabilitation program has provided the base for the Work Entry Program, giving it sound therapies, especially for back and hand injuries. "Our link with the rehabilitation department is one of our strongest assets," he says. "We have the skill and resources to handle complex medical issues when they occur. We can handle a wide variety of diagnoses and we have two of the strongest rehab specialties at Jewish Hospital linked to the program: the back and hand rehabilitation programs."

According to Terilee Hammett, O.T.R., hand specialist, the right treatment combination is essential. "With a good surgeon and therapist, a client has an excellent prognosis. It's up to the physician to make the referral and for the therapist to provide good therapy," she says. "I've seen situations where a bad therapist did more damage than good."

Many of the participants have been out of work for years, usually living on Worker's Compensation. According to Ms. Hammett, lengthy periods of unemployment can have considerable psychological impact. "There

are people who have what we call 'Worker's Compensation Syndrome,' " she says. "They're off the job for a period of time, and they lose their incentive to work. We would like to see them get into Work Entry Programs as soon as possible before they get discouraged and give up."

According to Cowdry, there is still a large portion of the population that receives worker's compensation deservedly. "There are people with work-related health problems that are so severe, they have the right not to work," he says. "At the Work Entry Program, we have the capabilities to make comprehensive evaluations. By working with physicians, recommendations are made. We will either recommend that the injured worker receive more therapy to go back to work, receive disability or consider a vocational change."

Most participants want to increase their level of productivity, mainly for their own sense of self worth. "I've been miserable not working," says Wild. "In fact, I've been getting mighty disgusted with life. I just didn't think this could happen to me."

But for the first time in months, Wild is starting to think that working again is a viable option. "I talked to my supervisor last week. My job is still there for me," he says. "I told him: 'I'm coming back.' " ■

For further information about the Work Entry Program, call 993-WORK.

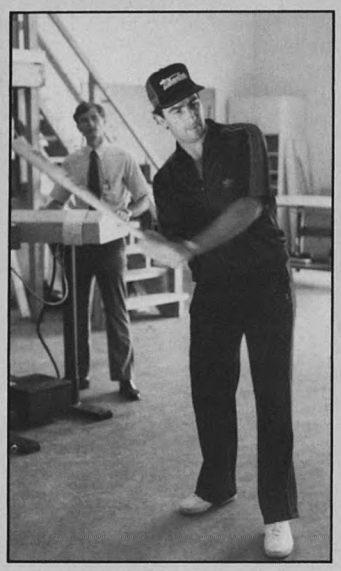
An Open House at the Work Entry Program is scheduled for April, 1987. For further details, contact the program at 993-WORK.

Back Into The Swing of Things

When Jack Clark, first baseman for the St. Louis Baseball Cardinals, received a request for a bat from his occupational therapist at the Work Entry Program, he thought it was just a plea from a souvenir seeker. He obliged with one he had used in the 1985 World Series.

But when he arrived for a therapy session for his injured thumb the next day, Mr. Clark received a big surprise: the bat had three heavy eye bolts drilled into it. Although still a Louisville Slugger, it was now an integral tool for his therapy. Some baseball fans might consider such a sacrifice as sacrilege, but the bat serves a still-useful purpose; when attached by its eyes to cables and a computerized torque regulator, the bat turns into a means of a very controlled workout designed to get the hitter's grip back into winning form. Recovering from a major injury to his right thumb early last season, a consequence of a dive into third base, this hitter now had a new tool to help him toward total recovery.

"This therapy program has probably helped me get my strength back twice as fast without reinjuring myself," says Clark. "Taking this a step further, this could help almost anyone recover at a faster rate. It is really getting me back, confidence-wise, as far as getting back normal range of motion. It's been the way to go for me."



Jeff Cowdry, O.T., program director, monitors Jack Clark's progress.

David Caplin, M.D., attending plastic surgeon and hand specialist, repaired a torn ligament in Clark's thumb following the injury and supervised his rehabilitation in consultation with Stanley London, M.D., the Cardinal's team physician. Clark began work with Jeff Cowdry, O.T., Work Entry Program director, approximately six weeks after his injury. After a recuperation period with casts and splints, Clark had been left with a hand which did not have enough strength to turn his car's ignition key, much less hold a bat against a 90-mph fast ball.

"You just don't realize the importance of some of the little things, like using a door knob, that you can't do with a thumb injury," says Clark. "But all those gadgets out there help train you to do those types of things again."

Clark was referring to a set of grips and levers of various sizes and functions which hook up to the same work simulator that staged his batting practice. The intensity of his workout and his progress on each of the therapy tools is monitored by computer for control against working too hard and too quickly, and to record his activity. Not content to just work his injured right hand, Clark instituted similar workouts for his left hand and shoulders in the interests of overall conditioning.

"We took him through all of the traditional exercises in conjunction with Dr. Caplin's orders," says Cowdry. "When we got him to the point when he was close to being able to go back to his trainers, we put him on the work-simulator to get him accustomed to the kind of work he's used to doing."

According to Cowdry, Clark should be able to continue to play ball without a significant chance of reinjuring himself. As for Clark, he feels good about being back at the plate and, hopefully, adding more home runs to his stats.

"If I hit one, I'll definitely have to think of this time," he says. "Jeff has my bat, and I hope someone else will get the benefits of it, maybe someone else with a sports injury."

Finding the Right Key to Open Communications

by Steve Mainer

IN BRIEF . . .

. . . As part of an effort to help Jewish Hospital provide an even better atmosphere in which to work, visit or receive medical treatment, a guest/employee relations program was begun in March 1986. The program, known as KEY, strives to give employees information and help them improve on the skills that will enhance the way they interact with patients, visitors and fellow employees.

Challenges facing the hospital and the health care industry as a whole helped lead to the implementation of KEY, which offers strength and support through its teamwork philosophy. Sixteen "KEY Concepts" clearly identify desirable guest/employee relations behavior and serve as an outline for various training and recognition programs. These programs, which place heavy emphasis on employee input, encourage the awareness and exhibition of courteous actions throughout the hospital.

Administrators and fellow workers already have noticed a positive impact on the sensitivity that employees display towards patients, visitors and each other. A survey planned for early this year will measure how employees perceive behavioral changes among themselves and their peers since the implementation of the program. These changes are instrumental in improving guests' perceptions and experiences of Jewish Hospital and its workers—a major goal of KEY.

When an employee is "caught" doing something in the workplace, the scenario often carries a negative connotation. But a recognition program at Jewish Hospital rewards, instead of punishes, hospital employees when they are "caught"—as long as the employee is exhibiting thoughtful and courteous behavior.

This recognition program is called "I'm a KEY Employee" and is just one of many facets of KEY, Jewish Hospital's guest/employee relations program, which was unveiled in March 1986. KEY's main objectives are to keep lines of communication open and help employees keep an upbeat outlook, cope with increasing stresses brought about by the continuing changes in health care delivery, and understand why it is important to focus on open communication.

Although KEY has many facets, the "I'm a KEY Employee" program has caught the enthusiasm of employees. Sixteen "KEY Concepts" identifying desirable guest/employee relations behavior form the backbone of the catcher program. Designated employees each "catch" two peers who exemplify excellent guest/employee relations behavior based on two KEY concepts being highlighted that month. All employees who are "caught" receive KEY badges to wear and gift certificates to redeem in any auxiliary-sponsored shop. They also receive numerous forms of recognition from the hospital and administrators.

Lee Ann Hatcher, left, and Sharon Jagerski, R.N.

For William Doss, a security/valet parking employee, displaying KEY behavior comes naturally. He was "caught" opening a door for a woman whose hands were full. "That's really what I do every day," he explains.

Robert Wilson, M.D., a rehabilitation resident, was surprised at being designated as a KEY employee because he was unaware of the "catcher" program until he was "caught" hanging a sign in a patient's room to "cheer her up."

Food service employee Sabrina Dennis says modestly that she didn't do anything extraordinary to be designated a KEY employee, but thinks the program will have a positive effect on the hospital. "I think it's a very good program," says Ms. Dennis, an eight-year hospital employee who delivers meals to patients. "In a lot of ways it has helped some of those that needed some uplifting. I have seen a change for the better."

The upbeat Dennis was surprised about her recogni-

tion. "The person who 'caught' me said that it wasn't because of anything unusual that I did," she explains. "I'm always cheerful. I like to cheer people up because I wouldn't want to be sick. I just basically put myself in the patient's place." Her comment reflects the underlying theme of the entire KEY program.

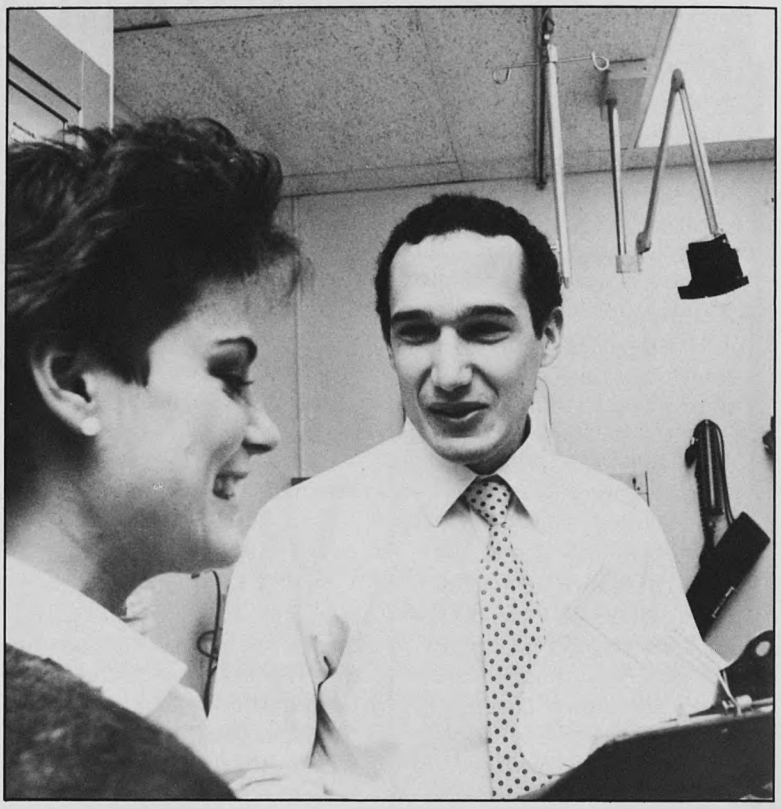
While "I'm a KEY Employee" has affected specific employee behavior, the entire KEY program has even broader goals. Sharon Jagerski, R.N., guest/employee relations coordinator, characterizes KEY as an opportunity for employees. "It's a chance for employees to feel more a part of the organization because they receive additional information about what's going on—the strategies, the reasons for decisions—so they realize they are a valuable part of the team." says Ms. Jagerski.

This function is accomplished through various mediums—including training sessions, ongoing committee meetings, and a biweekly newsletter—all of which encourage employee input. Feedback is important, she emphasizes, at a time when rapid change weighs heavily on employees' minds. This current state of continuous change causes apprehension for employees. Predictably, Jagerski has been confronted with uneasiness, especially from employees who felt that they already exhibited acceptable behavior. "A lot of people are concerned about the program and I'm aware of that," she says. "In order to achieve excellence in behavior we must first expect it and then positively reinforce it."

Despite the apprehension, Jagerski notes that in surveys completed in the initial KEY sessions, more than one half of the employees indicated that their own guest relations behavior needed improvement. "If all of us—the guest/employee relations coordinator included—look at our own behavior, I don't know how many of us can honestly say that we consistently use all of these skills," she adds.

Besides serving as an information exchange between administrators and other employees, the program focuses on general interpersonal communication. "It's an opportunity for all of us to grow in our interpersonal skills," Jagerski adds. "This doesn't always involve training, because we already know many of these activities. Rather, a lot of this has to do with awareness and encouragement of skills we already use. We're trying to increase consistency. One way to reinforce this, along with training, is a recognition program like 'I'm a KEY Employee.' "

Jagerski cites six challenges facing the hospital and the health care industry as a whole that helped lead to the implementation of KEY: an overall decline in hospital utilization; changing reimbursement regulations; general rapid change in health care; a more educated public demonstrating increased scrutiny of health care services; competition; and the continuing need—in the face of these mounting pressures—to provide the quality care for which Jewish Hospital is known. "To meet these challenges we need to look for strength and support among ourselves and that's what KEY offers," she adds.



Robert Wilson, M.D., rehabilitation resident

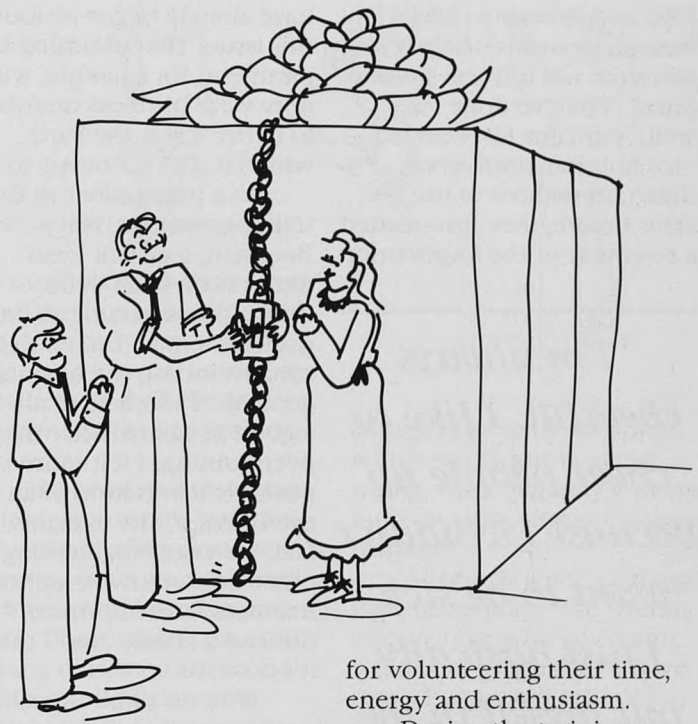
A five-member task force formed in April of 1985 considered these elements when it researched guest/employee relations utilized at other hospitals. "We spent a lot of time discussing whether it made sense for us to buy a program that was designed by another hospital or agency or whether we should, in fact, develop our own," explains Lesli Koppleman, director of marketing communications and chairperson of the task force. "We determined that while we certainly had the internal expertise to develop our own program, we could save time—and a lot of the pitfalls you have to anticipate in the start-up of such an undertaking—by relying on the proven experience of an existing program.

"We did extensive research before we made the formal recommendation,"

Ms. Koppelman says. The research involved telephone contact with more than a dozen hospitals using various guest/employee relations programs. A program called "Hospitality," developed by Albert Einstein Hospital in Philadelphia, Pennsylvania, impressed the Jewish Hospital group most. After Koppelman and Chris Cogger, former director of education and another task force member, visited three hospitals using Hospitality, the task force recommended that the hospital adopt the program in July of 1985.

"We thought that the Albert Einstein program was the best for our needs. A main reason was the fact that it was flexible," explains Koppelman. "We didn't have to buy a set of specific videotapes and very detailed workbooks. We had the option of molding the program to our own needs." Albert Einstein Hospital also shared several characteristics with Jewish Hospital. It is a university-affiliated Jewish health care facility located within a large city and facing many of the same challenges as Jewish Hospital.

Another important qualification was that the program would get employees involved. "We wanted something that would have a personal impact," explains Robert Jewell, assistant vice president, who also served on the task force. "Albert Einstein's 'Hospitality' just seemed to have all the right ingredients. It wasn't a fluff program. It had substance to it. It recognized that communication is of absolute importance and that in order to make it work, the hospital administration had to be very supportive and candid enough to communicate where the hospital stood."



