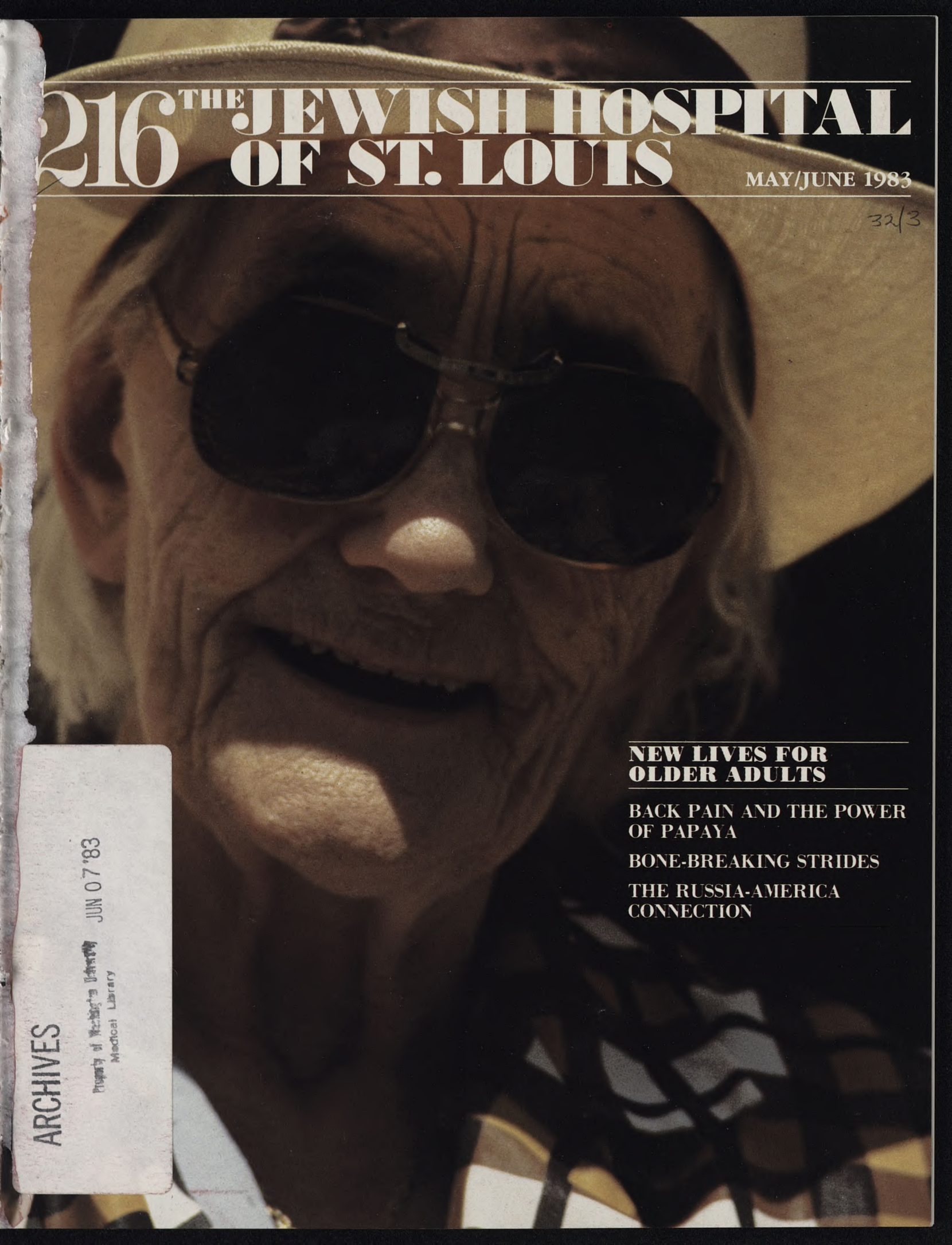

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MAY/JUNE 1983

32/3

NEW LIVES FOR OLDER ADULTS

BACK PAIN AND THE POWER OF PAPAYA

BONE-BREAKING STRIDES

THE RUSSIA-AMERICA CONNECTION

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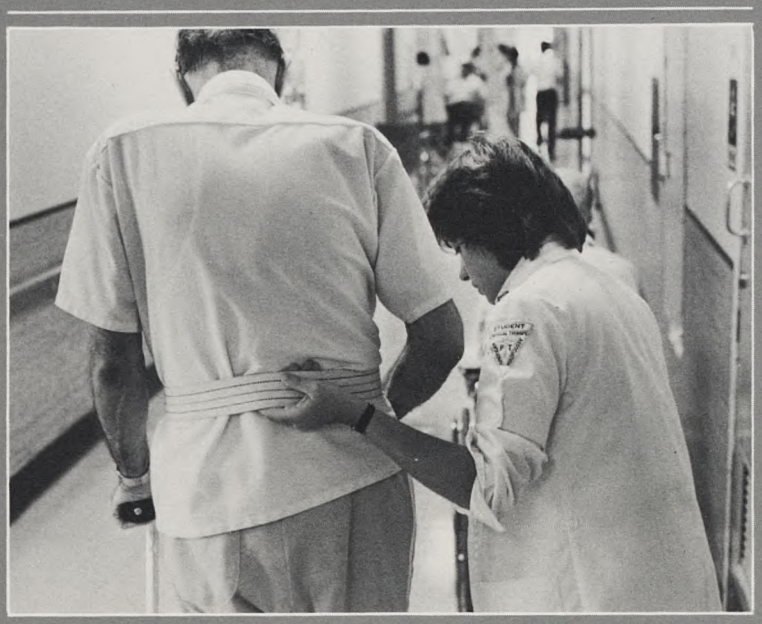

