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Indexed

**THE PHYSICIANS:
HOW THEY ARE HOLDING
UP UNDER A NEW HEALTH
CARE SYSTEM**

IN SUPPORT OF

PATIENT CARE





Jewish Hospital proudly salutes Lee M. Liberman, chairman and chief executive officer of Laclede Gas Company, and past chairman and present trustee of Jewish Hospital at Washington University Medical Center. Mr. Liberman has been named by past recipients the 1986 St. Louis Man of the Year. The prestigious honor, formerly sponsored by the St. Louis Globe Democrat newspaper, is in recognition of Mr. Liberman's public service, community involvement and civic contributions.

Mr. Liberman's achievements are many, spanning a wide range of cultural, educational, charitable, and health care activities. His interest in the health care field led to an appointment in 1962 to the Jewish Hospital Board of Directors. In 1965, Liberman became assistant secretary of the Board, and three years later was appointed treasurer of the Board. He was named vice president in 1972, serving in this capacity until he was named Board President in 1974. Liberman served on the Board until 1979, during which time the title of President was changed to Chairman.

Along with his leadership activities at Jewish Hospital, Liberman has continuously donated his time and effort to other St. Louis organizations. He is chairman and former president of the St. Louis Symphony Society, and the newly-elected chairman of the Regional Commerce and Growth Association. He is also vice chairman of Civic Progress, and president of the Executive Service Corps of St. Louis.

Liberman was the 1986 chairman of the Salvation Army Tree of Lights and this year will chair the United Way campaign. In 1985, he was chairman of the NAACP annual dinner, and has served as the past president of Family and Personal Support Center and the Backstoppers. Currently, Liberman is a trustee of Washington University and Washington University Medical Center, and Education Council. He is also co-chairman of the St. Louis Regional Health Care Corporation.

In addition, Liberman has been involved in Scouting, attaining the high status of Eagle Scout. He has served on the local council, executive board and advisory council, and has been awarded the high status of Distinguished Eagle Scout by the National Court of Honor through the St. Louis Area Council for his more than quarter-century of Scouting activity.

JEWISH HOSPITAL 216

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Why would Jewish Hospital want to devote almost an entire issue of its magazine to physicians? For several reasons.

Today, physicians are in the center of major health care changes, buffeted by increasing regulation, the rise of alternate health care delivery systems and competition from other practitioners. Their current relationship to hospitals, other physicians and their patients is in a state of flux. The future shape of medical practice is unclear and the physician's role is the subject of intense scrutiny.

We think that now more than ever our readers should try to understand physicians: their concerns, their satisfactions—in short, what health care means to them.

This issue of 216 examines physicians in a number of roles. It looks at private practitioners, at academic researchers and teachers, at surgeons and internists. It looks at medicine from the perspective of a young physician just getting her first taste of medicine, and from the viewpoint of a physician looking back at a full career. All find the profession a challenging mix of frustration and fulfillment, a field that is irritatingly uncertain, just now, but still rewarding for the men and women dedicated to it.

ANATOMY OF A RESIDENT PHYSICIAN

Full schedules, considerable stress and a dull-to-dead social life are a few aspects of training that resident physicians face. Even so, most will later admit that the extensive training is well worth the frustrations. Sue Brown, M.D., discusses the concerns and aspirations of young physicians in the 1980s.

THE PHYSICIAN AS EDUCATOR

Each physician who joins Jewish Hospital's medical staff maintains a teaching appointment at the Washington University School of Medicine. The educator role requires extraordinary commitment and provides healthy rewards for the individuals who meet the stringent qualifications. The benefits are extended to students as well as the physicians' patients.

THE PRIVATE WORLD OF THE PRIVATE PHYSICIAN

Government and insurance regulations, high technology, alternate delivery systems and hospital expansions are concerns of today's medical practitioners. Three attending physicians share their views on what is happening in health care today.

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The field of general surgery has spawned an array of specialties and subspecialties in recent years. This new complexity has drastically changed the life of the surgeon.

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Contrary to popular opinion, the life of a researcher is no ivory tower existence. Thomas Deuel, M.D., discusses the realities of being a researcher in the 1980s.

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In 66 years of medical practice Jacob G. Probst, M.D., has seen generations of change revolutionize his profession. During the years, his hard work and generosity have benefited many people.

CLOSE TO HOME 16

Dr. Llewellyn Sale, Jr.'s roots are firmly entrenched in Jewish Hospital. His father, the late Llewellyn Sale, Sr., M.D., served as president of the hospital's medical staff association. And long before the younger Sale began his 40-year affiliation with Jewish Hospital, the family inhabited an apartment located where the hospital's parking garage now stands.



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ANATOMY OF A RESIDENT PHYSICIAN

by Wm. Stage

IN BRIEF...

... They work under stress, have little or no social life and are usually deeply in debt by the time they are ready to go into practice. They are physicians in training—interns and residents—who spend three years of intensive, but challenging preparation for a lifetime of crucial decisions about their patients' health.

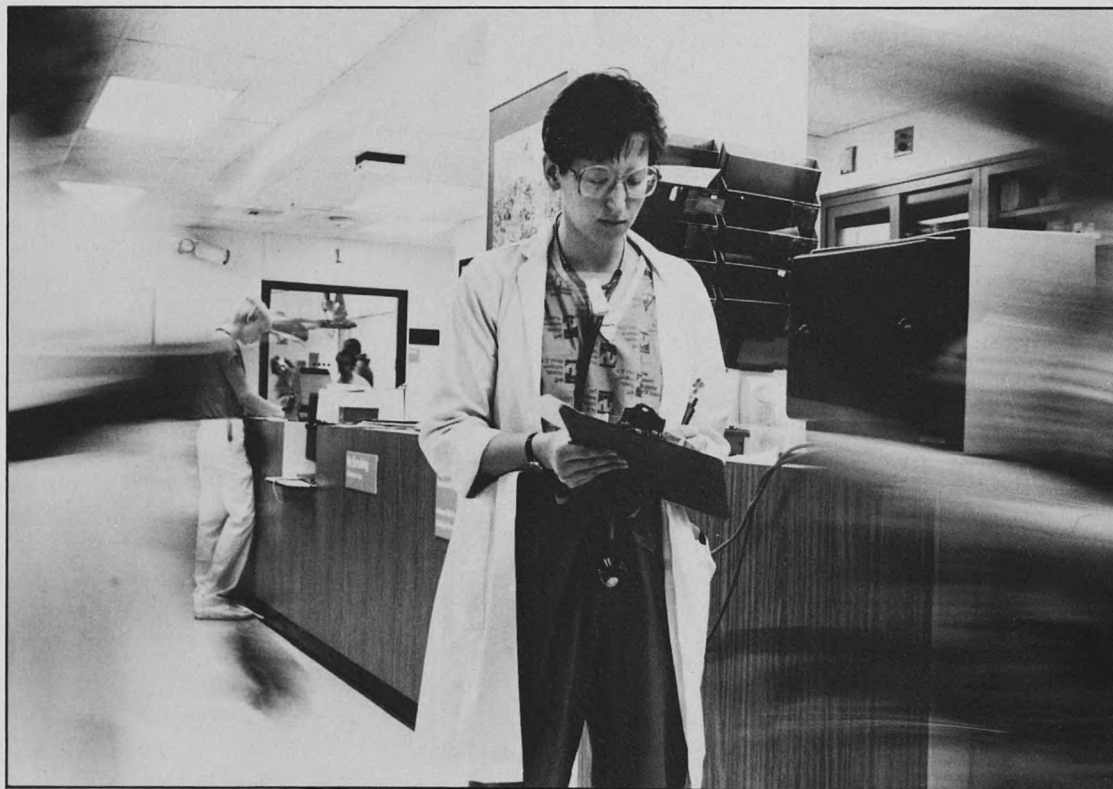
Sue Brown, M.D., describes why she became interested in medicine and how she is coping with her residency training at Jewish Hospital. She also gives her views on what the future holds for young physicians in the 1980s.

“There were times I thought about quitting, mostly because I was so frustrated and depressed, but every time I thought about it I couldn't picture myself doing anything but practicing medicine.” These words from Sue Brown, M.D., a third-year resident at Jewish Hospital, echo the sentiments every young physician must feel

sometime during his or her apprenticeship. As a physician, she trains longer and more arduously than professionals in almost any other calling. After college, she must devote four years to intensive study in medical school and a year to internship. Then, if she is among the more than 85 percent who plan to specialize, she spends two to five years as a hospital resident, a physician legally qualified to practice medicine but still in training.

The men and women who elect to undergo this preparation are a dedicated, but driven group. It has been said that residents, especially first-year interns, are steeped in their work with social lives comparable to that of death row inmates. Most physicians will tell you their residencies were mentally exhausting yet so rewarding that the three years in that status, they will grudgingly admit, was time

Sue Brown, M.D.





As resident physicians Sue Brown, M.D., and Robert Loeffler, M.D., spend hours in the hospital's medical library to keep abreast of medical knowledge.

well spent.

To look at Dr. Brown—diminutive, bespectacled, exuding intelligence—you wonder whether someone with such composure ever sweated finals, worried about misdiagnosing a patient or even had doubts about her profession. After all, doctors are supposed to be assured, in command, almost omniscient. So the public believes. More likely, Dr. Brown will tell you, doctors spend considerable time fretting about the immense burden of responsibility they have chosen to bear.

Dr. Brown, 29, aspired to the profession since at least early high school. An inherent scientific bent, coupled with a wish to help people, led her to view medicine as “the best way to pull it all together.” Though one in every 10 physicians has a parent from the same profession, there are no physicians

in her immediate family. Her parents, she says, would have supported her in whatever career she chose.

In 1975, she left the Boston area for St. Louis to attend Washington University undergraduate school. A few years later, firmly grounded in scientific knowledge, Brown hoppedscotched over to the St. Louis University School of Medicine, where in 1984 she was allowed to don the green-hooded medieval robe of a doctor of medicine. From there she entered her internship at Jewish Hospital.

To many doctors the year of internship stands out as the most exciting, as well as the most onerous, year of their lives. Finally, after years of training, the intern may exercise some of the authority of a bona fide physician. According to Dr. Brown, Jewish Hospital interns spend much of their time attending to acute cases in the intensive care unit or the emergency room. The intern is responsible for the care of specific patients, and if a patient happens to be very ill, the intern may be in his or her room all night.

“It’s a challenging year,” says Dr. Brown. “You’re so stretched out there’s not much time for reflection—that comes later. You need a very understanding spouse, women in particular, because when you’re off work the last thing you want to do is go home to a sink full of dishes. You don’t want to make dinner—you want to slump in the nearest chair. But it can put a strain on a marriage. Fortunately, I have a husband who also puts in a lot of hours and understands.”

Currently, Dr. Brown works more than 60 hours per week. She and husband Peter, whom she met while attending Washington University, have no children but they do have a large Labrador retriever. Dr. Brown unwinds by running with the dog, reading novels or playing an aggressive game of racquetball. She is thankful her “significant other” is a scientist (a Ph.D. botanical researcher for Washington University) and not a medical doctor. “I talk too much shop as it is,” she says.

If physicians can survive the crucible of internship, they

will find the going less difficult. While interns are busy suturing wounds and pumping stomachs, the residents, now sagacious enough to know when to ask for guidance and when to try things on their own, assume more of a teaching role. As a third-year resident and the senior member of her team, Dr. Brown may not spend much time working on hospital floors; instead she supervises the work of interns and younger residents on those divisions.

Dr. Brown’s professional day starts at 8 a.m. and ends as late as 7 p.m., with every fourth night spent at the hospital on call. This is a seven-day week, mind you, although weekend workdays are often abbreviated. Mornings she makes work rounds with fellow residents, followed by teaching rounds, where an attending physician explains diagnoses and treatment for selected patients. Dr. Brown is also a habitue of the hospital’s medical library, trying to make some headway into the profusion of medical information every physician must fathom. Then, one half-day a week is spent in the clinic for general medicine, the discipline in which she has chosen to specialize.

She is pleased at having selected Jewish Hospital for her residency. “For one thing,” Dr. Brown says without a trace of Boston accent, “it’s affiliated with Washington University so you get the best and brightest physicians-teachers. Second, the program is small enough—19 third-year residents—that I feel personally involved with my colleagues. That’s another important thing, having a good group of people that you can just talk about anything with. There are bitch

RESIDENT

sessions going all the time," she laughs, "and we're a pretty close group."

The medical staff of Jewish Hospital has chosen Dr. Brown, along with fellow resident Roberta Loeffler, M.D., to be next year's chief residents. This fourth-year position is part administrative, part teaching and part duty as liaison between house staff and hospital administration.

The work of a physician, it seems, is tailor-made for a student of human nature: "In those three years," wrote physician-novelist Somerset Maugham of his days as a medical student, "I must have witnessed pretty well every emotion of which man is capable . . . I saw how men died. I saw how they bore pain. I saw what hope looked like, fear and relief: I saw the dark lines that despair drew on a face: I saw courage and steadfastness." So, too, must residents come to terms with their patients' suffering. Surely, one of their more sobering revelations concerns the scope of their healing powers—both the magnitude and limits.

Speaking for every resident who has ever experienced helplessness in dealing with terminally ill patients, Dr. Brown remarks, "There are many things we can do to help patients, but there are times when we've reached the end [of treatment] and we cannot do anything else. After we've gone to medical school to learn to cure the sick, it's very hard to say, 'I've run out of things to do—this is it.' Many physicians, myself included, have a hard time dealing with the fact that it is time to stop, time to step back and just try to make somebody comfortable . . .

"It is especially hard to see someone your own age

dying from cancer or AIDS," she continues. "It really gets you thinking. And not only do you have to confront the patient's own sense of grief, you have to deal with the immediate family members, who are confronting it quite differently than you are."

As a physician, Dr. Brown will have numerous career options: she might set up a solo practice or become part of a

lower middle-class home, says she is more intrigued by the problem-solving nature of medicine than she is by its potential earning power. "Of course, you're thinking you're not going to be poor as a doctor, which doesn't hurt, but money was never a major factor in my decision," she states. "For me, medicine is a way of looking at something, a problem. I get a lot



In one of her rare moments of leisure, Dr. Brown relaxes at home with her Labrador retriever.

large private medical group. She might enter government service, as a physician for an agency like NASA, OSHA or CDC. She might attach herself to a health maintenance organization. The decision must be weighed carefully, for most residents are deeply in debt by the time they complete their tenures; they've paid their dues and now they want to practice medicine and be paid for it—paid well, that is.

Dr. Brown, who comes from what she describes as a

of satisfaction in being able to put together the set of clues I've been given, being able to come up with an answer and helping people along the way."

Still, Dr. Brown must make a career decision. She is not so keen on the idea of going into private practice—"scary and shaky, malpractice insurance and lawsuits." Nor is she interested in working 9 to 5 for a health maintenance organization, an alternative many of her colleagues may well choose. Instead, she prefers inpatient care. She would like to remain hospital-based, ideally finding a position on the staff of a teaching hospital.