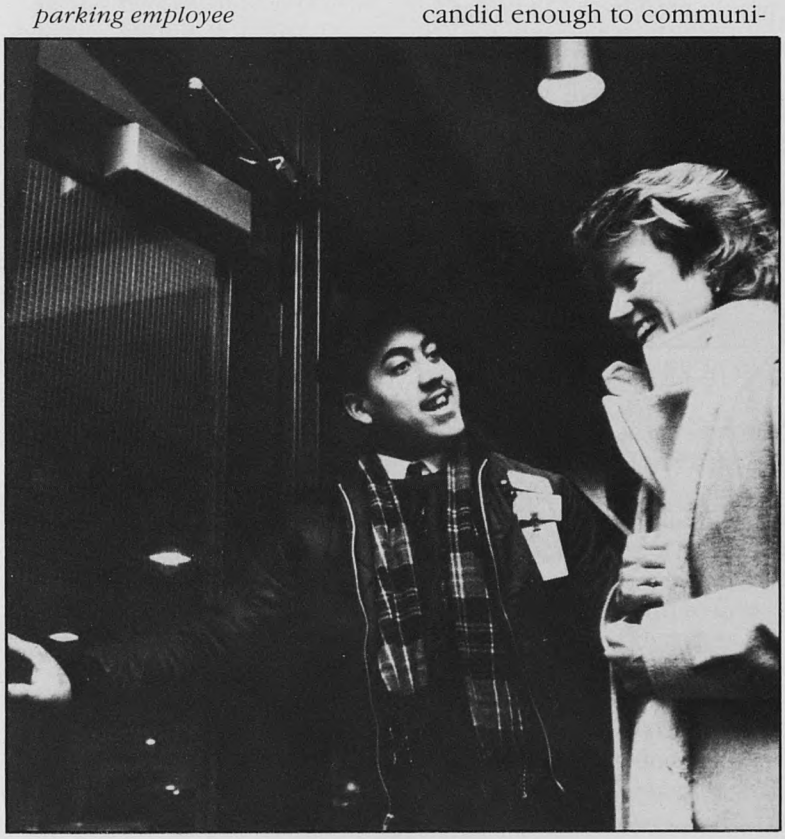
After management approved the task force's recommendation, Jagerski was hired as coordinator and the program was announced to hospital employees last March. The following month, focus groups comprising 10 percent of the employees were formed to identify our hospital's particular needs and problems. The focus groups provided the impetus for KEYNOTES, a newsletter through which administrators communicate the details of hospital issues to fellow employees.

During June and July 1986, 93 three-hour training sessions, led by 22 hospital employees, were held for nearly 2600 of their peers. Three all-day workshops provided the 22 "peer trainers" with the information they later shared with fellow employees in the training sessions. Administrators emphasize the importance of the peer trainers, praising them for volunteering their time, energy and enthusiasm.

During the training sessions, employees were questioned about their perceptions of the hospital's strengths and weaknesses as well as their behavior and that of their peers. Early this year, follow-up surveys will be conducted to update the status of those perceptions. Specialized training programs and seminars have been held for physicians, supervisors, managers, administrators, volunteers and emergency room employees thus far. The monthly orientation program for new employees now also includes a KEY overview segment.

One phase of the training addresses telephone skills, an area of concern identified by administrators early in the program. Known as "Courtesy Exchange," the training is structured around a set of recently-written telephone guidelines for hospital employees. Late last year, Lee Ann Hatcher, department of education instructor, visited 17 employees in the hospital's

William Doss, security/valet parking employee



PBX and Women's Health Resources areas to help reinforce the use of these guidelines. "They've done very well," explains Ms. Hatcher. "It's not that employees didn't know how to use the skills before, they just needed a reminder of the importance of excellence in front-line telephone communication."

"I'm always cheerful. I like to cheer people up because I wouldn't want to be sick. I just basically put myself in the patient's place."

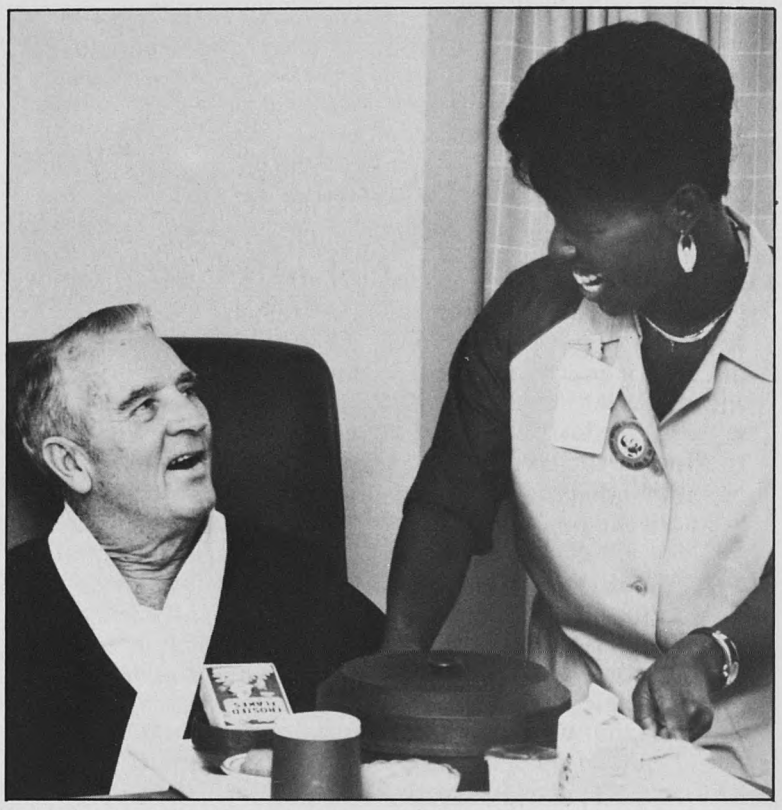
Hatcher complimented employees and department heads on their cooperation during Courtesy Exchange and pointed out the value of the approach to the one-hour sessions. "I think what's unique about this phase of KEY is that it was all done individually. It was not held in a traditional classroom setting," she says. "I went to the area, I observed and I talked to the people one-on-one while they were still working. I could reinforce the good behaviors and discuss those behaviors that need improvement. There was no simulation."

Part of the KEY program will address employee attire to help enhance the hospital's image. "The dress code will be a success strategy," says Jagerski. "Some departments have already begun to look at this issue. The Admitting Department, for example, will now wear business uniforms to better 'Look the Part,' which is KEY Concept 16."

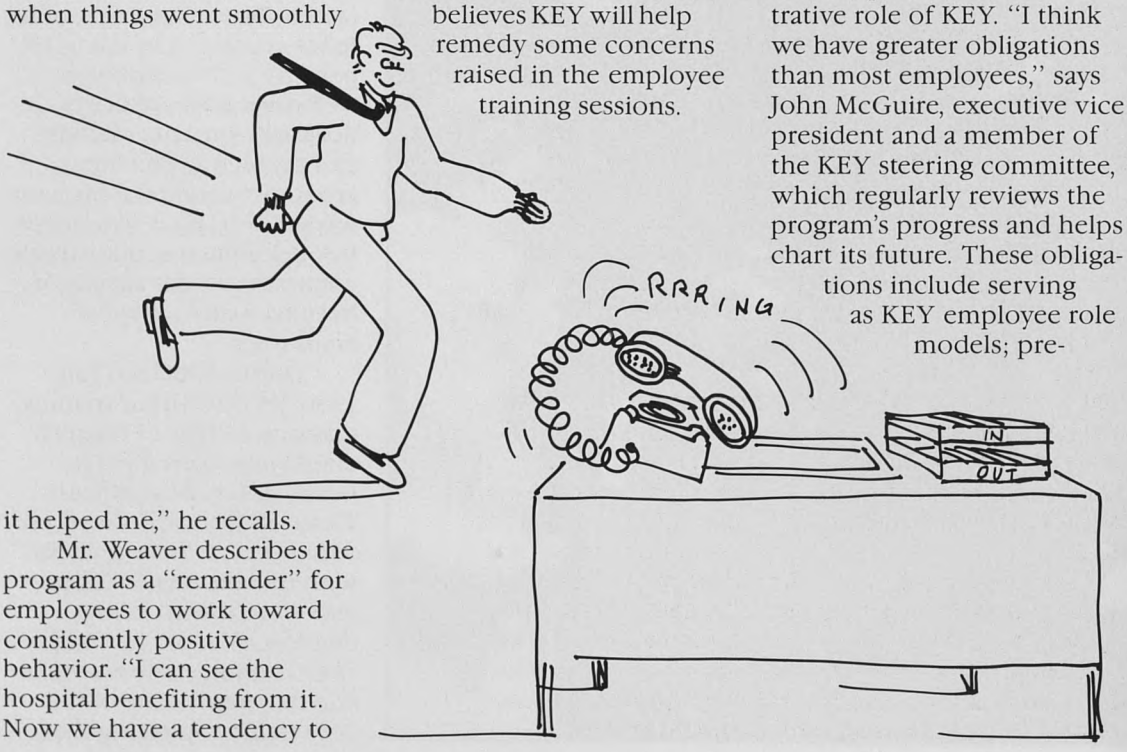
As a peer trainer in five training sessions, Mary Beerman, assistant head nurse in division 4900, thinks the program has had a positive impact on her personally and on the hospital in general. "I think all in all, it is a good program. After the peer training, I felt more positive. It was kind of an eye-opener," she explains. "In fact, we were commenting the other day on how telephone manners have improved. I've noticed a change and I think it's positive."

With no public speaking experience, Calvin Weaver, moving jobs supervisor and storeroom clerk in housekeeping, admits that he was a bit uneasy before his first session. "At first, I thought being a trainer was something I would not want to do, but when things went smoothly it helped me," he recalls.

Mr. Weaver describes the program as a "reminder" for employees to work toward consistently positive behavior. "I can see the hospital benefiting from it. Now we have a tendency to look for people who are confused and to help them out. Everyone's trying to get one of those buttons," he says with a chuckle. Weaver also believes KEY will help remedy some concerns raised in the employee training sessions.



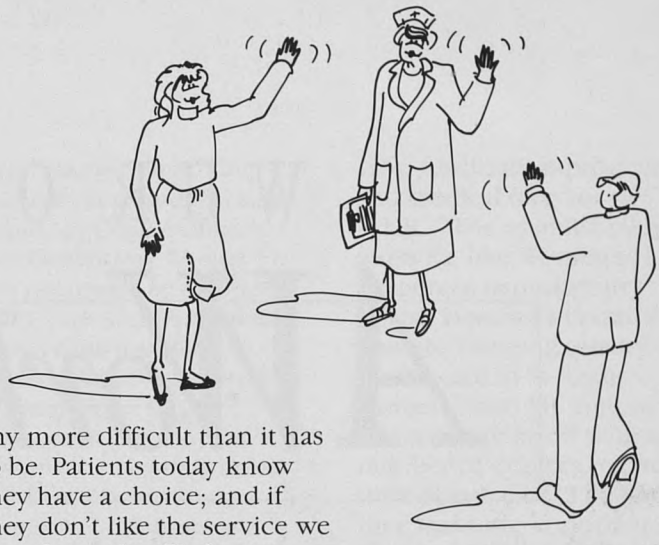
Sabrina Dennis, food service, brightens a patient's day.



Addressing these concerns is part of the administrative role of KEY. "I think we have greater obligations than most employees," says John McGuire, executive vice president and a member of the KEY steering committee, which regularly reviews the program's progress and helps chart its future. These obligations include serving as KEY employee role models; pre-

The 16 KEY Concepts

1. BREAK THE ICE—Make eye contact . . . smile . . . introduce yourself . . . call people by name . . . extend a few words of concern.
2. DOES SOMEONE LOOK CONFUSED—Stop and try to help.
3. COURTESY—Kind gestures, polite words . . . make people feel special.
4. EXPLAIN WHAT YOU'RE DOING—People are always less anxious when they know what's happening.
5. ANTICIPATE—You'll often know what people want before they have to ask . . . ACT.
6. RESPOND QUICKLY—When people are worried or sick, every minute is an hour.
7. PRIVACY AND CONFIDENTIALITY—Watch what you say and where you say it . . . SHOW RESPECT . . . Knock as you enter.
8. HANDLE WITH CARE—Slow down . . . give . . . imagine you're on the receiving end.
9. DIGNITY—That patient could be your child, your spouse, your parent. Give choices, close curtains . . . SEE the person.
10. TAKE INITIATIVE—Just because it's "Not Your Job" doesn't mean you can't HELP or FIND someone who can.
11. TREAT PATIENTS AS ADULTS—Your words and tones should not insult.
12. LISTEN—If a person complains, don't be defensive.
13. HELP EACH OTHER—and you help a patient.
14. KEEP IT QUIET—Noise annoys! It also shows a lack of consideration.
15. PHONE SKILLS—When you're on the phone, our reputation's on the line . . . sound pleasant . . . be helpful . . . listen with understanding.
16. LOOK THE PART—You're part of a long, proud medical tradition.



senting and implementing the program's components clearly; and supporting fellow employees. "I can tell you that there is a real sense of commitment to this program at the administrative level because we recognize its benefit as well as its necessity," he adds.

Emphasizing the necessity of the program, members of the KEY steering committee note similarities between hospitals and other service industries, such as hotels and restaurants. They refer to the effectiveness of guest/employee relations programs in improving customer perceptions among these businesses. "We have infinitely more reasons than a hotel or restaurant to treat people in an excellent way and to give them the service that they deserve," explains Jagerski. "Patients expect us to put their needs above ours and we should. They don't come here for a good time and we shouldn't make the experience any more difficult than it has to be. Patients today know they have a choice; and if they don't like the service we give them, they'll choose another health care provider next time."

Like hotel and restaurant customers, hospital patients and visitors often base their opinions of service-oriented businesses on initial impressions. "More often people are making decisions about their health care," explains Mr. McGuire. "They don't necessarily understand the medical quality of our care, but they do know how they were treated personally. If that's going to be a factor in their decisions, we certainly want them to pick Jewish Hospital."

Although monetary reward is not KEY's foremost intention, it does have a role in the program's success. "The employees make the patient experience either a good or bad one," says Angela Chambers, market research coordinator. "So to that extent, I think KEY is an essential part of what the hospital is doing in its overall marketing efforts.

"I remember reading somewhere that one negative comment gets spread to eight people, whereas a positive comment only gets translated to three. So negative things get out much quicker and you hear about them more often," Ms. Chambers adds. "I think that if we can improve the feeling that people have about their experiences in the hospital, which we all know are so trying, then that may create a more positive image for the hospital."

Although some changes have taken place, the overall effect of the KEY program will occur gradually. "I have seen change, but I think some of the changes have been fairly subtle," says Jewell. "We didn't go into KEY with the feeling that there would be an overnight transition and that we would have every employee in every KEY session in a magical state of being."

"We're viewing the KEY program as a long-term commitment. It's based on the idea of modifying and improving the culture that surrounds us," says McGuire. "Is it working? I think so, especially if you look at the KEY concepts that we concentrate on. You can see a change each month in those particular areas.

