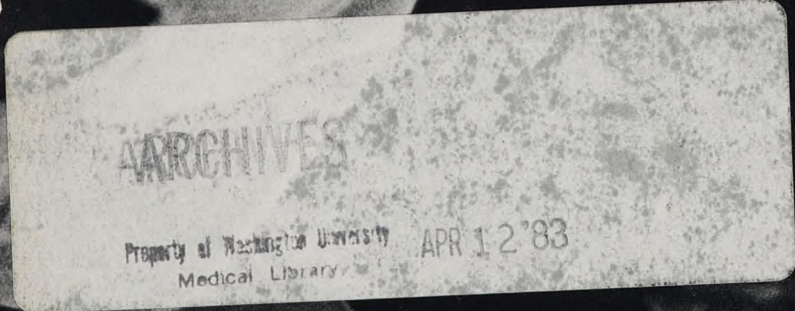


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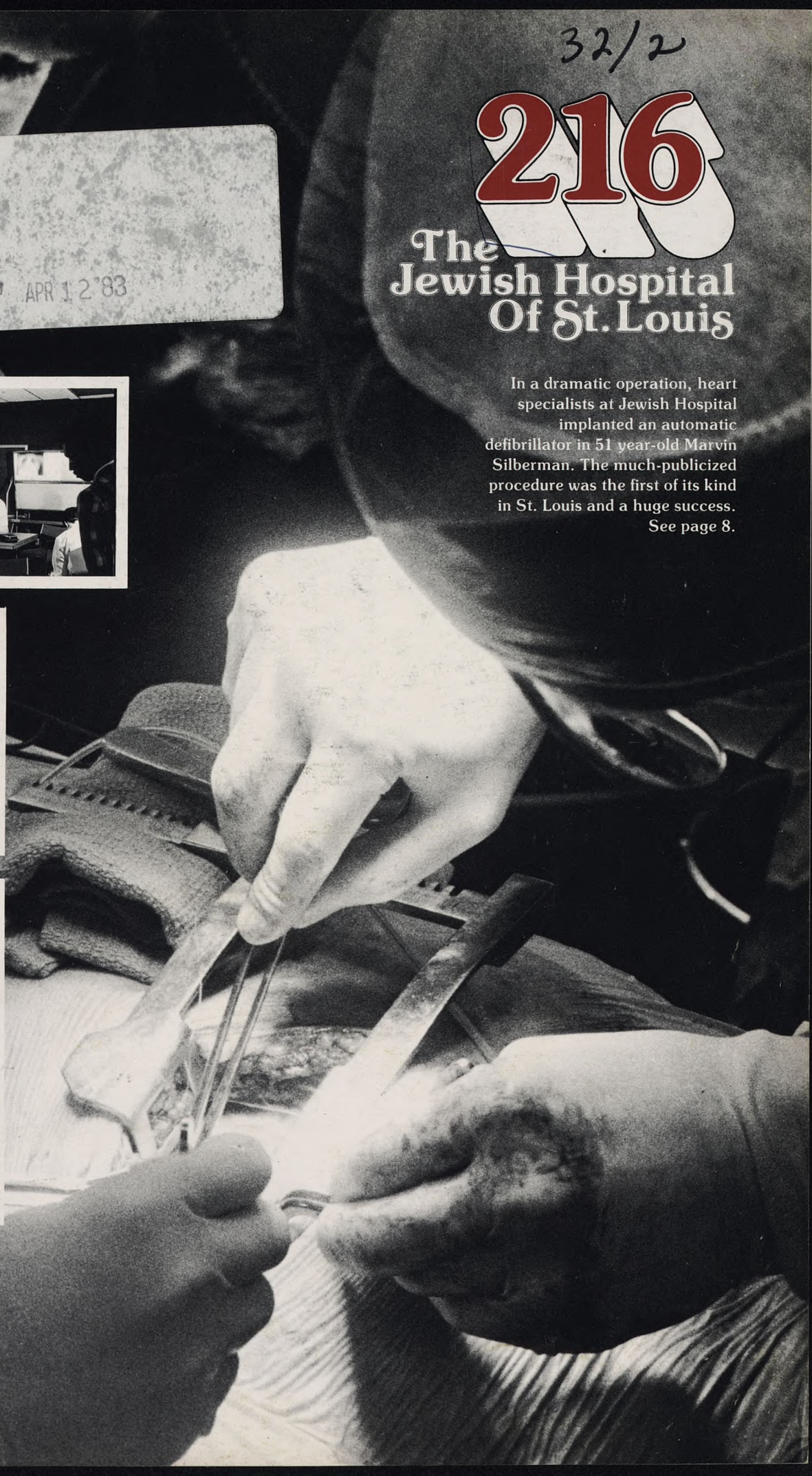
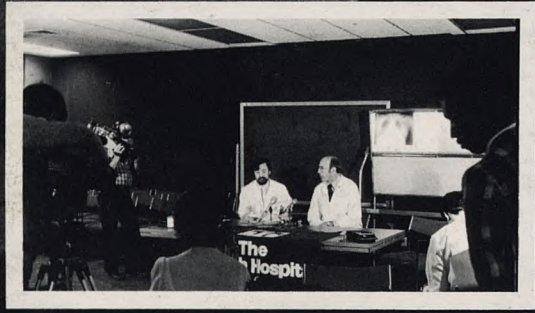
March / April 1983

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The Jewish Hospital Of St. Louis



In a dramatic operation, heart specialists at Jewish Hospital implanted an automatic defibrillator in 51 year-old Marvin Silberman. The much-publicized procedure was the first of its kind in St. Louis and a huge success. See page 8.



216 is published by the
Publications Department of
The Jewish Hospital of St. Louis
216 South Kingshighway
P.O. Box 14109
St. Louis, Mo. 63178



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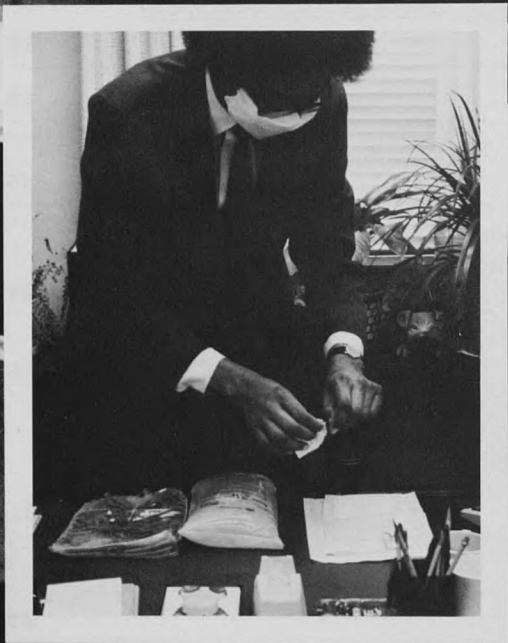
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A Community Publication

Vol. 32, No. 2

Setting Renal Patients Free With CAPD	For renal patients who can use it, continuous ambulatory peritoneal dialysis offers a life of independence and freedom from a kidney machine. The Jewish Hospital renal team trains several patients a year on the self-administration of this form of dialysis.	2
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Opposite page; Pitts equipped his coat rack / i.v. pole with a special clamp on which to attach a bag for drainage of the used solution. Inset; After washing his hands, covering his face and wiping down his desk, Pitts lays everything he needs for a solution exchange in front of him.

Setting Renal Patients Free With CAPD

By Patti Smith

In July of 1982, Haywood Pitts' life changed. During the preceding year, this 38 year-old diabetic suffered from kidney failure. When his condition progressed to end-stage renal disease, Pitts, with the help of the renal team at Jewish Hospital, committed himself to what was for him the only feasible treatment, continuous ambulatory peritoneal dialysis (CAPD).

Kidney disease is the fourth major cause of death in the United States. When the kidneys fail to filter toxic waste products from the blood, which is their vital function, these waste products build up in the body, leaving the victim ill and in serious danger. When the damage becomes irreversible, death results without medical intervention. That intervention may come in the form of a kidney transplant or some kind of dialysis. For some patients, hemodialysis is the best solution. These patients are connected to a special machine that removes waste products from the blood three times a week, four hours each time whether at home or at the hospital. But for other patients, like Pitts, CAPD offers a life of independence and hope.

This hope lies in the inherent advantages of CAPD for those patients who can use it. As its name implies, CAPD is "continuous." This means the patient does not go through the drastic chemical changes the body must adjust itself to during hemodialysis. Therefore, the patient is in a more constant state as opposed to being subjected to the oscillating effect of hemodialysis. The dietary restrictions also are lessened with CAPD because the body does not tend to retain fluid as it does between hemodialysis treatment. The main advantage of CAPD to the patient, however, is the flexibility and independence it provides. The treatment does not use a machine and is self-administered. The patient does not need to depend on nurses or other trained health care professionals for his well-being.

The Procedure

The procedure puts to work the peritoneum, a thin, semipermeable membrane that surrounds and helps protect the stomach and other internal organs of the body. A catheter is installed through the patient's abdomen, with one end inside the peritoneal cavity and the other end outside the body. A plastic bag containing two liters of dialyzing solution is connected to the exposed end of the catheter. When the bag is hung above the shoulder the solution flows into the peritoneum where it remains for four to five hours as waste products from the blood and excess water filter in. During this time, the empty solution bag is folded up and concealed under the patient's clothing and he may go about his daily activities. When it is time to exchange the solution inside the body for new, the empty bag is dropped below the abdomen allowing gravity to pull the used solution out of the body. A new solution bag is connected to the catheter and the process is repeated. The exchange takes approximately 30 minutes.

That is just a short break in Pitts' busy, but flexible schedule. An executive at Edison Brothers, Inc., he controls all the merchandising activities of the company's accessories division. He is the department liaison with the data processing division and is in charge of inputting new data processing systems. He also handles all dealings with numerous importers and all sales promotion of the company's products. Along with these tasks, Pitts performs four solution exchanges a day. Two of these are done at his office, which, except for the month's supply of dialyzing solution boxed in the corner, looks like any other.

"I do one exchange before I leave in the morning. Then at 11:30 a.m., I wash my hands in the men's room and come back. I shut the office door using a paper towel,

cover my face with a surgical mask, and do another exchange. I use my coat rack as an i.v. pole to hang the fresh bag of solution. At 4:45 every evening it's time to change the solution again. It's so easy that it barely cuts into my day at all. The week-ends are a little harder because there isn't a clear-cut routine, but I manage those alright."

Pitts, who is married and has a 14 year-old daughter, does not let his CAPD therapy hinder his social life. "If we go to a party or out to dinner, I make sure that my exchanges can be done at the proper time. When we go to a friend's house, I can do my exchange there. I just let them know I will need their bathroom for a few minutes. Sometimes, a bit of improvisation is necessary because the treatment area isn't as accessible as it is at work or home, but I can always do it."

The Training Program

In order to perform the solution bag exchange, Pitts, like other CAPD patients at Jewish Hospital, participated in a two- to three-week comprehensive training program. The instruction is headed by **Kris Brooks, R.N.**, assistant head nurse, CAPD, department of dialysis services. She is guided by the medical supervision of **Thomas Pohlman, M.D.**, medical director of the dialysis unit. This four-hour-a-day program covers the medical, social and dietary aspect of CAPD. Ms. Brooks instructs only one CAPD candidate at a time, thereby allowing for individual and personal problem discussion. For example, because of his diabetic condition, Pitts had to be instructed on how to add insulin to the dialyzing solution.

The first few days of the training program are devoted to teaching the principles of peritoneal dialysis and training the patient in the proper techniques involved in exchanging the dialyzing solution bags. The main danger of the procedure is peritonitis,

... with the combination of medical advances like CAPD and Jewish Hospital's renal team, Haywood Pitts, George Portell and other renal patients can lead full, active and happy lives while coping with their disease.

While in the process of exchanging his solution, Pitts is able to go about his normal daily work activities.

an infection within the abdominal cavity that causes symptoms of nausea, vomiting, diarrhea, abdominal distension, bloating and tenderness. "With proper instruction, patients can learn how to maintain the sterility of the entry way of the dialyzing solution to avoid this condition. In case peritonitis occurs accidentally, patients are instructed on how to quickly recognize its early warning signs, such as cloudy drainage, and the appropriate treatment to follow," Ms. Brooks says. Instructions also are given on how to take vital signs and daily records of them. Flow problems from the bag to the catheter are discussed and ways to alleviate those problems are covered. "The training is geared to teach the individuals how to handle problems themselves, giving them a sense of control over their own treatment," Ms. Brooks says.

Because of the individual nature of the treatment, not all renal patients are candidates for CAPD. "The candidate must have good vision and strength and coordination in the hand," Dr. Pohlman says. "The age of the candidates does not seem to be a factor in the success of the procedure. We have had patients both over 70 and under 40 with good results." What does make a difference, however, is the personality of the candidate. "The successful CAPD patient is one who is motivated and compliant with the conditions of the treatment," he says. The patient must realize that there is no room in this type of therapy to miss a single exchange or fail to follow the aseptic techniques.

"Because they do the exchanges by themselves they must take responsibility that they are done correctly," Ms. Brooks explains. She adds that not every patient wants that responsibility. "Some patients would rather be on hemodialysis for the fact that they want someone to watch over their treatment. It is a very individualized decision."



Finding the Perfect Treatment

When renal patients at Jewish Hospital are told that some form of treatment is necessary, they are given every option that is medically feasible, whether it be CAPD, or another form of dialysis. Then with the help of Dr. Pohlman, the dialysis nurses, renal social workers and a renal dietician, the patients decide which treatment suits their lifestyle and needs.

"By assessing the patient's social history and how he has coped with problems in the past, we can help the rest of the team and the patient decide which therapy modality to select," says **Mary Moore, ACSW**, renal social worker. "There is a tremendous amount of teamwork involved to minimize the stress of chronic illness for our patients and their families." Ms. Moore and **Debbie Wiser, MSW**, are trained to facilitate communication between the renal team, the patient and the family. They

assess the patient's understanding of different types of treatment offered and the changes in lifestyle each one imposes. (See related story, page 31.)

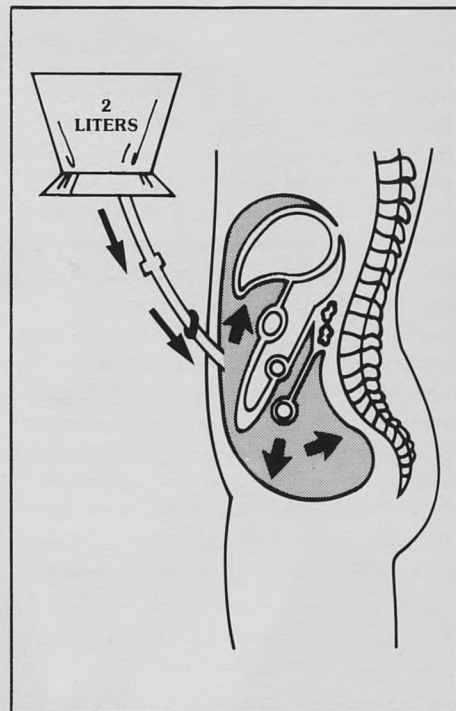
"Basically, similar problems arise when trying to find solutions to the complications brought on by treatments of any disease," Ms. Wiser says. "It is just a matter of supplying the patient with the resources to deal with the everyday difficulties of the illness. In the case of the CAPD patient, we must make sure they understand that it is an everyday commitment. They must be organized and compliant enough to follow the precise instructions of the treatment."

That description fits 70 year-old CAPD patient George Portell perfectly. Like Pitts, Portell has adjusted well to his life with CAPD. However, because he was on home dialysis for three months before switching to CAPD, Portell is able to look at his treatment from a different perspec-

Setting Renal Patients Free



At left; George Portell visits the hospital once every five weeks for a check-up with Dr. Pohlman and the rest of the renal team. Below; The dialyzing solution flows through a catheter to the peritoneum, the continuous lining of the abdominal cavity that covers most of the organs contained within.



tive. "The home dialysis just wasn't working out," Portell explains. "We were having problems with the machine and both my wife's and my nerves were getting bad." To Portell the CAPD therapy offers another chance for a full and active life. A third-term city councilman in Herculaneum, Mo., Portell plans to run for mayor of that town in the spring. "It's a complete turn around for me. My blood pressure is under control and I feel better than I have in years. My wife is released of all the responsibility. That makes her feel better too."