"The future is a lot less

certain now for somebody in my position than it was 10 years ago," she admits. "In most places there's no shortage of doctors, and we're not held in the same esteem as we once were." Regretfully, she points out that a physician of today is subject to more outside regulation than his counterpart of a decade ago. "The way you order tests, whether or not you can put patients in the hospital—today you have the government to answer to for these things. You have insurance companies and Medicare refusing payment for things you might want to do. Physicians of 10 years ago were much freer to practice medicine as they saw fit."

On the other hand, some changes in the 1980s have been a shot in the arm for the medical profession. Dr. Brown, for one, endorses the change in attitude: "Today the big emphasis seems to be on patient participation, that patients not be told 'this is what we're going to do' and be expected to accept that without question. You must give the patients options, explain the consequences of treatment and non-treatment. You must encourage the patient to be a part of the decision-making process, and this is a good thing. It forces patients to take more responsibility for themselves."

One wonders: is being a physician anything at all what she thought it would be like? "I'd have to say no," she says, "though I wasn't sure what it was going to be like." Dr. Brown ponders this for a moment. "I think it's probably more of everything: more depressing, more exciting, more frustrating and more satisfying than I ever thought it could be." ■

The Physician As Educator

by Steve Mainer

IN BRIEF...

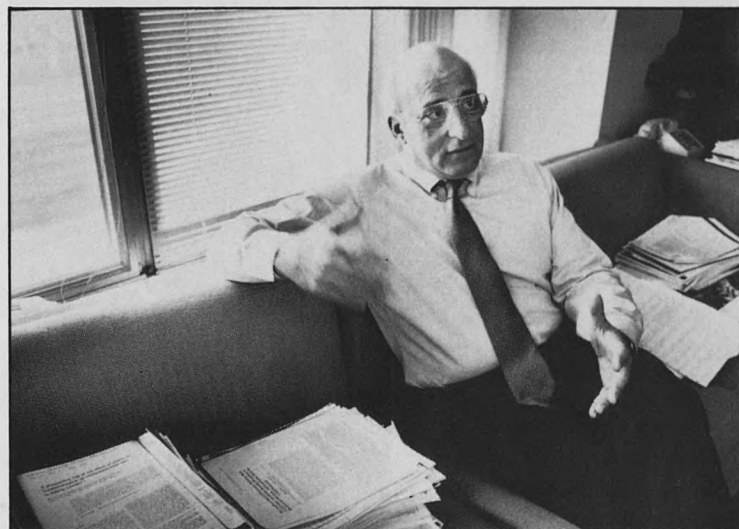
... Physicians at Jewish Hospital fill a variety of roles; one of the more prominent, assumed by both full-time and private physicians, is the responsibility for educating medical students, interns, residents, fellows and other colleagues.

Teaching ranges from clinical settings involving a handful of students to lectures attended by as many as 100 individuals. These situations offer physicians both academic stimulation and professional satisfaction. The collection of intelligent medical minds in such environments also increases patient benefits.

A full-fledged teaching institution, Jewish Hospital is one of approximately 270 health care facilities—from a nationwide total of more than 7,000—that are part of academic medical centers. Maintaining its position among these highly-regarded centers requires the commitment of a dedicated individual, the teaching physician. This commitment creates benefits as well as demands for the people involved—the physicians themselves, students, hospital employees, patients and the community.

Each physician who joins Jewish Hospital's medical staff must maintain a teaching appointment at the Washington University School of Medicine. In their educational roles, medical staff members teach undergraduate medical students, graduate interns and residents, fellows and trainees in subspecialty programs, fellow full-time staff physicians and researchers, medical professionals at other hospitals and, increasingly, members of the lay community.

Full-time staff physicians are the individuals most intensely involved in instructing medical students, interns, residents and fellows, according to William A. Peck, M.D., Jewish Hospital physician-in-



William A. Peck, M.D.,
physician-in-chief

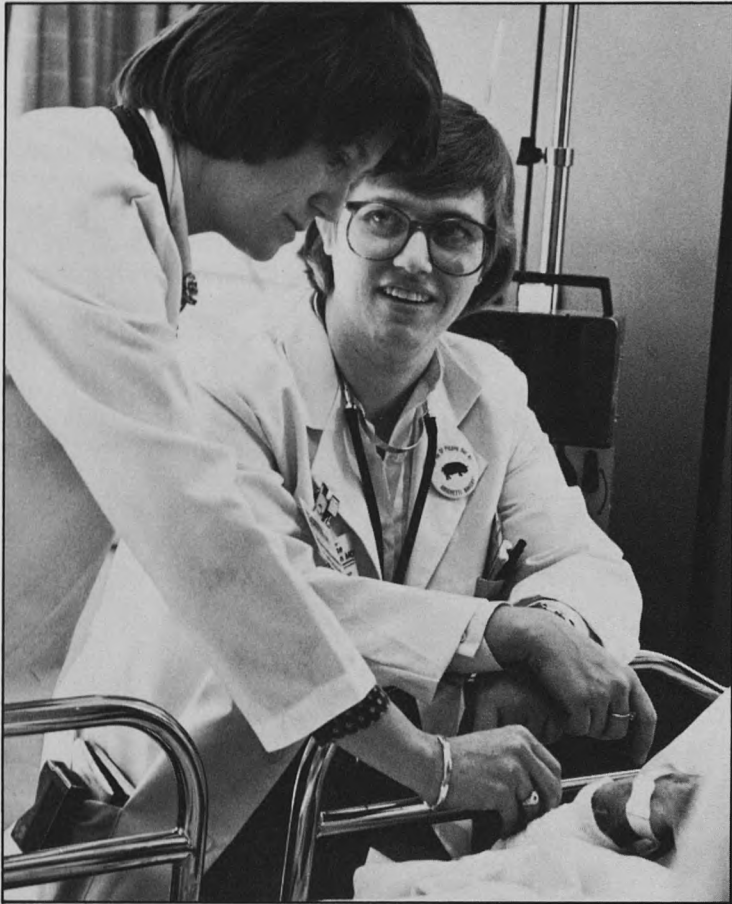
chief. However, the teaching role, says Dr. Peck, applies to virtually any physician who admits a patient to Jewish Hospital. "This physician automatically becomes a teacher, interacting with an intern or resident about their patient," he explains. "I think many of our private staff members enjoy that interaction and prefer to practice at this hospital because of that opportunity.

"Almost any kind of teaching modality is used in medical education, depending upon the level at which you're teaching, the episode and the subject matter," says Dr. Peck. Settings range from small clinical "rounds" to full-scale lectures. The smaller sessions usually involve a teacher, several interns and residents—also known as house staff—and a

handful of undergraduate medical students, while "grand rounds" are lectures which attract between 60 and 100 individuals.

"We also have outreach teaching programs, in which we educate physicians who are not on the staff of Jewish Hospital and not even in the St. Louis community," he explains. "Many of our physicians teach through various avenues, such as continuing education programs at other universities, health centers and hospitals."

Dr. Peck stresses the important role that self-education plays in the medical profession. "Since physicians, once they are in practice, may not have easy access to continuing educa-



The best learning experience is often at bedside. A resident physician learns the ropes from Linda Stanton, M.D.

tion, it's essential that they establish practices of self-education—reading the medical literature and subscribing to various educational technologies," he says. "It's important that they begin these habits early on. We try to do this with medical students. Actually, medical students are very bright and they have achieved highly in college. They're generally self motivated and they know how to study and educate themselves. That's a habit that must continue."

A hospital staffed by academically-minded physicians generates other benefits for physicians, as well as patients. "Teaching hospitals tend to attract the best medical minds," Dr. Peck says, "because practicing in the academic setting provides ample

opportunities for review and learning and breeds a spirit of healthy professional criticism that is often hard to find in facilities without university affiliation."

The medical professionals attracted to academic health centers also tend to use new, more effective diagnosis and treatment methods sooner. "Patients receive the benefits of these new modalities earlier than they would at non-teaching institutions," explains Dr. Peck.

Finding the physicians to provide this care is not an easy task, however. "I think outstanding academicians are in short supply. But we have a tremendous advantage in terms of recruitment," Dr. Peck adds. "First, there's our affiliation with Washington University, which is, by anyone's standards, one of the best medical schools in the country."

The other important asset has been the willingness of the hospital board and adminis-

tration to support academics philosophically and financially. "We've accumulated an outstanding faculty, second to none," Dr. Peck adds. "There's also a certain kind of self-perpetuation. Once you start the ball rolling, people like to join ongoing concerns that are effective. We haven't been short of quality people because of our attributes."

In its recruitment efforts, Jewish Hospital places emphasis on extensive knowledge of the field, enthusiasm for the education process, the ability to organize information in a logical fashion and the interactive skills necessary to teach. "The kinds of abilities required for teaching depend on the kind of teaching," Dr. Peck says. "Different kinds of skills are required for delivering a master lecture than to teach in a small bedside group setting.

"The learning, rather than the teaching, is the most important part of the educational exercise," he adds. "Teaching is really applied motivation. You want to get the people enthusiastic about the subject matter and prompt them to learn it. That's the best you can do."

According to Dr. Peck, love and devotion for the field of medicine play an important role in motivating educators to meet the extreme demands of multiple roles. "We select individuals who really enjoy this activity. Most of the individuals from the full-time staff who are teaching here are also engaged in research and they have the same kind of motivation for research as they do toward teaching," he explains. "Professionals who are successful have an intrinsic love for what they do. The rewards of the teaching process—being

able to interact with younger people—are what motivates most of us."

This interaction with students also helps further ensure extremely thorough patient care. A history and physical examination is usually performed by two or three people on each patient at Jewish Hospital. And while a patient may initially feel inconvenienced by the extra attention from physicians, Dr. Peck believes the thoroughness is well-warranted. "I think that repetition often permits us to detect things that would have gone undetected with just one work-up," he says. "The chances of something being missed are smaller."

In a hospital where the full-time staff is augmented by its students, patients receive quality round-the-clock medical care in a wide range of specialties. While many community hospitals provide 24-hour medical treatment, this care often pales in comparison to the intense attention available from house staff members at Jewish Hospital.

"The presence of interns and residents, however, does not substitute for the private physicians' surveillance of their patients. Our private staff members follow their patients very closely as would physicians at any hospital. The house officers provide a kind of extra eyes and ears approach," explains Dr. Peck.

Even with minor illnesses, Dr. Peck maintains that the extensive attention is important. "No matter how minor the illness is, a complication can always occur," he says. "If that's the case, I want to be in the facility staffed by individuals who can best manage that complication." ■

THE PRIVATE WORLD OF THE PRIVATE PHYSICIAN

by Sharon Zaring Pentland

Since the early 1980s, the foundation of private medical practice has been shaken. Government and insurance regulations increasingly affect the decision-making power of physicians. Alternative delivery systems—HMOs and PPOs—and new types of providers such as “urgicenters” are cutting into the turf that traditionally belonged to the private physician. More and more of the physician’s time seems to be spent with administrative problems and less with patient care. In addition, the excess number of physicians in many areas of the United States has increased competition, putting even more pressure on physicians seeking to develop and maintain a practice.

In a few short years, physicians have watched what could be described as the old order come to an end. They look back to a time when they felt more esteemed, when their authority and wisdom were almost unquestioned.

In the following article three physicians—Harvey Liebhaver, M.D., internist, president, Jewish Hospital Medical Staff Association; Stanley Wald, M.D., internist; and Paul Stein, M.D., internist—discuss their concerns about their professions: what they think about alternative delivery systems, the power insurance companies yield, increased regulation—and their hopes for the future.

Q: *What change in health care concerns physicians most?*

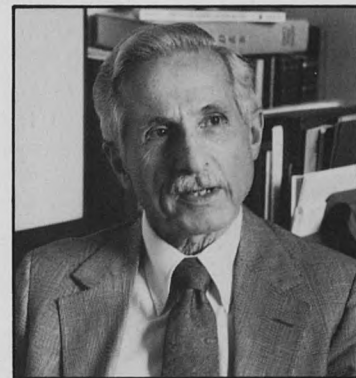
LIEBHABER: There are several changes that concern physicians, but probably the factor that has had the biggest impact is the intrusion of third parties—government, insurance companies and alternative delivery systems—into physician/patient relationships. Their regulations are affecting the way we deliver care.

STEIN: There are two or three areas of concern. Certainly, the most publicized problem has been the impact of group medical care on patients, and increasing regulations from insurance companies. On top of that, the number of medical journals has proliferated at any incredible rate. There is a continuing need to keep up in our fields, but it’s becoming harder to do so. A few years ago, there were only about two to three journals on high blood pressure. Now, I have to read six or seven just to keep up.

Q: *Exactly how has the influence of third party payors affected patient/physician relationships?*

WALD: The intrusion of third party payors is limiting the amount of care a patient receives. Insurance companies have made it clear that there are certain costs they will not bear or that there are instances when they will not cover hospitalization, even if the physician thinks that a patient should be admitted for acute care.

The result: the patient is not always receiving quality care. It also undermines the patient’s confidence in the physician’s ability to make decisions. In many instances, Medicare and insurance carriers will inform one of my patients that an exam or test I’ve ordered is unnecessary. The patient comes back to me upset and disturbed. And I have to justify my decision.



Stanley Wald, M.D.

Q: *These controls were put in effect to reduce skyrocketing health care costs. Don't you think it's important to try to control these costs?*

LIEBHABER: The cost of medicine has become a very substantial figure for several reasons: the high cost of new technol-

PRIVATE

ogy, the need to pay competitive salaries to technical personnel to attract the best people, the need to replace aging hospital facilities. It's clear that costs have to be controlled. But there are ways of accomplishing that without destroying what is probably the best medical care system in the world. For instance, insurance carriers are now telling the physician and hospital that they will not pay more than a certain amount of money per case, rather than re-examine the health needs of the population and develop realistic programs that include preventive care and financial incentives for workers to monitor their own health care expenditures. They simply decided to use their strength to "divide and conquer" our medical care system.

Q: *How is the quality of care affected?*

STEIN: Certainly the extent of care is being limited by the providers. But, these regulations are also dehumanizing medical care. An example: I had a patient with chest pain. To have her hospitalized, I had to place a long-distance call to an outside regulating corporation for approval. A non-medical clerk who works from a form with a list of medical conditions is responsible for giving that approval. The person I spoke to had to ask me how to spell "myocardial infarction" [chest pain]. *That person is going to make a decision of such importance? I was so livid, I had to hang up the telephone. When I called back, I*



insisted on speaking to a physician. These people—non-medical clerks—are making major medical decisions by looking at a list. Patients have become numbers. They're all part of a financial scheme.

Q: *Who is affected most by these changes?*

LIEBHABER: Medicare patients. Medicare has been relentless in trying to keep hospital costs down. It's true that none of us benefits by wasting money in any sector. But the Medicare population is by definition the older citizen in this country. Many of them are alone and may suffer from debilitating chronic illnesses. They are without family and without adequate resources. Working up a certain medical problem in a 30-year-old may be possible on an outpatient basis. Working up the same problem in a 70-year-old is totally different. Medicare does not recognize that difference.