"The long-term goal is for KEY not really to exist as a separate program," McGuire continues. "There will continue to be a formal program because we'll perform assessment checks on how we're doing and we'll make modifications as we go along. But we want people to absorb the program as part of their spirit of working here." ■

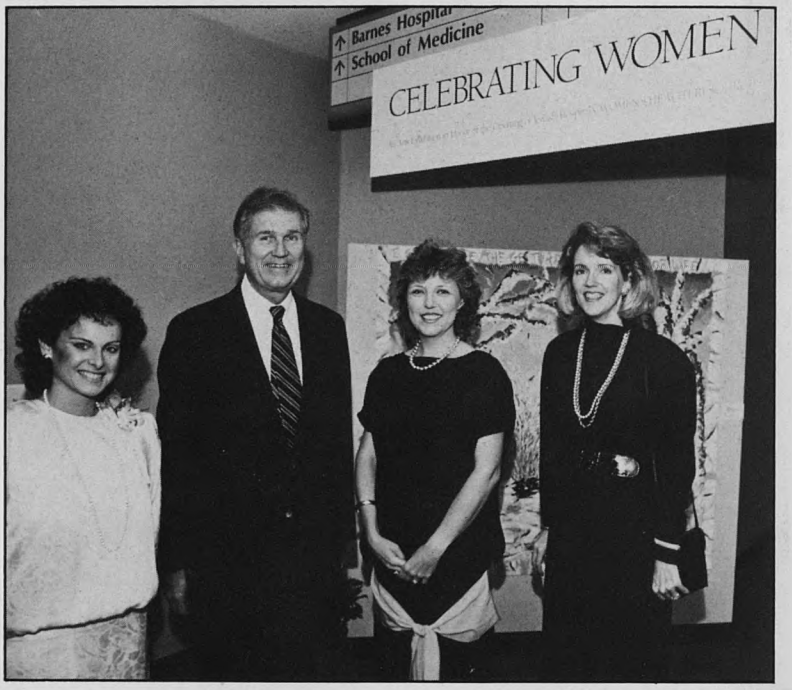
WHR OPENING
A Work Of Art

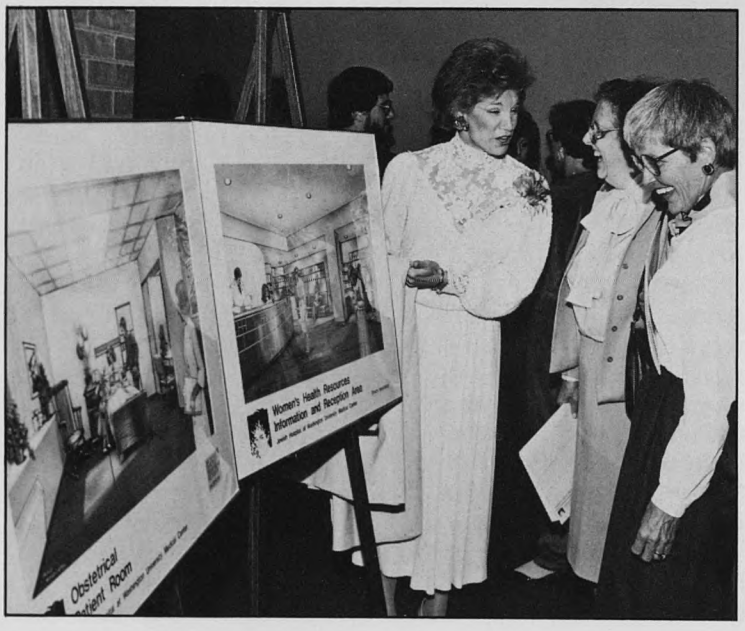
It would be difficult to find a more appropriate way to inaugurate Women's Health Resources (WHR) than by "celebrating women." That was the theme, and the name, of a unique arts exhibition created in honor of the opening of Jewish Hospital's comprehensive program covering the spectrum of health care services, educational offerings and research endeavors exclusively for women and their well-being.

"With our opening event, we wanted to convey the underlying—and perhaps revolutionary—approach Women's Health Resources is taking in the health care of

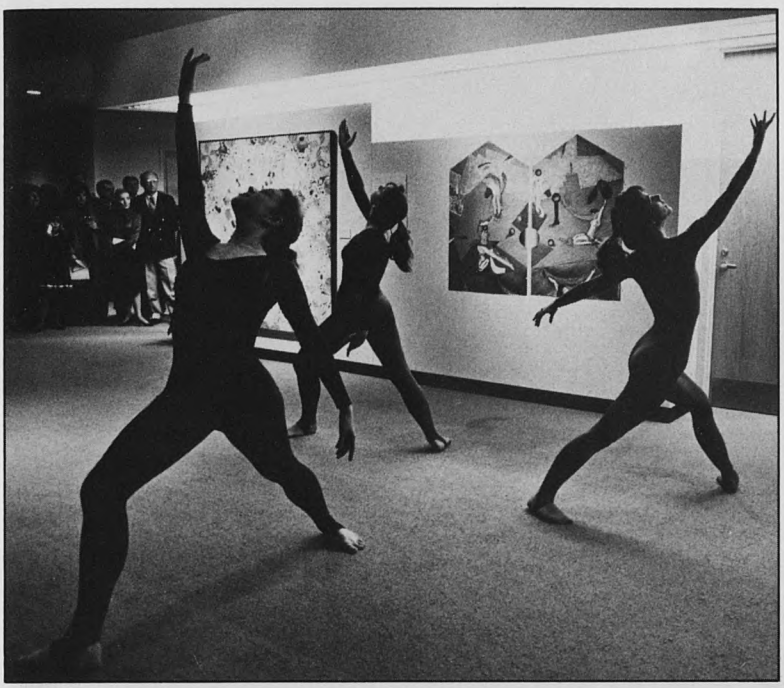
women," explains Lesli K. Koppelman, director of marketing communications and co-curator of Celebrating Women. "In recent years, the medical community has recognized the seriousness and complexity of women's health problems. We've gone a step further at Jewish Hospital, by recognizing each woman as an individual with particular qualities and needs. Since nothing represents the individual more powerfully than artistic expression, we felt that a show exhibiting our appreciation for the artistic achievements of women would reflect our appreciation of women and all their facets."

Combining graphic art, sculpture, literature and dance by women of local, national and international reputation, Celebrating Women was held in the dramatic setting of the Clinical Sciences Building walkway level connecting Jewish Hospital with the rest of the Washington University Medical

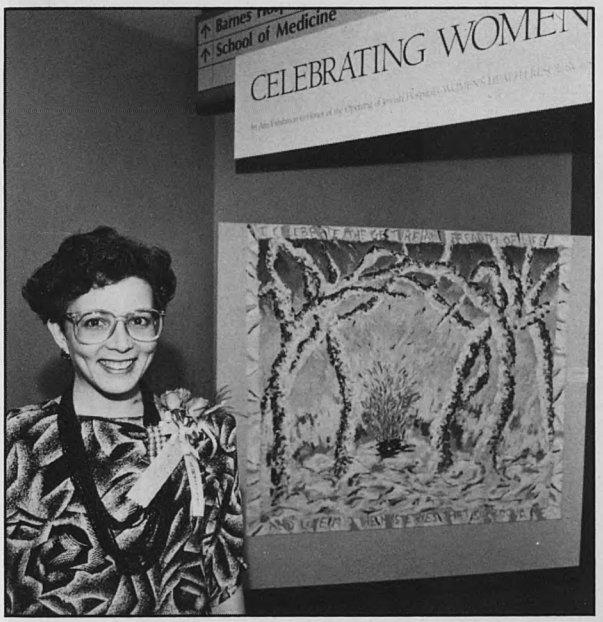




Above: Pictured left to right, Lesli K. Koppelman, director of marketing communications and co-curator of "Celebrating Women"; David A. Gee, hospital president; Marti Stude, WHR project coordinator; and Carol Teig, vice president, planning/ marketing. Far left: A guest studies "American Dreams," a work in acrylic and fabric by nationally-known artist Miriam Schapiro. Left: Geri Rothman, chairperson of Women's Health Resources' Women's Advisory Council, explains to guests the artists' renderings of new physical facilities to be completed this spring.



Left: "Healing Light," an original choreography, was created by Orna Frankl Rich for "Celebrating Women." It was performed by Ms. Rich along with Katherine Adams, Rachel Crall and Sherry Stevens. Below: A women's ensemble from CASA entertained guests at the November 1 opening. Below left: Kate Rosenbloom, co-curator of "Celebrating Women," poses in front of the acrylic painting, "Gesture and Mysteries," which she created especially for the opening.



Center. Approximately 600 people attended the gala preview on the evening of November 1 and the public showing on the afternoon of November 2.

David A. Gee, hospital president, introduced the November 1 unveiling of an architectural rendering of WHR's reception/information center by Geri Rothman, chairperson of WHR's Women's Advisory Council, and the unveiling of a new OB patient room by Ronald Strickler, M.D., chief of gynecology, director of the *in vitro* fertilization program, and medical director of WHR. "The establishment of a service like Women's Health Resources demonstrates Jewish Hospital's commitment to bringing quality health care to St. Louis women," said Mr. Gee. "Women are faced with a number of choices regarding their health care. The choices they make are important. Through Women's Health Resources, they can feel assured that they will receive excellent health care for *all* of their needs." ■

Left: On November 2, "Jasmine," a popular local women's jazz ensemble, performed in the exhibit hall. Above: Guests studied the art and sculpture, all of which were expressions of women's experiences.

Making A Good Thing Better

"Changes occur in the cycle of any relationship, and a marriage is no exception," said Rose Boyarsky, Ph.D., Jewish Hospital attending clinical psychologist specializing in marriage and sex therapy. In her November 10 Auxiliary-sponsored seminar, "Making a Good Marriage Better," she addressed these changes and gave insights into the nature of love.

Behavorial changes occur in marriage partners in response to needs that require attention before, during and after the years spent raising children. In some form, love provides a continuum through these changes and can help to make the difference between a good and better marriage. There are three basic components which, in various combinations, define distinct categories of love.

Dr. Boyarsky diagrams love as a whole with three equal sides: commitment, intimacy and passion. "Commitment is the cognitive component, consisting of what we think. It's this facet of the triangle that allows us to make the promise of love," she says. "Intimacy is the emotional side, the source of feeling less lonely, more understood, and the reason why we choose particular mates. This aspect is what is needed to make us feel loved."

According to Dr. Boyarsky, passion, the final side, is the part of the triangle that gets involved with the emotions such as sex. "Here," she points out, "is the motivational, and the often unconscious side of love."

These three components can be considered in eight basic combinations, beginning with what Dr. Boyarsky referred to as "non-love," which is actually the absence of any of the three elements. "Casual acquaintances can be placed in this category," she said. "There is no continuation of these relationships." As examples, she cited people we see around us, such as the clerk in the grocery store and the service station attendant.

True friendship involves intimacy. While there is trust, and even closeness in the relationship, there still is no commitment and often, no passion.

This lack of commitment is also evident in the third relationship; infatuation. According to Dr. Boyarsky, passion is the only aspect of love which is present in this category. "It's 'love' at first sight' that disappears quickly after a brief period of intense physical arousal."

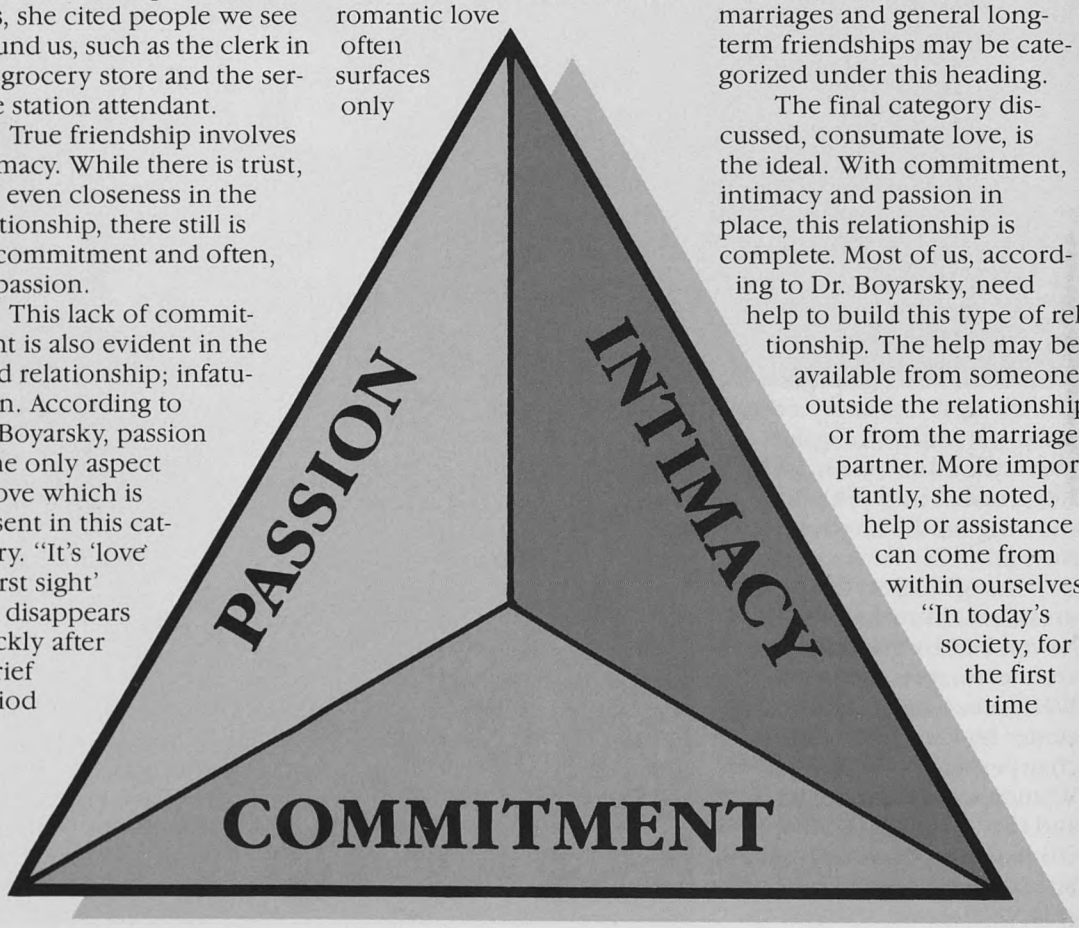
While infatuations are typically brief, other forms of love arise out of long-term marriages. " 'Empty love' can be the result of 30 or 40 years of marriage, when commitment is all that's left, after intimacy and passion are lost" she noted. "It's stagnant."

The fifth type of love she addressed occurs, "When a relationship has intimacy and passion but no commitment. I call it the 'same time next year' scenario, or romantic love," she said. She pointed out that romantic love often surfaces only at the convenience of one of the participants.

The Hollywood fashion continues in bachelor's love. It's the kind seen in movies on the late show—boy meets girl, fireworks go off, and lots of 'we're gonna make this work' is expressed. Unfortunately, these relationships lack intimacy, have no emotional core, and degenerate rapidly.

In the seventh combination, two other aspects, commitment and intimacy, merge to bring about compassionate love. Typically, long-term marriages and general long-term friendships may be categorized under this heading.

The final category discussed, consumate love, is the ideal. With commitment, intimacy and passion in place, this relationship is complete. Most of us, according to Dr. Boyarsky, need help to build this type of relationship. The help may be available from someone outside the relationship or from the marriage partner. More importantly, she noted, help or assistance can come from within ourselves. "In today's society, for the first time



Rose Boyarsky, Ph.D.

in history, there's sufficient leisure time available. We no longer need all our energy to provide life's necessities for ourselves and our dependents," she noted. "We often don't use this time wisely in regard to relationships. Sometimes we waste time arguing with our spouses, or defending ourselves rather than putting that energy into the building process."

She advised using some of this time to be alone with your spouse, doing nothing, showing each other that you're important. "Build intimacy by discussing yourselves and what you're each feeling and thinking, rather than just problem solving family matters." Also on the "to do list" were sharing what you're doing and expressing what your needs are.