The social workers often rely on peer counseling by Pitts, Portell and other dialysis patients to further help newly diagnosed renal patients decide on the type of treatment right for them. "We try to get everyone who has been on some form of treatment to talk to the possible candidates of that treatment," Ms. Wiser says. "That way the patient is provided with first-hand

information about what is involved in their chosen therapy."

The Dietary Restrictions

To further prepare the patients for life with CAPD, a visit with Jewish Hospital's renal dietician, **Peggy Mitchell, R.D.**, is scheduled into the training program. Ms. Mitchell has published a nutritional care guide for CAPD patients which will be distributed across the country to other dieticians who are in the process of establishing their own CAPD diet programs. In this guide, she emphasizes that CAPD patients have different dietary needs than other renal patients. "The protein requirements of CAPD patients are significantly greater than hemodialysis patients, due to continuous loss of protein and amino acids into the dialysate drainage," she writes. Also, because the dialyzing solution contains glucose, CAPD patients automatically increase their calorie

intake by 400 to 600 calories, making dietary restrictions all the more important. "The CAPD diet is very similar to the diabetic diet in that the total requirement of protein, calories and carbohydrates are considered," Ms. Mitchell says. Basically, the CAPD diet is a high protein diet controlled in the amount of calories, carbohydrates and sodium." This factor of the CAPD treatment was good news to Pitts, a diabetic of 28 years. "I had to make adjustments in my diet a long time ago. If I had had to be on some other kind of diet that might have been a problem."

Helping patients live with a serious disease such as end-stage renal failure is a full-time and consuming task. But with the combination of medical advances like CAPD and Jewish Hospital's renal team, Haywood Pitts, George Portell and other renal patients can lead full, active and happy lives, while coping with their disease. 

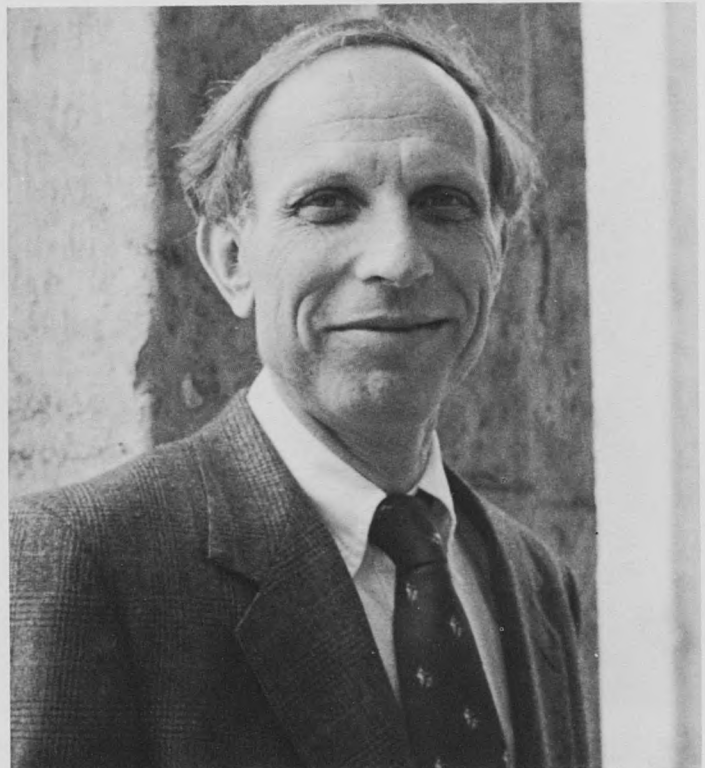
Blatt's Primary Goal— Maintenance of Strengths

By Denise Pattiz Bogard

Raymond H. Wittcoff, retiring chairman



Harold G. Blatt, new chairman of the board. Photo by Elaine Blatt



Every leader brings his or her personal touch to a job, rendering new style and direction to an organization. Undoubtedly, The Jewish Hospital of St. Louis Board of Directors will experience modifications as a result of the Jan. 4, 1983, changing of the guard with the retirement of **Raymond H. Wittcoff** and installment of **Harold G. Blatt** as new chairman of the board. Yet, the transition may be nearly imperceptible because Mr. Blatt's primary goal is not dissimilar from the goal set by Mr. Wittcoff upon assuming chairmanship four years ago—to continue the high quality of medical care, teaching and research in the most effective, cost efficient means possible.

"I view my role as maintenance of high strengths. I would like to provide the quality of leadership the hospital has been fortunate to have in the past, to provide

continuity with the board and administration and to keep the hospital at the same level at the leading edge of excellence," Mr. Blatt said in a recent interview held in his office at Bryan, Cave, McPheeters and McRoberts, where he is a tax and corporate planner and a member of the executive committee.

Mr. Blatt assumes chairmanship at a time of particular difficulty to a health care leader. Federal changes in reimbursement and diminished grants have placed many medical institutions in rather perilous financial situations, and grim predictions suggest that by 1990 many hospitals, operating today, will no longer be in existence.

The challenges do not frighten Mr. Blatt. "There are 24 baseball teams in the major leagues. Every year, 23 are losers, but there is always a winner. With the community

and staff participation and all Jewish Hospital has to offer—it is a first-rate, high quality medical care institution—we offer a product everybody needs. When you have a great product, you should grow stronger, not weaker."

As with all new leaders, Mr. Blatt has set several personal goals for himself: to make Jewish Hospital's strengths better known in the community; to maintain an efficient board and operating committees; to continue and ensure administrative depth and strength; to maintain close relationships with the Washington University Medical Center and the community; to continue to have the high quality of scientists and physicians here, and to ensure that those who are already giving of their time, money and resources continue to feel that to do so is worthwhile.

For all Mr. Wittcoff's modesty, only with strong direction and competent leadership can an organization progress in as many areas as Jewish Hospital has since 1979.

Although Mr. Blatt views his leadership approach as one of maintenance, he also wishes to be prepared for, and at the forefront of, changes that may take place within the next decade. "I want the hospital to recognize and be able to fill new needs right at the beginning. For example, if ambulatory care is the way to deliver the best health care, I want Jewish Hospital to be ready."

Mr. Blatt applies this approach to himself as well. He accepted the position of chairman because he felt he was ready and well prepared. A member of the board for 12 years, Mr. Blatt has served on nearly every committee, as treasurer and as vice chairman. "I don't think you can lead an

"My new position has already helped me — I've learned to sleep faster."

institution as complex as Jewish Hospital without experience in several levels and hope to be effective. If you look at all the past leaders, they have been intimately involved for at least 10 years or more. After all, the hospital is a very complex, multi-faceted, \$100 million institution."

Along with Jewish Hospital experience, Mr. Blatt brings personal and occupational strengths. Through the practice of law he has learned to analyze problems for other people and has learned to get along with people. He considers himself a good listener and is willing to work hard. He also brings outside community experience as a former chairman of the board of trustees of The St. Louis Art Museum, vice chairman of the board of Webster College (now Webster University) and secretary of the St. Louis Opera Theater.

Still, the role of chairman is demanding and combined with a full-time legal profession and family involvement with wife, Elaine, and three children, Mr. Blatt is

challenged to juggle all commitments satisfactorily.

"My new position has already helped me — I've learned to sleep faster," Mr. Blatt said with a smile. "I will stretch the days, do more reading at night, get up a little earlier than I used to and become more efficient. There is always room for more organization."

Accomplishments Under Wittcoff

Mr. Blatt enters the office of chairman of the board with another strength — he has an example to follow. Since assuming chairmanship in 1979, much has been accomplished under Raymond Wittcoff's direction. In a telephone interview, Mr. Wittcoff emphasized that the accomplishments of recent years are a result of the cooperation of many people working together, including a strong administration, board and staff. Yet, for all Mr. Wittcoff's modesty and his insistence that "I don't want to convey that these are personal achievements," only with strong direction and competent leadership can an organization progress in as many areas as Jewish Hospital has since 1979.

Mr. Wittcoff enumerated on the many accomplishments of the past four years, citing these as the highlights:

- Building of the new intensive care units in medicine and surgery;
- Garage expansion doubling the size and number of parking spaces;
- Renovation of the Kingshighway Pavilion 7th and 8th floor;
- Movement toward more single patient rooms and fewer double occupancy rooms;
- Turn around in department of obstetrics/gynecology from considering closing the department to dramatic increase in deliveries, addition of full-time leadership and expanded services;
- Open heart surgery program expanded

and acknowledged in the community and region;

- Substantial progress in research and teaching programs with federal research grants remaining strong at a time of decreased support at most hospitals, and steady growth in the number of papers published by staff physicians in journals throughout the country;

- Improved relationship with Washington University Medical Center, evidenced by present construction of a bridge linking all the medical center buildings together, Jewish Hospital's participation in the Washington University School of Medicine Clinical Science Building, and the hospital's participation in the Medical Care Group;


- Major strides forward in business management of the hospital with the implementation of the Medical Information System, expanded computer services and a new internal auditing system;

- Creation of a new planning committee to evaluate present and future planning efforts for the hospital;

- Good years financially, enabling the hospital to engage in the construction, remodeling and other improvements without having to borrow money at high interest rates.

"Most importantly, we have maintained the high patient care standards and the close relation between caring and curing," said Mr. Wittcoff. "I am not saying there have not been problems, but I'm pleased with the way everyone has worked so well together."

As past chairman of the board, Mr. Wittcoff has been elected to life membership. In addition, he will continue as chairman of the board of the Washington University Medical Center.

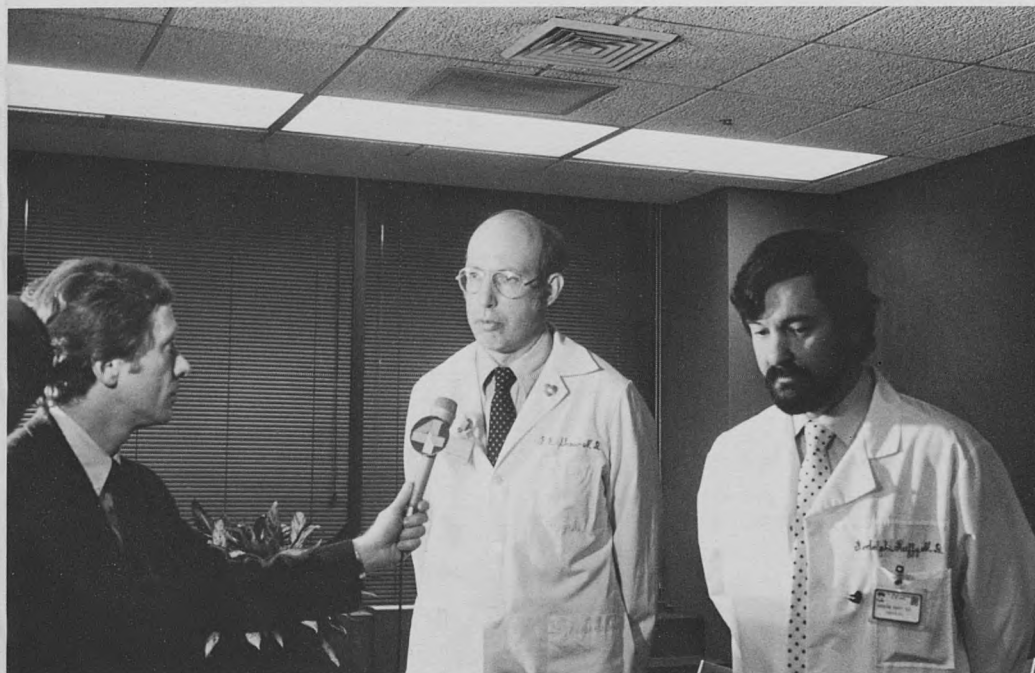
"I intend to maintain an active interest in Jewish Hospital. As a retired chairman, I plan to be available to help my successor, but to avoid meddling." 



*The AID is implanted just below the skin
and can be easily replaced every few years.*

An AID For Heart Patients

Below left; After successfully completing the operation, Dr. Ruffy, right, and Dr. Shaw answer questions from the media. Below right; Bob Morrison, media specialist, puts the procedure on film for a permanent record of the historic event.



When Marvin Silberman left Jewish Hospital on New Year's Eve he had reason to celebrate. In 1982, the 51 year-old St. Louis businessman and father of five daughters suffered two serious cardiac arrests, brought on by life-threatening arrhythmias, or abnormal, rapid heartbeats, and was informed that a third would be fatal. He was taking heart medication that left him tired and shaky. A chance for a healthier new year came in the form of a small electrical device planted just under his skin.


In a three-hour operation, **Richard Shaw, M.D.**, cardiothoracic surgeon, and a team of heart specialists at Jewish Hospital placed an automatic implantable defibrillator (AID) in the left side of Silberman's abdomen. The device, a battery no larger than a package of cigarettes, is connected to wires that lead to electrodes placed on the surface of the heart. When abnormal, rapid heartbeats occur, as in arrhythmias, the device delivers a low-energy, direct

current shock to the heart, bringing the beat back to normal within 30 seconds. "The AID device will replace the need to shock the patient by means of cardiopulmonary resuscitation or external paddle defibrillators," said **Rodolphe Ruffy, M.D.**, director of the electrophysiology laboratory and heart station at Jewish Hospital.

The device, which is capable of delivering 100 shocks on demand with a projected replacement life of two years, has been used on an experimental basis at Johns Hopkins Medical Center in Maryland and at the Stanford University Medical Center in California since 1980. Because Silberman has a history of coronary artery disease — he was twice saved by CPR — he was an excellent candidate for the procedure, making him the 74th recipient of such a device in the United States. This is the first use of the AID in St. Louis.

Silberman, a salesman and part owner of the Internal Pollution Control Systems, Inc., spent two days in intensive care

before being released to the telemetry unit of the hospital for observation and recovery. Now, he is back at work on a part-time basis and reports that he is feeling great. "It is a good feeling to know that when you go to sleep at night there is a better chance you will wake up in the morning," he said.

The future of the procedure looks as promising as the patient's recovery. In the short term, because of the slow and complicated production of the AID, implants will be performed only on very carefully chosen candidates. "However, in the long run, we are looking at the AID as a more widely used treatment for rhythm disturbances," Dr. Ruffy said. "Sudden cardiac arrests kill 300,000 to 350,000 people in the United States each year, most of which are the result of malignant arrhythmias or severe irregular heartbeats." The promise that this number will decrease with the help of the AID lies within our grasp. 



Opposite page; Pride filled the auditorium as the graduates listened to moving and inspirational speeches. Below; Josephine Ann Linhart approaches the stage to receive a \$1,500 Jewish Hospital Auxiliary Scholarship as her reward for ranking highest in the graduating class. Bottom; Cynthia Ann Philippi gets a helping hand on finishing touches from fellow graduate Kathleen Murphy, who was expecting a baby that day.

Farewell To The Class of 1983



The auditorium at Temple Israel was filled with pride, joy and anticipation Jan. 29. The occasion was the 79th commencement ceremony of the Jewish Hospital School of Nursing, officiated this year by **Brenda Ernst, BSN**, vice president. Seventy-two graduates of the Class of 1983 and their families and friends received congratulations and well wishes from a member of the Jewish Hospital board of directors, auxiliary and medical staff, as well as a special address by United States Senator Thomas F. Eagleton. (See sidebar, page 14.)

Jewish Hospital board member **Wallace R. Ruwitch** offered his congratulations to the graduates, saying that their new employers do not know how lucky they are. On behalf of Jewish Hospital's medical staff, **Sidney Jick, M.D.**, president, also

took the podium. "This is the turning point in your career," he said. "It is the high-water mark — a time of increased responsibility, but also of fulfillment."

After their diplomas and nursing pins were presented by Ms. Ernst and **Susan Graves, BSN**, director of the school of nursing, several graduates received special honors.

Josephine Ann Linhart of Granite City, Ill., received a \$1,500 Jewish Hospital Auxiliary Scholarship, awarded annually to the student ranking highest in the graduating class. The award was presented by **Phyllis Langsdorf**, auxiliary president, who said she is looking forward to a continuation of the long and intimate relationship between the nursing school and the auxiliary.



Farewell to the Class of 1983


At right; Lauren Kreisman receives her nursing pin from Susan Graves, director of the school of nursing. Bottom; After the ceremony, the full-fledged nursing graduates share in their delight.

Shirley Cohen, chairman of the Committee on Nursing presented awards to two graduates. The Hattie Waldheim Scholarship of \$500 was awarded to **Catherine Ann Compton** of St. Louis, for finishing second in the class. **Kathleen Johnson Fendelman** of Creve Coeur ranked third in the class and was awarded the J.L. London Nursing Award of \$150.