*Harvey Liebhaver, M.D.,
president Jewish Hospital
Medical Staff Association*

An example: Medicare just denied a woman hospitalization who is in her mid-70s, has diabetes, hypertension and sarcoidosis (inflammatory lung disease). She is on welfare, has two children who are seriously ill and cannot transport her. She was so short of breath, she could not walk two blocks to a neighborhood store. Her admission to a hospital was turned down. I think she needed to be hospitalized.

The point is there are elements of judgment that a physician has to make with individual patients to suit their particular needs.

Q: *What circumstances do you think created this problem?*

WALD: The proliferation of insurance coverage and advanced technology. In one way, these factors have led to improved medical care, particularly for people with limited financial resources. In the 1960s good medical care became a right rather than a privilege. But with inflationary pressures as well as the expense of sophisticated technology, medical care delivery continued to become more expensive, considerably more than it was two or three decades ago.

On the other hand, physicians now have at their disposal more and extremely sophisticated technology for diagnosis and treatment. Everyone talks about the high-technology spin off from the space program. We can't use that spin off to give the best care for patients because when insurance programs were put together, none of the high technology that we have

available today was ever considered. Insurance companies all along have operated at a profit and are anxious to continue on a profitable basis.

STEIN: We really have our hands tied. We have all this newly-developed technology, but insurance companies are telling us we can't use it. If a patient has a terrible headache, a physician wants to do something for the patient by using the technology and tests that are available to come up with a diagnosis. That's also where the individual judgment of the practitioner comes into play. The art of medicine: decisions need to be made by the physician, someone who knows the patient. We can use all the different cues from the patient that allow us to make the right decision for that particular case.

Q: *A lot of problems seem to stem from government and insurance carriers. Have bad decisions been made by these groups?*

WALD: The people who are making the rules, bureaucrats who established DRGS and other guidelines, have not operated on the advice of physicians in clinical practice. Some physicians have been involved, but they have not been physicians with clinical experience.

LIEBHABER: They are changing our system of medicine in a way that bases patient care decisions on factors that are outside the actual medical needs of the patient.

Q: *How do you feel about alternative health care delivery services like HMOs, PPOs, etc.?*

LIEBHABER: Being an individual practitioner is very important for the patient and me. It is important to me as a matter of professional pride and as a plain and simple economic issue. I earn my living by taking care of my patients, and I want to do the best I can for them. If I worked for an HMO on a salaried basis, one of the major incentives that keeps me oriented toward serving the patient would be diminished. As an individual practitioner, I am solely responsible for my success and can only maintain that success by being the best physician I know how to be.

STEIN: Alternative delivery systems cost less. In my experience, lower expenses mean lower quality. If an HMO physician spent the same time, was as thorough and ordered the same medically-indicated exams as the private practitioner, the expense of an HMO would have to be the same.

LIEBHABER: In an HMO-type system, a physician is paid a fixed sum of money per month per patient out of which he is required to provide all of the care for that patient. And now,

many alternative delivery systems offer physicians bonuses for keeping spending below a certain level. An HMO physician has a basic conflict of interest: he has a financial incentive to reduce the amount of care he renders to his patients.

Q: *How have these changes impacted on the relationship of physicians and hospitals?*

WALD: The traditional lines that once separated hospitals and private physicians are becoming blurred. The hospital is offering services that were once exclusively the province of the practicing physician. Physicians see this as an intrusion.

STEIN: This is all causing hospitals and physicians to re-examine their relationships. Sometimes, hospitals are viewed by physicians as antagonists. The truth is we have to join forces in order to work effectively in the best interest of the patient.

LIEBHABER: Some of these areas of overlap could be shared by joint venturing. It seems so clear to me that there is an equitable solution. Hospitals want to keep beds filled. Physicians want to keep their practices from shrinking.

Q: *What do you see in the future?*

WALD: I think medical care will become less personal, more cost-oriented. And it will certainly be less satisfactory to the individual practitioner.

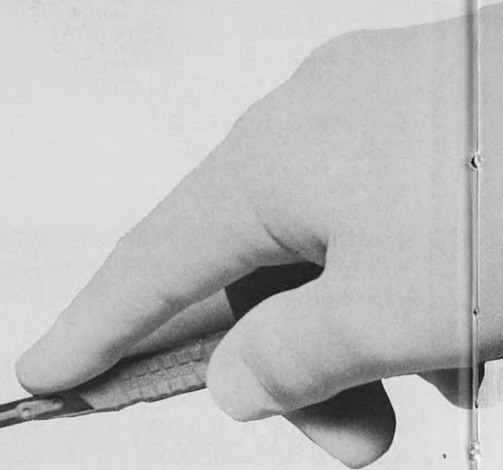
STEIN: I think there will be a pendulum effect. Health care decisions will continue to be based upon financial concerns rather than what is best for the patient. This will cause patients to be refused hospitalization when they need it or to be sent home earlier than warranted. There will be some furor and probably lawsuits. It may take years for the bad effects of all of this to be realized. Then hopefully, the pendulum will swing the other way and patients' needs will take priority over the financial concerns of insurance companies.

LIEBHABER: I know things are never going to be the same as they were before. I think hospitals and physicians are going to learn from this experience. They've already started. We have to think of this as a two-way street. We have to give a little to each other for the collective benefit. ■



Paul Stein, M.D.

THE CUTTING EDGE



IN BRIEF...

...Recent years have brought about an explosive birth and refinement of surgical specialties and subspecialties. By entering the newer surgical fields, individual surgeons can narrow the focus of treatment to specific areas of the body.

Improvements in surgical techniques and other medical procedures, such as diagnosis, anesthesia and infection control, have also changed the surgeon's practice. An added benefit of these advancements is the surgeon's ability to perform many procedures on an outpatient basis, which helps control the cost of operations by reducing expenses associated with overnight hospital visits.

by Steve Mainer

When Richard Sisson, M.D., began his career as a general surgeon, he expected to see changes in his field. But now, 35 years later, even he is surprised by the incredible growth in surgery—a phenomenon evidenced by the proliferation of specialists and subspecialists.

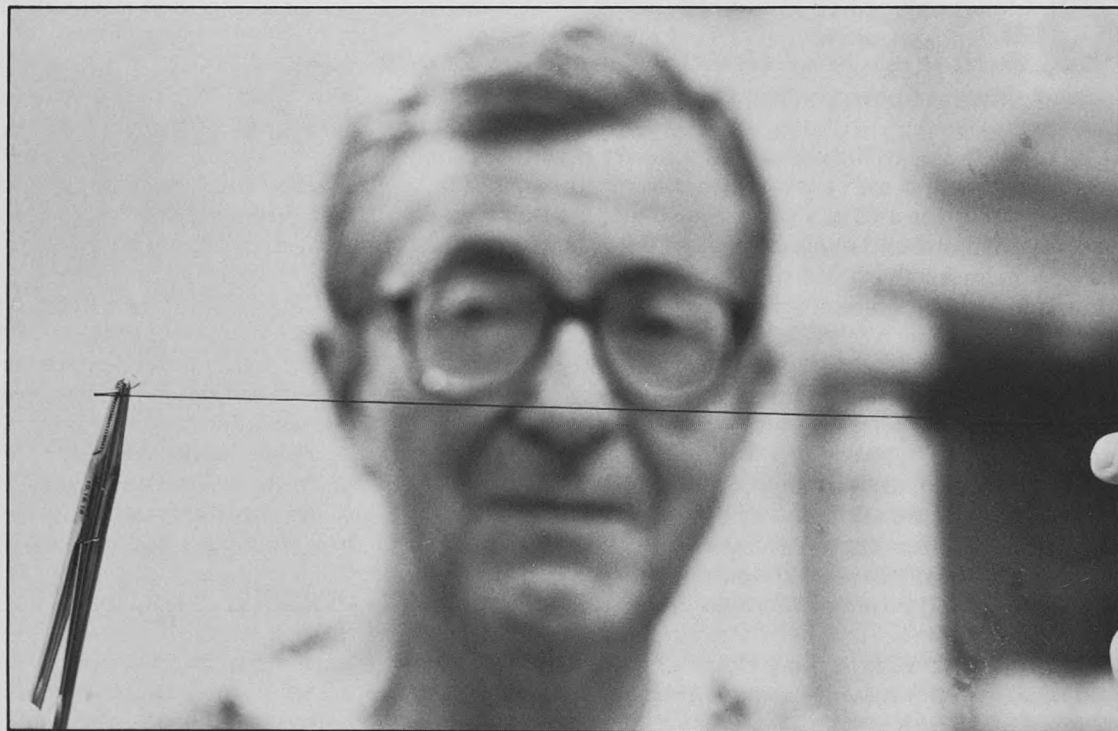
Pediatric, oral and maxillo-facial, vascular, cardiovascular and thoracic, orthopedic and colo-rectal are some surgical areas that Dr. Sisson has seen

evolve from general surgery into their own subspecialties. "General surgery is the tree from which all these branches spread," Dr. Sisson says. But he notes that his title is a bit misleading. "General surgeons have always been specialists in procedures performed in the abdomen. But now there are superspecialists who are taking over the fields that we've concentrated on."

Some fields—like vascular surgery—had just started at about the time Dr. Sisson finished training. Other, more established specialties, have changed so that they are hardly

recognizable. "In orthopedics, they're putting in new joints now in a way they never did before," says Dr. Sisson. "Colo-rectal surgeons are doing a lot of things that weren't done before and yet they're also doing a lot of things that general surgeons have done for years."

Another revolutionary movement—the overwhelming popularity of outpatient treatment—now present in many avenues of surgery, has helped keep the cost of many new surgical procedures below the rate of inflation by reducing expenses that accompany



overnight hospital visits.

"The overall number of surgical procedures in my practice has probably increased slightly, but the percentage done on an outpatient basis has increased markedly," Dr. Sisson explains.

One field in which this is particularly true is plastic surgery. Although the specialty had begun to drift away from general surgery in this country around the turn of the century, it didn't really gain steam until the 1940s when James Barrett Brown, M.D., started the nation's first plastic surgery training program in St. Louis.

At that time, Robert Young, M.D., Jewish Hospital attending plastic surgeon, had not yet entered the world. By the time he had begun his medical training, numerous developments had occurred, and during seven years of postgraduate education and a few years of practice, change in the field has continued.

"I'd say our field is changing more than any other specialty," Dr. Young explains. "So much of what we do is completely different from the things I saw on the plastic surgery service when I was in medical school.

"Plastic surgery is unique among the medical and surgical specialties because physicians are not limited to a single organ system," he adds. "Essentially plastic surgeons deal with many difficult problems throughout the body, including areas where we have to be extremely delicate in the way we handle the tissues, like the hand or the face."

Cosmetic surgery, perhaps the fastest growing



Richard Sisson, M.D., general surgeon and Robert Young, M.D., plastic surgeon share their views.

branch of plastic surgery, exemplifies the trend toward a proliferation of procedures and subspecialties. New techniques, lower costs relative to inflation, wider public awareness and attention to physical appearance have stimulated the development of the field. The techniques, many of which have been developed in the past five years, have improved and simplified procedures that are not necessarily new.

Rhinoplasty—reshaping of the nose—for example, is historically a popular procedure that has undergone recent change. "Twenty or 30 years ago everyone's nose looked the same," explains Dr. Young. "The trend now is to use more finesse to make noses look more natural. We tailor different procedures for different sexes and ethnic groups. The techniques have evolved continually."

On the other hand, procedures such as tissue expansion—commonly used in breast reconstruction—suction lipectomy, or fat suction, and microsurgery have become available only in the last five years. "We are for-

tunate at Jewish Hospital to have acquired the necessary surgical expertise and equipment to perform microsurgery," says Dr. Young. "It is now possible to transfer tissue from one part of the body to another and reattach the blood vessels. Such a concept was only a dream years ago."

New diagnostic procedures have sparked additional surgical innovations. Both Drs. Young and Sisson have noted the effects on their fields. "I think the biggest change for me has been the widespread use of mammography. We're treating many more breast cases now," says Dr. Sisson. "This has presented an extra challenge for general surgeons, because the mammogram has found many tiny breast lesions that weren't detected so soon before."

Early detection allows surgeons, in most cases, to treat breast disease with either lumpectomy or modified radical mastectomy, which involve much less tissue removal than the old radical mastectomy. The newer procedures also facilitate more pleasing breast reconstruction results for plastic surgeons like Dr. Young and their patients.

Diagnostic procedures have even eliminated the need for some operations. Ultra-

sound—an examination using sound waves—has been helpful in diagnosing gall bladder disease and determining whether surgery is necessary for treatment. Endoscopy—examination of the upper gastrointestinal tract with a flexible instrument—and colonoscopy—a similar diagnostic method for the colon—have also reduced surgical demand. "Many lesions, when detected early, can be treated through the scope," says Dr. Sisson.

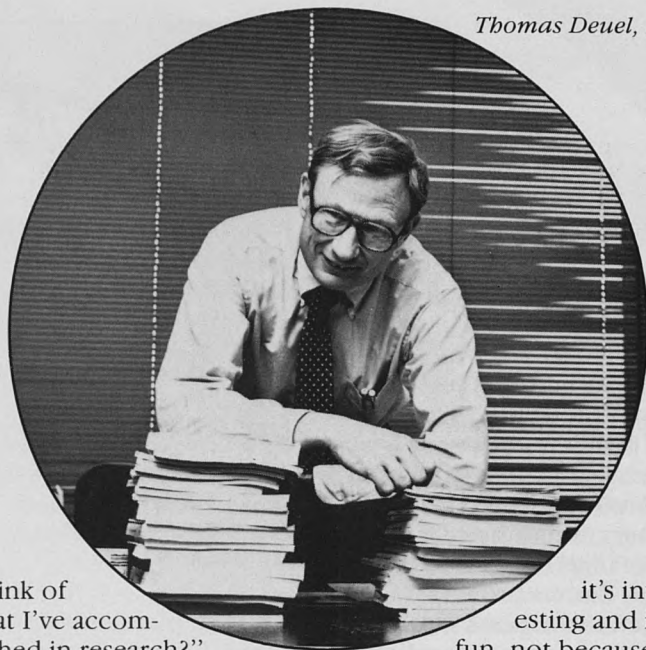
A less dramatic method of easing the surgeon's work has been the use of "staplers" in the intestinal tract. "In some cases, they allow surgeons to make these connections faster, easier and lower in the colon than we could before," explains Dr. Sisson. "But sewing is still a big part of surgery. We still do a lot of procedures the old-fashioned way. General surgeons are probably the stodgiest of all surgeons."

Improvements in anesthesia and infection control measures have also changed the general surgeon's practice. "When I started out they were just beginning to use things like penicillin and other antibiotics. Now there's an antibiotic developed every week," Dr. Sisson says.

Keeping abreast of the latest developments fills any free time that the general surgeon might have gained from the narrowing of his field through subspecialization. "We continue to stay busy. General surgery is still an interesting and educational field," Dr. Sisson says, emphasizing that subspecialists still maintain general surgery roots. "The fact of the matter is that all these other subspecialists go through general surgery training before they branch out." ■

A MICROSCOPIC VIEW OF A RESEARCHER

Thomas Deuel, M.D.