In addition, Dr. Boyarsky provided reminders to consider in this process. "Remember, relationships are made up of individuals with characteristics that make him or her unique. You married a particular person because he was 'different' than everyone else. Don't try to change the other person," she cautioned. "Rather, change yourself. Your spouse will change in response to your new behavior."

The ability to remain flexible about roles and in setting rules can help to build a successful relationship. "Rules outgrow themselves," she cautioned the audience. "Both inflexibility and rigid rules can lead to unproductive argument, and while conflict is part of a marriage, it should be seen as a strong emotional element of passion. Conflict can be a way of learning about each other, as well as a creator of a spark of interest when used wisely," she said.

During any communication, remember that nonverbal communication is as important as what you are saying and the way in which you are saying it, Dr. Boyarsky emphasized. "A smile," she said, "may accomplish a lot in a relationship."

Even when the situation is confrontive, try not to let it become combative, Dr. Boyarsky advised. If an argument ensues, take it point by point, addressing just one thing at a time, and do not bring up past issues. Try not to use an accusing tone and always be ready to really listen to what the other person is saying. If you don't become angry, chances are you'll find out what's actually going on."

In closing, Dr. Boyarsky noted that in the effort to make a good marriage better, the rules are the same for both partners. "Remember, the initiative can't all come from you or from him," she said. Preparing and setting the stage for change, as well as taking the responsibility for establishing and maintaining a balance between the three elements of love in any relationship, is shared. ■

For futher information about the Jewish Hospital Auxiliary, call 454-7130.

HEARTENING NEWS FOR HEART TREATMENT

by Steve Mainer

The impact of recent progress in treating heart ailments was examined by members of the Associates in Medicine (AIM) at their November 19 program. Nicholas T. Kouchoukos, M.D., John M. Shoenberg professor of cardiovascular surgery and cardiovascular and thoracic surgeon-in-chief at Jewish Hospital, presented "The Surgical Treatment of Heart Disease—A Progress Report."

An area with rapidly-increasing applications is coronary bypass surgery, an operation required when plaque deposits partially or completely obstruct blood flow in coronary arteries. When the procedure was developed in the late 1960s, surgeons primarily used veins from the legs as substitutes for the damaged blood vessels in the heart, according to Dr. Kouchoukos. Now, however, surgeons are beginning to use with increasing frequency the internal mammary artery, which runs underneath the breastbone, to restore blood flow to the heart.

"With increasing experience and with the passage of time, more and more of these mammary artery grafts are being used than the leg vein grafts because they function better over the long term," Dr. Kouchoukos explained. After six to eight years, some vein grafts have a tendancy to develop blockage problems similar to those in the original coronary arteries.

The average age of coronary bypass patients continues to rise. Studies of procedures conducted at Jewish Hospital and the University of Alabama-Birmingham, where Dr. Kouchoukos was professor of surgery prior to joining the Jewish Hospital staff, show that the average patient age has risen from 54 to 63.8 since the early 1970s. The same studies reveal that the percentage of these patients over the age of 70 has grown from 5.4 percent to 32.3 percent. Dr. Kouchoukos is not surprised by these figures.

"The overall population of the United States is gradually aging and the number of individuals over the age of 70 is increasing every year," he explained. "As a consequence, it is more likely that these patients will develop hardening of the arteries and other problems that may require surgery or other forms of therapy."

One of the alternatives, a newer technique known as angioplasty, involves insertion of tiny balloon catheters into arteries narrowed by blood clots or other build-ups. The balloons are then inflated and removed in an attempt to improve blood flow. This procedure has a 90 percent initial success rate, but is not always a long-term solution, and therefore a subject of some controversy.

Dr. Kouchoukos addressed the angioplasty issue on a recent television segment of ABC's "20/20." "What was briefly mentioned on the '20/20' program, but not discussed in any detail, was the fact that within six months, 30 percent of those arteries are narrow again," he said. "What we don't know is whether it's better to have one, two or three angioplasties and still have the potential for the problem to recur, or if it's better to have coronary

Dr. Kouchoukos visits with AIM members after his presentation.

Chris Mouser, AIM secretary, speaks with Randy Hammer, Ph.D., AIM vice president.

bypass surgery and get all of the blockages corrected at one time.

"Those of use who aren't as enthusiastic about the long-term benefits of angioplasty are saying 'we need studies to compare this treatment with bypass grafting,' said Dr. Kouchoukos, adding that Jewish Hospital researchers have submitted a proposal to do such a study. "We hope that we're one of the centers that is designated to do this study. We need an answer desperately."

In some cases, new medications capable of dissolving blood clots allow victims of coronary artery disease to postpone or avoid either angioplasties or coronary bypass operations.

Valvular heart disease patients are also benefiting from new medical developments. For 25 years researchers have been seeking artificial substitutes for diseased heart valves, the structures that, when healthy, prevent blood from flowing in the wrong direction through the heart. Complications have accompanied all the artificial substitutes, and as a result, more efforts are being made to repair damaged valves and to preserve human valves for transplantation.

Jewish Hospital surgeons who perform human valve transplants now send donor valves to an Atlanta firm, which preserves them. "The valves are frozen to a very, very low temperature and placed in nutrients to keep the tissue alive," Dr. Kouchoukos explained. "They're returned to us, and when we use them, we thaw them out and place them into the same areas from which we removed the diseased valves." The procedure, known as homografting, has been performed on nine patients—with expectations of increased use—at Jewish Hospital. Nationally, 458 homografts were utilized in 1985 and an estimated 1250 took place in 1986.

Another advance being utilized at Jewish Hospital reduces operative costs and the risk of infection. Blood scarcity and cost, as well as the fear of contracting infectious diseases—for example hepatitis and AIDS—through blood transfusion, have increased the focus on techniques to minimize and, in some cases, eliminate the use of donor blood in heart surgery. These methods include reinfusing the patient's own blood that is stored in a heart/lung machine during the operation and even blood that is lost during the 24-to 48-hour intensive care recovery period.

According to Dr. Kouchoukos, for 183 heart surgery patients at Jewish Hospital during 1986 "We were able to salvage a little over two units of blood in each. As a consequence, 35 percent of the patients received no extra blood of any kind," he said. "I think it will be possible for as many as 50 percent of our patients to avoid using blood products."

Some patients, however, such as very small or elderly individuals or those requiring multiple operations, cannot avoid blood transfusions, Dr. Kouchoukos noted. "But we believe that with these techniques it's possible to become very efficient in the utilization of blood."

Additional impressive statistics were provided by Dr. Kouchoukos when he addressed heart transplantation, one of the most highly-publicized areas of cardiac disease treatment. He informed the group that more than half of all heart transplants ever performed—the first operation occurred in 1967—took place during 1985 and 1986. "It's been an overwhelming increase and there's every reason to believe that these numbers will continue to rise," he said. "One of the reasons for the increased use of transplantation is that the results have improved strikingly in the past several years."

Dr. Kouchoukos cited a Stanford University study in which the number of patients surviving one year after heart transplants increased from 20 percent in 1968 to 90 percent in 1986. These improved results have occurred through more effective control of the two major causes of death in transplant patients—rejection and infection. "This improvement is related primarily to the development of new drugs which supress the body's immune mechanism. These drugs help prevent the recipient from rejecting the organ, which permits the organ to perform satisfactorily."

Cyclosporine is the drug most instrumental in improved results of heart procedures as well as lung and heart/lung transplants. "Cyclosporine has permitted more patients to survive free of rejection and has also been associated with fewer infections," Dr. Kouchoukos explained.

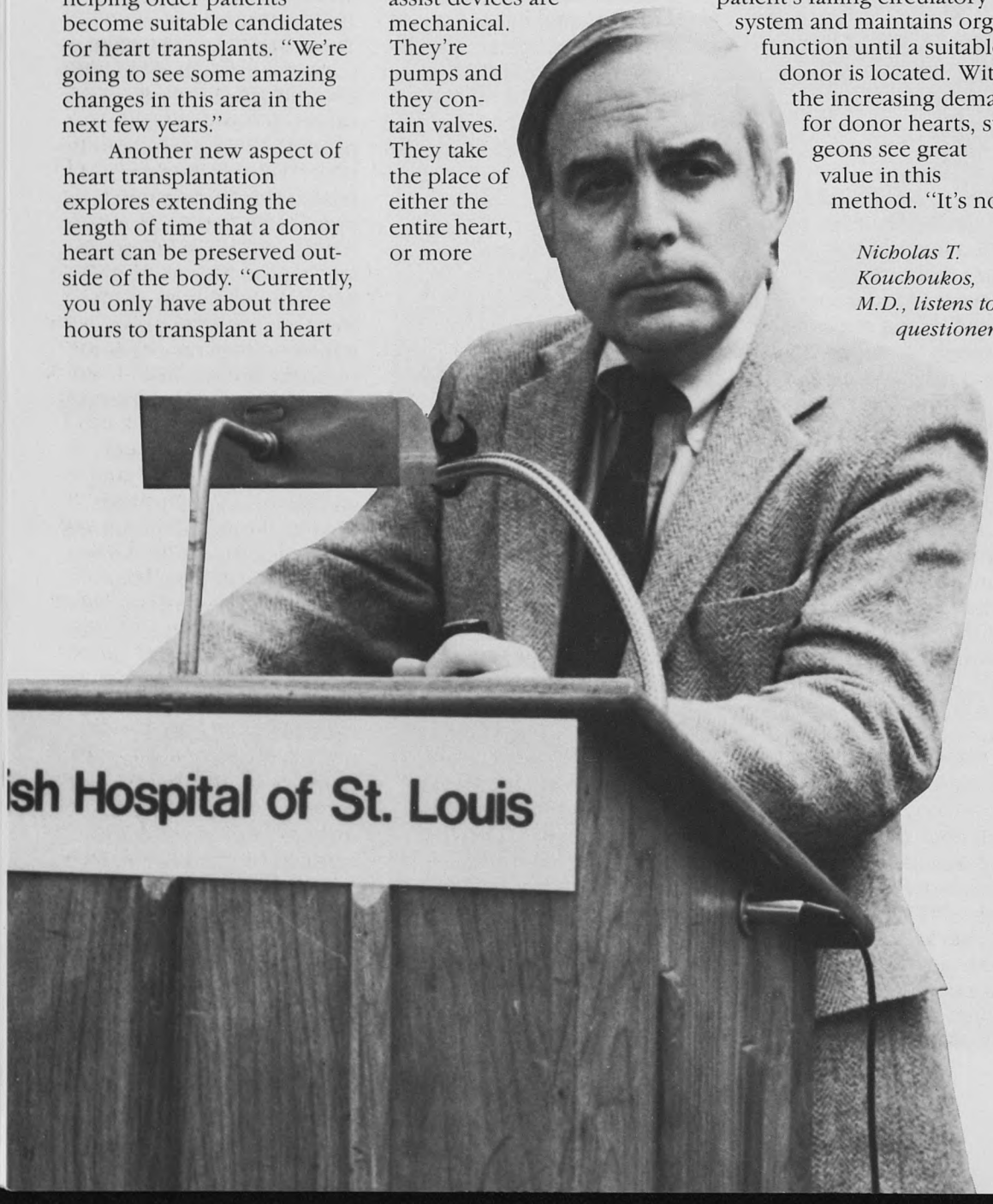
Improved drugs and the greater availability of donor hearts have also broadened transplant patients' age ranges, which only spanned from ages 18 to 50 until recently. Dr. Kouchoukos credited Leonard Bailey, M.D., the Loma Linda University surgeon who transplanted a baboon heart into an infant a few years ago, with much of the progress achieved in infant heart transplantation. Dr. Bailey has successfully

performed transplants on infants as young as four days old to correct hypoplastic left heart syndrome, a disease which usually prevents victims from surviving longer than three to six months after birth. "Some corrective procedures have been tried in treating this disease, but they've not been successful and transplantation really offers the best hope," Dr. Kouchoukos said, noting that similar breakthroughs are helping older patients become suitable candidates for heart transplants. "We're going to see some amazing changes in this area in the next few years."

Another new aspect of heart transplantation explores extending the length of time that a donor heart can be preserved outside of the body. "Currently, you only have about three hours to transplant a heart once it is removed from the donor. Once you prolong that time, the heart deteriorates," said Dr. Kouchoukos. "There are methods being explored by which we can cool a heart substantially and use other assist devices to keep the heart beating and preserved to extend that period up to 12 to 24 hours."

Artificial devices have also improved heart transplant methods. "Ventricular assist devices are mechanical. They're pumps and they contain valves. They take the place of either the entire heart, or more often, half the heart," Dr. Kouchoukos explained. In some cases such a device aids the recovery of a heart that will not function satisfactorily alone following surgery. Dr. Kouchoukos estimates that 200 patients, including six at Jewish Hospital, have received assistance through this method.

The device can also be used as a "bridge to cardiac transplantation." In this procedure, it assists the patient's failing circulatory system and maintains organ function until a suitable donor is located. With the increasing demand for donor hearts, surgeons see great value in this method. "It's not unusual to have a patient who's desperately ill for whom a heart cannot be found," Dr. Kouchoukos said. "We're hoping with the availability of this bridge that we can keep a patient alive, sometimes for weeks, while we locate a suitable donor. This will increase our ability to do successful transplantation."



Nicholas T. Kouchoukos, M.D., listens to a questioner.

Surgeons also have performed successful procedures in which a portion of a large muscle of the chest wall, called the latissimus dorsi, is disconnected and wrapped around the heart muscle. A pacemaker is used to stimulate this muscle, which in turn helps the heart beat effectively.

Another mechanical device, the artificial heart, has generated much publicity, but little long-term success. "They have not functioned on a permanent basis because of mechanical problems," said Dr. Kouchoukos, explaining that the materials that line the artificial hearts are prone to develop blood clots, which result in strokes.

The total artificial hearts have been used effectively as temporary assist devices. Dr. Kouchoukas said that, in the near future, surgeons at Washington University Medical Center plan to use the artificial hearts as assist devices both before and after heart surgery. "Eighty percent of the patients have had successful transplants following the use of these devices," he said. "I think that is a remarkable success rate and I think that success will continue. This is one of the areas in which we will be focusing our activity in the next year or two." ■

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

Richard Sohn, M.D., on

HEADACHES

Many people think a headache is a fact of life and that nothing will prevent it. According to Richard Sohn, M.D., Jewish Hospital attending neurologist, relief can be found once the cause is determined. "Most headaches have benign causes," says Dr. Sohn. "But acute headaches, those that occur suddenly to a person who normally is headache-free, are sometimes signals of serious physical disorders such as meningitis and encephalitis, brain tumors and hemorrhages." Dr. Sohn urges that if you should experience an acute headache, seek professional medical help as soon as possible.

A person who suffers headaches typically has one of two common types: tension headaches or migraines (or a subgroup of migraines called cluster headaches). "It's not unusual for a person to have a hybrid form, with symptoms of each of these basic headache types," Dr. Sohn notes. A third type, sinus headaches, although often self-diagnosed by victims, is, in reality, rare, according to Dr. Sohn.

Each type of headache has a distinct set of symptoms. Tension headaches can be characterized by steady pain, which feels like constricting bands at varying locations on the heads of victims. Pain can affect both sides of the head, last all day, and get progressively worse as the day continues. The pain of migraine headaches is usually on one side of the head and its throbbing, penetrating nature may last for hours or days. With cluster headaches, pain often occurs behind an eye, beginning with little or no warning and lasting for 30 to 45 minues. Sufferers may have several attacks a day for weeks, then none for a period of time.

Particular side-effects often accompany headaches. "Migraine headaches may be accompanied by nausea and vomiting. Many people who have migraines also note that their vision is affected, and that they are particularly sensitive to light, sound and/or odors while having attacks," explains Dr. Sohn. Cluster headaches may cause the affected eye to tear, swelling in surrounding tissue, congestion in the nostril on that side of the head, and flushing and perspiration on the side of the head in pain.