Ms. Fendelman was chosen by the student body to deliver a speech on behalf of the students. In her address, she called on fellow graduates to have the courage to meet the challenges facing them. "We all love nursing, but, hopefully, we will have the courage to change it PRN (as needed)."

The Franc Honor Awards, donated by

Mrs. Harry Franc, were given to these graduates. For outstanding kindness and consideration to patients, a \$100 bond was awarded to **Donna Louise Klobe** of St. Louis. Two graduates received \$100 bonds for outstanding participation in student activities — **Susann Edna Hopper** of Belleville, Ill. and **Jeanne Marie Zak** of Dellwood. Each year a \$200 bond and a gold key is given to the Level 1 student ranking highest in the class. This year two students shared the honor. **Margaret Chanasue** of Richmond Heights, and **Kathleen Hoffmeyer** of St. Louis, both received 4.0 grade point averages at the completion of their Level 1 courses.

Among the guests at the ceremony was **Edna Malen, R.N.**, who was attending her 50th school of nursing graduation. 





To show the appreciation of the graduates, Katie Fendelman, their chosen spokesperson, invites Eloise Delap, R.N., coordinator, to the podium to receive a special honor.

This year's graduating class included:

Kathleen Ann Bachesta; Mr. & Mrs. James Bachesta; St. Louis, Mo.

Joyce Marie Ballmann; Mr. & Mrs. Charles Ballmann; Washington, Mo.

Linda Sue Litton Becker; Husband-John Becker; St. Louis, Mo.

Brenda Marie Imboden Bluestone; Husband-Jay Bluestone; Manchester, Mo.

Carlyon Denise Boston; Mr. & Mrs. Onesimus Boston; St. Louis, Mo.

Nancy Lynn Brinkmeyer; Mr. & Mrs. J. Allen Brinkmeyer; Clayton, Mo.

Kathy Ann Burke; Mr. & Mrs. John F. Burke; St. Louis, Mo.

Robert James Burns, III; Mr. & Mrs. Robert J. Burns II; St. Louis, Mo.

Elizabeth Jane Butler; Mr. & Mrs. Denver E. Butler; Brentwood, Mo.

Monique Anne Clark; Mr. & Mrs. Franklin R. Clark; St. Louis, Mo.

Catherine Ann Compton; Mr. & Mrs. Robert Compton; St. Louis, Mo.

Brenda Elizabeth Cuddihee; Mr. & Mrs. Jerry Cuddihee; Black Jack, Mo.

Mary Katherine Dennehy; Mrs. Dolores Dennehy; St. Louis, Mo.

Cherie Ann Dowling; Mr. & Mrs. Wilbert Dowling; Caseyville, Mo.

Lisa Ann Dee Ehrhardt; Mr. & Mrs. Robert Ehrhardt; Collinsville, Ill.

Donna Marie Ennis; Mr. & Mrs. Russell J. Ennis; Union, Mo.

Lynn Louise Evola; Mr. & Mrs. Richard J. Evola; St. Louis, Mo.

Sette Sylvia Farache; Mr. & Mrs. Isaac Farache; Creve Coeur, Mo.

Kathleen Johnson Fendelman; Husband-Don Fendelman; Creve Coeur, Mo.

Kelly Ann Foran; Mrs. Karen B. Heintzelman; Florissant, Mo.

Barbara Jean Franich; Mr. & Mrs. George Franich; Madison, Ill.

Tina Mary Gibbar; Mr. & Mrs. James H. Gibbar, Jr.; Perryville, Mo.

Cynthia Marie Giuliani; Mr. Richard Giuliani; Sullivan, Mo.; Mrs. Alice Susan Husky; St. Louis, Mo.

Elizabeth Ann Mohr Green; Mr. & Mrs. Anton P. Mohr; St. Louis, Mo.

Ann Marie Hall; Mr. Calvin Hall; University City, Mo.

Susann Edna Hopper; Mr. Joe Hopper; Minot Air Force Base, North Dakota; Mrs. Doris Hopper; Belleville, Ill.

Lavern Jamison; Mr. & Mrs. James E. Jamison; St. Louis, Mo.

Laury Ann Kamp; Mr. & Mrs. Richard G. Kamp; St. Louis, Mo.

Mary Patricia Kingsland; Mr. & Mrs. Robert D. Kingsland; St. Louis, Mo.

Donna Louise Klobe; Mr. & Mrs. Joseph R. Klobe; St. Louis, Mo.

Dorothy Ann Komos; Mr. & Mrs. Henry T. Komos; St. Louis, Mo.

Deborah Anne Konarski; Dr. & Mrs. Sigmund W. Konarski; Fairfield, Ill.

Lauren Jay Kreisman; Mr. & Mrs. Stuart Kreisman; St. Louis, Mo.

Susan Lee Kreisman; Mr. & Mrs. Stuart Kreisman; St. Louis, Mo.

Cynthia Ann Lefton; Dr. & Mrs. Robert F. Lefton; St. Louis, Mo.

Josephine Ann Linhart; Mr. & Mrs. Joseph J. Linhart; Granite City, Ill.

Karen Marie Louis Koehneman; Husband-Michael Koehneman; St. Louis, Mo.

Deborah Marie Kemp Loyd; Husband-Dennis J. Loyd; St. Louis, Mo.

Diana Sonya McClendon; Mrs. Ivella McClendon; University City, Mo.

Joan Marie McDonald; Mr. & Mrs. Charles McDonald; Florissant, Mo.

Ann Catherine Mahoney; Mr. & Mrs. Gerald P. Mahoney; St. Louis, Mo.

Janice Lynn Marshall; Mr. & Mrs. Wayne Marshall; St. Louis, Mo.

Markeita Azon Moy; Mrs. Clara Moy; East St. Louis, Ill.

Lisa Ann Krueger Mughal; Husband-Sultan Mughal; Hazelwood, Mo.

Renee Beth Muich; Mr. & Mrs. Stephen P. Muich; O'Fallon, Mo.

Kathleen Gaye Fields Murphy; Husband-Chester Murphy; Webster Groves, Mo.

Janet Marie Myler; Mr. Bernard E. Myler; Fairview Heights, Ill.

Barbara Ann Nevinger; Mr. & Mrs. Donald K. Nevinger; Collinsville, Ill.

Joyce Linda Smith Payne; Mr. & Mrs. Earl V. Smith; St. Louis, Mo.

Cynthia Ann Philippi; Mr. & Mrs. Robert J. Philippi; Manchester, Mo.

Joy Virginia Hiller Porter; Husband-Robert L. Porter IV; St. Louis, Mo.

Tracy Ann Renner; Mr. & Mrs. George Renner; Belleville, Ill.

Terri Lynne Roe; Mr. & Mrs. Bennie Roe; West Frankfort, Ill.

Margaret Suzanne Wells Schicker; Husband-Stephen F. Schicker; St. Louis, Mo.

Barbara Jeanette Schoemehl; Mr. & Mrs. Bernard Schoemehl; St. Louis, Mo.

Catherine Ann Schrautemeier; Mr. & Mrs. Richard L. Schrautemeier; Jennings, Mo.

Diane Marie Jones-Smith; Husband-Stephen A. Smith; St. Ann, Mo.

Ruby Sheryl Stephens; Mr. & Mrs. James B. Stephens; St. Louis, Mo.

Carolyn Lee Stokely; Mr. & Mrs. Joe D. Stokely; St. Louis, Mo.

Marilyn Elizabeth Szczepanik; Mr. & Mrs. Charles J. Szczepanik; Granite City, Ill.

Elaine Joyce Thomas; Mr. & Mrs. Joseph E. Thomas; Belleville, Ill.

Barbara Ann Tully; Mr. & Mrs. John H. Tully; Florissant, Mo.

Jane Marie Voegele; Mr. & Mrs. Frederick J. Voegele; Smithton, Ill.

Monica Kay Wadlow; Mr. Ronald J. Wadlow; Edwardsville, Ill.; Mrs. Joy Thompson; Hamel, Ill.

Judith Anne Wehrle; Mr. & Mrs. George E. Wehrle; St. Louis, Mo.

Stephanie Rita Hoskins White; Husband-Timothy White; St. Louis, Mo.

Vivian Marie Wilson; Mr. & Mrs. Bradie Wilson; St. Louis, Mo.

Sally Jo Wingerter; Mr. & Mrs. William P. Wingerter; Perryville, Mo.

Laura Lee Prater Wise; Husband-Kevin Wise; Collinsville, Ill.

Jamie Michel Stone Wunderlich; Husband-Thomas Wunderlich; West Alton, Mo.

Jeanne Marie Zak; Mr. & Mrs. Nicholas Zak; Dellwood, Mo.

Farewell to the Class of 1983

The 72 Jewish Hospital School of Nursing graduates look up to a bright future.



Senator Eagleton on Nursing

“You are entering the nursing profession at what I believe to be the most challenging time of the profession. The complexity of today’s health care settings will lead you to many diverse responsibilities,” said U.S. Sen. Thomas F. Eagleton to open his address to the 1983 Jewish Hospital School of Nursing graduating class.

The bulk of Eagleton’s speech dealt with the problems and challenges facing today’s health care industry, the largest being that of controlling the spiralling cost of Medicare, which, he said, is expected to reach \$72.5 billion by 1985.

The Medicare program falls in the federal budget category of entitlement programs. These are so-called uncontrollables because their growth is linked to population, demographics and income shifts. Other such programs include Social Security and student loans. Eagleton said this budget

category has grown to 47 percent of the total federal budget, and when combined with the mandatory interest on the debt, rises to 62 percent. “These figures make health care and its associated costs one of the hottest topics in Washington,” he said.

As members of the largest professional component of the health care system — a system that represents almost 10 percent of the gross national product — the graduates were challenged to take some of the responsibility for the adjustments that will be necessary to achieve reasonable costs for quality care. “After decades of working in the shadow of other health professionals, nursing has emerged into full partnership,” he said. “As part of that emergence and full acceptance of an expanded role for the nursing profession, you will be challenged to help devise the check on health care costs that are squeezing government, business and individuals.”



Now Hear This

More than 24 million people in this country are symptomatically hard of hearing, but only a small percentage have ever consulted a physician for their problem. Interest in the subject of hearing loss was evident by attendance at the Associates in Medicine Wine and Cheese program, featuring ear, nose and throat specialist **Norman Druck, M.D.** Approximately 150 people attended the Jan. 8 function, when Dr. Druck discussed the causes and types of hearing loss and treatments available.

Hearing loss can be caused by noise, injury, illness and old age. Hearing can be divided into the following levels:

Symbolic hearing is the level of abstract thinking and allows communication and instruction.

Warning-level hearing includes bells,

sirens, horns and other warning sounds. The ability to distinguish distance and direction of sounds is also at this level.

Affective hearing is the most primitive and its loss most profound. It is at this level that background sounds — sounds that couple man to his environment — are present. "This lets us know there is life around us," says Dr. Druck. Persons who lose hearing at this level often suffer a sense of isolation from their environment as well as depression.

The main function of the ear is to transmit mechanical sound waves into electrical energy that the brain can sense. The cells that actually perform this function are hair cells located in the cochlea (see illustration). A nerve bundle leading from the cochlea into the brain stem transmits nerve impulses. Because the inner ear

mechanisms are so delicate, many problems can arise here leading to hearing losses.

A hearing test using an audiometer is necessary to determine the type and severity of hearing loss. The test consists of a series of tones presented to the patient. This tells the audiologist how much sound must be present at each frequency for patient detection. The ability to understand speech is tested by presenting standard word lists at sound levels above the patient's hearing threshold.

A hearing loss can be either congenital or acquired. A lengthy list of noxious prenatal influences can cause congenital hearing loss, such as Rubella and other viral illnesses, jaundice caused by RH disease, prematurity and various drugs such as



At left; The audience had an opportunity to examine models of the different types of hearing aids. Above; Norman Druck, M.D., explains the importance of having an ear examination and hearing test before purchasing a hearing aid, because of the many different devices on the market.


“From 16 to 25 million Americans can benefit from amplification (hearing aides), but a very small percentage have them.”

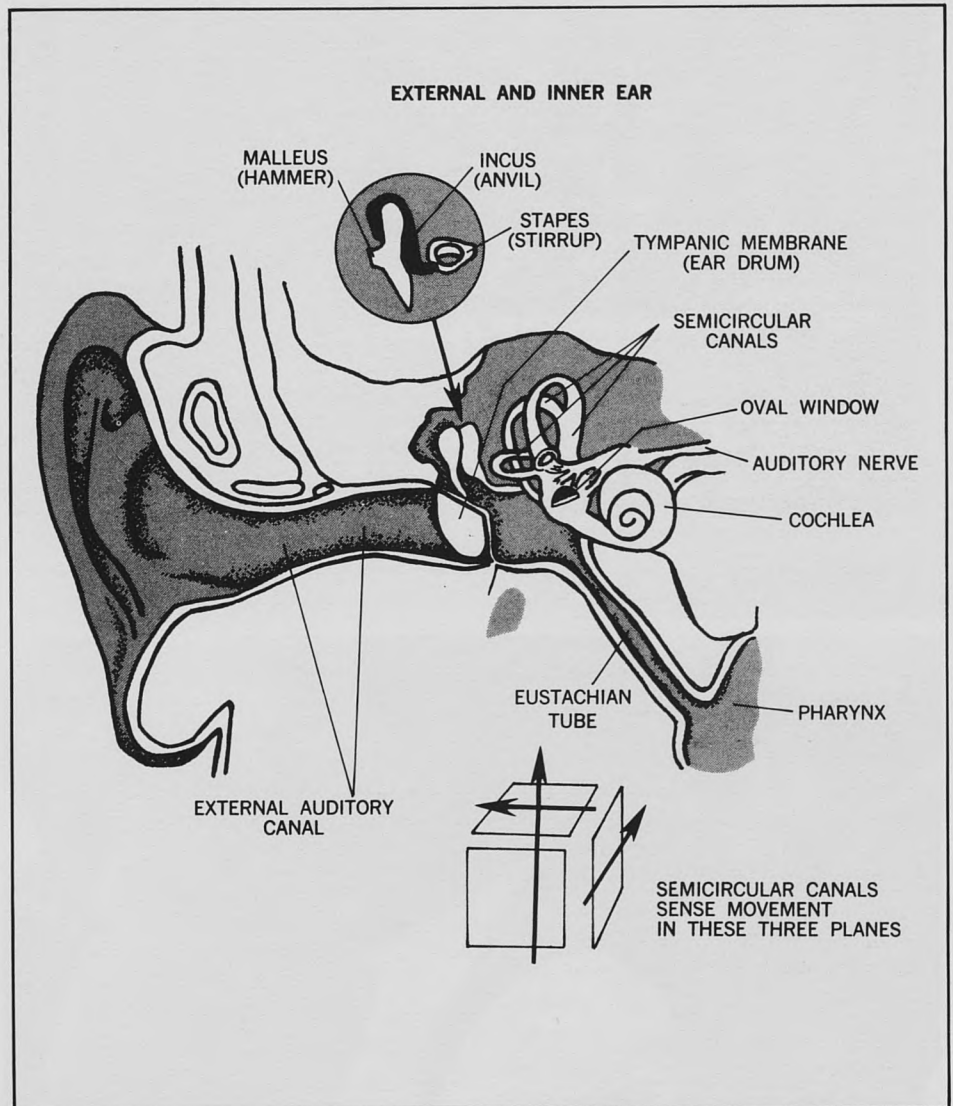
nicotine and alcohol, which reduce the oxygen supply to the fetus.

Acquired hearing loss can be caused by infectious diseases such as meningitis, viral infections including measles, chicken pox and mumps. Acute middle ear infections brought on by colds or upper respiratory infections can cause a swelling in the eustachian tube connected to the back of the throat. When fluid builds in the eustachian tube it causes pressure on the eardrum and can rupture it. Between 95 and 98 percent of all children have at least one ear infection before the age of five, according to Dr. Druck. In chronic or recurrent cases, tubes are inserted through the eardrum to drain the fluid and ventilate the ear. This stops repeated scar tissue from forming on the eardrum and damage to other ear structures.

Aging is responsible for a great deal of hearing loss. As a person gets older the cells in the cochlea die and are not replaced. From 1965 to 1977 the number of hearing impaired persons increased by 90 percent, largely due to a longer living population and to years of tremendous noise exposure.