IN BRIEF...

... Thomas Deuel, M.D., hematologist, Lewis T. and Rosalind Appel professor of medicine, has managed to combine research with clinical practice while coping with other pressures that are part of research. He, like other researchers, is faced with shrinking funds, heavy schedules and the effects of commercial interests in research. Today a researcher must scramble to obtain financial aid for projects and to keep up with the information explosion that is occurring in virtually every medical field.

But his efforts may be rewarded. By studying the genetic origins of cancer Dr. Deuel hopes the outlook for cancer patients will continue to improve. In the meantime, he is also learning to deal with the pros and cons of the attention his research is stimulating in the scientific community and the public.

The office of Thomas Deuel, M.D., seems designed for a researcher. Situated high on the eighth floor of the Clinical Sciences Research Building, it gives the feeling of tremendous height. A picture window behind his desk opens onto a dizzying expanse of sky and from Dr. Deuel's perch, a panoramic view of St. Louis, one that stretches all the way to the Gateway Arch. A seemingly lofty, detached environment.

Likewise, Dr. Deuel gives the impression of the prototype researcher: bespectacled, slightly disorganized, he leafs through a mound of files and papers that engulfs his desk. He answers questions while he glances through a manuscript. He appears preoccupied.

Researchers like Dr. Deuel seem, and are often treated, as an elite group. Maybe because they project a certain aloofness. Or because somehow the nature of their work seems above and beyond the mundane concerns of the rest of the world.

But Dr. Deuel is the first to squelch any notions that he or his work is anything so out-of-the-ordinary. He dismisses the belief that researchers are exciting, brilliant or anything particularly outstanding, and he is almost contemptuous of the attention he has received about his research. "What do

I think of what I've accomplished in research?" he asks. "I'm like a dozen other people. Something happened and it worked. But that it happened to me, doesn't mean that I'm better than anyone else. I just hit upon some interesting stuff."

Even as he downplays his own importance, Dr. Deuel talks about the satisfactions of research. Real love for his work is reflected in his voice. The rewards come, he maintains, not from the excitement or stir that scientific breakthroughs inevitably cause, but from the stimulus of scientific discovery. "Researchers have jobs in which they can find something that no one else has realized," he says. "Then that knowledge will be something that the world can now learn. Things are ahead of where they were before. That's very exciting."

Although Dr. Deuel has received numerous forms of recognition for his hematology research, he shies away from talking about awards or publicity he's received from the scientific community and the media. "I and most good researchers do things because

it's interesting and it's fun, not because of the recognition," he says. "We like to ask questions and get answers. I go into a problem not knowing what I'll find. If it turns out to be the key to this and the key to that, in some measure, that is really luck."

Research has intrigued Dr. Deuel since his undergraduate days when he was a biology major at Princeton University. His first experiment: a study with a classmate on the viscosity (the rate of fluid flow) inside amoebas.

He continued his research interests as a student at Harvard Medical School by working part-time in a laboratory. After completing his internship at Massachusetts General Hospital, he was offered a fellowship at the University of Chicago where he worked on an experiment that evaluated the relationship of breast cancer to carcinogens. Following his fellowship, Dr. Deuel established himself at the National Institutes of Health in Bethesda, Maryland, where he worked for four years on various projects. His focus on hematology research

came about almost randomly. "I just picked up the *Yearbook of Medicine*, which contains annual summaries of current research," he says. "And I read everything. I went page by page, trying to get a feeling of what particular field of research would suit me. Hematology seemed very interesting.

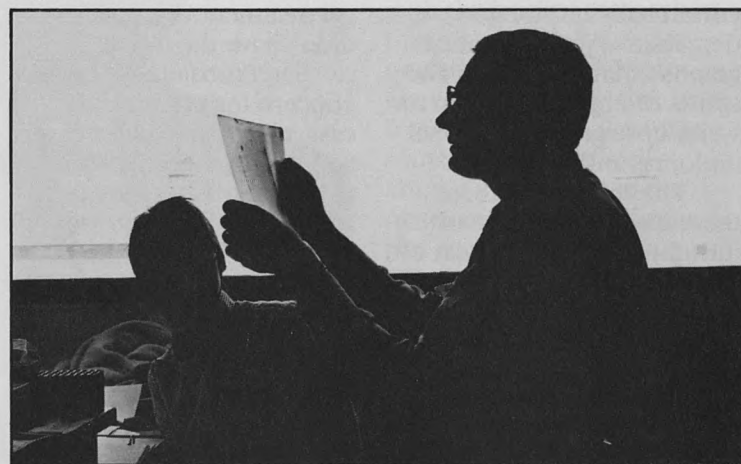
"It's an area in which I thought I could really do a lot of things," he adds. "In hematology I have to use all of my faculties, everything that was given to me—there's so much I can do with my hands and eyes compared to other types of research."

In the 10 years that Dr. Deuel has been with Jewish Hospital, he has focused primarily on research involving growth factors—proteins that stimulate cell growth—and their relationship to oncogenes, genes that are created when a virus invades a cell and makes a copy of other genes. When a genetic copy of a growth factor gene is made, these viruses can invade other cells, stimulating unregulated cell growth, which results in tumors. It was this work that brought Dr. Deuel and his co-workers considerable recognition. And these growth factors and oncogenes will probably keep them busy for some time. Presently, they are trying to understand the mechanism of the growth factors—how they work. "We know they interact with cells, but what is being conveyed to the cell and by what pathway?" he asks. "How does that trigger the next cell?"

Dr. Deuel may minimize the role of the researcher but he doesn't downplay the effect this research may have on cancer care if he and his associates unravel the mystery of these growth factors

and oncogenes. "I think it could have a big impact on cancer treatment," he says. "People have identified the signals that go awry in the genesis of cancer. The question really is to understand how they work. If we can understand that, presumably we can shut them off as easily as we can turn them on. That's pretty simplistic, and it doesn't mean that it will come easily, but I think it's a real possibility."

Dr. Deuel has mixed feelings about the stir his research



has, and may continue, to cause. "It's important to be recognized to the point that I'm invited to meetings because I can always learn something," he says. "On the other hand, I have the feeling that people have expectations that are much higher than I can deliver. Publicity is very hard because people want to make something out of me that I'm not. And they don't want me to burst that bubble."

The hours involved in research seem tedious but Dr. Deuel shrugs off what seems to be a heavy schedule. During a typical week, he comes to work at 8 a.m.—after getting at least one hour of reading done at home—and tries to return home by 6 p.m. Usually about three times a

week he comes back to his laboratory at 8 p.m. for a few hours. Then, he is often in his lab for half days on Saturdays and occasional Sundays.

Part of that heavy load is a result of maintaining a clinical practice in conjunction with his research activities. A difficult balance, says Dr. Deuel, but important to both his research and the impact on the way full-time and attending physicians care for patients. "It's hard to keep up with both," he concedes. "I really have to work at it. I

have to think constantly about how the clinicians' work fits in with research—how my research improves their patient care."

Researchers work in quiet labs, away from the everyday traffic of health care, but they are far from immune to these tumultuous health care times of shrinking financial resources and increasing competition. Funding, says Dr. Deuel, is tough to get. "Research is the most competitive field in the world," he says. "There's a tremendous commercial interest. If researchers can provide something to a company that can be marketed, they can make a lot of money.

"Competition can be a good thing," he adds quickly. "Researchers—anyone—work

harder in a competitive situation. At the same time, competition and financial rewards can lead people to publish prematurely. Or, it can restrict the dissemination of information among fellow researchers because of the wish to be first. I think it's a serious problem."

Simultaneously, information processing is going through a revolution, and most researchers scramble to keep up with the numbers of journal publications and scientific meetings, just to maintain an edge on what's happening in their fields. "It's tough keeping up," says Dr. Deuel. "New techniques and technology are coming on the scene so quickly. It can be difficult to grasp the essence of all the different methods and to be able to use them."

Putting it all together in the midst of so many pressures takes a certain breed. Research is not a field for the meek or mild. In every researcher exists a tough-minded, even cut-throat person. "We are very autonomous people. We like to operate independently," Dr. Deuel maintains. "I also tend to find people in research who have a killer instinct. They can be relentless."

But a researcher's strongest instinct is the drive for knowledge. And that can be a very powerful wish. "They want answers," says Dr. Deuel. "I just want to know how these proteins work," he adds.

Nothing is certain in research, but by the emphatic tone in Dr. Deuel's voice, the odds indicate that someday he will explain the mechanisms of growth factors and oncogenes. If those expectations are realized it is just as safe to assume that he will attribute their findings to luck, a timely insight. ■

THANKS

IN BRIEF...

... Jacob G. Probstein, M.D., began his affiliation with Jewish Hospital in 1921, a period of his career when he treated as many as 50 patients a day. Many times he charged his patients only what they could afford, which in some cases were the words "thank you."

The 93-year-old physician's hard work and generosity have been appreciated by others as well. Jewish Hospital programs have garnered healthy financial assistance from Dr. Probstein's patients' contributions. His association with area business leaders helped establish a visiting professorship and numerous scholarships for nursing students.

The years of medical practice have also enabled Dr. Probstein to meet a long list of well-known sports and entertainment figures. But a 66-year career has done little to dull his keen sense of interest in medicine, which he finds as fascinating today as when he started.

by Steve Mainer

A first-floor corner of the Chase Hotel houses an office that could double as a time capsule. A shrill-ringing, black telephone—the kind you have to dial—sits on a sturdy, but much-used wooden desk. Cylindrical-shaped glass containers hold cotton balls and tongue depressors. Yellowed photographs of entertainment and sports celebrities hang on the walls, upstaging educational diplomas and awards.

The setting is rare in these days of synthetic office furniture. And the 93-year-old caretaker—Jacob G. Probstein, M.D.—is no less distinctive. During his 66-year career, Dr. Probstein has witnessed many changes including the birth of penicillin, insulin, numerous vaccines and technological advances which continue to amaze him. "If you were to say to anybody 20 years ago that you're going to take someone's heart out and hold it in your hand and fix it, they'd think you were crazy," he says. "Years ago our practices were limited to aspirin and digitalis."

And although Dr. Probstein describes these breakthroughs as "fantastic," he experienced great satisfaction in being part of what he calls the "Golden Age" of medicine. In a profession that constantly changes, he is proud to

represent what he calls a dying breed—the family doctor. "I came through the period where the doctor was really almost a part of the family in many instances," he says, retracing simpler times before insurance for malpractice and health care coverage emerged. "I don't think in all the years that I practiced, I ever refused anybody medical treatment because he didn't have the funds."

Dr. Probstein voices his concern for the future of easy access to medical care by echoing words passed along from a late Harvard Medical School professor. In his retiring speech, the professor said he "feared that the milk of human kindness was being curdled by the advancement of molecular science." During his career, the bow-tie-wearing physician has maintained a firm belief in medical second opinions. "If I have any kind of case that's foggy, that isn't doing well, or I'm not sure about—I believe in consultation," he explains. "I don't want all the glory and I don't want all the blame."

Dr. Probstein began forming these professional ethics while attending Loyola University School of Medicine in Chicago during World War I. "My mother wanted me to be a doctor. My father was an inspiration too, except he didn't think I'd make it. And he was nearly right," he

says, pausing to chuckle before explaining that obtaining a medical degree required his musical skills. "I worked my way through college as a musician. I was one of the best drummers in the city of Chicago."

Despite his drumming expertise, the young medical student was still a bit short of funds. "I owed the school money when it came time to graduate. But I made a very fantastic deal," he recalls, flashing a mischievous smile. "I agreed to furnish the music for graduation if they would agree to cancel my obligation. And they were very happy to do it."

After serving an internship at New Grant Hospital in Chicago and a one-and-one-half-year stint in the Navy, Dr. Probstein married the late Elsie Kopljar Probstein, a St. Louis native responsible for his arrival here in 1921. She died in 1961 and he has been married to Ida Sparks Probstein for 25 years. When he first arrived in St. Louis, Dr. Probstein found himself treating as many as 50 patients a day, with fees averaging about 50 cents per case.

"When I got to St. Louis, it was a very tough town to get started in," he recalls. "I was an outsider. I'd do anything to treat a case, whether they had money or not." That same work ethic helped him earn an appointment to join the Jewish Hospital medical

For The Memories



Jacob G. Probstein, M.D.

staff, another difficult task.

Telling a now-humorous tale of his brief stay at an outpatient clinic operated by Jewish Hospital at Ninth and Carr streets, Dr. Probstein recalls how he gained and nearly lost his hospital position within a week. Adequate staffing was difficult and due to the shortage of physicians, the late Major Selig, M.D., then surgeon-in-chief, appointed the eager young physician to the clinic staff in 1921.

Dr. Selig didn't bolster Dr. Probstein's confidence when he greeted the new staffer with the warning, "You better not miss any appointments or you'll get fired," Dr. Probstein remembers.

It didn't take long for the newcomer to become the center of turmoil. One week after he joined the staff, fire destroyed the clinic. The irate Dr. Selig didn't search too hard before finding a scapegoat. "He came up to me and said, 'darn you, Probstein, I bet you set that fire,'" he says with a laugh. "No kidding. He said, 'If I would of known this, I would have never put you on the staff.'"

At that point of his career, Dr. Probstein would not have wagered one patient's fee on his odds of following in Dr. Selig's footsteps, which he did 25 years later by heading Jewish Hospital's department of surgery from 1946 to 1953. He also earned appointments as associate professor of clinical

surgery at Washington University School of Medicine and assistant professor of anatomy at Washington University School of Dentistry. Throughout the years he has served on the staffs of seven area hospitals—a few of which he has outlived—in addition to Jewish Hospital.

St. Louis sports' organizations have also taken advantage of his medical prowess. He served as team physician with the old St. Louis Browns baseball franchise and the St. Louis Blues hockey team. "I was with the hockey team when they opened up," he says, pointing to a large photograph of the Blues' first team from 1966-67. He identifies some of the more well-known individuals in the photograph, including the late goalie Jacques Plante and coach Scotty Bowman, and pauses before adding, "There's the best goalie that ever lived—Glen Hall."

Dr. Probstein is also quick to rattle off names of some of the more noteworthy individuals he has met during his years as staff physician at the Chase Hotel. That list includes Bob Hope, Al Jolson, Jimmy Durante, Pearl Bailey, Harry Richman, Ginger Rogers and Glen Miller. "They were all friends of mine," he says proudly. "In those days, the Chase Hotel was the place."

Displaying a Christmas card from Mr. Hope, Dr. Probstein explains his first meeting with the veteran entertainer. "He was a patient here 25 years ago. He had some trouble and I took care of him," he says. "We've been friends ever since. Every year I get a Christmas card from him."