Some tension headaches may result from tooth grinding or jaw clenching, poor posture and arthritis of the neck. Emotional problems, including depression and external stresses, and certain physical problems such as fluctuating estrogen levels are also potential causes for headaches.

In addition, many foods are linked to migraine and cluster headaches among people who have no other sensitivity. Alcohol and tobacco use, aged foods and wines, smoked meats, chocolate and monosodium glutimate (MSG) food additives are known culprits for some patients.

To diagnose your particular type of headache, your physician must determine the physiological or psychological mechanism causing the pain. According to Dr. Sohn, four basic mechanisms trigger pain: muscle contraction in the neck, scalp or face; vasodilation, the expansion of blood vessels—specifically, arteries—inside or outside the skull; internal traction from the pulling stress on arteries or other pain-sensitive structures in the skull; or inflammation of irritated pain-sensitive tissues in and on the skull.

To pinpoint the exact cause and appropriate course of treatment, your physician may have to examine other physiological and psychological factors as well. These factors range from glandular malfunction and allergic reactions to changes in blood chemistry and systemic infections such as the flu.

Richard Sohn, M.D.

Time—when and/or how often headaches occur—is still another diagnostic factor considered. Migraines often occur at the least expected and most inconvenient times—weekends or vacations—when victims are "unwinding," away from the normal stresses to which they are accustomed, and among women around the menstrual periods. Cluster headaches may be seasonal, tending to start at the same time of day, week or month, or following a particular activity.

Even after a diagnosis is made, the problems of headaches are not over for sufferers of chronic headaches because, says Dr. Sohn, "unfortunately, ordinary pain relievers usually offer no benefit to them." While aspirin, ibuprofen and acetaminophen are helpful when headaches are occasional, these medications are not as effective in treating recurring headaches. Physician-prescribed antidepressants or muscle relaxants may provide relief in selected cases.

Treatment of a non-medical nature may also provide relief. "Rest, quiet, dark surroundings, coupled with the use of over-the-counter pain relievers such as aspirin, may help relieve pain in mild episodes," Dr. Sohn says. Applying pressure on the painful area or massages of the scalp and neck can sometimes provide relief. In addition, biofeedback techniques have been successful in treating and preventing migraines.

Preventive measures can also be taken to eliminate or lessen the degree of pain associated with tension headaches. Deep relaxation, biofeedback techniques and changing of posture have proven to be effective in preventing their development.

"No matter which type of headache you experience, remember that your physician can provide the help you need in most cases," advises Dr. Sohn. Knowing the pattern of your headache will help him or her pinpoint the appropriate diagnosis and treatment. If your headaches continue after medical treatment, ask your physician for a referral to a specialist, or call the Doctors Choice, Jewish Hospital's exclusive physician referral service, at 454-8180. ■

JEWISH HOSPITAL NEWS BRIEFS

Susy Alias, M.D., attended the Annual Meeting of the American Association of Electromyography and Electrodiagnosis, September 24-28, in Boston, Massachusetts. From October 18 to 22, Dr. Alias was in Baltimore, Maryland, at the Annual Meeting of the American Academy of Physical Medicine and Rehabilitation.

David Ban, M.D., spoke on the Medical Approach to Alzheimer's Disease to the support group trainees at the Alzheimer's Disease and Related Disorders Association, in St. Louis, on August 23. He gave an interview on Channel 11's "The Greying of America," shown November 17 and 18.

William Brandhorst, DDS, was honored with the Distinguished Alumnus Award by the Washington University Dental Alumni Association at a ceremony held September 17. In addition, he has been elected Vice President of that organization for a one-year term.

William Catalona, M.D., attended the Congress on Research in Lymphokines and other Cytokines—Basic Biology and Strategies for Clinical Application, in Boston, Massachusetts, August 10-13. He served as Visiting Professor at William Beaumont Hospital, Detroit, Michigan, September 5-6, and at Dalhousie University, Halifax, Nova Scotia, Canada, September 24-27. He co-authored "Histologic Parameters and Pitfalls in the Interpretation of Bladder Biopsies in BCG Treatment of Superficial Bladder Tumors," published in the *Journal of Urology*, 135:916, 1986; "Prostatic Carcinoma: Then and Now," in the *AUA Update Series*, Lesson 17, Vol. V, 1986; "Interleukin-2 Production During Intravesical BCG Therapy of Bladder Cancer," in *Clinical Immunoology, Immunopathology*, 40:375, 1986; and "Management Aspects of the Genitourinary System," in the text, *Management Techniques in Surgery*, published by John Wiley and Sons, Inc., New York, pp 399-427, 1986. Dr. Catalona was appointed Member Consultant of the American Urological Association Program Committee.

Duck Sung Chun, M.D., co-authored "Pulmonary Hypertension in Chronic Obstructive Pulmonary Disease," published in *Chest*, Vol. 90:185-192, August, 1986.

James P. Crane, M.D., co-authored "Mid-trimester Sonographic Diagnosis of Mandibulofacial Dysostosis," which was

BEHIND THE BALL— The co-chairmen of the Jewish Hospital Auxiliary's upcoming Clover Ball are accustomed to long hours spent creating and reviewing lists, checking on the status of projects, attending committee meetings and overseeing the progress of subcommittee chairmen and vice chairmen to assure the success of their endeavors. With their appointments to chair this project, Marcia Shapiro (right) and Donna Nussbaum are spearheading the efforts of a cadre of other volunteers and are ultimately responsible for the work of the 18 subcommittees charged with specific tasks.

Both Mrs. Shapiro and Mrs. Nussbaum have experience as volunteers on behalf of worthwhile community projects. Mrs. Shapiro, an Auxiliary past president and former vice president for fundraising, served on the Clover Ball 1982 committee, and has chaired or co-chaired many of the organization's standing committees. In addition to her work on behalf of the Auxiliary, she serves on the Jewish Hospital amenities, development, and nursing committees.

Her energies are directed to other community services as well. She has been active with the Brandeis University National Women's Committee, having served as corresponding secretary and co-chairman of its antique show. The National Council of Jewish Women has utilized her skills on its board of directors, and she is involved with the Jewish Federation Women's Division and Miriam School.

The volunteer career of Mrs. Nussbaum is equally impressive. She serves the Auxiliary as a director and has held the offices of vice president, for membership services, treasurer, and assistant corresponding secretary. In addition, she has had active roles on several committees, and like Mrs. Shapiro, was a member of the Clover Ball 1982 committee. She is active in community organizations, as well. Her volunteer service affiliations include the Scholarship Foundation of St. Louis, directorship and committee appointments with the Repertory Theater of St. Louis Backers Board and membership on the St. Louis Art Museum Board of Directors. For Temple Emanuel, she has held numerous committee seats, and is a member of the Parents' Association of Mary Institute.

Together, these women are dynamically heading the efforts of legions of other volunteers towards the November 21 Clover Ball 1987. Other articles and features in *216* will follow the development of this event and the benefits that the hospital, its medical staff and patients derive from this effort.

BONING UP ON THE FACTS—More than 150 area women attended a seminar on pre-menstrual syndrome (PMS) and osteoporosis, held at the Sheraton Plaza Hotel on November 22. The seminar was co-sponsored by Jewish Hospital's Bone Health Program and Marion Laboratories, Inc., under the promotional auspices of Women's Health Resources.

Six distinguished medical authorities discussed the latest findings about the prevalance, diagnosis, and treatment of osteoporosis and premenstrual syndrome. "Osteoporosis is a serious problem," said Louis V. Avioli, M.D., the seminar's moderator, professor of medicine at Washington University School of Medicine and director of the division of bone and mineral diseases at Jewish Hospital. "But, if women will take time to examine themselves, their lifestyles and the disease, most will find that osteoporosis need not adversely affect their older years."

Other Jewish Hospital/Washington University School of Medicine personnel on the panel included William A. Peck, M.D., professor of medicine at Washington University School of Medicine and physician-in-chief of Jewish Hospital, who addressed "Women and Hip Fractures;" and Ronald C. Strickler, M.D., professor of obstetrics and gynecology, director of the hospital's department of gynecology, the *In Vitro* Fertilization Program, and Women's Health Resources, who discussed "The Premenstrual Syndrome."

Guest panelists included Robert Lindsay, M.D., Ph.D., professor of medicine at Columbia University College of Physicians and Surgeons and director of research at the Regional Bone Center at Helen Hayes Hospital; Glenn Swogger, Jr., M.D., director of the Wil Menninger Center for Applied Behavioral Sciences and staff therapist at the Menninger Foundation; and Kathleen L. Wishner, M.D., Ph.D., associate professor of medicine at the University of Southern California/Los Angeles.

In the course of the seminar, participants learned that complications from osteoporosis make the disease the country's 12th-leading cause of death. Primarily affecting women, osteoporosis is caused by multiple factors, including insufficient calcium intake, the loss of estrogen production at menopause, and poor lifestyle habits, such as insufficient bone-stressing exercise.

"This community service program was offered by the hospital to heighten women's awareness about these two prevalent disorders. Attended by an audience of younger, educated women from the greater St. Louis area, the seminar underscored the hospital's commitment to encouraging women to become active participants in their own health care by cooperating in an informed way with their private physicians," said Linda Repa-Eschen, director of The Bone Health Program and coordinator of the event.

Each attendee was invited to complete an informal osteoporosis risk appraisal form. "Fifty analyses have been done, and the results mailed to both the participants and their private physicians. Our purposes in offering this service were to increase the information women have about themselves and to complement the services of the professional community," said Ms. Repa-Eschen.

For more information about the Jewish Hospital Bone Health Program, call 454-7775. The telephone number for Women's Health Resources is 454-8890.

published in the *American Journal of Medical Genetics,* October, 1986, vol. 25. He served as a Board Examiner for the American Board of Obstetrics and Gynecology, November 2-7, in Chicago, Illinois, and, in a national election, was named to the Board of Governors of the American Institute of Ultrasound In Medicine for a two-year term.

Paula Davis, M.D., was the co-presenter of "Practical Management Techniques for the Alzheimer's Patient," to the Washington University staff, September 30, in St. Louis.

Robert Deitchman, M.D., has been elected Life-Long Fellow of the American Psychiatric Convention.

Colleen Ford, BSN, R.N., clinical instructor, SICU/CVU, addressed the participants in the Advanced Critical Care course at St. Joseph's Hospital, Kirkwood, Missouri. The topic of her lecture was "Intra-Aortic and Pulmonary Balloon Pumping."

Alvin Frank, M.D., accepted an appointment to the Committee on Scientific Activities of The American Psychoanalytic Association, effective September, 1986.

Jerome Gilden, M.D., attended a meeting, "Advanced Technologies in Total Knee Replacements," at the University of Oklahoma, Oklahoma City, August 23. He participated in the Harvard Medical School Multi-Center Video National Symposium and 16th Annual Courses, "Total Hip Replacement: State of the Art," and "Revision Hip Replacement Using the Total System," September 24-27, in Boston, Massachusetts.

Randy L. Hammer, Ph.D., spoke on "Female Sexuality," at the Miriam Foundation Evening Group, in St. Louis, on October 22.

Albert M. Hammerman, M.D., received the Radiology Residents' Distinguished Teacher Award for the 1985-86 academic year.

Keith E. Isenberg, M.D., co-authored "Nucleotide Sequence of the Mouse Nicontinic Acetylcholine Receptor Aubunit," published in *Nucleic Acids Research,* Vol. 14, No. 12, 1986. Earlier this year, he attended the FASEB Meeting, in St. Louis.

Sung Soon Kim, M.D., presented "Treatment of Atrial Tachyarrhythmias and Preexcitation Syndrome with Flecainide," at the November 17-20 meeting of the American Heart Assocation's 59th Scientific Session, in Dallas, Texas. Dr. Kim has accepted a position with Yonsei University in Korea.

Ira Kodner, M.D., and **Robert Fry, M.D.,** co-authored, "Colon, Rectal and Anal Surgery: Current Techniques and Controversies," published by the C.V. Mosby Co. Dr. Kodner attended the 9th World Congress of the Collegium Internationale Chirurgiae Digestivae, In Jerusalem, Israel, August 31-September 5. He was also elected a member of the American Board of Surgery.

Lawrence M. Kotner, Jr., M.D., attended the American College of Radiology's Multi-System Symposium, September 26-28, in Chicago, Illinois. He was elected President-Elect of the Jewish Hospital Medical Staff Association at that organization's meeting on November 17.

Nicholas T. Kouchoukos, M.D., addressed the Scandanavian

Association for Thoracic and Cardiovascular Surgery, in Lund, Sweden, on August 21. His topic was "Surgical Treatment of Acute Aortic Dissecteal."

Kenneth Kram, DMD, attended the American Association of Oral and Maxillofacial Surgeons general meeting held September 25, in New Orleans, Louisiana, and was elected to the fellowship of that organization, September 28.

Ronald Krone, M.D., spoke at the Harper Hospital Cardiology Research Meeting in Detroit, Michigan, October 31. He delivered a presentation titled "Post-Infarction Risk Stratification, Lessons from the Multi-Center Risk Stratification Study." Dr. Krone was at Roosevelt Hospital in New York City on October 21, as a visiting professor.

Robert Kuske, M.D., addressed the International Hyperthermia Symposium held at the Mallinkrodt Institute of Radiology, St. Louis, on September 19 and 20. His topic was "Radiation and Heat to Treat Gynecologic Malignancy." He attended a selected users meeting for gynecological cancer, held in Vancouver, British Columbia, Canada, September 15-20.

Roop Lal, M.D., co-authored "Amiodarone and Flecainide Combination Treatment for Severe Ventricular Arrhythmias," published in *Circulation,* supplement II, issue I-224, October, 1986. Dr. Lal addressed the American Heart Association at its 59th Annual Scientific Sessions in Dallas, Texas, November 18.

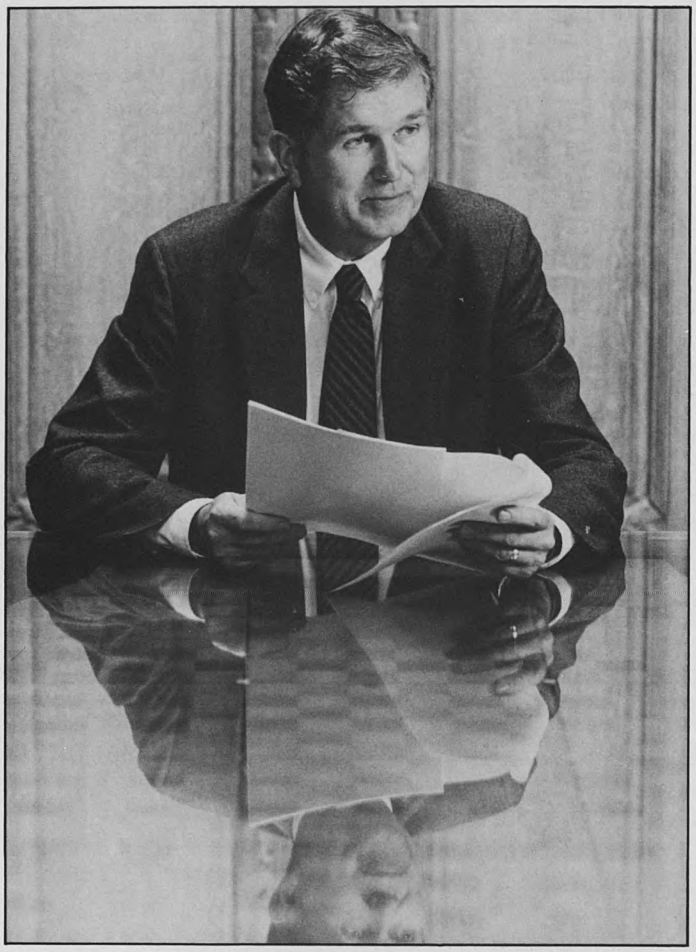
Herbert Lepor, M.D., presented a paper, "The Role of Radical Prostatectomy in the Management of Stage B Adenocarcinoma of the Prostate," at the Second International Symposium on Prostatic Cancer, in Paris, France. He gave two seminars, "The Role of Alphal Adrenergic Antagonist in Human Benign Prostatic Hyperplasia," and "Neurophysiology and Neuropharmacology of Prostatic Function," to the Eli Lilly Company, Indianapolis, Indiana, in September. Dr. Lepor co-authored "Alpha Adrenergic Receptors in Lower Genitourinary Tissues: Insight into Development and Function," and presented an abstract of the article to the

DISTINGUISHED SERVANT—On November 6, 1986, David A. Gee, hospital president, was awarded the highest honor of the Missouri Hospital Association (MHA), the Distinguished Service Award. The honor is reserved for individuals who have enhanced the quality of health care provided by Missouri's hospitals and have influenced the future of hospitals.