“From 16 to 25 million Americans can benefit from amplification (hearing aides), but a very small percentage have them,” says Dr. Druck. He attributes this to “a tremendous embarrassment in wearing a hearing aid. I know of no other common disability that so many people refuse to accept in themselves. Almost everyone with a significant hearing problem can be helped in some way,” says Dr. Druck. He recalled a man who went for nine months without hearing, simply because of a wax build-up in his ears.

Dr. Druck discussed the types of hearing aides available and the advantages and disadvantages of each while passing around sample models to the audience. He then fielded questions before the group adjourned to a wine and cheese buffet. 



Dr. Druck explained the anatomy of the ear, illustrated above. The ear is divided into three main sections. The external ear, consisting of the external auditory canal, is separated from the middle ear by the tympanic membrane (eardrum). The middle ear is an irregular cavity in the temporal bone. On one end, it is joined to the eustachian tube, which connects to the throat. The other end of the middle ear opens into the mastoid antrum. Three small bones, called ossicles, extend from the tympanic membrane to the inner ear. These are the malleus, incus and stapes. The inner ear consists of the cochlea, containing the sensory receptors for hearing and the semicircular canals, which contain receptors for equilibrium and sense of position. Reprinted with permission of F.A. Davis Publishing Company.



A record crowd listened intently as Dr. Druck discussed the advantages and disadvantages of each variety of hearing aid.

Dedicated to Friend Raising

The Associates in Medicine of the Jewish Hospital of St. Louis, a "friend raising" organization, was formed in 1968 as a public relations organization for the hospital. Under the direction of Julian L. Meyer, the first president, the group formulated its purpose: "to promote and advance the welfare of the Jewish Hospital, and to interpret to the public the complexities of modern technology as they relate to patient care, medical education, and research."

As the organization celebrates its 15th anniversary, the many members who have worked to promote the hospital can take pride in free community education programs, a large number of gifts to the hospital and an annual dinner each year.


Gifts through the years, which total into the thousands of dollars, include a portable kidney machine, a specially equipped van for recreational therapy department programs, an obstetrics/gynecology ultrasound-scanner, a closed-circuit video unit, camera and existing films to begin the

hospital's channel 8 closed-circuit educational television station, money for installation of the "Pills on Wheels" system, a choleoscope for bile duct surgery, emergency room telemetry equipment and, most recently, a nephroscope for the department of urology.

Through the speakers' bureau, guest speakers from the hospital's staff of physicians, administrators and specialists have lectured on a wide range of medical topics for any requesting organization.

Community education is the goal of the Associate's quarterly Wine and Cheese Programs, in which a medical topic of interest is presented, free to the public, followed by a wine and cheese buffet. Recent programs include "Sun: The Skin Sin," by **Lawrence Samuels, M.D.**, "Family and Marriage Relationship," by Rev. Bill Little, "Common Colds and Flu," by **Harvey Liebhaber, M.D.**, "Everything You Wanted to Know About Allergies... But Were Afraid to Ask," by **Gerald Shatz, M.D.**, and "Mid-Life Crisis

and the Need for Hormones," by **Louis Avioli, M.D.**

The Associates also sponsor an annual dinner featuring an educational speaker such as **Milton Rubin, Ph.D.**, who last year presented "Some People Are Happy... Who Are They?" The annual dinner is for members only. Membership in the Associates in Medicine is open to all community members interested in the hospital. For more information call 454-7239. 

Past President's of the Associates In Medicine

1968-1969 Julian L. Meyer
 1969-1971 Donald Gallop
 1971-1972 Robert Wegusen
 1972-1974 M. Norman Orgel, M.D.
 1974-1975 David Pasternak
 1975-1976 Ralph Graph, M.D.
 1976-1978 Richard Meyerhardt
 1978-1980 Lester Seasongood
 1980-1982 Robert L. Kaufman, M.D.
 1982- Ronald Ross

Characterized by the body's inability to store and use carbohydrates, diabetes causes an insufficient circulation of insulin, which serves to properly metabolize or store sugar as it accumulates in the blood.



Below left to right; Audrey Adreon (Mrs. Leonard), Peggy Ross (Mrs. Donald), Ms. Levinsohn and Ms. Pasch discuss the philosophy behind the new diabetes support group at one of the group's first organizational meetings. At right; Addie Sanders.



Emotional Support From Those Who Know

The day-to-day adjustments a newly diagnosed diabetic must make to manage the disease often seem insurmountable. Gone are the days when anything on a restaurant menu or an appetizer tray is fair game. Now, he must worry about food intake, urine tests and insulin production, which he learns during a hospitalization. His physicians are there to answer all his medical questions and family members and friends try to be supportive, but no one can understand his feelings except someone who is suffering from the same disease and has learned to cope with it.

Realizing this and seeing the work done by other support groups at Jewish Hospital, **Peggy Ross**, (Mrs. Donald), then vice president of volunteer services in the Jewish Hospital Auxiliary, began the organization of a volunteer group to help people recently diagnosed with diabetes through the necessary adjustments. Thus, with the help of **Marvin Levin, M.D.**, an internist specializing in diabetes and endocrinology, who helped in the formation and training structure for the program, the dream of the Jewish Hospital Auxiliary-sponsored diabetes support group became a reality. The group is designed to provide reassurance to patients that diabetes does not have to alter a person's quality of life. The patient with diabetes who feels anxious and worried, will be able to talk to a volunteer who has successfully managed the disease.

"The volunteers will be psychologically and emotionally supportive. They will be there to say, 'I have diabetes and it's o.k.'," says **Deborah Pasch, R.N.**, chairperson of Jewish Hospital's diabetes committee.

What Is Diabetes?

Characterized by the body's inability to store and use carbohydrates, diabetes causes an insufficient circulation of insulin, which serves to properly metabolize or

store sugar as it accumulates in the blood. The result is that the body must use its fat and protein for energy. This causes symptoms ranging from a marked increase in urination, hunger, thirst, unexplained fatigue, to coma and other serious complications.

Although there is as yet no known cure, diabetes is controllable through diet or insulin therapy. All patients with diabetes must learn to count every carbohydrate and protein value they take into their bodies. Many times, especially in adult-onset diabetes, a well-balanced meal is all

The patient with diabetes, who feels anxious and worried, will be able to talk to a volunteer who has successfully managed the disease.

that is necessary to keep the disease under control. Some diabetics, however, must make insulin injections as much a part of their daily routine as brushing their teeth.

Volunteers for the support group are carefully screened by **Elaine Levinsohn**, director of volunteer services, **Pat Harper, R.N.**, assistant director of nursing, and Ms. Pasch. The volunteers must have diabetes and demonstrate their ability to carry on a normal lifestyle while managing the disease. They are required to participate in a training course before being allowed to visit patients. Volunteers are instructed not to discuss any medical questions the patients may have, but to refer those questions to the patient's physician.

The patient's primary nurse or the patient himself may recommend to the attending physician that a visit be made by a volunteer. The physician then must approve that visit. "From there, we try to match a volunteer to the patient in terms of age, sex, social habits and how they

manage the disease," says Ms. Levinsohn. "All those involved feel strongly that when a patient with diabetes leaves Jewish Hospital, he or she will be better prepared to be in the 'main stream' of life again."


Who Are The Volunteers

Two volunteers who are available to share their own experiences with diabetes are **Addie Sanders**, of Jewish Hospital's admitting office and auxiliary member **Audrey Adreon** (Mrs. Leonard).

Ms. Sanders, who has had diabetes for four years, is able to manage the condition through diet. She has not yet visited any patients, but is anxious to begin. "I feel I may be able to help someone and in doing so I can help myself. I have six children, some of whom might get the disease. What I learn as I help others I might be able to pass on to my children."

After she was told she had diabetes, Ms. Sanders says she, too, felt a little nervous. "For a few days I felt like I didn't want to tell anyone, as if I were denying the condition. But, since then, I've realized that your world certainly doesn't come to an end and it's just something you have to live with."

Ms. Adreon can verify that statement as she has been managing juvenile on-set diabetes with insulin and diet for 46 years. "I have lived a very full and active life. I've raised three healthy children. I travel extensively and I volunteer for several organizations." Among the ways Mrs. Adreon feels she can contribute to the support group is by possibly helping adults whose children have been recently diagnosed as having diabetes.

If you have diabetes and feel, like Ms. Sanders and Ms. Adreon, that you can help someone else deal with the condition by joining the diabetes support group, please contact Elaine Levinsohn, 454-7130. 

Jewish Hospital News Briefs

Jewish Hospital has been awarded three-year accreditation by the Joint Commission on Accreditation of Hospitals. Three surveyors spent several days reviewing hospital operations and grounds in November. They awarded the hospital the maximum accreditation on Jan. 27 at a time when many hospitals are having difficulties receiving accreditation. JCAH cited only minor recommendations for improvements here.

Medical Staff Notes

Leonard Berg, M.D., published an article, "Mild Senile Dementia of Alzheimer Type," appearing in the November 1982 issue of *Journal of Neurology, Neurosurgery, Psychiatry*. Dr. Berg was elected to the executive committee of the American Board of Psychiatry and Neurology.

John E. Buerkert, M.D., co-authored with D. Martin and D. Trigg "Acid Handling by Deep and Surface Nephrons of the Remnant Kidney," and Dr. Buerkert, E. Simon and D. Martin co-authored "Effect of acute metabolic acidosis on ammonium production by the proximal tubule," both appearing in the *American Society of Nephrology Abstracts 15th Annual Meeting, 1982*, page 137A and page 146A, respectively. Dr. Buerkert presented the abstracts at the American Society of Nephrology 15th Annual Meeting in December 1982, Chicago, Ill. In October, Dr. Buerkert was elected to the board of directors Renal Transplant Association.

Raymond S. Dean, Ph.D., authored a chapter, "Neuropsychological Assessment," in the book *Advances in Psychology*, November 1982, Ed. #12. He gave a talk in November on "Neuropsychological Aspects of Childhood Learning Disorders" at Southern Illinois University Medical School.

Alvin Frank, M.D., gave a talk on "Reconstruction, Psychoanalytic Research and Development Fund" in New York City in September, October and December. He also spoke in December on "Anti-Semitism Psychoanalytic Research and Development Fund." Dr. Frank attended the American



Jewish Hospital is one of only two sites in the world performing sophisticated screenings to detect the early stages of osteoporosis. The disease predominantly strikes women, reducing bone mass and weakening the skeletal structure. Early detection allows physicians to prescribe a calcium supplement, which lessens the disease's effects later in life. The Gual photon equipment was purchased for the department of bone and mineral metabolism by the Jewish Hospital Auxiliary. Referral from a physician is necessary to schedule a screening. A screening lasts about 90 minutes, is non-invasive and is completely painless.

Psychoanalytic Association and Editorial Board, Psychoanalytic Glossary and Compendium in New York City in December.

Robert D. Fry, M.D., was elected to a one-year chairmanship of the Division of Colon and Rectal Surgery Southern Medical Association effective November 1982.

Michael J. Gast, M.D., was appointed president-elect of the Missouri Perinatal Association, effective January 1983.

Alvin Goldfarb, M.D., attended the American College of Surgeons Clinical Congress annual meeting in Chicago, Ill., in October.

Irving I. Gottesman, Ph.D., wrote an article, "The Schizophrenia Puzzle," that appeared in the fall 1982 *Washington University Magazine*.

Jay W. Haines, M.D., co-authored with **Michael Fallon, M.D.**, a paper, "Cystic Parathyroid Gland Hyperplasia-Hyperparathyroid Presenting as a Neck Mass," appearing in *The American Journal of Clinical Pathology*, January 1982.

Jack Hartstein, M.D., has been invited to lead a symposium on "Contact Lenses and the Treatment of Corneal Disorders" at the Sixth Annual Meeting of the Ahmedabad Academy of Ophthalmology Meeting in Ahmedabad, India, on Sept. 16, 17 and 18, 1983. The symposium will deal with medical and surgical diseases of the cornea.

Joseph Hazan, M.D., attended a convention on "Perinatal Resources" in Columbus, Ohio, in October.

Godofredo Herzog, M.D., attended the Bio-Behavioral Foundation convention on "Premenstrual Syndrome" in December in Houston, Texas.

Keith Hruska, M.D., co-authored with S. Khalifa and S. Mills, "Parathyroid hormone inhibits voltage dependent calcium uptake in brush border membrane vesicles of canine proximal tubule cells," which was published in the *American Society Nephrology 15th Annual Meeting, 1982*, page 8A. His article, "Parathyroid hormone stimulates phospholipid phospho-

rylation and turnover in basolateral membranes of renal tubular cells in vitro," co-authored with P. Esbrit, appeared in the same abstract on page 5A; "The role of the kidney and the skeleton in the metabolism of biologically active and inactive bovine PTH 1-34," co-authored with J. Lewis, **K. Martin, M.D.** and **E. Slatopolsky, M.D.**, page 11A. The meeting took place in December in Chicago, Ill.

Thomas E. Lackner, Pharm. D., Diane Baldus, R. Ph., C. David Butler, Pharm. D., Cheryl Amyx, M.T., and Gerald Kessler, Ph.D., co-authored an article, "Lidocaine Stability in Cardioplegic Solution Stored in Glass Bottles and Polyvinyl Chloride Bags," appearing in the January 1983, Vol. 40, *American Journal of Hospital Pharmacy*.

Marvin E. Levin, M.D., recently published a two-part article on "Diabetes and Aging," in *Geriatrics*. The first part appeared in the December 1982 edition entitled "Diabetes: The Geriatric Difference." The second part, which appeared in the January 1983 issue, was entitled "Diabetes: Geriatric Complications." He also wrote a chapter, "Diabetes and Aging," in the book *Care of the Geriatric Patient*, written by **Franz Steinberg, M.D.**

Morton Levy, M.D., gave a talk titled "Update on Breast Cancer," to the Reach to Recovery Council of Missouri in Jefferson City, Mo., in October. He attended the American Cancer Society First National Medical Affairs Conference in San Antonio, Texas, in September 1982. Dr. Levy was elected to the executive committee of the board of directors of the American Cancer Society, Missouri Division, effective October 1982.

Alan P. Lyss, M.D., attended the American Society of Hematology National Meeting in December in Washington, D.C., and the Southeastern Cancer Study Group Annual Meeting in January in Charleston, S.C.

J. David Malone, M.D., co-authored with **S.L. Teitelbaum, M.D.**, **G.L. Griffin, M.D.**, **R.M. Senior, M.D.**, and **A.J. Kahn, M.D.**, "Evidence for the recruitment of osteoclast precursors by purified bone

matrix constituents," in the *Journal of Cell Biology*, 92:227-230; he co-authored with Dr. Kahn and Dr. Teitelbaum, "Osteoclast precursors, mononuclear phagocytes, and bone resorption," *Transactions of the American Association of Physicians*, SCIV: 267-278, and "Dissociation of organic acid secretion from macrophage mediated bone resorption," *Biochemical and Biophysical Research Communications*, 108:468-473. Dr. Malone co-authored with Dr. Kahn, Dr. Teitelbaum and M. Krukowski, M.D., "The relationship of monocytic cells to the differentiation and resorption of bone," for the Proceedings of the 3rd International Conference on Limb Morphogenesis and Regeneration. Dr. Malone also co-authored these abstracts, submitted and accepted for oral presentation: "The relationship of monocytic cells to the differentiation and resorption of bone," with Dr. Kahn, Dr. Teitelbaum and Dr. Krukowski, at the 3rd International Conference Limb Development and Regeneration in Connecticut, June 1982; and "Effects of glucocorticoid on macrophage-mediated bone resorption," with Dr. Teitelbaum and Dr. Kahn, at the 1st International Colloquium on Glucocorticoid Effects, Siena, September 1982. Dr. Malone was elected to the Medical Staff Council of The Jewish Hospital of St. Louis.

Barry Milder, M.D., has been elected acting chief of Pediatric Ophthalmology, effective February 1983, for the Washington University Department of Ophthalmology.