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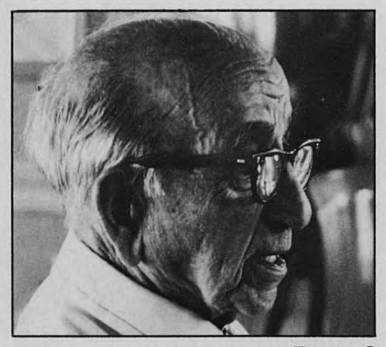

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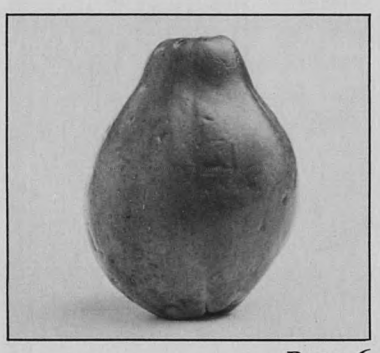

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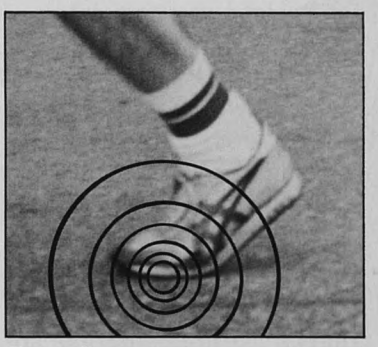

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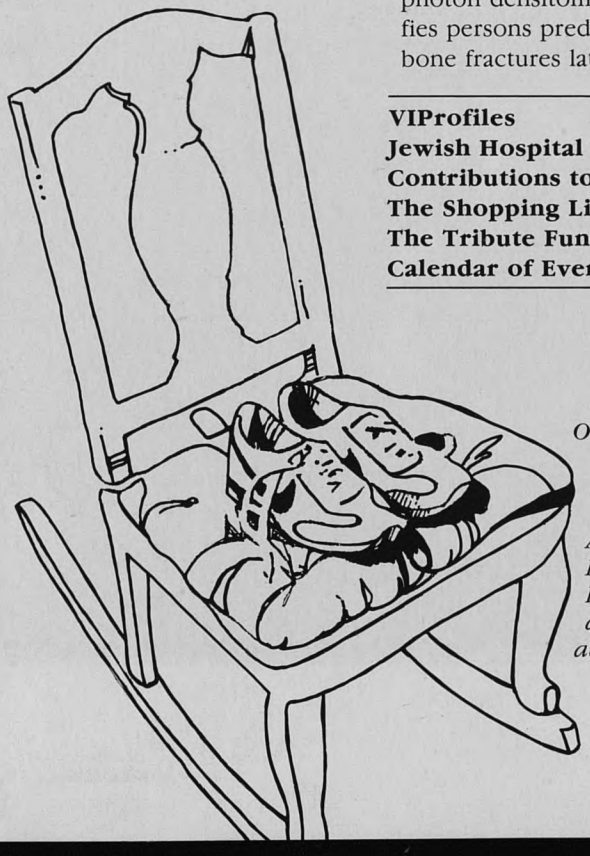


ON THE COVER: The continually increasing numbers of elderly in our population will remain one of the major health problems facing America for the next 50 years. Read about the steps Jewish Hospital is taking to help the aging lead more active, comfortable lives, beginning on page 2.

GERIATRIC ASSESSMENT UNIT: A STOPGAP TO THE FOUNTAIN OF YOUTH

by Linda Krohne Nitchman

Since the time when Ponce de Leon searched for the fountain of youth, society has endeavored to prevent the aging process. The fountain gave way to beauty creams, miracle drugs and other promising products that proved only to part the buyer from his money. Although people are living longer, modern science also has been unsuccessful in finding the key to eternal youth. The prevalent feeling is that, in the foreseeable future, the only alternative to aging is undesirable.