Most of Mr. Gee's professional career has been spent in administrative leadership at Jewish Hospital. For more than three decades he has helped the hospital grow in its commitment to medical education and research while expanding its patient services in specialty areas of medicine as well as cost-effective alternatives of home and ambulatory care.

Gee has represented the health care industry on local, state and national levels. In 1976, Missouri hospitals elected Gee to the two-year term of chairman of the MHA Board of Trustees, on which he continues to serve as a board member. In 1978, Gee was appointed to represent the views of Missouri hospitals in the American Hospital Association's (AHA) House of Delegates.

Three years ago, Gee was elected chairman of AHA's Regional Advisory Board 6, a body which represents hospitals in seven states, including Missouri. Through this office, he also has served on the Board of Trustees of the American Hospital Association, helping shape the public policy positions of the nation's hospitals. Locally, Gee serves on the Board of Directors of the Hospital Association of Metropolitan St. Louis, a board which he chaired from 1966 to 1968. He also serves on the Board of Premier Hospital Alliance.



David A. Gee, president

Gee has authored more than 50 articles and books in the health care field. During his career, his views have been sought at the national level by presidents; he participated in the White House Conference on Health in 1965 and the White House Conference on Aging in 1978, then served on the National Advisory Council through 1981.

Gee continues to influence the direction of new health care leaders as a professor of health care management at Washington University in St. Louis, "I am very pleased to receive this award," said Gee on receiving the award. "It is an honor to be recognized by my colleagues and associates in the Missouri hospitals.

PROTECTING ESTATES—Proper planning is vital in assuring that chronically ill or handicapped individuals receive state and federal benefits to which they are entitled. Advice on legal estate preparation was given by local attorney Ramon J. Morganstern in his presentation at the Parkinson's Educational Program (PEP) meeting in Jewish Hospital's Steinberg Amphitheater on October 19.

Mr. Morganstern explained three methods by which estates are inherited: operation of law, intestate succession and choice. Operation of law involves jointly-owned property. When one of the owners dies, the estate automatically passes into ownership of the surviving partner. Intestate succession allows for a statutory method of passing property when an individual has no will or living trust. The third option involves preparing a will or a discretionary living trust.

According to Morganstern, establishing a trust allows an individual to protect assets for future use without necessarily affecting the federal benefit levels of a chronically ill or handicapped beneficiary. When considering a discretionary living trust, estate planners have three options: an individual or individuals, a professional trust company or a combination of the two.

Two pieces of recently-approved legislation also aid estate planners. The Uniform Durable Power of Attorney Act allows individuals to designate other people as their agents if they become mentally incompetent. The second measure, the Living Will Act, enables someone to legally declare that he or she does not want to be kept alive by artificial means.

"There's no substitute for proper planning," Morganstern warned when summarizing his presentation. "The process can be complex and unless it's done well and as a team, there are going to be pitfalls in the road, even if it's paved with good intentions."

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

MORE RESOURCES FOR WOMEN—Jewish Hospital donors and anyone who wishes to establish a tribute can now direct their gifts to the hospital's newest fund: WHR FUND. It was created by the generous contributions of several donors after the official opening of Women's Health Resources (WHR), Jewish Hospital's comprehensive multidisciplinary program of health services for women. Money received will be used to help support research projects and educational programs designed specifically to address the concerns and medical needs of women.

If you are interested in contributing to the Women's Health Resources fund, please mail your donation to:

Women's Health Resources
Office of Director of Development
Jewish Hospital
216 S. Kingshighway
St. Louis, MO 63110

WOMEN'S HEALTH RESOURCES℠

American Academy of Pediatrics, in Washington, D.C., in November. He has also authored several chapters in recently-released texts. Dr. Lepor received a $15,000 grant from the Eli Lilly Company to study Characterization of Alphal Adrenergic Receptors in Lower Genitourinary Tissues Using Radioligand Receptor Binding Methods.

Alan Londe, M.D., participated in a liposuction course at Temple University, Philadelphia, Pennsylvania, in September and a laser surgery course at the University of California/San Diego, in October. He was appointed Medical Director, Jet Services Air Ambulance Services, based at the Spirit of St. Louis Airport.

Paul Lowenstein, M.D., attended the American College of Angiology meeting, "Problems of Circulation and Blood Vessels," October 6-11, in Tucson, Arizona.

Alan P. Lyss, M.D., published "Treatments of Disseminated Non-small Cell Lung Cancer: Guidelines for the Practicing Physician," in *Postgraduate Medicine,* November, 1986. He attended the Cancer and Leukemia Group B meeting on Cancer Research and Treatment, October 29-November 1, in Montreal, Canada. Dr. Lyss was appointed principal investigator for Washington University, by the Cancer and Leukemia Group B, effective October, 1986.

John P. McGuire, Jewish Hospital executive vice president, has been elected to a two-year term on the board of directors of the Healthcare Financial Management Association.

Stanley Misler, M.D., co-authored, "A Metabolite-Related Potassium Channel in Rat Pancreatic B Cells," published in the *Proceedings of the National Academy of Sciences,* Vol. 83, 7719-7723, September, 1986.

Alex Morris, M.D., spoke to the NASW and Missouri Consortium of Social Work, September 19, at St. Louis University. His topic was "Continuity of Long-Term Care in a High-Tech Era."

John Morris, M.D., co-authored a paper, "Aphasia in Senile Dementia of the Alzheimer Type," which he presented to the American Neurological Association at its meeting, October 6, in Boston, Massachusetts. He addressed "Geriatrics: Current Concepts," at the Cape County Medical Society meeting, August 4, in Cape Girardeau, Missouri.

Stephen Moser, Ph.D., co-authored "Fungal Dependent Alterations in the Time Course and Mortality of Chronic Murine Pulmonary Blastomycosis," presented at the Interscience Conference on Antimictobial Agents and Chemotherapy, September 28-October 1, in New Orleans, Louisiana.

Nathaniel Murdock, M.D., was elected President of the Mound City Medical Forum, on September 7, in St. Louis.

Jean Parsons, CCRN, R.N., and **Judi Reeves, BSN, R.N.,** attended the National Teaching Institute sponsored by the American Association of Critical Care Nurses, in Anaheim, California. Ms. Parsons is on the Board of Directors of the Greater St. Louis Chapter of that sponsoring organization, and Ms. Reeves is serving a term as its President.

Carlos Perez, M.D., co-authored, "Irradiation Alone or Combined with Hyperthermia in the Treatment of Recurrent Car-

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

Marketing Communications
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

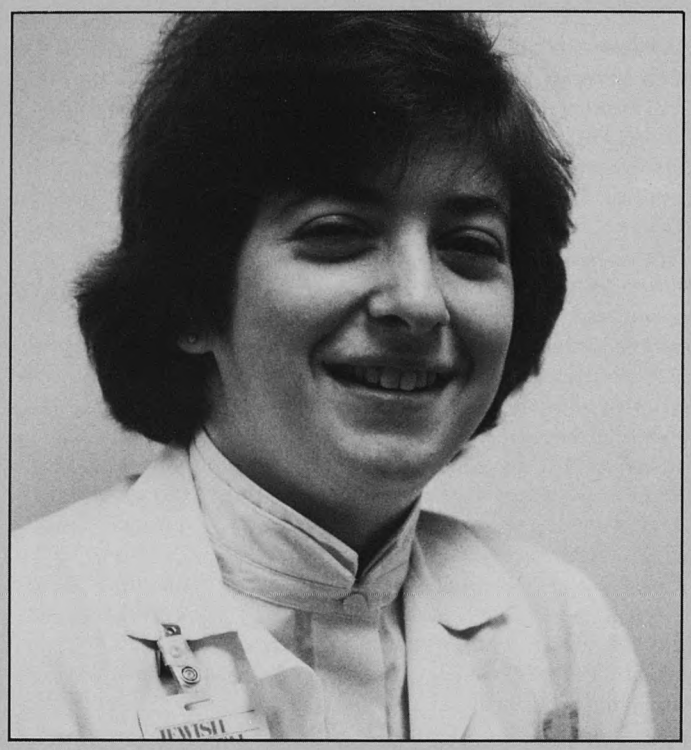
OASIS
454-0113

Main Number
454-7000

FELLOW IN TRAINING— Debra Weiner, M.D., a graduate of Washington University and the University of Missouri/Columbia School of Medicine, is the second William A. Peck Fellow with Jewish Hospital's Harvey A. and Dorismae Friedman Program on Aging. "My main scientific interests are in the fields of immunology and rheumatology. The ability to combine this with practical geriatric experience makes sense to me, as many patients seen by specialists in these fields are elderly," says Dr. Weiner.

The fellowship, sponsored by a gift from Mr. and Mrs. Friedman, is designed as an advanced-level training program. During the year of her appointment, Dr. Weiner provides a variety of services to elderly participants in the hospital's program. In addition, Dr. Weiner serves a number of patients, self- or physician-referred, through the Program on Aging's outpatient assessment clinic, the Jewish Center for Aged and Parkview Towers residents.

Each aspect of the fellowship involves a different role for her. At the program's clinic facility, located at 4910 Forest Park Boulevard, she performs patient assessments.



Debra K. Weiner, M.D.

At Parkview Towers, a retirement residence in University City (see November/December, 1985, *216*), she sees residents for routine screenings and assessments at the on-site clinic established by the Program on Aging.

Twice a week, she sees patients at the Jewish Center for Aged, an extended care facility in St. Louis county. "I serve as a primary physician to JCA residents who do not have personal physicians, both for their care there, and, if the need arises, here at the hospital," says Dr. Weiner. Her schedule also includes time for consultations through the inpatient consultation service provided by the Program on Aging.

"The fellowship is providing me with the experience I need for career flexibility. Since academic medicine is my goal, this opportunity is especially beneficial to me," she adds.

cinoma of the Breast in the Chest Wall: A Nonrandomized Comparison," published in the *International Journal of Hyperthermia,* Vol. 2, No. 2, In addition, Dr. Perez had an active speaking schedule, both in the United States and abroad, between August and October.

Arthur Prensky, M.D., spoke on "Headache in Childbirth" at the Joseph E. Coleman Memorial Pediatric Seminar held September 19, in Evansville, Illinois. October 5-12, he attended the convention of the American Academy of Neurology Child Neurology Society for Professors of Child Neurology, in Boston, Massachusetts.

Gary Ratkin, M.D., delivered a presentation, "Chemotherapy and You," to SHARE, September 18, at Barnes Hospital in St. Louis. On October 16, he spoke on "DRGs and the Cancer Patient: Issues and Controversies in Oncology," to the Oncology Nursing Society, at Christian Hospital Northeast, in St. Louis.

Frank Richards, M.D., addressed the National Medical Association, July 20-25 in New Yortk City. His topic was "Thyroid Disease Revisited." At the same meeting, he participated on the panel discussing "Young Surgeons and Changing Surgical Matters." He was elected

Secretary of the St. Louis Surgical Society, for a three-year term.

Joseph Ruitch, M.D., chaired the symposium, "Selected of Physicians for the 21st Century," held by the Washington University School of Medicine Committee on Admissions, September 20 and 21, in St. Louis.

Michael Rumelt, M.D., authored an article on a refinement on cataract and lens implant surgery, published in the *American Journal of Ophthalmology.* In addition, he authored a brief article on computers and word processing, which appeared in *MacWorld* magazine.

Kenneth Russ, Ph.D., co-chaired and made a presentation at a symposium, "Troubled Employees: Problems, Costs, Solutions," sponsored by the University of Missouri/St. Louis and EAP Associates, at the St. Louis campus. He spoke to Jewish Hospital employees on "Biofeedback and Other Psychological Stress-Reduction Techniques," and to Congregation B'nai Amoona's Women's League, on "Psychological Approaches to Stress Reduction." On October 18, he addressed the annual meeting of the Missouri Psychological Assocation on "Proposed Revisions to the Missouri Psychology Act," and was recertified through December, 1990, as a biofeedback practitioner, by the Biofeedback Certification Institute of America.

Peter Smith, M.D., co-authored and published "The Infratemporal Fosso Approach to Neoplastic and Anterial Lesions of the Lateral Skull Base," in *Surgical Rounds,* Issue 6, 1986. He presented "Arguments Against Topographic Testing of Patients with Bell's Palsy" at the Bell's Palsy Update: 1986 Symposium segment of the annual meeting of the American Academy of Otolaryngology-Head and Neck Surgery, held in San Antonio, Texas, in September.

Jules Snitzer, DDS, attended the Annual Meeting of the American Academy of Peridontology, September 23-27, in Cleveland, Ohio. He was appointed to the Missouri Dental Board, by Governor John Ashcroft.

Franz U. Steinberg, M.D., spoke at a symposium on "Pain Managment of Cancer Patients," conducted by Menorah Hospital, Kansas City, Missouri, on September 19. His topic for this address was "Rehabilitation of Patients with Cancer." As Visiting Professor at the Rehabilitation Institute of Chicago/Northwestern University, on September 10, he delivered a lecture, "Rehabilitation of the Geriatric Patient," and conducted a seminar, "The Decline of Muscle Strength with Aging."

Stanley Thawley, M.D., served on the editorial board of *Comprehensive Management of Head and Neck Tumors,* Volumes I & II, published by W.B. Saunders in August, 1986.

Roland Valdes, Jr., Ph.D., was awarded a $344,000 research grant from the National Institutes of Health to study the role of endogenous digitalis-like factors in the etiology of hypertension induced by pregnancy. He co-authored "Implementation of a Screening Program for Diagnosing Open Neural Tube Defects: Selection, Evaluation, and Utilization of Alpha-Fetoprotein Methodology," published in *Clinical Chemistry,* Vol. 32, 1986.

Robert Weinhaus, M.D., presented his paper, "Single Session Analytic Therapy," at St. Louis University Medical Center's Grand Rounds, September 2, in St. Louis.

Calvin Weiss, DDS, was installed as President of the American Assocation of Hospital Dentists, at the organization's recent meeting in San Diego, California.

Richard Wetzel, Ph.D., spoke on "Sixty Years of Suicide in England and Wales," at the AMA Johns Hopkins Science Writers' Conference, October 1-2

Earl Woerner, DDS, presented "TMJ Syndrome," to the members of the Chronic Pain Outreach Support Group, September 18, at Incarnate Word Hospital, St. Louis.