Of all Dr. Probstein's career encounters and achievements, however, the events he finds most reward-

ing are endeavors that have helped provide the hospital with money for education and research. In 1964, the J.G. Probstein Visiting Professorship was established with a gift from Mr. and Mrs. Leon L. Leonson as a tribute of friendship and appreciation to Dr. Probstein. His association with the late Morton J. May, longtime chairman of the May Corporation, led to the establishment of many ongoing research programs at the hospital. He has also devoted much of his time and energy helping to provide scholarships for students at the Jewish Hospital School of Nursing. In 1977, the hospital recognized his accomplishments by dedicating the J.G. Probstein Chapel in his honor.

Despite being a source of much generosity, Dr. Probstein admits to a selfish streak when it comes to retirement. "I always thought I was going to retire when I was 50. And here I am a lot older than 50," he says. "I don't want to retire. And it's not because I need the money. I'd go nutty if I didn't have something to do."

"I used to play golf, but all the guys I played with have died," he says, adding that he still garners much enjoyment from attending hockey games regularly. But he gains the most satisfaction from studying and practicing medicine. "On Saturday mornings at eight o'clock I could be sleeping. But I'd rather go to a conference at the hospital. Even at my age, I find the medical profession as fascinating today as when I started," he explains. "And sometimes it's the simplest case that gives you the biggest thrill. The process of healing somebody really stays with you." ■

H CLOSE TO HOME

IN BRIEF...

... During 40 years on the Jewish Hospital medical staff, Llewellyn Sale, Jr., M.D., has seen revolutionary changes in medications and technical equipment. These advances, combined with the hospital's Washington University School of Medicine affiliation, have helped fuel his intense interest in the medical field.

Despite the many changes to which the native St. Louisan has adapted, one phenomenon remains clearly constant: Dr. Sale's patients—some of whom have sought his care for the duration of his career—continue to provide the greatest sense of professional and emotional satisfaction. And as long as the 72-year-old physician can perform to the high standards set by himself and his peers, he will continue to care for patients.

by Steve Mainer

During his 72 years—including 40 on the Jewish Hospital medical staff—Llewellyn Sale, Jr., M.D., has seen many changes, but he hasn't strayed very far from his roots. "I was brought up in this neighborhood," he says proudly. "The first place we lived was located where the Jewish Hospital parking garage now stands on Parkview. There were apartments there then."

In those days, his father, the late Llewellyn Sale, Sr., M.D., was building a respected reputation at Jewish Hospital, where he served as president of the medical staff for 11 years in addition to heading the St. Louis Medical Society. The elder Sale didn't pressure his son to enter the medical profession, but after two years at Yale University, the younger Sale decided to pursue a medical career and graduated with a pre-med degree two years later.

"I don't think he ever tried to influence me," explains Dr. Sale, sitting in an office located on the seventh-floor of Jewish Hospital, which bears his name. "But I saw the kind of life he led. He was a real top physician.

He was more dedicated to his profession than almost anyone I ever knew. Even in his later years, he would make house calls at any hours, day or night!"

After graduating from Washington University School of Medicine in 1940, Dr. Sale served a medical internship at Barnes Hospital, an assistant residency at Cornell University Medical Center—New York Hospital, a National Institute of Health fellowship and returned to Barnes Hospital as chief medical resident from 1944 to 1946. He then practiced medicine with his father for 20 years. "He was an inspiration and I learned a lot from him," he says.

During his years at Jewish Hospital, the younger Dr. Sale has served as vice president of the medical staff association, assistant director of the department of medicine and chairman of the medical record committee. He continues to work on a number of committees at the hospital.

In every role, he has witnessed the rapid evolution of medicine. One of the most dramatic changes has been the striking increase in the number of interns, residents and fellows training at the hospital. "I think it's made a great deal of difference as far

as patient care is concerned," he explains. "When problems occur and we aren't here, we know they will be taken care of by competent house staff, which is vastly different from how it was years ago. Back then, it was a matter of numbers and how many sick people one physician could care for."

According to Dr. Sale, the house staff's importance is underscored by the fact that most hospital patients have more serious illnesses today than during the early years of his career. "With the federal regulations and required pre-certification by insurance plans on admissions, patients have to be sicker today before admission to the hospital is authorized," he says.

The availability of these competent interns and residents, combined with constantly-evolving medical technology, may have eased the physical demands on the physician. But the time required to keep abreast of the latest technological developments is tremendously greater than in the past.

"There's no question that the scope of laboratory examinations and procedures, along with the availability of computers, has broadened the overall base of patient care," Dr. Sale says, adding, however,

that the overwhelming amount of information available has converted the general practitioner into a specialist or subspecialist. "For one person to try to assimilate all of these things is impossible as far as I'm concerned."

This array of treatment options contrasts sharply with the early days of Dr. Sale's career, when patient care devices and medications were few and the physician could carry them in his car. The first portable electrocardiograph was one of the pioneering instruments utilized by Dr. Sale on house calls during the late 1950s.

Llewelyn Sale, Jr., visits with patient and long-time colleague Paul Lowenstein, M.D., general surgeon.

"It was big stuff then. We'd go into the home with the electro-cardiograph and half the time there was so much static and interference it was hard to read the darn thing. Occasionally I would plug it in and pick up some radio station. It was a thrilling experience to hook the device up and have it play music," he recalls with laughter.

The modern assortment of medical equipment, however, has made house calls nearly obsolete. "We used to make house calls all the time. There were times in the middle of a summer thunderstorm when you didn't particularly want to make them, but you had to because patients expected it," explains Dr. Sale. "Sometimes you would

make five or 10 house calls a day and you didn't have time for anything else."

Some of the few medications that Dr. Sale was able to take along on those memorable house calls would be considered highly unorthodox today. In the 1940s, the use of now-common antibiotics, like penicillin, was limited by low supply. Physicians experimented with "homemade" formulas to combat some of the more-serious diseases of that time—tuberculosis, diphtheria, scarlet fever, measles and chicken pox.

Most of these ailments are either almost non-existent or less serious today because of vaccines and better medication. Dr. Sale witnessed the toll of these diseases when he

worked at the old Isolation Hospital on Arsenal Street and the City Tuberculosis Hospital at Jefferson Barracks. "There were wards and wards full of people with tuberculosis of the lung," he recalls. "We see it periodically now, but not very often."

Despite the assortment of changes he's seen, Dr. Sale retains a few friendly links to the past. He still treats a handful of patients he inherited from his father's medical practice. "There are patients who have been in the office for 30, 35, 40 years. There aren't many of them left," he says. "Either they have gone elsewhere or they have departed from this life."

After all the years, patients continue to provide Dr. Sale with the greatest sense of professional and emotional satisfaction. "The information and the challenge that is associated with diagnosis and examination—the 'laying on of hands' as we say—I think that part of the training is still terribly important," he explains. "Without that contact, the doctor becomes a robot. He just pushes buttons and puts blood into machines and gets the answer out of X-ray machines or an automated laboratory."

Dr. Sale's well-treated patients can take comfort in the fact that he has no retirement plans. "I have no time-frame limit. As long as I'm healthy and can perform to my satisfaction and the satisfaction of my peers, I'll continue to practice medicine," he says. "I enjoy it. I get a lot of pleasure out of treating people. I think the association with patients and with the physicians around the hospital is about the best way I know to spend what little time is left." ■



Everything's Coming Up Clover For Hemodialysis

A perfect match. That's the way Marcos Rothstein, M.D., director of the hospital's hemodialysis unit, describes the pairing of his department with the 1987 Clover Ball marked for November 21, 1987.

The Clover Ball, the Auxiliary's premier fund-raising event, is held every five years. For each gala, a special project—a medical program or service at Jewish Hospital—is chosen as the recipient for the funds raised through the ball. This year the Jewish Hospital Auxiliary chose to donate proceeds raised from the Clover Ball to the hospital's hemodialysis unit. "The project is the motivating force behind the ball," says Donna Nussbaum, co-chairman of the Clover Ball committee. "Through it, we accomplish two goals: we raise money for a hospital program and we create good will for Jewish Hospital in the community. Both are important."

According to Dr. Rothstein, the timing could not be better for the hemodialysis unit. "We're at an important junction," he says. "The hemodialysis unit is in the

machines and filters that shorten the dialysis time so patients can anticipate cutting the time they spend at the machine almost in half—from four to two-and-one-

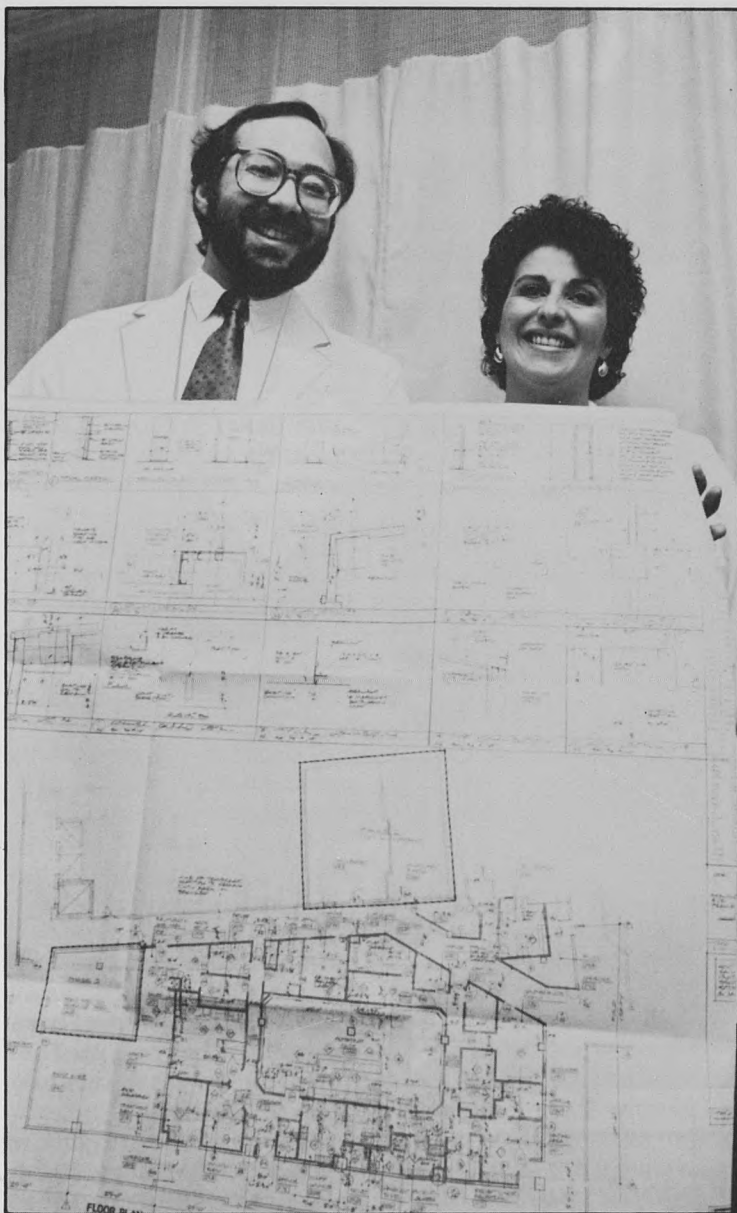
Choosing the Clover Ball project has never been an easy task for the Auxiliary. A lot of consideration goes into the selection by a committee before their recommendations are submitted to the Auxiliary board for a final decision. "Because the Ball is only held every five years, we want to be sure that we choose a project that will really make a difference to the community," says Marcia Shapiro, Clover Ball committee co-chairman and Jewish Hospital board member. "Donna and I did a lot of research on hospital programs and services before we began narrowing out selection. There were so many candidates that would make excellent projects. It was hard to make a choice."

"Even the areas that we had to turn down will certainly be considered as future areas of support by the Auxiliary," adds Ms. Nussbaum. Projects the Clover Ball sponsored in the past include the

*"...we accomplish two goals:
we raise money
for a hospital program
and we create good will
for Jewish Hospital
in the community.
Both are important."*

midst of changes, including a move to expanded quarters. And new hemodialysis technology has just been developed to improve patient care. There are now hemodialysis

half-hours for each dialysis. The funds from the Clover Ball will help us cover construction costs and to purchase this important but expensive technology."



Marcos Rothstein, M.D., and Kathy Johnson, R.N., display the floor plan of the much-anticipated expanded hemodialysis unit.

hospital's medical intensive care unit, adult psychiatric care, diagnostic cardiology equipment and a CAT Scan for radiology.

According to both Nussbaum and Shapiro, the hemodialysis unit was selected for a number of reasons. "The hospital's hemodialysis unit

has been operating in cramped quarters for a considerable length of time, but doing an outstanding job," says Nussbaum. "If they can achieve what they have under the present circumstances, just think what they will be able to do in improved space." The division, now operating in 1,000 square feet on the fourth floor of the Steinberg building will soon occupy 3,000 square feet in the lower level of the Shoenberg Pavilion. The new area will include an isolation

unit, space to care for acute patients, an area to train patients for home dialysis as well as offices and storage space. It will provide care for patients with acute renal failure—a transitory but life-threatening condition—as well as dialysis services for patients undergoing surgery or suffering from throat infections and infections of the blood stream. "Dialysis affects many types of patients," says Shapiro. "Any one of us might benefit from new state-of-the-art kidney disease treatment facility."

The quality of care provided by the hospital's dialysis services department under the medical direction of Keith Hruska, M.D., chief of the renal division, was a primary factor in the Auxiliary's decision. "We have always been a leader in treating kidney disease," says Dr. Rothstein. "Currently, 54 percent of Jewish Hospital patients successfully undergo some form of kidney treatment at home, a cost-effective, medically sound approach. On the national average only 20 percent of kidney failure patients go through home treatment.

"All studies that have been done on patients with kidney failure indicate that the patients who have the longest survival rates and fewest side effects are those who undergo some form of home-based treatment," Dr. Rothstein adds. "Jewish Hospital's dialysis unit has been a leader in helping patients undergo home treatments."

The hospital's dialysis unit operates seven days a week with three daily shifts. It is staffed by a variety of professionals, including registered nurses, two technicians, a dietitian and two social

workers under the direction of Kathy Johnson, R.N., BSN, who was one of the three original staff nurses when the hospital opened its unit in 1972. "The quality of the staff," says Shapiro, "is outstanding. Their devotion is so impressive. We couldn't help but get emotionally involved with the type of work they are doing and their level of commitment."

Approximately 10,000 Americans fall victim to kidney failure per year, a condition that occurs when kidneys falter, failing to filter toxic waste products from the blood. Hemodialysis removes waste products from the blood through a filtering machine connected to the patient's blood stream. According to Dr. Rothstein, treatment for this once-terminal disease has come of age. "In 1965, only 300 patients worldwide benefited from dialysis," says Dr. Rothstein. "Today, approximately 100,000 patients receive dialysis treatment in the United States alone."

Dr. Rothstein hopes the Auxiliary's commitment, and what he calls their progressive outlook, to help patients with end-stage kidney disease will impact on other areas of medicine. "I think the Auxiliary's foresight will draw attention to what can be done for people with irreversible illnesses. With the right care and the best technology, these diseases can be dealt with and people can go on comfortably with their lives. We know it is possible; our patients are learning it, too." ■

The Jewish Hospital Auxiliary's Clover Ball is scheduled for Saturday, November 21, at the Adam's Mark Hotel. For information, call 454-7130.