Carlos A. Perez, M.D., has published several papers recently: "Impact of Irradiation Technique and Tumor Extent in Tumor Control and Survival of Patients with Unresectable Non-Oat Cell Carcinoma of the Lung," co-authored with K. Stanley, G. Grundy, W. Hanson, P. Rubin, S. Kramer, L.W. Brady, J.D. Marks, R. Perez-Tamayo, G.S. Brown, J.P. Concannon and M. Rotman, appearing in *Cancer*, Sept. 15, 1982, #6; "Is Postoperative Irradiation Indicated in Carcinoma of the Lung?" *International Journal of Radiation Oncology Biology Physics*, November 1982, #11; "Carcinoma of the Tonsillar Fossa. Nonrandomized Comparison of Preoperative Radiation and Surgery or Irradiation

Alone: Long-Term Results," *Cancer*, December 1982, #11, co-authored with J.A. Purdy, S.R. Breaux, **J.H. Ogura, M.D.**, and S. Von Essen. Dr. Perez gave these presentations: "Carcinoma of the Prostate, A Vexing Biological and Clinical Enigma," to the American Society of Therapeutic Radiology, Oct. 25 to 29, in Orlando, Fla.; "External Irradiation of Carcinoma of the Prostate Localized to the Pelvis," to the Radiological Society of North America, Nov. 28 to Dec. 3, in Chicago, Ill.; "Introduction to Clinical Hyperthermia," at the dedication at Rush-Presbyterian-St. Luke's Medical Center, Oct. 22, in Chicago. Dr. Perez participated in a panel discussion on "Radiation Therapy as a Local Primary Management of Breast Carcinoma" at the 1982 Cancer Update held in November in Merrillville, Ind. Dr. Perez also was elected chairman of the board of the American Society of Therapeutic Radiologists, effective October 1982.

Thomas R. Pohlman, M.D., published "Effects of Prostacyclin on Short Circuit Current and Water Flow in The Toad Urinary Bladder," co-authored with Jesse Yates, Phillip Needleman and Sauiu Krahn, to appear in the *American Journal of Physiology*.

Arthur L. Prenskey, M.D., in November gave a talk at the University of Ohio-Toledo on "Meningitis," and a talk on "Meuke's Disease" at the University of Chicago Michael Reese Hospital. Dr. Prenskey attended a Teamsters Union International Organization of Medical Faculties convention in Las Vegas, Nev., in December.

Kenneth L. Russ, Ph.D., attended a conference entitled "Headache: Diagnosis and Treatment." The conference met in Scottsdale, Ariz., Jan. 12 to 15, 1983, and was sponsored by the American Association of the Study for Headache.

Richard Sisson, M.D., has been promoted to associate professor of surgery (clinical), effective December 1982.

Morton Smith, M.D., recently was named associate secretary for education of the American Academy of Ophthalmology.

Jewish Hospital News Briefs

Jules Snitzer, DDS, served as a member of the faculty on Nov. 20, 1982, for a Continuing Education Course for the Dental Hygienist, sponsored by Washington University School of Dental Medicine and the Greater St. Louis Dental Hygiene Association.

Samuel Soule, M.D., gave a talk on "War Time Medicine 1982" to the United Daughters of the Confederacy in October. In his column on "Our Medical Ancestors," Dr. Soule wrote about Richard F. Barret, M.D., and Lewis Linn, M.D., on "The Cholera Epidemic of 1849"; Victor Fourceaud, M.D., and Montrose A. Pallea, M.D., on "Medicine and Pharmacy;" Ellsworth F. Smith, M.D., and Benjamin Shumand, M.D., on "Caius to Keyes; 1510 to 1982."

Franz U. Steinberg, M.D., is the editor and author of three chapters, "The Aging of Organs and Organ Systems," "Evaluation and Treatment of the Geriatric Patient" and "Rehabilitation Medicine," in the newly published book, *Care of the Geriatric Patient*, C.V. Mosby Co. The following members of the Jewish Hospital staff have contributed chapters to the book: **Louis V. Avioli, M.D.**, "Aging, Bone and Osteoporosis"; **Rose E. Boyarsky, Ph.D.**, "Sexuality in the Aged"; **Aaron Birenbaum, M.D.**, with **Marti Figlioli, R.N.**, "Coordinated Home Care"; **Robert E. Kleiger, M.D.**, "Cardiovascular Disorders"; **Marvin E. Levin, M.D.**, "Diabetes Mellitus," **Octavio deMarchena, M.D.**, with **Michael H. Brooke, M.D.**, "Muscle Diseases of the Aged"; **Ben H. Senturia, M.D.**, "Otolaryngologic Aspects of Geriatric Care"; Edward M. Wolin, M.D., "Cancer in the Geriatric Patient," and **Samuel D. Soule, M.D.**, "Gynecologic Disorders."

Herbert Sunshine, M.D., attended a convention on "Endourology," in November at the University of Minnesota Department of Urology and Radiology, Minneapolis, Minn.

Stanley Thawley, M.D., authored a chapter, "Otolaryngology" in the textbook, *Basic Surgery*, Polk & Stone. He published an article on "The Use of Sclera in Tympanic Membrane Reconstruction," appearing in the December 1982 issue of *Laryngoscope*.

Elliot A. Wallach, M.D., attended the American Academy of Dermatology convention in New Orleans, La., in December. Dr. Wallach was elected trustee and chairman of the public information committee of the Dermatology Foundation.

Todd Wasserman, M.D., gave a talk on "Radiation Sensitizers," to the Mayo Clinic Oncology Society, Rochester, Minn., Jan. 6, 1983 and on "Radiation and Chemotherapy Protectors" at the same seminar, Jan. 7, 1983. Dr. Wasserman co-authored with C.L. Silverman and D.S. Strayer the article, "Primary cutaneous Hodgkin's lymphoma," in *Archives of Dermatology*, Vol. 118, No. 11, pages 918 to 921, 1982.



Bernard Lytton, the Lawrence Aronberg visiting professor from Yale University, spoke on "Ancillary Aids to Stone Surgery" and "Renal Ischemia," Jan. 21 and 22, at Jewish and Barnes Hospitals.



At left; Harlan J. Weisler, executive secretary of the United Ostomy Association of Greater St. Louis presents a \$5,000 check to Ira Kodner, M.D., right, director of the section of colon and rectal surgery at Jewish Hospital. The money will provide ostomy related supplies to indigent patients. Below; Sidney Jick, M.D. internal medicine, left, presented Richard G. Sisson, M.D., surgery, with a plaque and an attache case in appreciation for Dr. Sisson's two-year service as president of the Jewish Hospital Medical Staff Association. Dr. Jick has assumed the position of association president, effective November 1982 to November 1984.



Profiles in Jewish Hospital



Siegmund Halpern

Siegmund Halpern left Austria in 1938 when Adolph Hitler and his troops marched in. Along with his family, Mr. Halpern moved to St. Louis and, with his late brother-in-law Max Waltuch, established Modern Jacket Co. Mr. Halpern said when he emigrated from Europe, a lot of people did not know where St. Louis, Missouri was. He thinks this city is deserving of greater recognition, a philosophy that has shaped much of his adult life.

"It is a great city, a wonderful place to live and raise a family. That is why I have been so involved in the community. St. Louis has been very good to me and I want to give back to it."

Mr. Halpern has served the community in many capacities. He is past president of the St. Louis Jewish Federation; trustee of the Jewish Community Centers Association; on the boards of The Jewish Hospital of St. Louis, the Council of the Conference of Christians and Jews, the Joint Distribution Council and the National Council of Jewish Federations; past board member of B'Nai Amoona Temple and the *St. Louis Jewish Light*.

"I came from a family that was always involved, so I grew up that way. I once gave thought to the epitaph I would want on my gravestone, and I've decided I would want it to read 'He Cared.'"

Not surprisingly, Mr. Halpern has found his Jewish Hospital board membership a very rewarding experience. "The hospital does so much good and offers so much help. So much good is done on a pure human level."

Mr. Halpern joined the board of directors in 1976, retired in 1977 to serve as president of the St. Louis Jewish Federation, and was re-elected in 1979. He said he derives much personal satisfaction and enjoyment from his Jewish Hospital membership. "I feel like I am part of a continuous process of achievement. Jewish Hospital is an exciting, moving place; it is progressive. I want to be part of it, and I look forward to being involved in the hospital for a long time, serving where needed."

Siegmund and Helene Halpern have two daughters and three grandchildren.



Franklin Jacobs

Franklin Jacobs' feels an indebtedness to Jewish Hospital that goes to the core of his life — in his opinion, had his son not been born at The Jewish Hospital of St. Louis, he probably would not have lived. Fifteen years ago, when the boy was born, complications arose. "The health care, the nurses, the caring attitude was so incredible. They really worked for my son. And I wasn't on the board then. Nobody there knew me. They just really cared a lot about the patient — and I think that's what saved his life."

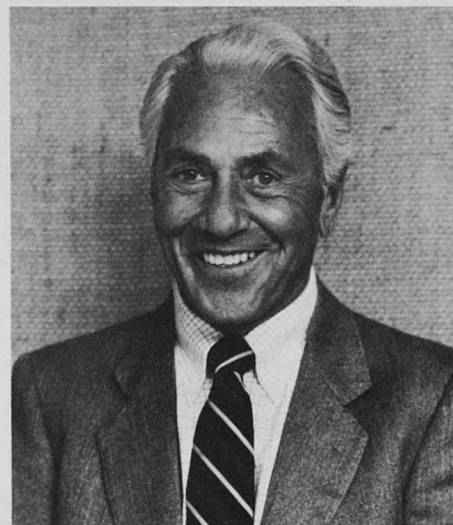
Five years later, in 1973, Mr. Jacobs joined the hospital board, and over the past 10 years he has served on the professional planning and community relations committees. In addition, as chairman of Falcon Products, Inc., manufacturers of furniture for use in commercial food services, Mr. Jacobs has been instrumental in many of the hospital's refurbishing programs. Still, he believes, "In truth, I have not given as much to Jewish Hospital as I have received."

Much of Mr. Jacobs personal satisfaction from his board membership derives from working for an institution that is, in his opinion, "a leading teaching hospital that educates physicians, provides the finest facilities and offers care to those who can't otherwise afford it. I have gained a real knowledge of how a hospital works, and I have learned from the dedication of those people who are involved."

In addition to Jewish Hospital's board, Mr. Jacobs also serves on the boards of Webster College (now Webster University), CORO Foundation, the St. Louis Jewish Federation, the executive council of the Boy Scouts of America, and he is chairman of the National Conference of Christians and Jews and chairman of the board of Landmark Bank of Ladue.

"I have always felt that I should put something back into the community. My antecedents who came to St. Louis generations ago were helped out and I feel that I have done well at what I've chosen to do. I want to give back to the community. It comes full circle."

Mr. Jacobs and his wife, Joyce, have six children.



Robert Wolfson

Robert Wolfson moved from Kansas City, MO, to St. Louis in 1947 and within one year felt an affinity to Jewish Hospital when his wife gave birth to their first son here. Two other children were later born at Jewish Hospital, all of whom, Mr. Wolfson said, "received expert, high quality care. So my interest in this hospital began early."

His involvement escalated when, in 1968, Mr. Wolfson was invited to join the hospital's board of directors.

During the past 15 years, Mr. Wolfson has served on the finance and budget, professional policy and community relations committees. He also spends time helping with fund raising efforts.

Mr. Wolfson is chairman of the board of the Jewish Community Centers Association, a trustee of Brandeis University and serves on the board of governors of Westwood Country Club. He has been active in fund raising for Children's and Cardinal Glennon hospitals and has served on the boards of the Jewish Federation and Jewish Center for the Aged.

"Of all the boards I have ever served on, Jewish Hospital's is the most unique. There is such an unusual interplay of professional leadership, lay leadership and medical staff. Through board and community activities, there is an opportunity to really participate and have a voice."

Mr. Wolfson commutes from Florida, where he and his wife, Ethel, are based in their Miami condominium. In addition, he has many other time demands: presently, he is chairman of the board of Feld Chevrolet, Manchester Leasing, Brentwood Volvo-Ferrari, Dobob Realty and Wolfson Enterprises. He is actively involved in real estate in St. Louis and Washington, D.C. He was chairman of the executive committee of Boston-based American Snack and a director of Chelsea Industries. He was a founder of the St. Louis Blues and past director, vice president and treasurer of the Blues and the Missouri Arena Corp. for 10 years. In addition, he is involved in breeding and raising horses, and the father of three children, grandfather of three.

The Shopping List

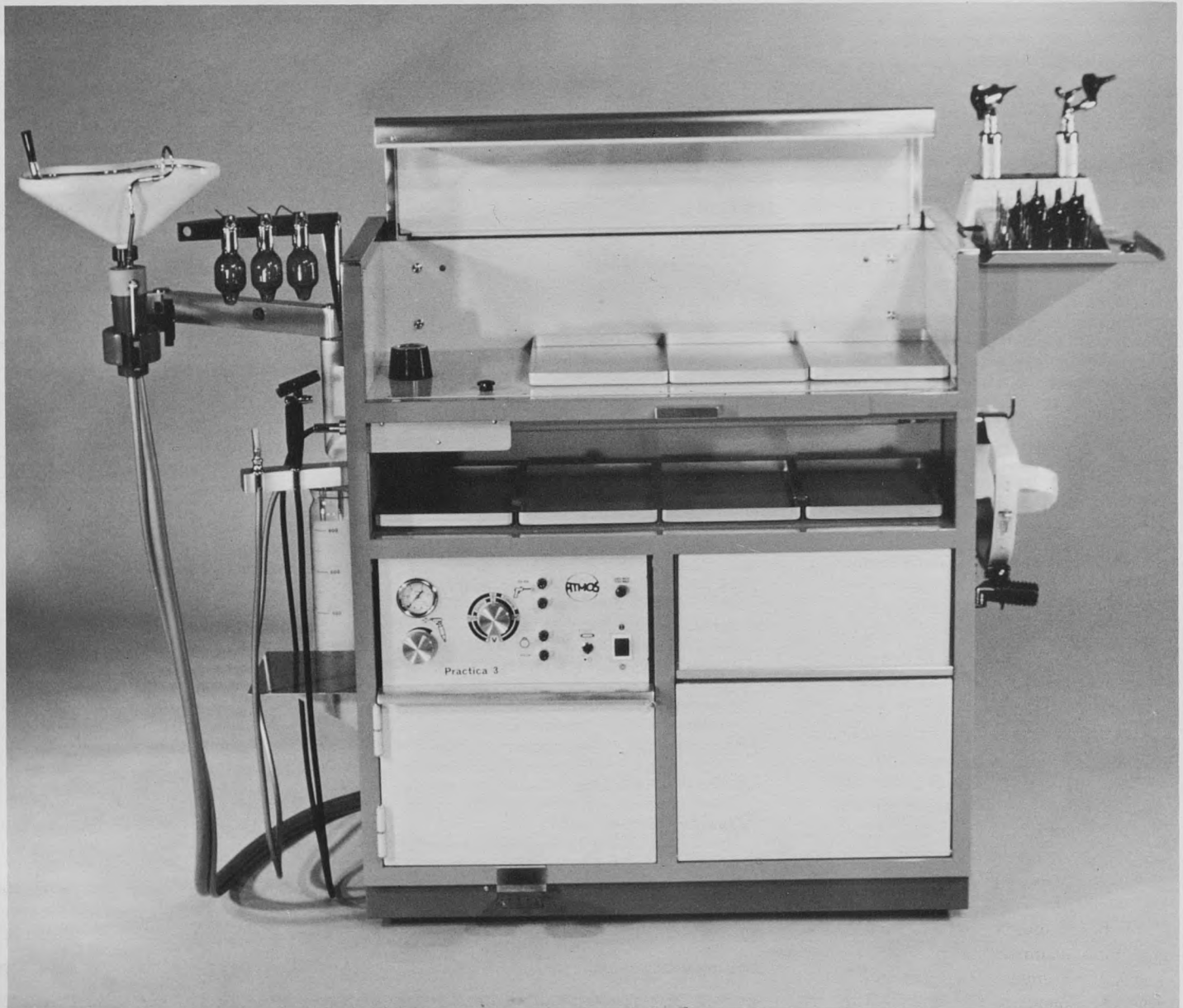


ENT Treatment Cabinets

The new ear, nose and throat treatment cabinets for the department of otolaryngology.

Otolaryngologists, like all physicians, need tools to perform their professions. When these tools are conveniently located

and easy to handle, the quality of patient care rises through improved efficiency. That is why the five new ear, nose and throat treatment cabinets, at a total of \$55,000, are such a welcome addition to the department of otolaryngology.






Several features built into the cabinets add to the aseptic environment of the treatment areas. The spacious trays on which the various instruments are stored are protected by a lift-up hood. This serves to keep them dust free between usage. When instruments are not being used, they are stored on a lower shelf that is illuminated by an ultraviolet light that kills germs. To keep waste products sanitarily sealed and out of sight, the cabinets are equipped with their own waste receptacle with a step-on opening system. Soiled instruments also can be stored out of sight.