Robert Young, M.D., addressed the St. Louis Post-Anesthesia Nurses Association on the topic of "What's New in Cosmetic Surgery," September 9, at DePaul Hospital, St. Louis. ■

SHOPPING LIST

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

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

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

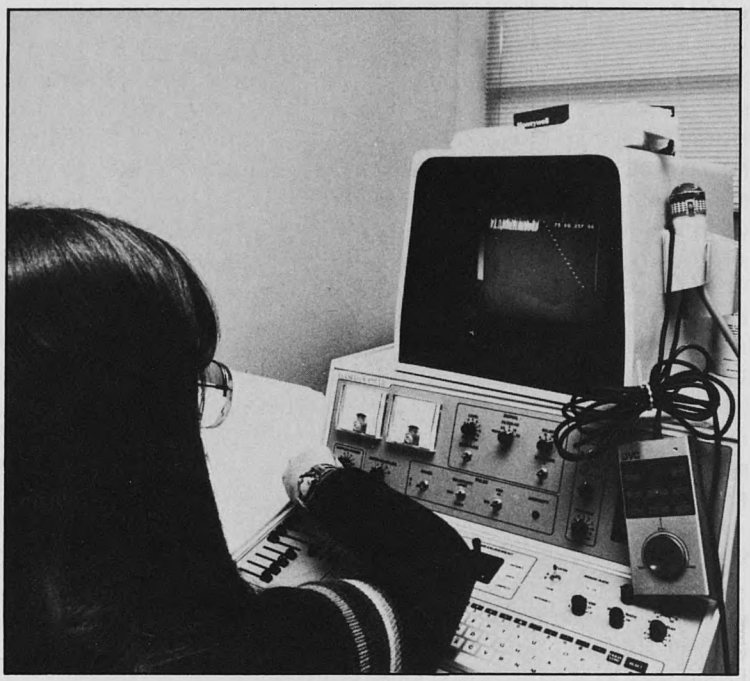
For more information on the Shopping List, contact the development office, 454-7250.

Hoeffoel 519

On October 10, a new Hoffoel 519—a portable machine with echocardiography and doppler capabilities—was put into service and in its first six weeks of operation, technicians performed 126 procedures. "Approximately 40 percent of the tests performed with the 519 were at patient bedsides," says Robert Kleiger, M.D., director of Jewish Hospital's graphic department and professor of medicine at Washington University School of Medicine.

The equipment produces high-quality echocardiograms, helping physicians to observe the heart's structure and function. The machine's doppler capabilities allow physicians to see other cardiopulmonary aspects of the patient as well. Dr. Kleiger explains, "The distinction between echo and doppler modes is that the doppler aids diagnosis of abnormalities in the valves of the heart by reading the direction of blood flow through frequency shifts in the echo sounds."

The $50,000 machine with its advanced computer software complements the other portable Hoffoel purchased nine years ago and provides increased numbers of ill patients with the convenience of in-room testing for cardiac problems. With both Hoeffels, the department now administers tests to an average of eight patients a day. Both machines offer Jewish Hospital patients the convenience of bedside echocardiography procedures, and state-of-the-art accuracy. ■



Operating Room

Cell Saver $24,000

Nursing

Smart Scale $1,600

Graphics Lab

Cardiovascular ECG Duplex Scanner $70,000

Cardiac Cath Lab

High Resolution Tape Recorder $60,000

CONTRIBUTIONS TO JEWISH HOSPITAL FUNDS

SUSTAINING GIFTS

Mr. and Mrs. Arthur E. Ansehl have made a contribution to the Obstetrics Library Fund in honor of Dr. Robert Burstein.

Mr. Jack Ansehl has made a contribution to Jewish Hospital's Research Endowment Fund.

Mr. and Mrs. Lee Bernstein have joined the Fellows of Jewish Hospital and made a contribution to Jewish Hospital's Research Endowment Fund.

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

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

Mr. and Mrs. M. Erwin Bry, Jr. have made a contribution to Jewish Hospital's Building Fund.

Mrs. Virginia L. Carlstead has made a contribution to the Surgery Research Fund for cancer research.

Mr. and Mrs. Jerry Chod have made a contribution to the Hospital's OB/GYN Fund.

Dr. and Mrs. Edward Cohen have become members of the Fellows of Jewish Hospital with a gift to the Clover Ball Fund and the Radiology Department Research Fund.

Mr. and Mrs. Joseph L. Cohen have joined the Fellows of Jewish Hospital and made a contribution to the Hospital's Operations Endowment Fund.

Dr. and Mrs. James P. Crane have made a contribution to Jewish Hospital's Research Endowment Fund.

Mr. and Mrs. Jack Deutsch have made a contribution to the Hermann and Erna Deutsch Cancer Research Fund.

Diversified Industries, Inc. has made a contribution to the Marilyn Fixman Cancer Center.

Mr. and Mrs. Michael Drazen has made a contribution to Jewish Hospital's Research Endowment Fund.

The Estate of Morris Erlich has made a contribution to the Morris Erlich Fund.

Dr. and Mrs. Keith Fischer have joined the Fellows of Jewish Hospital and established the Nuclear Medicine Research and Education Fund.

Mrs. Eugene J. Fishgoll has established the Lillian and Eugene Fishgoll Cardiology Fund in honor of Mr. Fishgoll's birthday.

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

Mr. and Mrs. David Frank have made a contribution to Jewish Hospital's Research Endowment Fund.

Mr. and Mrs. Harris Frank have made a contribution to the Clover Ball Fund and the Judy L. Smith Cancer Fund.

Mrs. Eugene A. Freund has made a contribution to the Eugene A. Freund Renal Research Fund.

Mr. and Mrs. Robert D. Frey have made a contribution to Jewish Hospital's Research Endowment Fund.

Mr. and Mrs. Barry Friedman have made a contribution to the Anna and Abe Moskowitz Fund for Cancer Research.

Dr. and Mrs. Ira Gall have made a contribution to the Obstetrics Immunology Fund of Jewish Hospital.

Mr. and Mrs. Donald P. Gallop have made a contribution to Jewish Hospital's Research Endowment Fund.

Mr. David A. Gee has made a contribution to the Harold and Thelma Gee Research Endowment Fund.

Mr. and Mrs. Bernard Gerchen have made a contribution to Jewish Hospital's Research Endowment Fund.

Mr. and Mrs. Solon Gershman have made a contribution to Jewish Hospital's Research Endowment Fund.

Mr. and Mrs. Ben Glassman have joined the Fellows of Jewish Hospital with a gift to the Research Endowment Fund.

Mr. and Mrs. Israel Goldberg have made a contribution to the Jewish Hospital Special Care Fund for patient care.

Mr. and Mrs. L. Jack Goldstein have made a contribution to the Hospital's Operations Endowment Fund.

Mr. and Mrs. Courtney A. Gould have made a contribution to the Dorothy B. and Courtney A. Gould Endowment Fund in memory of Helen Susman Vines.

Dr. and Mrs. Morton Green have made a contribution to Jewish Hospital's Research Endowment Fund.

Mr. and Mrs. Thomas R. Green have made a contribution to Jewish Hospital's Research Endowment Fund.

Mrs. John Greenberg has joined the Fellows of Jewish Hospital with a gift to the Hospital's Research Endowment Fund.

SUSTAINING GIFTS

Mr. and Mrs. Lawrence H. Greenberg have made a contribution to Jewish Hospital's Research Endowment Fund.

Mr. Bernard B. Gross has made a contribution to Jewish Hospital's Research Endowment Fund in memory of Adele K. Gross.

The Estate of Julia Gruenfled has made a contribution to the Surgical Research Fund of Jewish Hospital.

Mr. and Mrs. David Gutman have made a contribution to the Colon and Rectal Surgical Education Fund in honor of Drs. Ira Kodner, Robert Fry, Russel Eggebrecht, Burton Shatz, and Mrs. Mary Gilley.

Mr. and Mrs. Whitney R. Harris have made a contribution to the Eugene A. Freund Renal Research Fund.

Mrs. Edward Hopper has made a contribution to the Jewish Hospital Special Care Fund for patient care.

Interco Charitable Trust has made a contribution to the Womens Health Resources Fund in memory of Mildred Powell.

Mr. and Mrs. Sydney Jacobs have made a contribution to the Hospital's Operations Endowment Fund.

Mr. and Mrs. Erwin S. Jaffe have made a contribution to the Geri Jaffe-Rothman Endowment Fund for Breast Cancer Research.

Mr. and Mrs. Burt L. Karney have made a contribution to the Joseph Abrams Memorial Heart Fund and the Clover Ball.

Mr. and Mrs. Irvin H. Koplar have become Major Benefactors and life members of the Fellows of Jewish Hospital. They have established the Irvin H. and Corinne D. Koplar Cancer Research Fund.

Dr. and Mrs. Lawrence M. Kotner, Jr. have joined the Fellows of Jewish Hospital with a gift to the Department of Radiology Fund in memory of Dr. Jimmy Firestone and Charlotte Loitman.

Mr. and Mrs. Sam Langsdorf, Jr. have made a contribution to the Hospital's Operations Endowment Fund.

Dr. and Mrs. Herman J. Lanson have made a contribution to Heart Research, in appreciation of the work done by Dr. Ruffy and his associates.

Mr. and Mrs. Manual Lasky have made a contribution to Jewish Hospital's Research Endowment Fund.

Dr. and Mrs. Robert Lefton have made a contribution to Jewish Hospital's Building Fund.

Dr. and Mrs. Sherman J. LeMaster have made a contribution to Jewish Hospital's Research Endowment Fund.

Mr. Scott Lentin has made a contribution to the Jewish Hospital's Research Endowment Fund.

Mr. and Mrs. I. Jack Lerner have joined the Fellows of Jewish Hospital with a gift to the Hospital's Operations Endowment Fund.

Mr. and Mrs. Zalie Levin have made a contribution to Jewish Hospital's Research Endowment Fund.

Mr. and Mrs. Willard L. Levy have made a contribution to the Nursing Education Fund in appreciation of the administrative and nursing staff of the Coronary Intensive Care Unit.

Mr. Tobias Lewin has made a contribution to the Hortense Lewin Nursing Scholarship Fund in memory of his wife, Hortense Lewin on her birthday.

Mr. and Mrs. Donn Lipton have made a contribution to Jewish Hospital's Research Endowment Fund.

Mr. and Mrs. Al Loeb have made a contribution to the Benjamin M. Loeb Endowment Fund.

Mrs. Benjamin Loeb has made a contribution to the Benjamin M. Loeb Endowment Fund.

Mr. and Mrs. Jerome T. Loeb have made a contribution to the Directors Fund of the Jewish Hospital of St. Louis.

Dr. and Mrs. Alan M. Londe have become members of the Fellows of Jewish Hospital with a contribution to the Hospital's Operations Endowment Fund.

Mrs. Ann Loomstein has made a contribution to the Edna Malen Nursing Schoalrship Fund.

Mr. and Mrs. Arthur Loomstein have joined the Fellows of Jewish Hospital and made a contribution to the Hospital.

Ms. Robyn Loomstein-Mintz has made a contribution to the Clover Ball Fund and the Tribute Fund.

Mr. and Mrs. Stanley L. Lopata have made a contribution to Jewish Hospital's Research Endowment Fund.

Mr. and Mrs. Paul A. Lux have made a contribution to the Hospital's Building Fund.

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

Mr. and Mrs. Harold Marglous have made a contribution to the Rubin and Mary Cohen Endowment Fund.

Mrs. William A. Marmor has made a contribution to Jewish Hospital's Research Endowment Fund.

Mr. and Mrs. John P. McGuire have established the Dr. Aaron Birenbaum Home Care Fund.

Mr. and Mrs. Roswell Messing, Jr. have made a generous gift to the Messing Chair in Pathology and the Roswell Messing Nursing Education Fund.

Mrs. Herman Meyer had made a contribution to the Research Endowment Fund in memory of Br. Meyer.

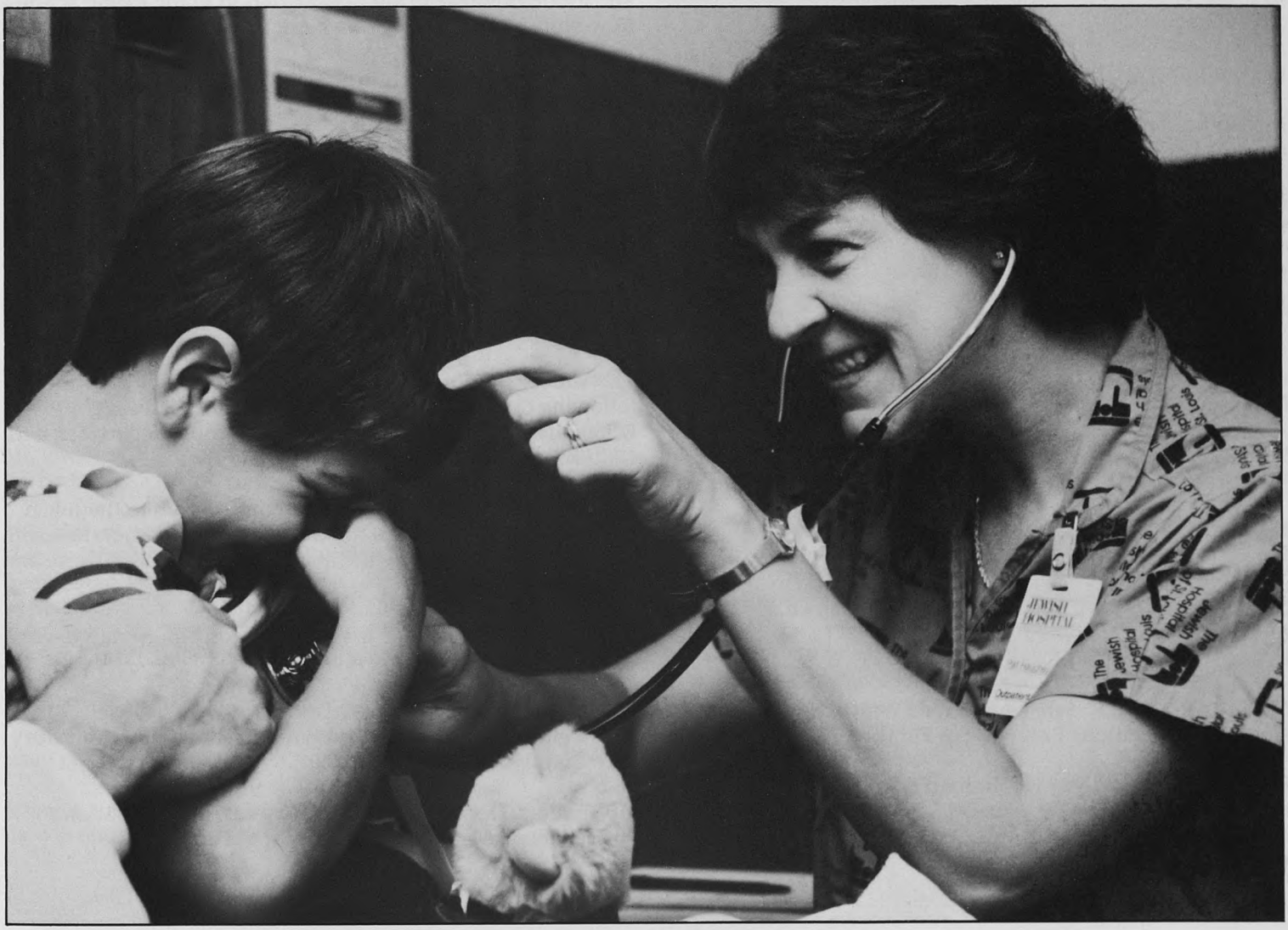
Mr. and Mrs. I. E. Millstone have made a contribution to Jewish Hospital's Research Endowment Fund.