BREAKING BAD HABITS

Sandy Collins was once a consummate worrier. She worried about any and everything. Today, Ms. Collins, director of education and former employee assistance program coordinator, describes herself as a "recovered worrier." Curing herself of worrying was as difficult as breaking any physical addiction.

Worrying was just one of the topics addressed at the Auxiliary-sponsored educational seminar "Depression and Stress" held December 8, 1986 at the home of Gloria Lieberman. Featured speakers Collins and Phyllis Jackson, R.N., EAP coordinator, formerly assistant director of nursing over psychiatry, spoke to approximately 90 Auxiliarians at two back-to-back sessions. The event was co-chaired by Diane Deutch and Annette Fudemberg.

Collins described worrying as fretful, agitated thinking that focuses on negative outcomes. "For most of us, worrying is an ingrained habit," she said. "We all know on an intellectual level that fretting doesn't help a problem. It's hard to say why people worry. I think the habit continues partly because we find some value in it, if only on a subliminal level."

According to Collins, one of the rewards stems



"It is very difficult for people to realize that there are many things that we have no control over, especially other people."

from the myth that worrying is a form of caring. "We praise people for worrying because we mistake it for concern," she says. "But worrying is actually a parody of caring; lots of people who worry are not caring people."

Worrying, said Collins, is time consuming, non-

productive and saps energy, but giving it up is a far-from-easy task. "From the time we are children, we hear adults being praised for worrying. The link with concern is established then," she said. "For some people it is the badge of adulthood. The implication is there is some-

Sandy Collins, director of education, left, and Phyllis Jackson, R.N., employee assistance program coordinator.

thing wrong with us as people if we don't worry."

To give up this tenacious habit, chronic worriers must realize that there are alternatives. "When you stop worrying, a tremendous void is felt," said Collins. To overcome that gap, she suggested making separate lists of elements that we can and cannot control, a task, said Collins, that may not be easy. "It is very difficult for people to realize that there are many things that we have no control over, especially other people. The only people we have control over are ourselves."

As the next step in altering behavior, Collins suggested a method that she referred to as "fantasy changing." "When I was young I hated to drive," she recalled. "I was convinced that something horrible would happen. When I was driving I would start imagining all the terrible things that would happen: I would have a flat tire, a truck driver who was actually an ax murderer, would stop to help. I tried to stop these destructive fantasies but I couldn't. Then I began to play with the fantasies. The car would break down but the truck driver



The seminar was held in back-to-back sessions to accommodate the 90 Auxilians who attended.

would turn out to be gorgeous and helpful. I began to have fun with the fantasies and I began to grasp that I have control over them. Now, driving is one of the most relaxing things that I do. You can change fantasies but you have to get in touch with how you talk to yourself.”

A close companion of worrying and the stress it causes is depression. Ms. Jackson defined depression and gave suggestions to overcome it. Put simply, depression is an affective (mood) disorder, characterized by feeling “down in the dumps,” which

lasts for extended periods of time. Interestingly, depression affects women more than men. Jackson attributed this higher incidence with feelings of loss that seem to be a large part of the female experience. “Women, more often than men, become attached to home life and their children,” she says. “They feel the loss of their children going away more keenly.”

Depression is an illness, Jackson stressed, caused by one or several factors: death, job termination or loss in status, divorce, aging, and, for women, menopause and child birth can be the catalysts for depression. Depression can also be caused by physical illness such as a mastectomy or cancer.

The very roots of depres-

sion are still being debated by the mental health community with an ongoing argument on whether depression is caused by genetic or social factors. Or both. According to Jackson some forms of depression, such as manic depression, seem to be biological in origin. The important issue, she advised, is to find a qualified therapist, through either a trusted family physician, school counselor, or the Missouri Psychiatric or Psychological Association.

Treatment approaches for depression vary. The method depends on the severity of the disorder and the individual therapist’s orientation. Some therapists advocate the analytic or “talking cure” while others

prefer drug therapy or a combination of both approaches. Although Jackson described herself as being anti-medicine —“I think drugs are used too much”—there are situations where it could be the only remedy. “In the case of manic depression, lithium carbonate has turned out to be a miracle drug,” she noted.

Electroconvulsive therapy, Jackson maintained, can be very helpful in alleviating depression. “Even in 1986 we’re not sure how electroconvulsive therapy works,” she says. “It seems to have a miraculous effect on severely depressed individuals. Unfortunately, it’s had some bad press, but E.C.T. is an effective, safe and economical way

“...do what one has control over. Plan as best one can for tomorrow. Then relax.”

to treat certain kinds of depression.”

Coping with stress and depression can be difficult, but certainly not without hope, according to both Jackson and Collins. Perhaps the best advice or starting point for anyone, man or woman, of any occupation, was offered by Collins: “Strive to live in the present. Don’t procrastinate, do what one has control over. Plan as best one can for tomorrow. Then relax.” ■

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

DOCTORS BRIEFS

Charles Anderson, M.D., was elected president of the St. Louis Surgical Society at their annual business meeting, January 20. In the past year, Dr. Anderson has been president-elect, responsible for organizing the general programs which are held four times during the year.

William J. Catalona, M.D., gave presentations at several meetings, workshops and conferences: including the Clyde Deming Visiting Professorship, Yale University School of Medicine, New Haven, Connecticut where he spoke on "Nerve-Sparing Radical Retropubic Prostatectomy" and the UCLA State of the Art Urology Conference, UCLA School of Medicine, Los Angeles, California, where he gave three presentations, "Radical Prostatectomy for Prostate Cancer," "Topical Therapy of Bladder Centre," and "Techniques of Radical Cystectomy."

Keith C. Fischer, M.D., was re-appointed as examiner in nuclear radiology by the American Board of Radiology.

Jerome J. Gilden, M.D., attended the AO-ASIF Course and Workshop on Operative Treatment of Fractures and Non-Unions (theoretical basis and practical principles), held in Davos, Switzerland, December 7-12, 1986.

Alex H. Kaplan, M.D., was honored with the endowment of the Alex H. Kaplan Visiting Professorship in Psychoanalysis at the Washington University School of Medicine, department of medicine. Dr. Kaplan will become president of the American College of Psychoanalysts in May, 1987 in Chicago, Illinois.

Ronald Krone, M.D., gave a presentation on "Thrombolytic Therapy for Acute Myocardial Infarction at the Scott Air Force Base grand rounds, November 15, 1986. On October 31, 1986, he spoke on "New Concepts in Post Myocardial Risk Stratification at the Cardiol-

ogy Research Conference held at Harper General Hospital, Wayne State University, Detroit, Michigan.

Steven Lauter, M.D., published a chapter on Polymyalgia Rheumatica in *Conn's Current Therapy*. He gave a presentation on "Arthritis" to the Daughters of the America Revolution on January 18, in St. Louis. Dr. Lauter was recently appointed to the Scientific Board of Missouri Chapter of the Lupus Foundation of America.

William H. Masters, M.D., gave a speech on "Sexuality and Aging" to the Jewish Hospital Program on Aging, December 18, 1986.

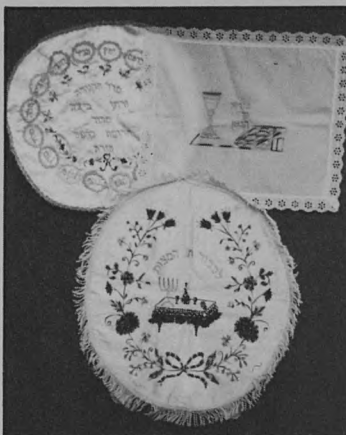
Gary Ratkin, M.D., participated in a clinical practice forum at the Annual meeting of the American Society of Hematology, December 508, 1986, in San Francisco, California. Dr. Ratkin was elected to the Clinical Practice Committee, American Society of Hematology.

Timothy L. Ratliff, Ph.D., co-authored "Detection of Interleukin 2 in the Urine of Patients with Superficial Bladder Tumors after Treatment with Intravesical BCG," published in the *Journal of Urology* and "Two Courses of Intravesical Bacillus Calmette-Guerin for Transitional Cell Carcinoma of the Bladder," published in the *Journal of Urology*. Dr. Ratliff attended Biogen, November 21-22, 1986, in Dallas and Fort Worth, Texas and September 28-October 1, 1986, he attended the 23rd National Reticuloendothelial Society Meeting in Denver, Colorado.

Franz U. Steinberg, M.D., spoke on "Advances in the Rehabilitation of the Elderly" to the Long Island Jewish Medical Center, New Hyde Park, New York, October 30, 1986. On November 18, 1986, Dr. Steinberg was elected Chairman, division of geriatric rehabilitation, American Academy of Physical Medicine and Rehabilitation.

JEWISH HOSPITAL NEWS BRIEFS

The Gift That Cures



Restoring mental health involves many types of therapy. Yad Ezra (the hand of Ezra), a volunteer organization in Jerusalem, Israel, is helping mentally ill women recover by sponsoring therapeutic workshops, a place where they can reestablish their connection with reality through the process of creation.

The Jewish Hospital Gift Gallery, sponsored by the Auxiliary, is pleased to be the exclusive U.S. dealer of hand-made items produced by these talented women.

Items for sale include hand-embroidered children's clothing, challah covers (used to cover bread on the Sabbath), and matzah covers (used in the Passover Seder) in all sizes and prices. "They make lovely wedding, holiday, or anytime gifts," says Elaine Friedman, chairperson, Gift Gallery, particularly pointing out the Matzah covers appropriate for the upcoming celebration of Passover.

The purchase of these unique items from the Gift Gallery helps sustain the valuable service that results in their being created. "The Auxiliary is very proud to be the sole representative of this truly remarkable work," says Ms. Friedman.

The Gift Gallery, located in the Shoenberg Lobby, is open daily from 9:30 a.m. to 7:30 p.m. For more information, call the Gift Gallery at 454-7125.

Providing For Our Elders

Quality health care for a growing elderly population is one of Jewish Hospital's priorities. As part of that commitment on January 1, 1987, the hospital reached a contractual agreement with The Jewish Center for Aged (JCA)—a long-term care facility—to provide on-site medical care for elderly residents.

The agreement expands the availability and range of medical services for JCA residents through staffing by two full-time physicians specializing in geriatric medicine, part-time services by a psychiatrist and physical medicine specialist, and additional coverage by interns and residents from Jewish Hospital and Washington University School of Medicine.

"We are pleased with this affiliation, since it will promote the JCA as a training center for physicians and future geriatricians and expand our consultative services as the needs become identified," says Sidney Guller, president of the JCA Board of Directors.

"With the demographic trend towards an older population, it is a natural mission of Jewish Hospital to create broad community programs that serve the needs of this population," says David A. Gee, hospital president.

Through this alliance, Jewish Hospital physicians will strive to create an environment that stresses preventive medical care for JCA

residents who are not under the care of private physicians. "With continual and comprehensive medical care available on-site, we hope that we can solve medical problems early and reduce the need for hospitalization," says William A. Peck, M.D., Jewish Hospital physician-in-chief and Program on Aging director. Dr. Peck is an honorary director of the JCA.

In Memoriam

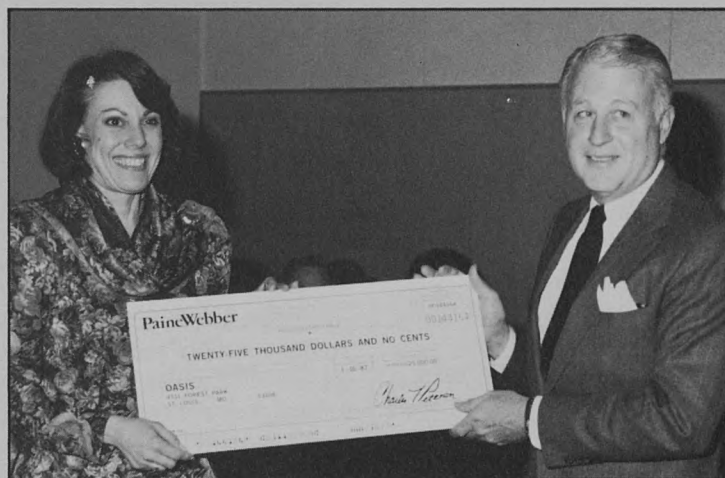
On January 31, Carlyn Wohl, hospital board member and supporter of the hospital, died at the age of 92.

Mrs. Wohl joined the hospital board in 1965. She and her husband, the late David P. Wohl, Sr., were generous supporters, contributing nearly \$1,000,000 to various hospital endeavors. The fourth floor of the Kingshighway Building is dedicated in the name and memory of David P. Wohl, Jr., their son, an officer in the U.S. Army Air Corps who was killed in a bombing raid over Germany in World War II.

Through the Wohl Foundation, established by Mr. Wohl, approximately \$1,000,000 was given to the Washington University School of Medicine and the Wohl Hospital, also named in memory of their son.

Mrs. Wohl established the Francelle Wohl Marcus and Elizabeth Wohl Rothschild Research fund at the hospital, which provides major support to investigative programs. In addition to serving on the hospital board, Mrs. Wohl was a member of the boards of directors of the Jewish Community Center Association and the Central Institute for the Deaf.

An OASIS Outreach



OASIS, Older Adults Services and Information System, continues to expand services designed to enrich the lives of older adults through educational, cultural and wellness classes and activities. Major sponsors locally are Famous-Barr, Jewish Hospital and the Washington University School of Medicine.

In January, two new OASIS centers were opened with fanfare and community support. On January 16, OASIS opened a center at Famous-Barr Northland. The event was celebrated with a ribbon-cutting ceremony attended by OASIS members, volunteers and staff. Special guest Donald E. Nickelson, president of Paine Webber Incorporated, presented OASIS with a check for \$25,000 at the ceremony. Paine Webber is an OASIS corporate sponsor for 1987 and will provide exclusive financial education seminars for OASIS members in 10 cities.

According to Marylen Mann, OASIS executive director, the new center provides an ideal setting for the broad range of educational and cultural activities which OASIS provides to its older adult members. Twice as large as the original Northland OASIS

Marylen Mann, OASIS, director (left), with Donald Nickelson, PaineWebber, Inc., president.

Center, the new center better accommodates exercise and dance classes and enables OASIS to offer a greater range of classes in the arts. A members lounge, staffed by OASIS volunteers, provides a comfortable place to meet or relax.

On January 19, OASIS opened another center at Famous-Barr Southtown. For its opening, the center displayed "The Immigration Experience: St. Louisans Remember," an exhibit describing the experiences of older adults who immigrated to the United States before 1950. Sponsored by the Missouri Historical Society and OASIS, the exhibit was first featured in the 1986 St. Louis Arts Festival.

More than 35,000 individuals aged 60 and older are members of OASIS in St. Louis, Los Angeles, Denver, Portland, Cleveland, Akron, Pittsburgh, Baltimore, Washington, D.C., and Hartford, Connecticut. The May Department Stores Company is the national corporate sponsor.