To help make the patient as comfortable as possible, the hand-held mirrors used by the physicians to see into the patient's larynx are warmed. In the past, a Bunsen burner was used for this purpose. Now, a small mirror warmer is attached to the cabinets in an accessible location. This warmer has a safe, electric heating element in it. Only one mirror is used per patient, so there is no danger of cross-contamination.

Attached to the side of the cabinet is a kidney-shaped cuspidor mounted on a swiveling arm. The bowl of this feature can be rinsed with the push of a lever and can be removed from the arm assembly so it can be hand held. Next to the cuspidor, are suction and pressure systems that are attached to the cabinet. Each can be operated easily, are lightweight, and are stored within arm's reach of the physician. The cabinet also has a place for the various types of medication sprays used by the physician during routine examinations. These are bottled and stored on a rack near a pistol-grip pressure handle on which they can be easily attached.

All these features make routine ear, nose and throat examinations more efficient, giving more time to patient care and less time for locating and handling tools. 

In an effort to provide high-quality medical services, The Jewish Hospital of St. Louis continually purchases new equipment. Because of the ever-increasing costs of medical supplies, gifts to the hospital, whether large or small, are greatly appreciated.

The Shopping List is a special feature citing particular items and their approximate costs, for which various hospital departments have indicated a need. The list specifies areas in which contributions are most necessary to help offset the high costs.

This list offers the community an idea of the many different pieces of equipment every department requires to function efficiently, and also allows prospective donors to choose a specific gift if they so desire.

Remember, the need is there. Your generosity could help save a life.

For more information on The Shopping List, contact the development office, 454-7251.

Education

Character Generator	\$5,943
One-half Inch VHS Recorder	\$1,200
Rescusi-Annies	\$1,200

Operating Room

Patient Stretchers	(3 needed) / \$1,400 each
Defibrillator Recording Scope	\$3,500
High Intensity Light Source	(2 needed) / \$1,100 each
Pacemaker Analyzer	\$6,500
Patient Vital Sign Non-invasive Monitor	\$2,145

Operating Room – Cardiovascular Surgery

Intra-aortic Balloon Teaching Unit	\$900
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Operator – Ob / Gyn

Hysteroscope Insufflator	\$6,132
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Physical Therapy

Ultrasound Therapy Unit	\$1,000
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Radiology

Automatic Film Processor	\$11,000
Portable X-ray Unit	\$30,000

Rehabilitation

Examination Table	\$1,000
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The new CO₂ surgical laser, used to remove tumors and lesions in the reproductive organs, mouth, throat and other areas of the body, was one of this year's gifts from a \$36,000 grant provided to the hospital by the Jewish Hospital Auxiliary. The money also enabled the hospital to purchase new equipment for use in the department of obstetrics / gynecology.

Contributions To Jewish Hospital Funds

Generous Contributions

Mrs. Jane Allen Birge has made a contribution to the Stanley J. Birge Research Endowment Fund.

Mrs. Ruth G. Franc and the Tribute Fund have established the Harry L. Franc Psychiatry Research Endowment Fund.

Mrs. Herbert Frank has made a contribution to the Marjorie Frank Lesser Fellowship in Psychiatry Fund.

Mr. I.E. Goldstein has made a contribution to the Mary Goldstein Scholarship Fund.

The John R. Goodall estate has made a contribution to the Building Fund.

Mrs. Leon Harris has set up a Tribute Fund fund in memory of her father and husband to be recorded as the Ben Borman Family and Leon Harris Family Parkinson Fund.

Mr. and Mrs. P.N. Hirsch have made a contribution to the Tribute Fund for the Ralph Hirsch Cancer Research Fund.

Betty and Rod Klein have made a contribution to the Building Fund.

Laclede Gas Charitable Trust has made a contribution to the Department of Medicine Fund.

Mr. and Mrs. Tobias Lewin have made a contribution to the Hortense Lewin Scholarship Fund.

Mr. Hubert C. Moog has made a contribution to the Directors' Fund.

Hubert C. and Dorothy R. Moog Charitable Trust has made a contribution to the Building Fund.

James R. Moog has made a contribution to the Hubert P. Moog Fund.

The Nu-Era Group has made a contribution to the Tribute Fund in memory of Milton E. Kravitz for the Milton E. Kravitz Memorial Heart Research Fund.

Mr. and Mrs. William Nussbaum have made a contribution to the Tribute Fund for the Florence M. and Bernie A. Ross Endowment Fund as well as the Hubert P. Moog Endowment Fund.

Mrs. Helen R. Persons and the W.R. Persons Foundation have made a contribution to the Building Fund.

Mr. and Mrs. Joseph F. Ruwitch and Mr. and Mrs. Wallace R. Ruwitch have made a contribution to the Directors' Fund for the Evelyn B. Treumann Stroke Fund, the Benjamin M. Loeb Fund, the Helen R. Putzel Nursing Scholarship Fund and the Joseph F. and Elizabeth R. Ruwitch Endowment Fund.

Mrs. Ann Scharff has made a contribution of equipment to the Department of Ophthalmology, in memory of her grandmother, Erma Rosenberger.

Mr. Gene Schneider has made a contribution to the Restricted Endowment Fund established in the names of Harry, Gene and Murray Schneider, New Market Hardware Company and the Ace Construction & Engineering Company.

Mr. and Mrs. Harry T. Schukar have made a contribution to the Director's Fund.

Generous Contributions

(continued)

Mrs. Herbert Simon has made a contribution to the Tribute Fund for the Ira and Herbert Simon Research Fund and the Julian Simon Research Fund.

Mr. John E. Simon has made a contribution to the John Simon Faculty Development Fund.

Mr. and Mrs. Charles J. Steiner have made a contribution to the Tribute Fund in memory of Evelyn B. and Henry H. Stern for the Evelyn B. Stern Nursing Scholarship Fund.

Dr. and Mrs. Helman C. Wasserman have made a contribution to establish the Koven-Wasserman Research Fund in Obstetrics and Gynecology.

Mr. Raymond H. Wittcoff has made a contribution to the Directors' Fund.

Mrs. Louis I. Zorensky has made a contribution to the Directors' Fund.



Special Gifts Donations

Dr. and Mrs. Lawrence M. Aronberg

Lawrence M. Aronberg Lectureship in Urology Fund
Directors' Fund

Mr. Norman Bierman

Directors' Fund

Mr. Harold G. Blatt

Directors' Fund

Mrs. Stanley M. Cohen

Directors' Fund

Mr. and Mrs. Raymond Epstein

Tribute Fund for the Edna Malen Scholarship Fund

Marvin Fishel

The Marilyn Fixman Cancer Center for the good health of the Ben Fixman Family and speedy recovery of Richard Fishel

Mr. Milton Freund, Checker Bag Company

Department of Radiology Fund

Mr. and Mrs. David Goldenhersh

Tribute Fund for the Heart Research Fund and the Leukemia Fund

Arthur Goldstein

Building Fund

Mr. and Mrs. Philip C. Kopitsky

Research Institute

Mr. Allan M. Kopljar

Sadie R. Kopljar Scholarship Fund

Richard D. Levey and Family

Building Fund

Mr. Lee M. Liberman

Directors' Fund

Mrs. Joel Malen

Edna Malen Scholarship Fund

Mr. Don D. Moore

Tribute Fund for the Norma and Jack Edlin

William A. Peck, M.D.

Scholarship Fund
Directors' Fund

Mr. and Mrs. Jim Pollak, Pollak Charitable Foundation

Tribute Fund

Mr. Stanley M. Richman

Directors' Fund

Mr. and Mrs. Harvey Saligman

In Vitro Fertilization Program

Mrs. Marjorie M. Senior

Tribute Fund and the Dr. Hyman Senturia

Temple Shaare Emeth Religious

Department of Radiology Fund

School students

Department of Ob-Gyn

Mr. and Mrs. Millard A.

Waldheim

Tribute Fund

Mr. Richard L. Yalem

Directors' Fund

Jacqueline Mines, anesthesiology, takes advantage of the scheduling capabilities of the new operating room computer. Equipped with five terminals, the operating room staff now is able to collate data more quickly and accurately, and do inventory and tool status checks.



Special Gifts	In Memory Of	
	Elmer Abramson	Tribute Fund
	Mary Collett	Mr. and Mrs. Edward A. Blank Mary Collett Fund / Department of Rehabilitation Medicine
	Mrs. Lillian Hartman	Ms. Mary Joan Collett Tribute Fund
	Carl and Esther Heifetz	Alene & Meyer Kopolow Fund Mr. and Mrs. Meyer Kopolow (Tribute Fund) Carl and Esther Heifetz Memorial Library Fund
	Anita Ellyn Hulbert	Mr. and Mrs. Gary Heifetz (Tribute Fund) Anita Ellyn Hulbert Memorial Endowment Fund
	Jason and Sylvia Kawin	Dr. David Goldmeier Dr. Laura Hulbert Tribute Fund
	William Klein	Mr. and Mrs. Stanley Gitt (Tribute Fund)
	Lucille Levy	Alene & Meyer Kopolow Fund Mr. and Mrs. Meyer Kopolow (Tribute Fund)
	Hortense Lewin	Marjorie Frank Lesser Fellowship in Psychiatry Fund Mrs. Herbert Frank (Tribute Fund) Hortense Lewin Scholarship Fund
	Dr. Milton H. Meyerhardt	Chancellor William H. Danforth Mrs. Ben H. Senturia Mary and Louis Zorensky (Tribute Fund) Dr. Milton H. Meyerhardt Memorial Scholarship Fund
	Saul L. Rubin	Mr. and Mrs. Julius Meyerhardt (Tribute Fund) Saul and Rebecca Rubin Cancer Research Fund
	Genie Jasper White	Mrs. Saul L. Rubin (Tribute Fund) Dorothy Jasper-Rita Polinsky Memorial Fund
	Helen Wolff	Mr. and Mrs. Saul Blumenthal Mr. and Mrs. Louis I. Zorensky (Tribute Fund) Helen and Walter Wolff Cardiovascular Research Fund Jack Braunstein, Inc. Jack Feinstein, Parnes Feinstein, Inc.

Special Gifts

In Honor Of

Election of Harold G. Blatt as
Chairman of the Board of The
Jewish Hospital of St. Louis

Building Fund
Mr. and Mrs. Paul P. Weil

Special thank you to Dr. Ben
Borowsky and Dr. Phillip
Korenblat

Tribute Fund
Dr. and Mrs. Keith Fischer

Jewish Hospital Cardiac
Intensive Care Unit Personnel

(Tribute Fund)
Heart Research Fund
Mr. and Mrs. Earl Harris

Recovery of Hermann Deutsch

(Tribute Fund)
Hermann and Erna Deutsch Cardiovascular Research
Fund
Standard Machine Mfg. Co.
Dema Engineering Company

Special Birthday of Mrs. Michael
Freund

(Tribute Fund)
Selma K. Roos Fund
Mr. John J. Roos

Birthday of Jacob G.
Probstein, M.D.

(Tribute Fund)
J.G. Probstein Chapel Fund and Elsie Probstein-Harry
Koplar Brace Fund
Mr. and Mrs. A.J. Cervantes
Mr. and Mrs. Harold Koplar
Mr. and Mrs. Morris Shenker
Associates of Jewish Hospital
Harold Lewin

Dr. Richard Shaw

Happy Holiday Season to
Mrs. Herbert Simon

(Tribute Fund)
Julian Simon Research Fund
Mr. and Mrs. Melvin Hilb

Mr. and Mrs. Gus Vittert

Miss Rose Weisl
(Tribute Fund)
Carol Kaufman Cancer Research Fund
Mr. Murray Vittert



The Problem Solvers

By Linda Krohne Nitchman

Editor's Note: In recognition of National Social Work Month in March, 216 Spotlights the Jewish Hospital Department of Social Work and the services offered.

Ann Izmirlian, ACSW, discusses discharge plans with rehabilitation patient Dana Repple and her mother Bonnie Cornish. Ms. Repple is allowed to go home on weekends. The planning, in this case, involved finding out if her home is accessible to a wheelchair.

Catherine (a pseudonym) was a real estate agent, earning a comfortable living since her husband, Fred, died. She had finally adjusted to his death, caused by cancer, and was engaged to George, a widower. Although she was getting plenty of rest, Catherine often experienced a bone-aching fatigue, which prompted her to visit her physician for a check-up. She was admitted to the hospital for tests. The diagnosis — acute leukemia — was terrifying to Catherine.

As she lay in her hospital bed for the second week, Catherine's mind was filled with fear and worry. How would she pay the mounting medical expenses? Her self-employment provided no sick benefits and no income while not working. Her medical insurance and savings were inadequate for a lengthy hospital stay. She had no family to help and, although George visited every day, he was ill-equipped to provide financial assistance. He also couldn't possibly understand her personal fears of





Wendy Wallbrunn, ACSW, meets with an orthopedic patient to check her progress. The patient's room or a quiet lounge are common meeting areas.

cancer, she felt. Sensing her anxiety, Catherine's physician recommended that a hospital social worker visit to assist with financial matters.

Working with the hospital's business office, Social Worker **Mary Lou Bedient, ACSW**, first determined the extent of Catherine's insurance. After verifying that it was inadequate, she helped the patient apply for social security disability and formulated a plan that would eventually make her eligible for Medicare. "Her financial problems created a real anxiety (for Catherine). She had always made a good living before and even after her husband died was able to create a sense of financial security. Her illness, added to her financial worries, was almost more than she could bear," says Ms. Bedient.

"The financial aspects gave us a concrete way for social work to get involved. There was something we could do at that point to relieve some (financial) anxieties and then work on the bigger issue, her illness," Ms. Bedient explains.

During her six-week hospital stay, Catherine was visited almost daily by Ms. Bedient. Shortly before her discharge the patient was able to discuss her feelings about the illness. She was very frightened of death and wondered if she would suffer as her husband had, she told Ms. Bedient as they talked.

At the time of her discharge, Catherine was placed on the Jewish Hospital home care program to learn to care for her illness. Her financial worries returned as medication and supply costs began to mount at home. Home Care Social Worker **Mary Ann Kreski, MSW**, became involved at Ms. Bedient's request. Ms. Kreski helped arrange for financial aide from the Peregrine Society. She visited Catherine at home once a week and encouraged her to discuss her feelings about death.

"The one thing that we did, along with the Jewish Hospital clinic staff, was to give her a feeling that she was not alone. She

was frightened of that. People were with her in the hospital and at home. I think she relied heavily on knowing that kind of support was available to her," Ms. Kreski says.

In the meantime, counseling also was available to George, Catherine's fiance. "He was very supportive of her, but he needed help. He would talk with me in clinic or call on the phone. He needed reassurance that he was doing the right thing for her. He also needed our support," says Ms. Bedient.

Although Catherine subsequently died of her disease, she did not have to spend her final months worrying about money and was able to vent her anxieties about dying and find comfort through the social

"The one thing that we did, along with the Jewish Hospital clinic staff, was to give her a feeling that she was not alone. She was frightened of that."

workers. Catherine's case is an example of the two primary functions for helping patients and their loved ones that the department of social work provides — referrals to outside agencies, such as social security and Medicare, and counseling.

History of Social Work

More than 50 years ago, The Jewish Hospital of St. Louis recognized that patients like Catherine and their families sometimes need help adjusting to changes in lifestyle brought about by hospitalization, illness and disability. In the late 1920s the department of social work was established to offer assistance in this adjustment.

Initially, the social work department's primary focus was on financial investigations, arranging patient transportation, securing appliances, follow-up on clinic appointments and other basic routines. Its

role has evolved and now the department strives to enable individuals to utilize, to the maximum extent possible, medical care, both preventative and therapeutic, and to achieve their highest level of physical, emotional and social adjustment.

"Social work is a profession that deals with people and their problems. In a hospital, these problems usually are related to the illness or disability that brought the person into the hospital," says **Herman Litwack, ACSW**, director of social work. He illustrates the need for social work by comparing a patient's daily amount of energy to a jar of water. If the water is used up every day by worrying about problems, such as who will take care of him when he leaves the hospital or can his wife manage while he is away, then he won't have any energy left in the bottle to use for getting well. If a social worker can help the patient solve his problems or, through counseling, adopt a new way of thinking, then he can apply all his energy toward recovery.

Services Offered

Providing counseling and referral services for patients is the primary function of the social work department.