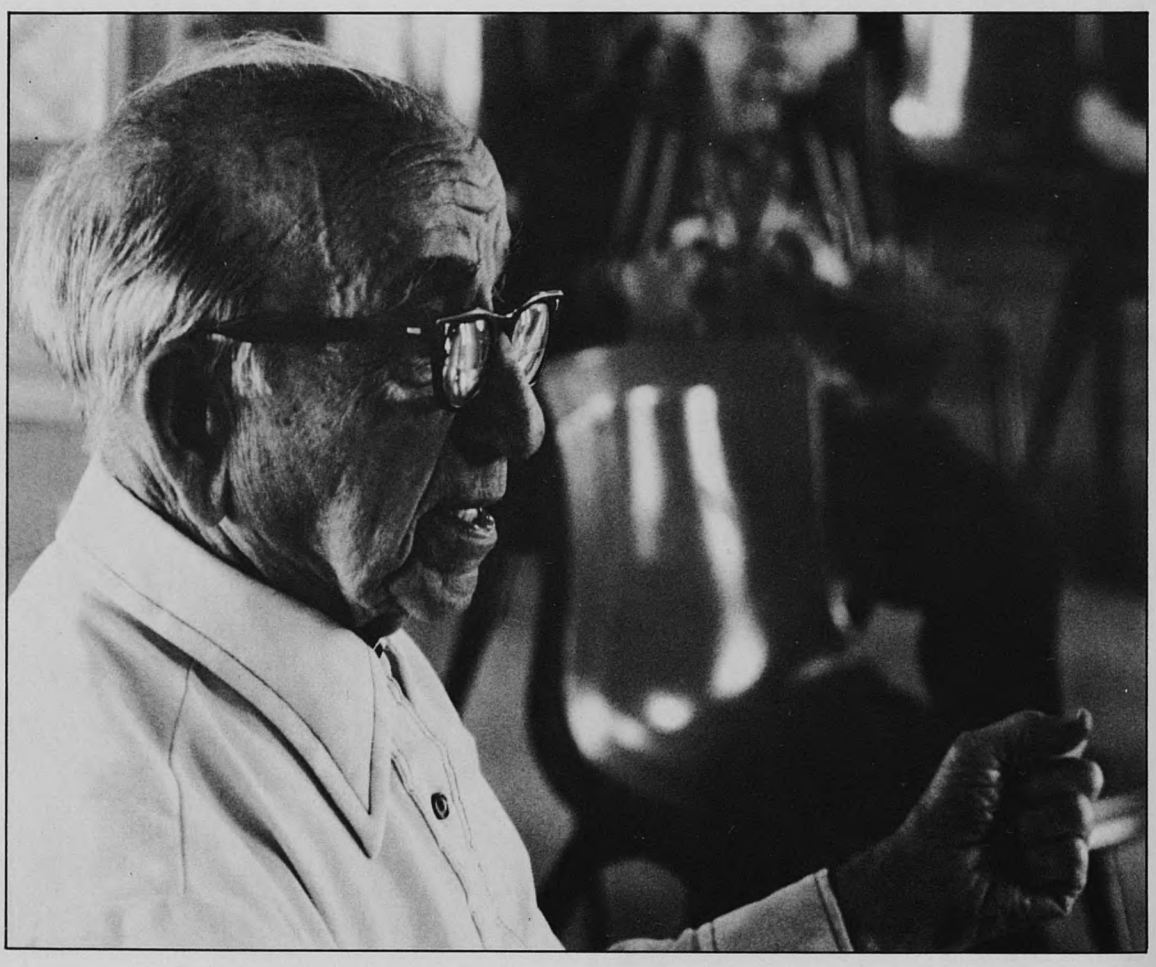
Under the direction of William A. Peck, M.D., physician-in-chief at Jewish Hospital, Washington University faculty members at The Jewish Hospital of St. Louis will initiate clinical and teaching strategies to provide excellent care for the elderly. A geriatric assessment unit at Jewish Hospital, to begin operation July 1, will be an important component of it.

Elderly Americans now represent 11 percent of the total population and their numbers are increasing rapidly as life-expectancy climbs. Elderly health care expenditures are a disproportionate 28 percent, according to a newly published book, *Care of the Geriatric Patient,* edited by Franz U. Steinberg, M.D., director of Jewish Hospital's department of rehabilitation medicine. "The care of the geriatric patient requires a special body of knowledge. Some diseases are more prevalent in old age, and others present different clinical pictures. The aged who so often suffer from multiple chronic diseases require long-term health care of high quality in addition to the management of periodic acute problems," Dr. Steinberg writes in the preface of his book.

Stanley Birge, M.D., clinical coordinator of the program, concurs that the elderly have a special set of health care requirements. "Their response to drugs is different, their psychological needs are unique, their whole physiology is changed and their nutritional requirements are different. The purpose of our program is to improve the quality of medical care for the elderly and provide services and approaches heretofore unavailable."

Aimed toward increasing the activities of daily living in those elderly individuals whose medical, functional, psychological and/or social problems prevent them from returning home, the unit will employ a team approach to care. Each patient will be treated by an entire group, made up of health care professionals who have expertise in dealing with the elderly. "By and large, the population we are trying to impact on is the one we anticipate that we can get back into an independent home situation," says Dr. Birge.