For further information about OASIS, call 454-0113.

Exploring Medical Careers

Due to overwhelming interest in the medical profession by St. Louis area high school students, Jewish Hospital has become a sponsor for a medical Explorer post. Exploring is the young adult division of the Boy Scouts of America. The posts promote character development, citizen training, and mental and physical fitness.

Demand for the Jewish Hospital group, chartered as Explorer Post #9154, surfaced after a recent student survey conducted at area high schools showed the medical profession as the top career interest field. The post began meeting twice each month in November at the hospital's School of Nursing and had attracted 20 members after four meetings. Most of the Jewish Hospital Explorers are interested in careers as physicians, according to Susan Grinslade, R.N., post advisor and assistant director of the School of Nursing.

In addition to promoting the objectives of general Explorer groups, the medical post offers members a closer look at medical professions. Topics covered in meetings include checking blood pressure, CPR training and organ transplantation. Outside activities, such as local skiing trips are also part of the post's agenda.

For membership eligibility, individuals must have graduated from the eighth grade and be at least 14 but not older than 20 years of age. For more information or to join the group, contact Ms. Grinslade at 454-8593 or Laurie Voigt at 454-7250.

Two Programs Recognized

The American Society of Hospital Pharmacists gave Jewish Hospital's pharmacy residency program a two-year accreditation. In addition, the American Association of Blood Banks has accredited the hospital's Blood Bank Program. "The accreditations of these departments is a culmination of the hard work and devotion exemplified by the individual staffs," says Lee Bernstein, hospital vice president. "These accreditations are evidence of the quality services our hospital offers, and the premium care that is the standard at Jewish Hospital."

Sneak Preview

On May 31, Auxiliary members will have a tantalizing glimpse of what at least one department store has to offer in the way of gowns for the Clover Ball. The Auxiliary, in cooperation with Neiman Marcus Department store, will sponsor a first-time showing of Neiman Marcus' fall collection of formal gowns from American and European designers. The evening begins at 6 p.m. with a buffet supper followed by the fashion show at 7 p.m. Dessert will be served at 8 p.m.

Because attendance is limited, Auxiliary members should return their reservations after invitations are received as soon as possible. For more information, call the Auxiliary office, 454-7130.

The Body Works

Isn't it time to reward yourself! On April 25, Women's Health Resources will offer The Body Works!—a one-day tip-toe retreat designed to renew your body and spirit. The day will include discussions on fitness issues by medical experts, invigorating workouts, a sports fashion show, and an assortment of healthy, yet delicious food and beverages.

"The program offers women the opportunity to sample a variety of activities they might have wanted to try but have not had access to in the past," says Susan Hopper, Ph.D., special projects coordinator. "It will be like a one-day spa—a chance to get away from the daily routine, enjoy a wonderful facility and get ready for summer."

THE AGENDA

8:30 a.m.

Registration, including coffee, tea and muffins with a brief welcome and overview of the day's activities.

9:30 a.m.

"Women in Action—A Healthy Approach to Exercise," by Jerome Gilden, M.D., chief of orthopedic surgery at Jewish Hospital, Donald Bassman, M.D., JH attending orthopedic surgeon, and Charles Mannis, M.D., JH attending orthopedic surgeon and team physician for DeSmet and Horton Watkins High Schools.

10:30 a.m.

Stretching session, led by Patti Leonard, owner of P. Bodies fitness center.

11:00 a.m.

"Food Fashions: Review of the Latest Diet Books," by Maria Ylagan, MSRD, chief clinical dietitian at Jewish Hospital and Ms. Hopper,

Numbers to Know at Jewish Hospital

Today consumers have their choice of telephone numbers to call if they need an internist, gynecologist, dermatologist, or virtually any physician according to specialty. But how do consumers know if the referrals they receive are for physicians who will combine quality and state-of-the-art medicine with a willingness to treat their patients as intelligent partners in health care?

By calling the Doctors Choice, Jewish Hospital's exclusive physician referral service, you will receive the names of physicians who meet strict standards of excellence. All of the physicians who participate in the Doctors Choice must be board certified or eligible in their specialties and most are affiliated with the Washington University School of Medicine School. They also recognize the need to respect the patient's dignity and their desire to take active roles in their health care.

The Doctors Choice can help you find names of qualified physicians from the specialty and geographic area you need.

focusing on the nutritional aspect of these publications and the images they project.

12:30 p.m.

Buffet luncheon

1:00 p.m.

45-minute fashion show, with emphasis on practical sportswear.

1:45-4:00 p.m.

Exercise sessions

The rest of the afternoon will revolve around 45-minute exercise sessions including swimming, low-impact aerobics, tennis, walking and a few exotic options—belly

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

dancing, tai chi (an oriental system of exercise stressing harmony) and a partner head and neck massage. Participants will also have access to the hotel's outdoor track, sauna, racquetball courts, Nautilus weight equipment and the gymnasium facilities.

The program will conclude by 5:00 p.m.

The cost for the entire Body Workshop is \$30 for WHR members and \$35 for non-members. To register or obtain additional information, call Women's Health Resources at 454-8890.

LETTERS

Dear Mr. Gee:

On October 14, I entered Jewish Hospital terrified, crying and bewildered. This was my fifth pregnancy and for the third time, I was experiencing premature ruptured membranes. Twice before, the experience ended unhappily with the death of the baby. So, you can imagine my anxiety when I entered Jewish Hospital on that day.

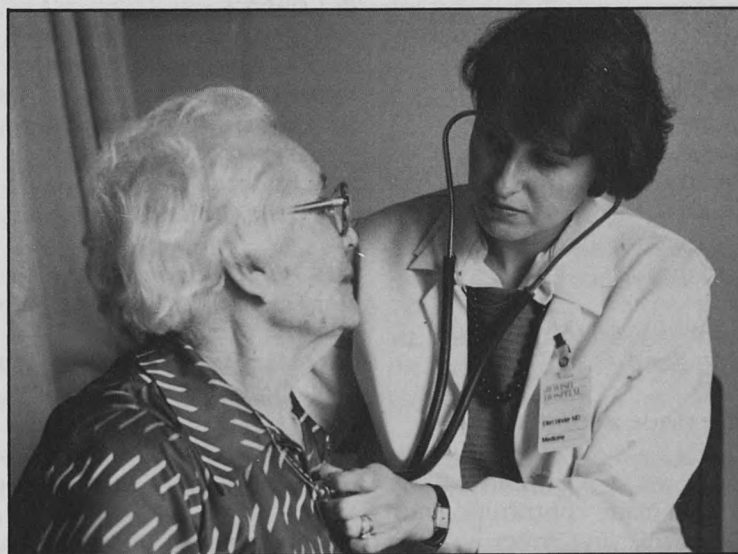
From the emergency room to the special care nursery, from the 14th until I was discharged on the 20th, I was treated with such care, concern, dignity, and loyalty that I am unable to express my feelings. The entire staff moved with unparalleled professionalism, dedication, thoroughness and care. I attempted, unsuccessfully, to remember as many of those professionals as I could. Dr. Chod and Dr. Schuester were superb. My anesthesiologist, Dr. Gary Perotti, was magnificent. I cannot begin to describe the wonderful care given me while calming my fears and answering my questions and keeping one goal in mind, to save my baby. The nurses who attended me were equally superior and exceptionally professional. Unfortunately, I don't recall their names, but I see their faces and think about them very often.

I am enjoying my beautiful daughter, first, because of God, secondly, because of the excellent obstetrical care I was given by Dr. Jacob Klein and his staff; and lastly, but certainly not least, because of the treatment I am trying to express here by your Jewish Hospital staff.

Just a brief word about the special care nursery. Again, I have never seen so many dedicated professionals. The nurses in the unit are so excellent. I watched them many days working with those precious little, little babies. They were never too busy to

answer our questions or to explain anything to us. Unfortunately, I do not recall all of their names, but I know their faces and think about them daily. It was the nurses—Sarah, "the master sargent," Norma, Janet, Sandie, Gloria, Paula and the others who became so special to us. The nurses who attended me—Bev, Karen, Lynn and so many others were so good with me and the other patients. Myra, the Auxiliary volunteer, was a very pleasant help to me.

I have been meaning to write this letter before now, but I have been kept joyously tired and busy! Again, I wish to thank you and your staff for maintaining such



high standards of excellence exhibited by everyone including the housekeepers and food service helpers. I sincerely hope that every effort will be made to continue in this fashion. Please continue to attract, employ, and inspire such wonderful professionals. In addition, we certainly enjoyed our Festive Meal.

The Westbrook Family

Dear Mr. Gee:

As active professionals in the health care area, the Woods

Family wishes to commend and express appreciation to the Jewish Hospital staff for the high quality and conscientious care received by our father, Arthur C. Woods (Room 6937).

Examples of such exemplary care were evident, not only in father's recovery, but in the physician-resident team work and their meeting with our family to provide explanations and answer our questions; team work of the professional nursing staff, student nurses and medical support staff (dietition, lab, and X-ray staff); courteous, friendly and helpful attitudes and behaviors of the hospital staff with whom we were in contact.

From father's entry into the Jewish Hospital to this day, he received commendable care on division 3200. He is currently a recovering surgical patient on division 6937 and may be discharged any day.

Each roommate that father had, appeared to be receiving A-1 care as well, and this was certainly encouraging to those of us in our family who visited daily.

Truly, health care of this type should be commended, as it is rapidly becoming uncommon in today's changing attitudes towards service delivery.

Keep up the good work and

we remain immeasurably indebted to the Jewish Hospital staff.

Sincerely,

The Woods Family

Dear Mr. Gee:

My brother, David D. Harry, died at Jewish Hospital on October 20, 1986, after a long and difficult illness. I want you to know how supportive and kind your staff were and how very much their sensitivity meant to our family during those difficult days.

Dave was transferred from Barnes emergency room early on October 17 to your medical intensive care unit. We knew he was terminally ill, but it was still very painful to be told how brief his remaining life would be and to discuss whether to consider use of a respirator or other extreme measures. Without exception, your staff was compassionate and helpful.

When Dave was transferred from ICU to 5900, the doctor in ICU arranged for a private room and a nurse on 5900 arranged for a cot to be brought in. This anticipation of our needs was unexpected and appreciated. The physicians controlled most of his pain but managed the many medications so that his mind was clear. The nurses, though busy, were attentive and responsive to our requests and advices on how to deal with Dave's complex dressings.

Throughout Dave's stay we were allowed to remain with him. I will be forever grateful for this consideration, for my greatest fear when we took Dave to the emergency room was not that he would die, for I knew that was inevitable, but that he would die among strangers. Thank you for letting his last days be spent with those who loved him.

Sincerely,

Nancy J. Berry

CONTRIBUTIONS TO JEWISH HOSPITAL FUNDS

SUSTAINING GIFTS

Mr. and Mrs. Claude Abrams have become members of the Fellows of Jewish Hospital with a gift to the Hospital.

Mr. and Mrs. Sylvan Agatstein have become members of the Fellows of Jewish Hospital with a contribution to the Hospital's Operations Endowment Fund.

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

Mr. Jack Ansehl has made a contribution to the Hospital's Operations Endowment Fund.

Dr. and Mrs. Lawrence M. Aronberg have made a contribution to the Lawrence M. Aronberg Lectureship in Urology.

Mr. and Mrs. J. Arthur Baer, II have made a contribution to the Lucille C. Baer Gastroenterology Fund.

Mr. and Mrs. S. Charles Baer have become Major Benefactors with a gift to the Faye Beth and S. Charles Baer Research Endowment Fund in Reproductive Medicine.

Mr. and Mrs. Charles B. Baron have made a contribution to the Hospital's Operations Endowment Fund.

Mr. and Mrs. Philip H. Barron have made a contribution to the Hospital's Operations Endowment Fund.

Mr. and Mrs. Joseph Berger, II have endowed the Ely and Mary Goldstein Nursing Scholarship Fund.

Mr. and Mrs. Norman Bierman have made a contribution to the Director's Fund.

Mr. and Mrs. Kenneth Birenbaum have made contributions to the Renal Research Fund and the Henry Levin Cancer Research Fund in memory of Samuel and Minerva Birenbaum, Lillian Bohm Strauss and Henry Levin.

Dr. Daniel Bisno has made a contribution to the Marilyn Fixman Cancer Center.

Mrs. Henry Blatt has made a contribution to the Hospital's Research Endowment Fund.

Mr. and Mrs. Harold G. Blatt have made a contribution to the Hospital's Building Fund.

Mr. and Mrs. Martin J. Bloom have made contributions to the Special Education Fund and the Research Endowment Fund.

Mr. and Mrs. Daniel M. Bogard have made a contribution to the Dorothy Bogard Memorial Research Fund.

Mrs. Irving Brin has made contributions to the Irving Brin Cancer Research Fund.

Mr. and Mrs. Robert A. Brod have become members of the Fellows of Jewish Hospital with a gift to the Hospital.

The Brown Group has made a generous gift to the Building Fund.

Mr. and Mrs. Harlin Brown have made a contribution to the Colon and Rectal Surgery Education Fund.

Centerre Bank has made a generous gift to dedicate the Patient/Visitor Lounge Outpatient Surgery Floor of the new Ambulatory Care Building.

Mr. and Mrs. Charles D. Cohen have made a contribution to the Hospital's Building Fund in honor of Mr. and Mrs. Daniel R. Cohen.

Dr. and Mrs. Frank Cohen have made contributions to the Frank and Dorothy Cohen Research and Education Fund and the Research Endowment Fund.

Mrs. Isadore Cohen has made a contribution to the Isadore and Celie Cohen Endowment Fund.

Mrs. Rubin Cohen has made a contribution to the Rubin and Mary Cohen Endowment Fund.

Miss Mary Joan Collett has made a contribution to the Mary Collett Memorial Fund.

Miss Susan Coultas has made a contribution to the OASIS Fund in honor of Marylen Mann and Margie Wolcott May.

Mrs. Sidney Dennis has become a member of the Fellows of Jewish Hospital and established the Selma Dennis Fund for Patient Care.

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

Dr. and Mrs. Donald J. Dickler have become members of the Fellows of Jewish Hospital with a contribution to the Hospital.

Mr. and Mrs. Wilbur H. Eckstein have made a contribution to the Hospital's Fund for Cancer Research.

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Mr. and Mrs. Harold Elbert have made a contribution to the Jewish Hospital of St. Louis.

Mrs. Morris H. Erlich has made a contribution to the Morris Erlich Cancer Research Fund.

Mr. and Mrs. Aaron Fadem have become members of the Fellows of Jewish Hospital with a gift to the Henry Levin Fund for Cancer Research.

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

Mrs. Harry L. Franc, Jr. has made a contribution to the Hospital's Directors Fund.

Mr. and Mrs. Terry Franc have made contributions to the Harry L. Franc, Jr. Study of Depression Fund and to the Helen R. and Henry V. Putzel Nursing Scholarship Fund in honor of Mr. and Mrs. Louis Putzel's anniversary and Mrs. Putzel's birthday.