Discharge planning is also the responsibility of the social worker. This program involves assessing what the patient will need when he is released from the hospital. In cases that require extended care, arrangements are made for placement in a nursing home or rehabilitation center. For patients returning home, the social worker arranges for needed equipment or financial assistance, and ensures proper health care is available. This usually requires meeting with family members.

Another service offered by the department for Russian-speaking patients is translators. Two Russian translators are on the social work staff.

When a physician refers a patient to social work, the caseworker for that area of

Patients with many types of medical complaints and from a wide range of economic brackets comprised the social work department's case load of nearly 8,000 patients in 1982.

Checking a patient's medical chart before a visit gives Ms. Wallbrunn an indication of problems the patient may be experiencing. After seeing the patient, the social worker will add her report.



the hospital will make an initial visit to the patient, and possibly to his family, to identify the problem. Each of the 18 social workers on staff has a master's degree in social work. Their education and training enable them to recognize problems and help the patient solve them.

Patients with many types of medical complaints and from a wide range of economic brackets comprised the social work department's case load of nearly 8,000 patients in 1982. The typical monthly case load per social worker is approximately 40. The amount of time spent per patient varies depending on the situation. Most patients are seen an average of two to three times per week during their hospital stay. Some people are

seen daily.

Just as medicine has its specialty fields, so does social work. The caseworkers are divided among 12 areas of the hospital. Catherine dealt with social workers from the oncology and home care areas. Although specific patient needs vary from area to area, the basic services provided are essentially the same whether in the medical, renal, clinics, surgery, obstetrics/gynecology, rehabilitation, orthopedic, medical and surgical intensive care units or emergency room areas of the hospital.

For example, patients in rehabilitation may need counseling to help them adjust to loss of a limb, rather than a diagnosis of cancer. Those on renal dialysis may face a

lifestyle change that includes hours a week connected to a machine. In the obstetrics service, parents may face loss of an infant. The emergency room social worker may counsel a woman who has been raped, a battered wife or victims of other crimes.

Regardless of the patient's reason for being in the hospital, if he has a problem, the department of social work is ready to assist. One of the rewarding parts of her job, says Ms. Bedient, is helping people to see their own strengths, resources and capabilities in terms of problem-solving. "A lot of people think social workers do for others, but a big part of our job is to help people deal with their own problems, to become problem-solvers. We offer help and guidance." ■

Support Groups

Persons needing help adjusting to specific medical conditions can often find comfort through talking with others who have experienced similar problems. On this premise, support groups dealing with a variety of topics are available to Jewish Hospital patients.

AMEND (Aiding Mothers Experiencing Neonatal Death): Volunteers visit parents who need help coping with the death of a newborn. Sponsored by the Life Seekers, all volunteers have personally experienced such a death and have received extensive training in counseling through the Jewish Hospital Department of Psychiatry. Call Maureen Connelly, 487-7582, for more information.

Diabetes Support Group: For newly diagnosed diabetics or those who are having trouble coping with their condition. Deals only with non-medical aspects of the disease. For more information call 454-7130.

Head Injury Support Group: For persons suffering mental impairments due to head injuries, sponsored by the National Head Injury Foundation. Jewish Hospital social work staff members are available at meetings to answer questions about

services available in St. Louis for head injury victims. For more information, call 454-7759.

Heart-to-Heart Volunteer Program: Volunteers who have recovered from open heart surgery visit cardiac patients pre- and post-operatively to offer moral support. Call 454-7130 for more information.

"I Can Cope Program": An eight-week support group for cancer patients and their families, sponsored by the American Cancer Society. Topics covered include disease process and treatment, nutrition, stress management, body image and community resources. The group meets at Jewish Hospital. Call 454-7463 or 454-8685.

Mended Hearts: Support group for persons needing or having had open heart surgery and their families. Topics include diet, exercise and other lifestyle modifications necessary for dealing with heart disease. For more information, call 454-7175.

Ostomy Club: Sponsored by the Ostomy Association of Greater St. Louis to provide education and support for persons who have had colostomies, ileostomies or

urinary diversions. Meets on the fourth Monday of each month at 7:30 p.m. in the Jewish Hospital Brown Room. For more information, call 454-7130.

PEP Plus: A support group for persons with Parkinson's disease and their family members. Call 454-7130 for more information. Also for Parkinson's disease patients, **Parkinson's Education Program (PEP):** Sponsored by the Jewish Hospital Auxiliary, meets three times a year to educate the community about Parkinson's disease and to keep people informed of new findings, research and drugs. Solutions to everyday problems are discussed. For more information or to be put on the mailing list, call 454-7130.

Reach to Recovery: Trained volunteers, who have also had mastectomies, provide education and support to new mastectomy patients. The group also provides temporary prostheses. Physician referral required. Call 454-7130 for more information.

Rehabilitation Support Group: Medical staff members are available to help rehabilitation patients and their families in coping with disabilities. Meets at 4 p.m. every Wednesday in the department of rehabilitation medicine at Jewish Hospital.



The Tribute Fund



Opposite page; Students of the Shaare Emeth congregation pooled their money and donated a check to Jewish Hospital to purchase a bassinet for the nursery. Accepting the check at a student body presentation are, from left, Richard Sato, M.D., director of the hospital nursery, and Sandy Brooks, R.N., obstetrical nurse, from Joe Litvag, vice president of the Shaare Emeth student council.

At left; Janice Cordes of Belleville, Ill., receives a pair of hand-knit booties for daughter Christen from Myra Solomon, birth certificate secretary. Ms. Solomon presents booties to every new mother at Jewish Hospital, compliments of the auxiliary.

The Tribute Fund provides research funds and appliances for patients in need.

Donations to this fund may be made by sending checks payable to The Jewish Hospital Tribute Fund, 216 South Kingshighway, P.O. Box 14109, St. Louis, Missouri 63178.

When a tribute is made, both the sender and the recipient receive an acknowledgement of the donation.

The following memorial and honorial contributions were received from December 10, 1982 through February 11, 1983. Any contributions received after February 11, 1983 will be listed in the next 216.

Gifts in Memory

Donor	In Memory of
.....	BLANCHE AACH
Harold and Gussie Schneider (Lottie and Abe Schneider Cancer Fund)	
.....	BROTHER-IN-LAW OF MR. & MRS. MACY ABRAMS
Mr. and Mrs. Edwin Abrams (Joseph Abrams Memorial Fund)	
Renee Kligman (Nathan & Sadye Mathes Special Fund)	
Perry and Shirleen Mehlman (Sam & Rose Feldman Memorial Fund)	
.....	SISTER OF MR. AND MRS. MACY ABRAMS
Mr. Arthur Goldberg	
Dr. and Mrs. Herman Turner (Dorothy Jasper-Rita Polinsky Memorial Fund)	
.....	ELMER ABRAMSON
Mr. and Mrs. Sylvan Agatstein	
Torchy and Bill Errant (Dorothy & Paxton Catlin Heart Fund)	
Mrs. Raymond Freed (Dr. Sam Schneider Enterostomy Fund)	
Louis and Jacqueline Gutman	
Mrs. Irvin S. Harris	
Mr. and Mrs. Samuel Klein	
Mr. and Mrs. Kenneth Langsdorf	
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Dr. and Mrs. Sherman LeMaster	
Mr. and Mrs. Roswell Messing, Jr. (Messing Chair in Pathology)	
Mr. and Mrs. Elwin Smith (Dr. Alfred Goldman Pulmonary Fund)	
Mr. and Mrs. Earl Susman	
.....	REBECCA AND SAMUEL ACKERMAN
Dr. Albert Ackerman & Mrs. Bette Pollack Ackerman	

Donor

In Memory of

.....	LEONARD ARNOLD
Nita Pass (Carl Pass Diabetic Research Fund)	
.....	NETTIE BAILIN
Joseph and Helen Aronson (Carol Kaufman Cancer Fund)	
.....	RUSSELL BARTLEY
Mr. and Mrs. Ronald Ross (Mary McKeever Memorial Fund)	
.....	HOWARD BENNETT
Mr. and Mrs. Harry Ackerman	
Mr. and Mrs. Thomas Berger	
Mr. and Mrs. Howard Cohen (Fannie & Meyer Cohen Fund)	
Mr. and Mrs. Stanley Cohen (Shirley W. Cohen School of Nursing Fund)	
Mr. and Mrs. Sheldon Fisher (Lisa Bry-James Dreyer Memorial Fund)	
Mrs. Barbara B. Goodman	
Dr. and Mrs. Marshall Greenman	
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Mr. and Mrs. John Isaacs, III (Eleanor & John Isaacs, Jr. Research Fund)	
Dr. and Mrs. Sherman LeMaster	
Mr. and Mrs. Harold Lieberman	
Mr. and Mrs. Donn Lipton	
Mr. and Mrs. Morris Shenker	
Mr. and Mrs. Richard Yalem	
.....	MARCIA BERKIN
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Herbert Sunshine, M.D., right, watches a demonstration of the percutaneous universal nephroscope and an ultrasonic lithotrite purchased by the Jewish Hospital Associates in Medicine for the urology division of the hospital. The device will investigate kidney problems and break up and remove kidney stones without necessity of undergoing major kidney surgery. The scope is inserted through a small opening in the patient's flank, making visualization of the kidneys' interior possible. The ultrasonic lithotrite allows the surgeon to break up stones too large to be removed through the nephroscope.

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..... Recovery of DR. RUTH FREEDMAN
Jewish Hospital Medical Staff Association

..... Special Birthday of MISS. TILLIE FRENZEL
Dr. and Mrs. Richard Feldsher (Carl Pass Diabetic Research Fund)
The Jules Pass Family (Carl Pass Diabetic Research Fund)

..... Recovery of MR. ERNST FREUND
Mr. and Mrs. Raymond Epstein (Dr. & Mrs. Herman Meyer Scholarship Fund)

..... Birthday of MRS. MICHAEL FREUND
Dr. and Mrs. Clarence Eckert (Selma K. Roos Fund)
Helene, Esserman (Selma K. Roos Fund)

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Mrs. Charles Rice

..... Anniversary of MR. AND MRS. ROLAND FREIDLANDER
Mrs. Milton Price (Milton Price Memorial Fund)

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Mr. and Mrs. Irvin Friedman (Edna Malen Scholarship Fund)
Dr. and Mrs. Leonard Wiedershine (Cancer Research Fund)
Mrs. David Grosberg (Edna Malen Scholarship Fund)

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Marilyn and Kenny Steinback (Dr. Burstein OB-GYN Fund)

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..... Good health to MR. MICHEL FRIEDMAN
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 Mr. and Mrs. Jerry Chod (Cancer Research Fund)
 Mr. and Mrs. Leonard Chod (Edna Malen Scholarship Fund)
 Mrs. I. Dankner (Edna Malen Scholarship Fund)
 Marilyn and Marvin Fishel (Marilyn Fixman Cancer Research Fund)
 Mr. and Mrs. Frank Friedman (Edna Malen Scholarship Fund)
 Mr. and Mrs. Irvin Friedman (Edna Malen Scholarship Fund)
 Mr. and Mrs. Donald Gallop (Harry & Nancy Shapiro Scholarship Fund)

Donor

In Honor of

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 Mr. and Mrs. Al Serkes (Edna Malen Scholarship Fund)
 Mr. and Mrs. Henry S. Shaw (Edna Malen Scholarship Fund)
 Mr. and Mrs. David Smith (Edna Malen Scholarship Fund)
 **Recovery of MR. SOL ROSS**
 Mr. and Mrs. Avery Seidel
 **Recovery of MRS. GERI ROTHMAN**
 Gissie Block
 Mr. and Mrs. Donald Gallop (Harry & Nancy Shapiro Scholarship Fund)
 Mr. and Mrs. Sanford Goffstein (Marilyn Fixman Cancer Research Fund)
 Marcia Mellitz (Cancer Research Fund)
 Mr. and Mrs. Richard Sass
 Mr. and Mrs. Mike Stan (Carol Kaufman Cancer Fund)
 Dr. and Mrs. Bruce White (Lottie & Abe Schneider Cancer Research Fund)
 **Special Birthday of MR. I.D. ROUTMAN**
 Mr. and Mrs. Bernard Gerchen
 Sara B. Rudman (William, Dorothy & Jerome Molasky Memorial Fund)
 **Special Birthday of MR. IRVIN ROUTMAN**
 Douglas and Adrienne Morgan
 Mr. and Mrs. Larry Morgan (Jerome Molasky Memorial Fund)
 Dolores and Aaron Schucart
 **Engagement of MISS EMILY RUBENSTEIN**
 Mr. and Mrs. Joseph H. Grand
 **Anniversary of MR. AND MRS. SEYMOUR RUCK**
 Fannie Nelson
 **Special Birthday of MRS. SARAH RUDMAN**
 Mr. and Mrs. Martin Hendin (Diana Rosen Recreational Therapy Fund)
 **Special Birthday of MRS. ALBERT SABATH**
 Violette Simon (Sam Simon Blood Research Fund)
 **Recovery of DR. CAROL SACHS**
 Nita Pass (Carl Pass Diabetic Research Fund)
 **Birthday and special thank you to MR. LOUIS SACHS**
 Jerry and Joan Kaskowitz (Louis & Sarah Sachs Memorial Fund)
 **Anniversary of MR. AND MRS. RALPH SACHS**
 Mr. and Mrs. Norman Spitzer
 **In Honor of DR. LLEWELLYN SALE, JR.**
 Dr. and Mrs. Franz U. Steinberg (Dr. Llewellyn Sale, Sr. Memorial Fund)
 **Recovery of MR. JAKE SAMUELS**
 Eunice Bloom
 Mr. and Mrs. Allen Geller (Adolph Safron Cancer Research Fund)
 Mrs. Dorothy Safron (Adolph Safron Cancer Research Fund)
 **Recovery of LEILA SAMUELS**
 Mr. and Mrs. Allen Geller (Adolph Safron Cancer Research)
 **Recovery of MR. JEROME SANDWEISS**
 Mrs. Samuel Sachs (Louis & Sarah Sachs Fund)
 **New Grandson of DR. AND MRS. SAMUEL SCHECTER**
 Mr. and Mrs. Jake Altman (Milton E. Kravitz Memorial Heart Fund)
 **Anniversary of MR. AND MRS. HENRY SCHLOSS**
 Mr. and Mrs. Abe Lieberman (Bernard Lieberman Parkinsons Fund)
 **Special Anniversary of MR. AND MRS. HASCAL SCHNEIDER**
 Eugene J. Moss (Dr. Ralph Graff Cancer Fund)
 **Special Anniversary of MR. AND MRS. MEYER SCHNEIDER**
 Dr. and Mrs. Ben Borowsky (Dr. Llewellyn Sale, Sr. Memorial Fund)
 **New Office of MR. RALPH SCHOENFELD**
 Rochelle and Joe Weber (Ralph Hirsch Cancer Fund)
 **Safe return of son Dean of MR. AND MRS. PAUL SCHRAM**
 Mrs. Esther Kneznokoff
 **Happy Holidays to MRS. PEGGY SCHWEIG**
 Staff of the St. Louis Scene (Eugene S. Schweig, Jr. Fund)
 Mr. and Mrs. Robert Byers
 **Recovery of MR. JACK SCIALES**
 Mrs. Ruth Berger (Heart Research Fund)

Tribute Fund

Donor

In Honor of

..... **Birthday of MRS. SUE SEASONGOOD**
Mrs. A.L. Netter (Seasongood Research Fund)

..... **In Appreciation of MRS. BEN SENTURIA**
Mr. and Mrs. Marvin Cornblath (Dr. Ben Senturia Fund)

..... **Recovery of MRS. BEN SENTURIA**
Mrs. Alex Rubenstein

..... **Happy Chanukah to MR. HERBERT SENTURIA**
Mr. and Mrs. Marvin Cornblath (Dr. Ben Senturia Fund)

..... **In Honor of MR. AND MRS. HARRY SHAPIRO**
Mr. and Mrs. O.W. Kaufman, Jr. (Harry & Nancy Shapiro Scholarship Fund)

..... **Special Anniversary of MR. AND MRS. NATHAN SHARNEY**
Mrs. Nathan Tureen

..... **Birthday of MR. BARRY SHARON**
Mr. and Mrs. Jake Altman (Milton E. Kravitz Heart Fund)

..... **Birthday of MR. MATTHEW SHARON**
Mr. and Mrs. Jake Altman (Milton Kravitz Heart Fund)