"We recognize that in the elderly population, characteristically there is not just one problem preventing them from achieving independence, but multiple problems which compound one and other." For example, the rehabilitation of the patient with a hip fracture may be complicated by urological, psychological or neurological problems which impair the patient's ability to function at an



independent level.

The real key to the geriatric unit is the team approach of total patient care. The team will include an internist, nurse specialist, rehabilitation specialist, social worker, dietician, psychiatrist and other specialists as needed. The environment will be one of concern and sensitivity to the needs of the elderly. With the exception of the Veterans Administration Hospital Geriatric Unit at Jefferson Memorial, the project will be unique to the St. Louis area.

The benefit of such programs to the elderly patient has been demonstrated by studies at similar units operating in other parts of the country. The units identified a significant number of problems otherwise missed during the patients' hospitalizations. Moreover, for participants in these programs the quality of life becomes infinitely greater because, in most instances, an independent lifestyle can be obtained.

The Unit Program

After being referred to the geriatric assessment unit by their private physicians, patients undergo comprehensive medical, psychological and social evaluations by the staff physician to determine whether they can benefit from its services. If a patient is accepted, a therapeutic and supportive plan that includes the treatment of medical conditions and assignment to appropriate rehabilitation services is formulated.

Included among those eligible for admission are those elderly who have a potentially reversible and/or rehabilitable disease process, whose functional status can be maintained or improved by intervention and support from the unit's available resources, and who possess viable social support systems.

Patients may be accepted to the unit on either an inpatient or outpatient basis. Medical records of those referred to the geriatric assess-

ment unit as outpatients will be reviewed by a staff physician. If accepted, the patients will be treated, utilizing the same team approach, through the hospital's outpatient clinic.

In each case, long-term follow-up of each patient will ensure implementation of recommendations and any necessary plan restructuring. Although in its initial phase the geriatric assessment unit is a pilot project with a limited number of beds, the committee on aging hopes the unit will grow and become a valuable resource to the general community.

Other Functions of the Unit

An important second objective of the geriatric assessment unit is to provide a clinical setting for training. Students, house staff, practicing physicians and others will be invited to participate in regularly scheduled rounds and conferences. Outreach educational opportunities also will be developed for the school of nursing, relevant community agencies, members of the lay community and personnel at skilled nursing facilities. These physicians and other medical professionals will learn the unique problems of the elderly under the closely monitored supervision of experts in the field.

In addition, the staff will coordinate ongoing research programs on the aging process at the cellular and molecular level and provide a forum for the exchange of ideas. A monthly seminar series focusing on aging at the cellular and subcellular levels is planned.

Knowledge gained through the program will be used to generate novel approaches toward prevention and treatment of diseases that are particularly common in the elderly, including malignancy, vascular, neurologic, musculoskeletal, metabolic and degenerative disorders and nutritional disturbances.

Funding the Program

Charges to the patient, through Medicare, will cover only a fraction of the cost of this program. "There is no way the patients can begin to pay for the care that they will receive. The federal government has not provided adequately for the medical needs of the elderly community," according to Dr. Birge. Although the hospital will underwrite a portion of the geriatric assessment unit, the success and maintenance of the program will depend on support from the public and private sectors. Hence, funds are being sought from charitable foundations, the National Institutes of Health and private institutions. The need for this type of program is now recognized by many private foundations which have supported similar activities elsewhere, says Dr. Birge.

Although this generation may not solve the mystery of eternal youth, perhaps by the time the children of the post-war baby boom become an aging population, specialized health care for the elderly will be more widely available through programs like the geriatric assessment unit at Jewish Hospital. □

AUXILIARY PROGRAM: CARING FOR THE AGING

"A major public health task facing the United States for the next 50 years is to provide optimum care for our rapidly growing elderly population," William Peck, M.D., Simon Professor of Medicine at Washington University and Physician-in-Chief at The Jewish Hospital of St. Louis, told those attending the Auxiliary's Seminar Series IV. "We are now quite naive in dealing with the elderly," he explained. "Proper management relates to maintenance of independence, individuality, and dignity, and requires medical, as well as psychological and sociological strategies."

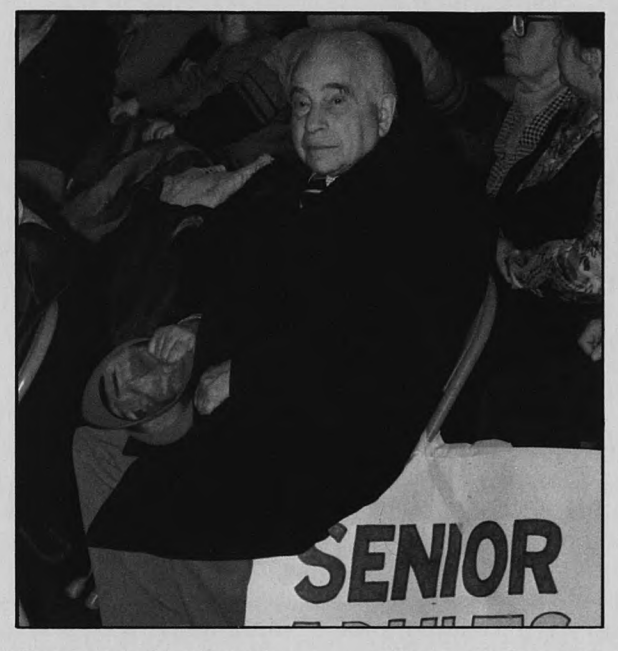
Dr. Peck produced statistics to define the financial problems an increasing elderly population faces unless society makes some changes. "Sixty percent of all Medicare Funds are spent on individuals during the last year of life—and a large proportion in the last three weeks of life. How