Dr. and Mrs. Alvin Frank have become Major Benefactors with a contribution to the Surgery Research Fund.

Mr. and Mrs. Bennett Frelich have made a contribution to the Hospital's Research Endowment Fund.

The Harry and Flora D. Freund Memorial Foundation has made a contribution to the Flora D. Freund Nursing Scholarship Fund.

Mr. and Mrs. Harvey A. Friedman have made contributions to the Dorismae and Harvey Friedman Program on Aging Endowment Fund in memory of Ida Pattiz, Sidney Salomon, Jr., Jerry Grodsky, John Soult, and Mel Friedman; and in honor of Mr. Lee Liberman and Dr. William Peck.

Mr. and Mrs. Milton L. Fry have become members of the Fellows of Jewish Hospital with a gift to the Hospital's Research Endowment Fund.

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Dr. and Mrs. Bernard T. Garfinkel have made a contribution to the Hospital's Research Endowment Fund.

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Mrs. Otis J. Garland has become a member of the Fellows of Jewish Hospital by establishing the Otis J. Garland Neurovascular Research Fund in memory of her husband.

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Mr. and Mrs. Irwin R. Harris have made a contribution to the Hospital's Building Fund.

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Mrs. Leon Harris has made a contribution to the Ben Borman Family and Leon Harris Family Parkinson Fund in memory of Harry Lebman.

Mr. and Mrs. Gerald Hirsch have made a contribution to the Jacqueline Hirsch Brown Memorial Fund.

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Mr. and Mrs. Philip N. Hirsch have become members of the Fellows of Jewish Hospital with a contribution to the Ralph Hirsch Cancer Research Fund.

Mr. and Mrs. Stanley N. Hollander have made contributions to the Hospital's Research Endowment Fund and to the Equipment Fund.

Mr. and Mrs. Merle Horowitz have become members of the Fellows of Jewish Hospital and made a contribution to the Hospital.

Mrs. Harold Horwitz has made a contribution to the Newman/Horwitz Cardiology Research Fund.

Mr. and Mrs. John A. Isaacs, III have made a contribution to the Eleanor M. and John A. Isaacs, Jr. Research Fund.

Mr. and Mrs. Louis Jablonow have made a contribution to the Hospital's Building Fund.

The Jewish Hospital School of Nursing Alumni Association has endowed the Jewish Hospital Nurses' Alumni Loan Fund.

Mr. and Mrs. Robert E. Jones have become members of the Fellows of Jewish Hospital with a gift to the Hospital.

Mr. and Mrs. Morris Kalmon have become members of the Fellows of Jewish Hospital with a contribution to the Mr. and Mr. I. M. Kay Endowment Fund in memory of Mr. Kay.

Kellwood Corporation has made a contribution to the Jean T. McKenna Radiation Oncology Research Fund.

Mr. and Mrs. Earl Kessler have become members of the Fellows of Jewish Hospital with a gift to the Hospital.

Mrs. Samuel Kessler has made a contribution to the Samuel R. Kessler Hematology Research Fund.

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Mr. and Mrs. Leroy Kopolow have become members of the Fellows of Jewish Hospital with a contribution to the Rehabilitation Research Fund.

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

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Mr. and Mrs. Richard W. Levinson have made a contribution to the Alma and Joseph H. Levinson Nursing Scholarship Fund.

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Mr. and Mrs. Edwin Levis, Jr. have become members of the Fellows of Jewish Hospital with a gift to the Hospital.

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Mr. and Mrs. Willard L. Levy have made a contribution to the Hospital.

Mr. and Mrs. Thomas G. Lewin have become members of the Fellows of Jewish Hospital with a contribution to the Hospital.

Mr. and Mrs. Lee M. Liberman have made a contribution to the Ben L. Liberman Memorial Fund.

The David Lichtenstein Foundation has made contributions to the Dental Care Fund for the Mentally Retarded and Handicapped and to the Equipment Fund for the purchase of a piece of dental equipment.

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Mr. and Mrs. William M. Livingston have made a contribution to the Hospital's Research Endowment Fund.

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Mr. and Mrs. Stephen H. Loeb have become members of the Fellows of Jewish Hospital with a contribution to the Research Endowment Fund.

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

Mrs. Margie W. May has made a contribution to the Nursing Education Fund.

May Stores Foundation has made a generous contribution to the Hospital's Building Fund, as well as matching gifts to the Directors Fund and the Hospital's Research Endowment Fund.

Mr. William J. McKenna has made a contribution to the Jean T. McKenna Radiation Oncology Research Fund.

Mr. and Mrs. Bernard Mellitz have become members of the Fellows of Jewish Hospital with a gift to the Hospital.

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Mr. and Mrs. Roswell Messing, Jr. have made a contribution to the Hospital.

Mr. and Mrs. Hubert C. Moog have made a contribution to the Hospital's Directors Fund.

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Mrs. Julius M. Neuman has made a contribution to the Neuman/Horowitz Cardiology Research Fund.

Mr. and Mrs. William Nussbaum have made a contribution to the William L. and Donna M. Nussbaum Research Endowment Fund.

Mrs. John M. Olin has made a contribution to the Evelyn Olin Endocrine Research Fund.

Mr. and Mrs. Jules L. Pass have become members of the Fellows of Jewish Hospital with a contribution to the Carl Pass Diabetic Research Fund.

Mr. and Mrs. Charles M. Peltason have made a contribution to the Hospital's Research Endowment Fund.

Mr. Wallace R. Persons has made a contribution to the Dr. Theodore Reich Psychiatric Research Fund.

The W.R. Persons Foundation has made contributions to the Dr. Theodore Reich Psychiatric Fund and the Hospital's Operations Endowment Fund.

Mr. and Mrs. George Purviance have made contributions to the Building Fund and the Hospital's Research Endowment Fund.

Dr. and Mrs. Marvin Rennard have made a contribution to the Dr. David Rothman Fund.

The Rennard Philanthropic Trust has made contributions to the Benjamin M. Loeb Fund and the Helen and Henry Putzel Nursing School Fund.

Mrs. Charles S. Rice has become a Major Benefactor with a contribution to the Beany and Harry Tenenbaum Memorial Research Fund.

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

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

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

Mrs. David Rothman has made a contribution to the Dr. David Rothman Fund.

Mr. and Mrs. I.M. Rubenstein have made a contribution to the Hospital's Research Endowment Fund.

Mr. and Mrs. Mahlon Rubin have made a contribution to the William Peck Research Fund.

Mr. and Mrs. Joseph F. Ruwitch have made a contribution to the Joseph F. and Elizabeth R. Ruwitch Endowment Fund.

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Dr. and Mrs. Jerome D. Sacher have become members of the Fellows of Jewish Hospital with a gift to the Hospital.

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

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Mr. and Mrs. Robert L. Scharff, Jr. have become members of the Fellows of Jewish Hospital with a gift to the Hospital.

Mr. and Mrs. Gideon H. Schiller have made a contribution to the Alan and Nancy Stein Urologic Research Fund.

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Mr. and Mrs. Arnold M. Schrier have made a contribution to the Hospital's Operations Endowment Fund.

Mr. and Mrs. Arnold Schwab have made a contribution to the Jewish Hospital Tribute Fund.

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Mr. and Mrs. Bert Schweizer, II have become members of the Fellows of Jewish Hospital with a contribution to the Hospital's Operations Endowment Fund.

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

Mrs. Herman Seldin has made a generous contribution to the Elaine Seldin Kornblum Home Care Endowment Fund.

The Hospital has received a generous gift from **The Estate of Thelma S. Seltzer** in honor of Dr. Theodore Reich. The gift has been placed in the Thelma S. Seltzer Psychiatric Research Fund.

Mr. and Mrs. H. Robert Shampaine have made a contribution to the Hospital's Operations Endowment Fund.

Dr. and Mrs. Burton A. Shatz have become members of the Fellows of Jewish Hospital with a contribution to the Hospital's Operations Endowment Fund.

Mr. and Mrs. Jerome F. Sheldon have become members of the Fellows of Jewish Hospital with a contribution to the Jewish Hospital Special Care Fund for patient care.

Mrs. Jean K. Sherman has become a member of the Fellows of Jewish Hospital and made a contribution to the Research Endowment Fund.

Mrs. Ben L. Shifrin has become a member of the Fellows of Jewish Hospital with a contribution to the Ben L. Shifrin Endowment Fund.

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

Mrs. Herbert Simon has made a contribution to the Ira and Herbert Simon Research Endowment Fund.

Mr. and Mrs. Alvin Sloofman have made a contribution to the Hospital's Research Endowment Fund.

Mr. and Mrs. David R. Smith have made a generous contribution to the Judy L. Smith Cancer Research Fund.

Dr. and Mrs. Richard S. Sohn have become members of the Fellows of Jewish Hospital with a contribution to the Hospital's Operations Endowment Fund.

Dr. Gene W. Spector has become a member of the Fellows of Jewish Hospital with a contribution to the Research Endowment Fund.

Mr. and Mrs. Jack Spewak have made a contribution to the Jewish Hospital.

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Ms. Susan K. Sudman has become a member of the Fellows of Jewish Hospital with a contribution to the Hospital's Operations Endowment Fund.

Dr. and Mrs. Noah Susman have made a contribution to the Radiology Department Research Fund.

Mr. and Mrs. Irwin E. Tober have made a contribution to the Hospital's Operations Endowment Fund.

Mr. and Mrs. Lester V. Tober have become members of the Fellows of Jewish Hospital with a contribution to the Hospital's Operations Endowment Fund.

Mrs. Marguerite Tober has made a contribution to the Hospital's Operations Endowment Fund.

Mr. and Mrs. Edward J. Turner have made a contribution to the Hospital's Operations Endowment Fund.

Mr. and Mrs. Steven M. Turner have become members of the Fellows of Jewish Hospital with a contribution to the Jewish Hospital Special Care Fund.

The Family of Gustav A. Vittert have dedicated the satellite pharmacy on Division 7800 in honor of Dorothy Vittert.

Dr. Gary Wasserman/Ms. Sheila Greenbaum, Esq. have become members of the Fellows of Jewish Hospital with a gift to the hospital.

Dr. and Mrs. Todd H. Wasserman have made a contribution to the Radiation Oncology Fund for Research, Education and Patient Support.

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

Mr. and Mrs. Meyer K. Weil have made a contribution to the Meyer K. and Ethel Weil Otolaryngology Equipment Fund.

Mr. and Mrs. Paul P. Weil have made a contribution to the Hospital's Research Endowment Fund.

The Estate of Rose Weisl has made a generous contribution to the Julian Simon Research Fund in memory of Herbert and Julian Simon and in honor of Mildren Simon.

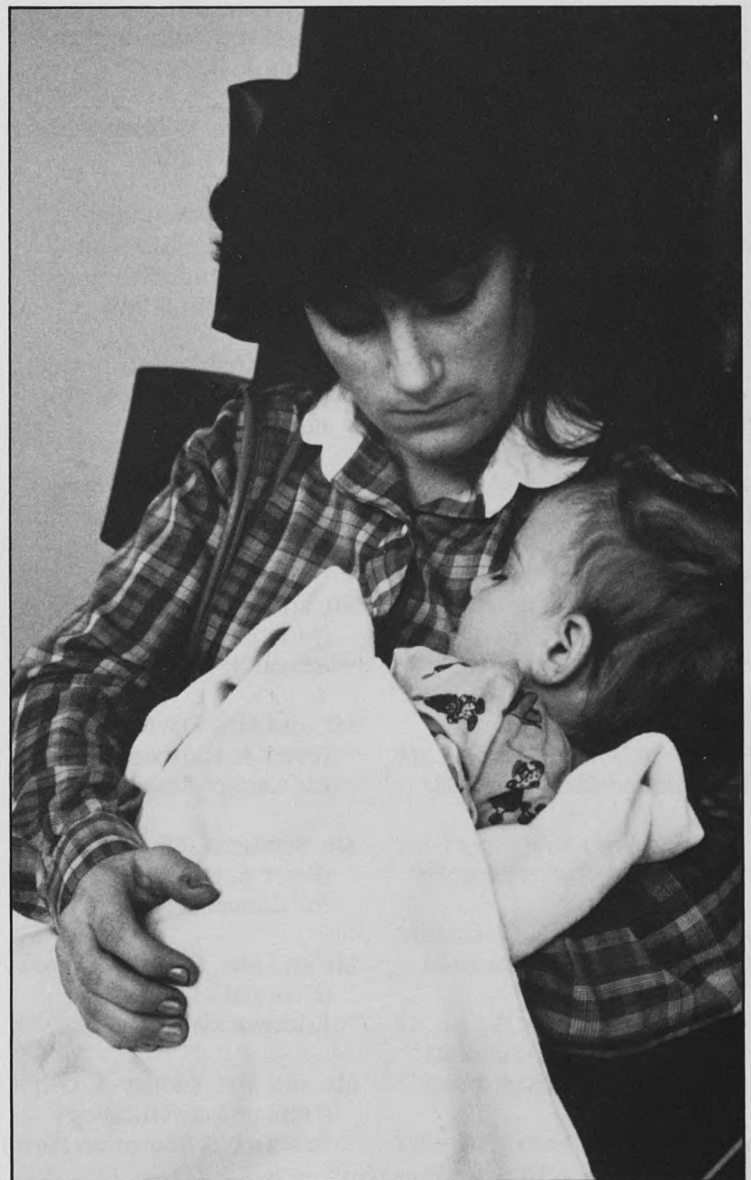
Mr. and Mrs. Charles Weiss have become members of the Fellows of Jewish Hospital with a gift to the Hospital.

Mr. and Mrs. Eugene C. Weissman have made a contribution to the Hospital's Operations Endowment Fund.

Dr. and Mrs. Gerald Wolff have made a contribution to the Hospital's Research Endowment Fund.

Mr. and Mrs. M. Richard Wyman have made a contribution to the Hospital's Operations Endowment Fund.

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CALENDAR OF EVENTS

APRIL

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.

APRIL 1

Activity Cart Workshop for Auxiliary members interested in preparing activity kits, which include simple crafts, for patients; Brown Room; 10 a.m. to 3 p.m.; call 7130.

APRIL 1, 8, 15, 22, 29

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.

APRIL 2

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

APRIL 12

Parkinson's Education Program (PEP) features Audrey Sullivan, M.A., chief speech pathologist at Jewish Hospital, to present "Speech and Swallowing Problems for the Parkinsonian," 2-4 p.m., Jewish Hospital Steinberg Amphitheater; open to the public at no charge. Call 454-7130.

APRIL 13

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

APRIL 22

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.

MAY

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.

MAY 6, 13, 20, 27

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.

MAY 7

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.

MAY 11

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.

MAY 19

Associates In Medicine Annual Dinner Meeting; cocktails, dinner, election of officers; guest speaker Doris Wild Helmering, author, psychotherapist and *St. Louis Post Dispatch* columnist, will discuss marriage and relationships; 6:30 p.m., Breckenridge Frontenac; members and their guests only; reservations required. Call 454-8088.

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

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