..... **Birthday of MRS. AUDREY SHATZ**
Mr. and Mrs. Edwin Abrams (Joseph Abrams Memorial Fund)
Mr. and Mrs. Jerry Hirsch (Jacqueline Hirsch Brown Memorial Fund)

..... **Special Birthday's of MR. AND MRS. ALFRED SHEINDECKER**
Mrs. Edith Mannheimer and Mrs. Selma Kaufmann (Cancer Fund)

..... **Marriage of MR. AND MRS. DAVE SHERMAN**
Mr. and Mrs. Harris J. Frank
Daisy and Jerry Spitzer (Gordon & Marjorie Scherck Endowment Fund)

..... **Anniversary of MR. AND MRS. HARRY SHERMAN**
Dr. and Mrs. John Shelton

..... **Birthday of MRS. BEN L. SHIFRIN**
Mr. and Mrs. Gordon Hurst (Ben L. Shifrin Endowment Fund)

..... **Birthday of MR. ED SHIFRIN**
Mr. and Mrs. Edward Turner

..... **Recovery of MR. SYDNEY SHOENBERG, JR.**
Mr. and Mrs. J.A. Baer II (Lucille C. Baer Fund)
Mrs. Harry Franc
Mr. and Mrs. Edward Greensfelder
Mr. and Mrs. Jules Pass (Carl Pass Diabetic Research Fund)
Mr. and Mrs. Joseph Ruwitch
Mrs. Ben H. Senturia
Mr. and Mrs. Elliot Stein (Mary Ann & Elliot Stein Fund)
Mr. and Mrs. Sander Zwick

..... **Recovery of MRS. SYDNEY SHOENBERG, JR.**
Florence Stern

..... **In Honor of GRANDDAUGHTER OF MRS. SYDNEY SHOENBERG, JR.**
Jean Schmidt (Mary Goldstein Nursing Scholarship Fund)

..... **Thank you to MS. SANDY SIEHL**
Peggy Ross and Ellen Weiss, Seminar Co-Chairmen

..... **Recovery of BEULAH SIEVERS**
Mrs. S.L. Rubin (Saul & Rebecca Rubin Cancer Fund)

..... **Special Birthday of MRS. H.E. SIGOLOFF**
Mrs. Fannie Nelson

..... **Recovery of MR. MARVIN SILBERMAN**
Mr. and Mrs. Jerry Scissors (Heart Research Fund)

..... **Engagement of Daughter of MR. AND MRS. MERLE SILVERSTEIN**
Mr. and Mrs. Edwin Abrams (Joseph Abrams Memorial Fund)
Dr. and Mrs. Herman Turner (Dorothy Jasper-Rita Polinsky Memorial Fund)

..... **Recovery of MRS. RITA SIMMS**
Mr. and Mrs. Bernard Gerchen
Mr. and Mrs. David Moulton (Jerry Kasier-Irma Blank Cancer Fund)
Ruth and Hy Silverberg (Dr. Leon Foster Fund)
Dr. and Mrs. Herman Turner

..... **Birthday of DR. ROBERT SIMON**
Mr. and Mrs. Bernard Kornblum (Dental Care Fund for the Retarded)

..... **Birthday of MS. ROSE SIMON**
Myra and Irl Solomon (Dr. David Rothman Fund)

..... **Recovery of MR. RUDOLF SINGER**
Meta Sanger

..... **Special Birthday of PHYLLIS SMITH**
Mr. and Mrs. Arthur Bierman (Saul & Rebecca Rubin Cancer Fund)

..... **Birth of Matthew to MR. AND MRS. STEVE SNITZER**
Dr. and Mrs. Stephen Snitzer (Dr. David Rothman Fund)

..... **Birthday of MRS. FLORA SOLOW**
Mrs. Harry Agris

..... **Anniversary of MR. AND MRS. JACK SORKIN**
Mrs. Samuel Crasilneck (Sanford Gad Hospice Fund)

..... **Happy Holidays to DR. AND MRS. SAMUEL SOULE**
Mr. and Mrs. Leslie Grodsky & Family (Dr. Samuel D. Soule Research Fund)

..... **In Appreciation of DR. SAMUEL SOULE**
Mr. and Mrs. Jerome Nuell (Dr. Samuel D. Soule Research Fund)

..... **Birthday of MISS CAROLYN SPECTOR**
Mr. and Mrs. Jake Altman (Milton E. Kravitz Heart Fund)

Donor

In Honor of

..... **New Granddaughter of MR. AND MRS. ROBERT SPECTOR**
Mr. and Mrs. Jake Altman (Milton E. Kravitz Memorial Heart Fund)

..... **Special Birthday of MR. CHARLES STEIN**
Harry and Nancy Shapiro (Harry & Nancy Shapiro Scholarship Fund)

..... **Elected President of the Jewish Light MR. RICHARD STEIN**
Mr. and Mrs. Ed Buchholz

..... **Birthday of MRS. FRANZ STEINBERG**
Michael and Helen Drazen
Julia Gruenfeld (Rehabilitation Research Fund)

..... **Recovery of SOL STEINBERG**
Freeda Steinberg and Ida Commensky

..... **Special Birthday of MR. ALFRED STEINDECKER**
Julian Gruenfeld (Ruth & Philip Steinberg Heart Research Fund)
Elsbeth and Rudolph Singer

..... **Birthdays of MR. AND MRS. ALFRED STEINDECKER**
Mrs. Edith Mannheimer and Selma Kaufman
Meta Sanger

..... **Special Birthday of MRS. GRETA STOLIAR**
Mr. Jerry Fiman (LaVera Ryder Nurses Loan Fund)

..... **Recovery of MR. JACK STONE**
Mr. and Mrs. Louis Gelber (Nathan & Sadye Mathes Special Fund)

..... **Recognition of many years of service ELNORE STURM**
Division 6900 - Jewish Hospital (Dr. Sam Schneider Enterostomy Fund)
Eileen Grant (Jerry Kaiser-Irma Blank Cancer Fund)

..... **Grandson of MR. AND MRS. BERNARD SUSMAN**
Elsie Null, Dianne Benz and Jeanne Jones (Dr. Sam Schneider Fund)
Frank and Sylvia Josephson (Harold Zager Blood Research Fund)

..... **Recovery of EARL SUSMAN**
Mrs. Emily Huber (LaVera Ryder Nurses Loan Fund)

..... **New Grandson of MR. AND MRS. HAROLD SUSMAN**
Mr. and Mrs. Harold Yalem (Jerry Kaiser-Irma Blank Cancer Fund)

..... **Recovery of MRS. BETTY TAMM**
Alaine M. Arndt
Mrs. Eli Sandperl (Emil Tamm Memorial Fund)

..... **Marriage of son Andrew of MR. AND MRS. LEON TANNENBAUM**
Rose Yaker

..... **Recovery of MR. BEN TECKLIN**
Joe and Helen Aronson (Carol Kaufman Cancer Fund)

..... **Special Birthday of BLANCHE TURNER**
Jean Horen (Dr. Sam Schneider Enterostomy Fund)

..... **Holiday Greetings to MRS. J.R. VAN RAALTE**
Dr. and Mrs. Helman Wasserman

..... **Special Birthday of MR. ED WALLERSTEIN**
Mrs. Bernice Grossman (Milton Moss Cancer Research Fund)

..... **Recovery of MRS. CHARLES WASSERBERG**
Nita Pass (Carl Pass Diabetic Research Fund)

..... **Birthday of MR. LEO WEIL**
Mr. and Mrs. Les Weil (Carl Pass Diabetic Research Fund)

..... **Holiday Greetings to MR. AND MR. MEYER K. WEIL**
Esther L. Rennholz (Meyer K. & Ethel Weil Fund)

..... **Recovery of MRS. JOYCE WEINSTOCK**
Irv Routman and Mary Levinson

..... **Recovery of MRS. MARGIE WEINTRAUB**
Mr. and Mrs. David Moulton (Jerry Kaiser-Irma Blank Cancer Fund)

..... **New Grandchild of MR AND MRS. SAM WEINTRAUB**
Dr. and Mrs. Herman Turner (Dorothy Jasper-Rita Polinsky Memorial Fund)

..... **Birthday of MR. CHARLES WEISS**
Bob and Grace Brod
Mr. and Mrs. Irwin Gittelman (Ralph Hirsch Cancer Fund)
Mr. and Mrs. Bruce Horwitz
Mr. and Mrs. Art Scharff (H. Lister Tuholske Memorial Fund)
Mr. and Mrs. Al Serkes

..... **Recovery of MR. ELLIOT WEISS**
Mr. and Mrs. Elmer Gidlow

..... **Thank you to JANE WEISS**
Peggy Ross and Ellen Weiss

..... **Bar Mitzvah of son Andrew of MR. AND MRS. LARRY WELTMAN**
Mr. and Mrs. Jeffrey Korn

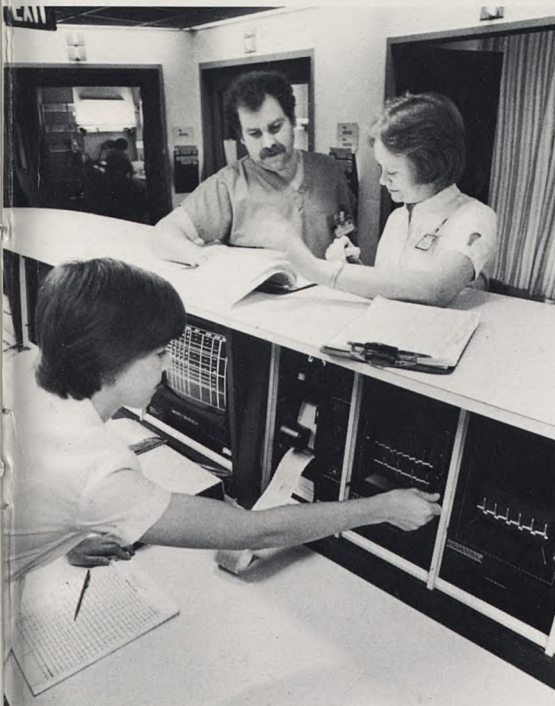
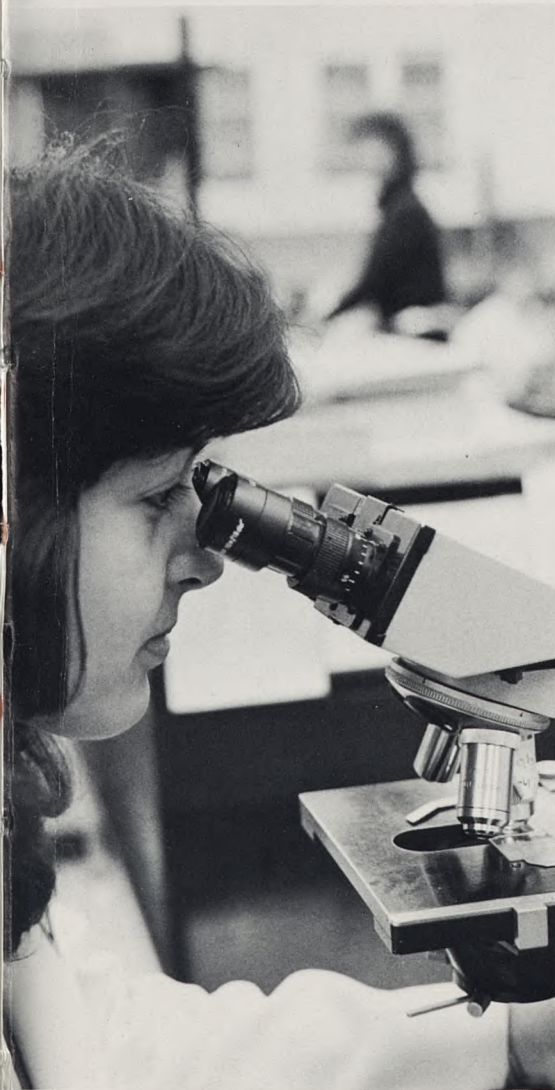
..... **Special Birthday of MRS. RENA WERBER**
Mrs. Jeanette Gould (Harold Zager Blood Research Fund)

..... **Retirement as Board Chairman of Jewish Hospital MR. RAY WITTCOFF**
Mr. and Mrs. Richard Yalem

..... **Recovery of MRS. BETTY WOLFF**
Mr. and Mrs. Edward Hopper

..... **In Appreciation of DR. MITCHELL YANOW**
Mr. and Mrs. Herschel D. Eichler (Dr. Burstein OB-GYN Fund)

..... **Special Birthday of MR. SAM ZEMMEL**
Mr. and Mrs. Hy Feldman (Harold Zager Blood Research Fund)



Calendar of Events

-
- April 6** **Jewish Hospital Educational Seminar Series IV:** Will focus on geriatrics. Guest speaker: William Peck, M.D., 9:30 a.m. Auxiliary members only, by reservation. Call 454-7130.
-
- April 6-7** **Jewish Hospital Auxiliary Activity Cart Production Meeting:** for volunteers who want to help assemble activity cart packets for patient distribution. 9:30 a.m. to 4 p.m., Jewish Hospital Brown Room. Members only. Call 454-7130 for information.
-
- April 11** **Super Sibling Program:** For children ages 2½ 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 14** **Mended Hearts:** Support group for persons needing or having had open heart surgery. Topic: Sex, Etc. After Heart Surgery. 7:30 p.m., Brown Room. Open to the public. No charge. For more information, call 454-7175.
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- April 15-16** **The J.G. Probststein Visiting Professor:** Stanley J. Dudrick, M.D., director of Nutritional Support Services, St. Luke's Episcopal Hospital, Houston, Texas, will speak on "Development of Total Parenteral Nutrition" and "Management of the Short Bowel Syndrome" Fri., April 15, 4:30 p.m., Sat., April 16, 8 a.m. in the Steinberg Amphitheater. Call 454-7170.
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- April 17** **Parkinson's Educational Program:** "Parkinson's Drugs and Their Interactions" with a panel of Jewish Hospital pharmacists: Peter Haynes, R. Ph., Paul Milligan, R.Ph., Debra Skaan, R.Ph. 2-4 p.m., Steinberg Amphitheater, Jewish Hospital. Open to the public. No charge. For information call 454-7130.
-
- April 18-22** **Volunteer Awards Luncheons:** Luncheons and awards honoring volunteers for their contributions to the hospital. For volunteers only. Brown Room. Call 454-7130 for reservations.
-
- April 27** **Auxiliary Annual Spring Meeting:** Luncheon. Guest speaker: Robin Cook, M.D., noted author, and installation of officers for the coming year. Noon. Meadowbrook Country Club. Members only. Reservations required. Call 454-7130.
-
- May 4** **Associates In Medicine Annual Dinner Meeting:** Dinner, cocktails. Guest speaker: Ken Cooper, Ph.D., and election of officers for the coming year. 6:30 p.m., Top of the Sevens restaurant. Members only, reservations required by April 30. Call 454-7239.
-
- May 4-5** **Jewish Hospital Auxiliary Activity Cart Production Meeting:** for volunteers who want to help assemble activity cart packets for patient distribution. 9:30 a.m. to 4 p.m., Jewish Hospital Brown Room. Members only. Call 454-7130 for information.
-
- May 9** **Super Sibling Program:** For children ages 2½ 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 12** **Mended Hearts:** Support group for persons needing or having had open heart surgery. Topic: Committee Reports & Election. 7:30 p.m. Brown Room. Open to the public. No charge. For more information, call 454-7175.
-
- May 15** **Jewish Hospital Auxiliary-sponsored Seminar Program:** "Special Delivery: Parenthood After 30" Guest speakers will include: Author Elizabeth Bing, Alfred Knight, M.D., James Crane, M.D., and Ronald Strickler, M.D. Topics will include: Complications of Pregnancy, Birthing Alternatives, Decision Making — Should I Get Pregnant, and more. Noon to 4:30 p.m., Steinberg Amphitheater. For additional information, call 454-7130.
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A certificate of national merit was presented to the Washington University Redevelopment Corporation "for successfully using the Community Development Block Grant Program to generate an exemplary public / private partnership for the greater benefit of their community and serving as a worthy model for other communities." The award was presented by Gerald F. Simpson, right, at a press conference in Mayor Vincent Schoemehl's office. Eugene Kilgen, left, executive director of the redevelopment corporation, stood on behalf of the members of the corporation to receive the award. Jewish Hospital is one of six partners in the corporation along with Children's Hospital, Barnes Hospital, Washington University Medical School, Central Institute for the Deaf and Barnard Free Skin and Cancer Hospital.



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