are we going to afford it when the most rapidly growing segment of society is over 75?''

Physicians who are adept at caring for the elderly know how to deal with intellectual, psychological and social as well as strictly medical issues, because all aspects of an individual's condition are interrelated. If function is lost in one area, the others may be affected, noted Dr. Peck.

Dementia, the irreversible loss of cognitive (intellectual) brain function, afflicts the elderly. Patients with pseudodementia have dementia-like symptoms that are reversible with appropriate treatment. Although dementia was attributed in the past to hardening of the arteries, according to Dr. Peck, that is not now recognized as a common cause. Alzheimer's disease, a progressive degeneration of the brain, causes dementia in a small but significant segment of the elderly population. Depression, emotional deprivation, and drugs are frequent causes of pseudodementia; parts of the brain may actually stop working and short-term memory may be lost in the emotionally deprived. The brain will begin to function and memory will be regained when stimulation returns.

It is not uncommon for an elderly person to be taking six to eight different drugs. Older individuals metabolize drugs more slowly than younger people, so that drug effects carry over from one day to the next. Drugs accumulate in the body and cause problems if the physician fails to make adequate adjustments in doses. Combinations of drugs are more likely to produce dementia-like symptoms than individual medications. The physician may need to find alternatives to prescribing a drug. For example, though many elderly people complain of insomnia, they may not require as much sleep as younger people, and sleep-prolonging drugs may not be indicated.



Noxious environmental conditions also cause pseudodementia in the elderly. Dr. Peck cited a very confused patient who was brought into the emergency room. His body temperature was 85 degrees. A home visit revealed that he preferred to sleep with the window open and the heat vents closed. His body temperature had gradually decreased until it was affecting his brain function.

''Just because your relative has withdrawn does not mean he has Alzheimer's disease. That person needs to be evaluated carefully for reversible symptoms,'' said Dr. Peck.

If pseudodementia is not reversed, physical health can be affected. It could, for example, cause the person to fall and fracture a hip, cause poor dietary intake and malnutrition, and bring on a host of other physical complications.

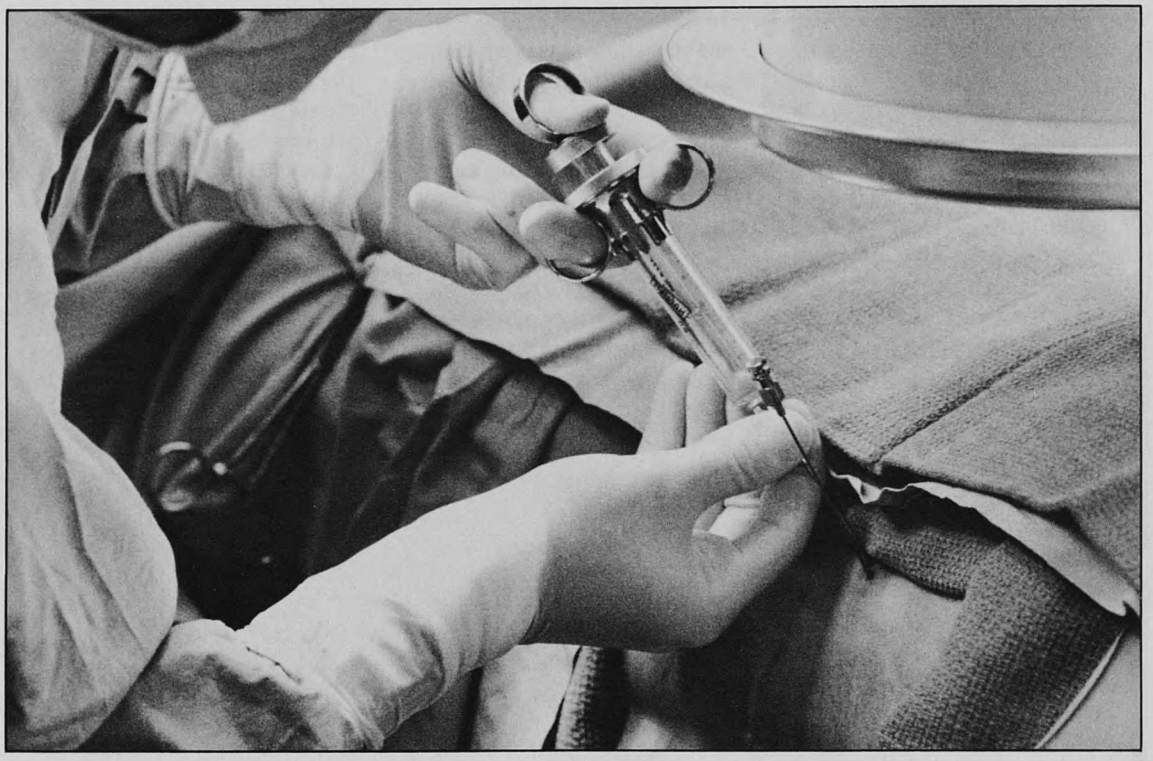
Currently, available resources for the elderly range from acute care to custodial care, with very little in between, according to Dr. Peck. Places such as the Jewish Center for the Aged (JCA) provide outstanding care for those marginally to totally dependent. At the other end of the spectrum, Jewish Hospital serves the elderly who are acutely ill. Approximately 50 percent of Jewish Hospital's medical patients are age 65 or older. To serve them better, a geriatric assessment unit will be operating at Jewish Hospital by July 1, Dr. Peck told the group (see related story).