Dr. Alan H. Morris has joined the Fellows of Jewish Hosital with a gift to the Ann Morris Fund for Oncology Nursing.

Mrs. Mildred Neuman has made a contribution to the Neuman/Horwitz Cardiology Research Fund.

Mr. and Mrs. Victor Packman have made a contribution to Jewish Hospital's Research Endowment Fund.

Mr. and Mrs. Ben Peck have made a contribution to the Hospital's Building Fund.



SUSTAINING GIFTS

Mr. and Mrs. Joseph R. Perll have made a contribution to Jewish Hospital's Research Endowment Fund.

Mr. and Mrs. Raymond Peters have made a contribution to the John M. Shoenberg Research Fund in memory of John M. Shoenberg.

Ms. Lynn Plotkin has made a contribution to the Dorismae and Harvey A. Friedman Program on Aging in honor of her parents.

Mr. and Mrs. Norman Probstein have made a contribution to the Elsie Probstein-Harry Koplar Brace Fund.

Mr. and Mrs. Louis R. Putzel have made a contribution to the Helen R. and Henry V. Putzel Nursing Scholarship Fund.

Ralston Purina Company has made a contribution to the Mary Ann and Elliot Stein Endowment Fund.

Mr. and Mrs. John L. Roos have made a contribution to the Selma K. Roos Fund of Jewish Hospital.

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

Mrs. Henry Rosenfeld has made a contribution to the Hannah B. Rosenfeld Cancer Research Fund.

Mr. and Mrs. Robert Rothbarth have made a contribution to Jewish Hospital's Research Endowment Fund.

Mr. and Mrs. Louis G. Rothschild, Jr. have made a contribution to the Dorothea and Louis G. Rothschild Fund for Pulmonary Medicine.

Mrs. Louis Rubin has made a contribution to Jewish Hospital's Research Endowment Fund.

Mrs. Saul Rubin has made a contribution to the Saul L. and Rebecca Rubin Cancer Fund.

The St. Louis Society for Crippled Children has made a contribution to the St. Louis Society for Crippled Children Fund, to be used for the "Kids On Their Own" program.

Mr. and Mrs. Fred R. Sale have made a contribution to the Hospital's Operations Endowment Fund.

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

Mr. and Mrs. Harvey Saligman have made a contribution to the Women's Health Resources Fund.

Mr. and Mrs. Barry Sanders have made a contribution to the John M. Shoenberg Research Fund in memory of John M. Shoenberg.

Mr. and Mrs. Sylvan Sandler have made a contribution to the Rupert Turnbull Memorial Lectureship of Jewish Hospital.

Mr. and Mrs. Sol Schumitzky have made a contribution to Jewish Hospital's Research Endowment Fund.

Mrs. Edward F. Schweich has made a contribution to Jewish Hospital's Research Endowment Fund of the Jewish Hospital of St. Louis.

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

Dr. and Mrs. Hyman Senturia have made a contribution to the Rebecca Senturia Library Fund.

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

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

Mr. and Mrs. Edwin G. Shifrin have made a contribution to the Clover Ball.

The Shoenberg Foundation has made a generous gift for the following divisions of the Hospital; Gastroenterology, Rehabilitation, Surgery Research, Cardiothoracic Surgery, and Colo-Rectal Research.

Mrs. Herbert B. Simon has made a contribution to the Julian Simon Research Fund and the Ira and Herbert Simon Research Fund in memory of Melvin Hilb, Laura Simon, Rose Weisl, and Hattie and Max Weisl.

Mr. and Mrs. Carl Simons have made a contribution to Jewish Hospital's Research Endowment Fund.

Mr. and Mrs. Alvin Siteman have become Major Benefactors with a gift to dedicate the new garden area of the Ambulatory Care Building of Jewish Hospital.

Mr. and Mrs. Donald G. Soffer have made a contribution to Jewish Hospital's Research Endowment Fund.

Dr. and Mrs. Robert D. Spewak have made a contribution to the Hospital's Building Fund.

Mr. Elliot Stein has made a contribution to the Mary Ann and Elliot Stein Endowment Fund.

Dr. and Mrs. Franz Steinberg have made a contribution to the Rehabilitation Research Fund.

Mr. and Mrs. Charles J. Steiner have made a contribution to the Evelyn B. Stern Nursing Scholarship Fund.

Mr. and Mrs. William A. Stern have joined the Fellows of Jewish Hospital with a gift to the Hospital's Operations Endowment Fund.

Mrs. Sam Stone has joined the Fellows of Jewish Hospital and made a contribution to Jewish Hospital's Research Endowment Fund.

Mr. and Mrs. M. L. Strauss have made a contribution to the Jewish Hospital of St. Louis.

Mrs. Earl Susman has made a contribution to the Earl Susman Fund.

Dr. and Mrs. Stanley M. Wald have made a contribution to the Natalie E. Wald Nursing Scholarship Fund.

Mrs. Millard Waldheim has made a contribution to The Jewish Hospital of St. Louis.

The Millard Waldheim Charitable Trust has made a contribution to the Jewish Hospital of St. Louis.

Mr. and Mrs. Raymond H. Wittcoff have made a contribution to the Directors Fund of Jewish Hospital.

Mrs. Harvey B. Wittcoff has made a contribution to the Harvey Wittcoff Endowment Fund of Jewish Hospital in memory of Mr. Wittcoff.

Mr. Chester Wolkowitz has made a gift of equipment to The Jewish Hospital of St. Louis in memory of his wife, Audrey.

Mr. and Mrs. Stuart Zimmerman have made a contribution to Jewish Hospital's Research Endowment Fund and the Clover Ball Fund.

Mr. and Mrs. Louis I. Zorensky have made a contribution to the Directors Fund of the Jewish Hospital of St. Louis.

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IN MEMORY OF	DONOR
Dr. John Anderson	Jewish Hospital Medical Staff Association (Jewish Hospital Chaplaincy Fund)
Dr. Jack Collins	Parkcrest Surgical Associates, Inc. (Tribute Fund)

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Ben H. Spewak	Mr. and Mrs. Jack Spewak (Research Endowment Fund)
M. Randall Spitzer	The Stolar Partnership Philanthropic Fund (M. Randall Spitzer Leukemia Fund)
Herbert Weinstock	Mrs. Herbert Weinstock (Herbert Weinstock Memorial Fund)

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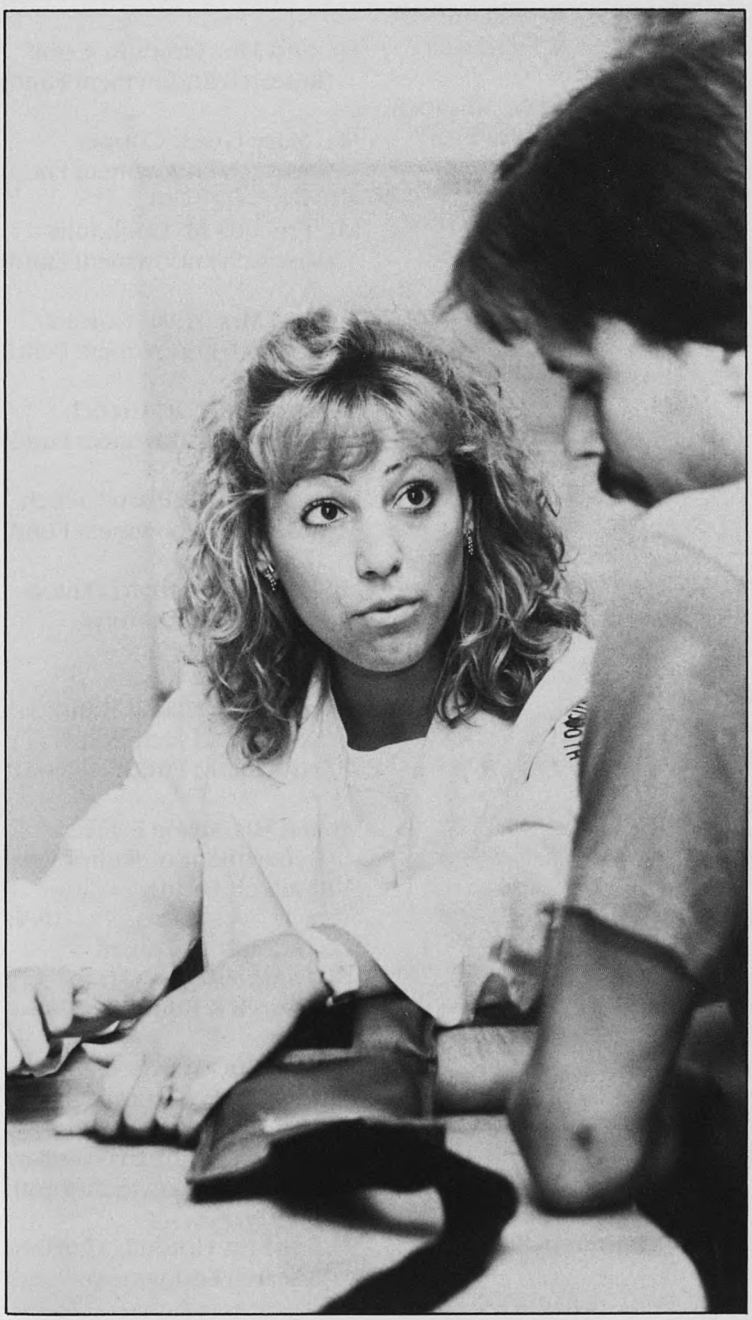
Birthday of Elaine Berger	Mr. and Mrs. H. Robert Shampaine (Ely and Mary Goldstein Nursing Scholarship Fund)
Award of Dr. Aaron Birenbaum	Mr. and Mrs. Kenneth Levy (Dr. Aaron Birenbaum Home Care Fund)



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Special Birthday of Milford Bohm	Mr. and Mrs. Louis I. Zorensky (Tribute Fund)
Birthday of Mrs. Herbert Frank	Mr. and Mrs. Joseph Berger (Ely & Mary Goldstein Nursing Scholarship Fund)
Dr. Bernard T. Garfinkel Dr. Arnold M. Goldman Dr. Robert J. Schneider	Mr. M. L. Harris (Tribute Fund)
Improved health of Larry Glenn	Mr. and Mrs. Samuel Goldman (Hematology/Oncology Research & Education Fund)
Happy Holidays to Mrs. Thomas Gotlin	Mrs. Leon Harris (Ben Borman Family & Leon Harris Family Parkinson Disease Fund)
Birthday of Harvey Harris	Mr. and Mrs. Willard L. Levy (Williard L. & Alice R. Levy Fund)
	Mr. and Mrs. Louis I. Zorensky (Research Endowment Fund)
Birthday of Louis Putzel	Mrs. Harry Franc (Helen R. and Henry V. Putzel Nursing Scholarship Fund)
Special Birthday of Joseph Ruwitch	Mrs. George F. Berlinger (Joseph F. & Elizabeth R. Ruwitch Endowment Fund)
	Mr. and Mrs. Willard L. Levy (Joseph F. & Elizabeth R. Ruwitch Endowment Fund)
	Mr. and Mrs. Al Loeb (Joseph F. & Elizabeth R. Ruwitch Endowment Fund)
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The Jewish Hospital of St. Louis, its programs for patient care, research, education and community service	Mr. and Mrs. Jacob Altman (Milton Kravitz Memorial Heart Fund)
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	Mr. and Mrs. Richard Dalton (Hospital Operations Endowment
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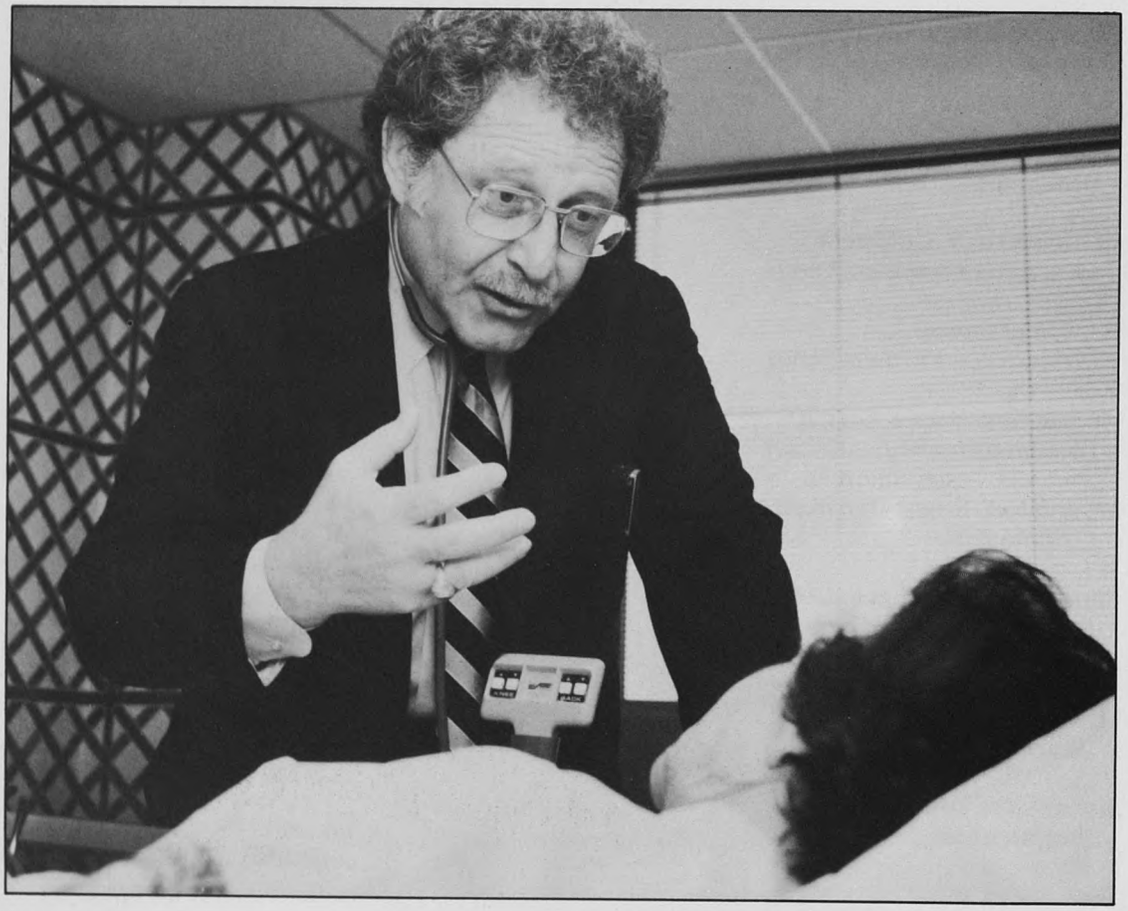

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re-reading

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To order your catalogue, call or write the Jewish Hospital marketing communications department, 216 S. Kingshighway, P. O. Box 14109 St. Louis, MO, 63110, 314-454-7245

CALENDAR OF EVENTS

FEBRUARY

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.

FEBRUARY 4, 11, 18, 25

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

FEBRUARY 5

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

FEBRUARY 9

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

FEBRUARY 18

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

MARCH

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MARCH 18

School of Nursing Open House tour of school and hospital for individuals who are interested in a nursing career; 1 to 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.

MARCH 18

Associates In Medicine (AIM) Lecture Series features "Survival of the Fittest . . . the "How To" of Fitness: Conditioning, Training, Exercise, and Sports," with guest speaker Bernard T. Garfinkel, M.D., medical director, St. Louis Football Cardinals; 7:30 p.m., in the Brown Room; complimentary refreshments; open to the public at no charge; reservations required; call 454-8088.

JEWISH HOSPITAL
AT WASHINGTON UNIVERSITY MEDICAL CENTER

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