One of the goals of the program will be to educate the public, particularly children. ''Children have a natural affinity to the elderly, which may be lost as they get older. Their attitudes are shaped early,'' he said. ''If we can reach the children, we can go a long way toward dealing with the dependence and financial problems of the elderly in society.'' Such an educational program will be developed and presented in the schools in conjunction with the new geriatric assessment program. ''We hope to create more gerontophiles—people with a special liking for the elderly,'' said Dr. Peck.

Dr. Peck fielded questions from the audience to conclude the program, which was held in the home of Lanie Goldenberg (Mrs. Milton). Auxiliary co-chairpersons for the seminar were Peggy Ross (Mrs. Donald) and Ellen Weiss (Mrs. Elliot). **—LKN**

BACK RELIEF STRAIGHT FROM THE TROPICS

by Patti Smith



Randy Kneezel, a 24-year-old, third-year dental student at Southern Illinois University-Edwardsville, felt confident when he was wheeled into the operating room at Jewish Hospital on March 30. Through his reading, he knew that the procedure about to be performed on him would eliminate his ruptured disc, the source of his debilitating back and leg pains since last November. He also knew that the procedure, chemonucleolysis, was a relatively new one, the drug it utilizes having just been approved by the Food and Drug Administration in November, 1982.

Chymopapain, the subject of years of controversial study, is an enzyme derived from the tropical papaya fruit. It was shown in 1956 to break down and collapse the protein material in a rabbit's rigid ear. After almost two decades of research, clinical evaluation was ended because of, among other things, disagreements about research protocols. The main concern involved the high degree of subjectivity in interpreting the symptoms of patients with back problems. In one double-blind study, investigators found that patients given a placebo reported the same positive effect as the chemonucleolysis patients.

Not until the two most recent studies, beginning in 1980 and involving 528 patients, which proved that chymopapain eliminated the symptoms of herniated discs 75 percent of the time, did the FDA grant permission for the drug to be used in the United States. Jewish Hospital and Robert Tatkow, M.D., began participating in this research protocol in 1982. The conclusion was made that the enzyme has the chemical ability to dissolve ruptured discs, thus alleviating the pain the condition causes, providing hope for the one to two million Americans who suffer from the condition each year.

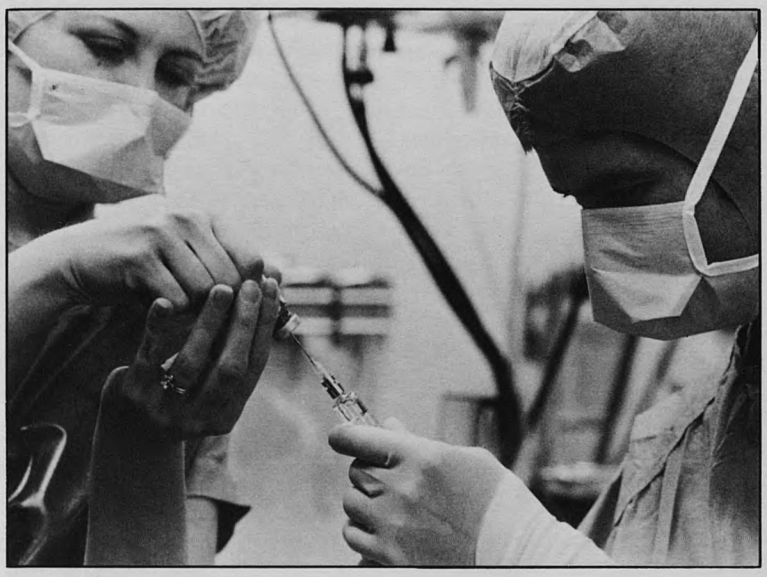
The Stabbing Symptom

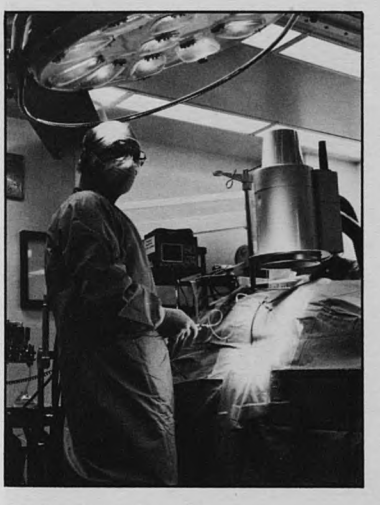
The discs that separate vertebrae in the back have a soft, gelatinous center called the nucleus pulposus. Sometimes this center portion, which gives the disc a jelly-doughnut appearance, protrudes from the ligneous outside rim that surrounds it. The ruptured disc puts pressure on a branch of the sciatic nerve that runs down the leg. This condition causes severe pain to its sufferer, as Kneezel can attest. "The pain got so bad that when I went to work at the dental clinic, I couldn't bear to lean over the patients. One time I sneezed and I had to leave a patient for 15 minutes the pain was so excrutiating. It feels like someone is sticking you in the back with a very sharp knife or a hot poker is going down your leg."

An X-ray of the spinal cord, called a myelogram, was taken, along with a CT scan, and Kneezel's suspicions and those of his doctors were confirmed: he had herniated the disc between the fifth lumbar vertebrae and the sacrum. Like most ruptured disc patients, Kneezel first was put on a conservative treatment of bed rest and analgesics. "It did no good. The pain kept getting worse and worse. I was getting worried because of my studies and the fact that I'm supposed to be married in June."

Eliminating the Pain

Chemonucleolysis, like its counterpart the laminectomy, or the surgical removal of a disc, is considered a last-ditch effort to relieve the patient of a ruptured disc. "In fact," says Barry Samson, M.D., an orthopedic surgeon at Jewish Hospital who also performs the procedure, "only those patients who would otherwise be considered for back surgery to remove the disc are candidates." The procedure, which takes 60 to 90 minutes in the operating room,





Opposite page: The injection of this tropical enzyme is made into a needle, carefully placed in the center of the ruptured disc. Above: Dr. Samson, with the aid of a nurse, transfers the chymopapain, which was originally in powdered form, from its bottle to the hypodermic needle used in the procedure. Dr. Tatkow injects the dye which will allow him to see the position of the needle in the disc, through a discogram.

involves injecting the chymopapain into the lower back. A fluoroscopic X-ray machine helps the physician guide the needle into the protruding center of the disc. Once the needle is securely in place, a special dye is injected into the disc and an X-ray called a discogram, which takes pictures of the disc, is made. "This will confirm two things," explains Dr. Tatkow, Kneezel's surgeon. "It will show accurate placement of the needle, and it will confirm, one final time, the presence of a degenerated disc."

When these confirmations are made, the surgeon injects a small amount of the enzyme into the disc, waits 15 minutes, then continues with the full dose. The chymopapain process of breaking the chemical bonds inside the disc material and turning it to water, to be excreted from the body, begins. The patient can leave the hospital as early as three days later. Kneezel was told he would need one month of rest to allow the now empty disc area to fill in with scar tissue. This will be just in time for him to stand with his bride at the altar.

The Risks Involved

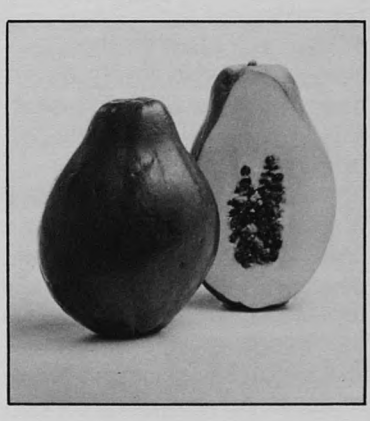
The use of chymopapain does have its drawbacks. The main risk is the chance that the patient will go into anaphylactic shock, an allergic reaction that, in its most extreme phase, can cause fatal respiratory and cardiovascular collapse. Approximately one percent of the patients who participated in a study done by Smith Laboratories had this negative reaction. The incidence of anaphylaxis is approximately 10 times lower in men than in women, about .16 percent, or one in 900. At the present time, there is no way of knowing whether the patient will be allergic to the enzyme, but every precaution is taken and the surgical team is prepared for an allergic reaction. In fact, that is the reason for the 15-minute waiting period after the test dose of the enzyme. During this time, the patient's heart rate and blood pressure are monitored carefully and the patient is checked for development of a rash. Dr. Tatkow prefers to give his chemonucleolysis patients a local rather than general anesthetic. That way the patient will be able to report any nausea or burning sensations, other signs of an allergic reaction.

The Learning Process

In order to perform the procedure, Tatkow, Samson and other orthopedic surgeons at Jewish Hospital, Alan Morris, M.D., Marvin R. Mishkin, M.D., and Jerome Gilden, M.D., division chief, participated in a mandatory one-day seminar of films and lectures jointly sponsored by the American Academy of Orthopedic Surgeons (AAOS) and the American Association of Neurological Surgeons (AANS). This eight-hour session is necessary to familiarize surgeons, already knowledgeable in the pathology of back and disc conditions, with the treatment.

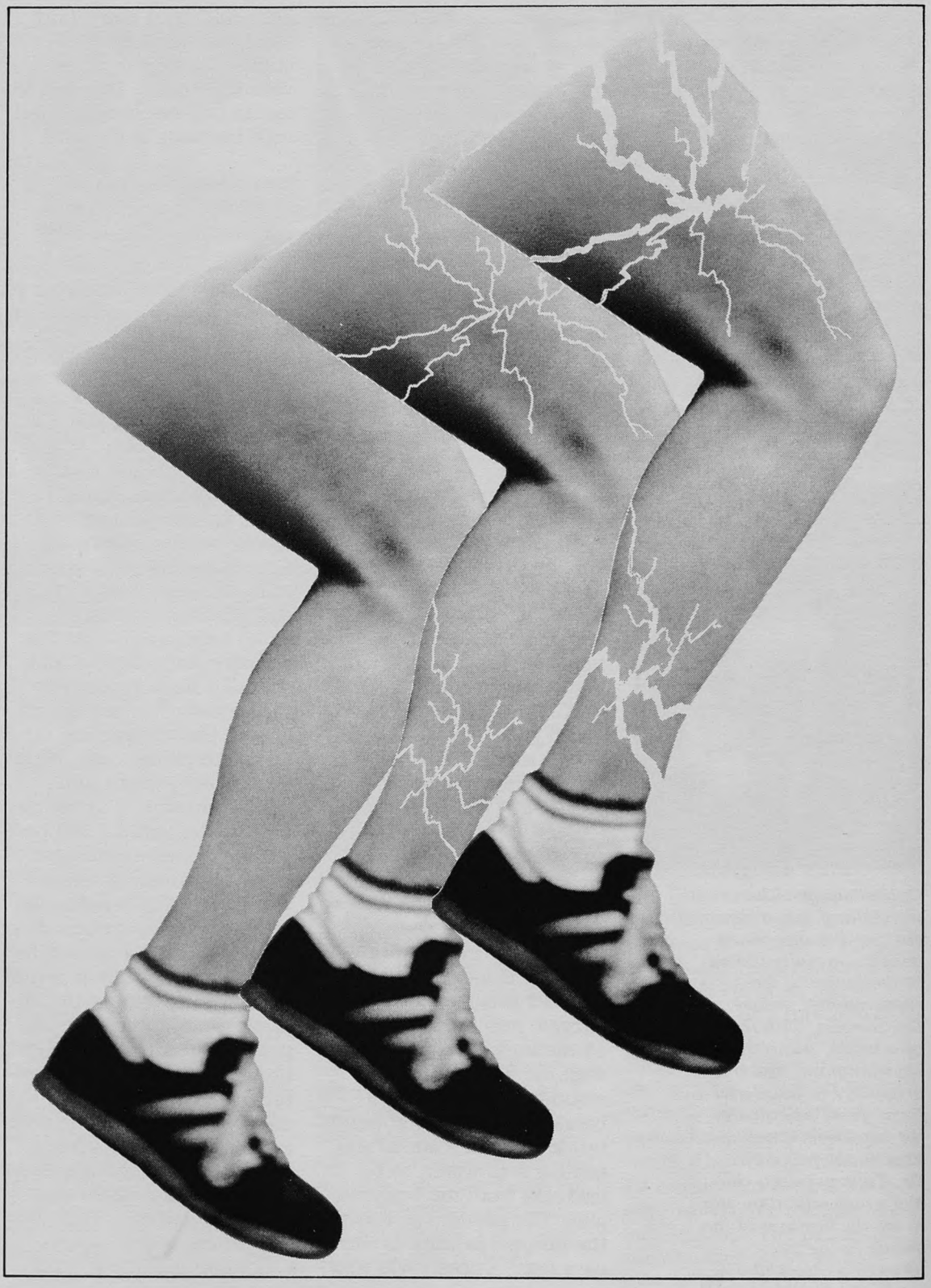
Like all new medical procedures, chemonucleolysis has met with much critical evaluation. However, it does offer the patient another choice in the treatment of the common and painful condition of the lower back and leg.□

This enzyme has the chemical ability to destroy ruptured discs, thus alleviating the pain the condition causes.



THE GRADUAL BREAKING OF BONES

by Patti Smith



What do military recruits, joggers and ballet dancers have in common? The answer to that question may be quite simple to an orthopedic surgeon who has treated all of them for the same condition: stress fractures. These are small, hairline fractures within the bone, most often in the feet, shin bone, thigh or hip.

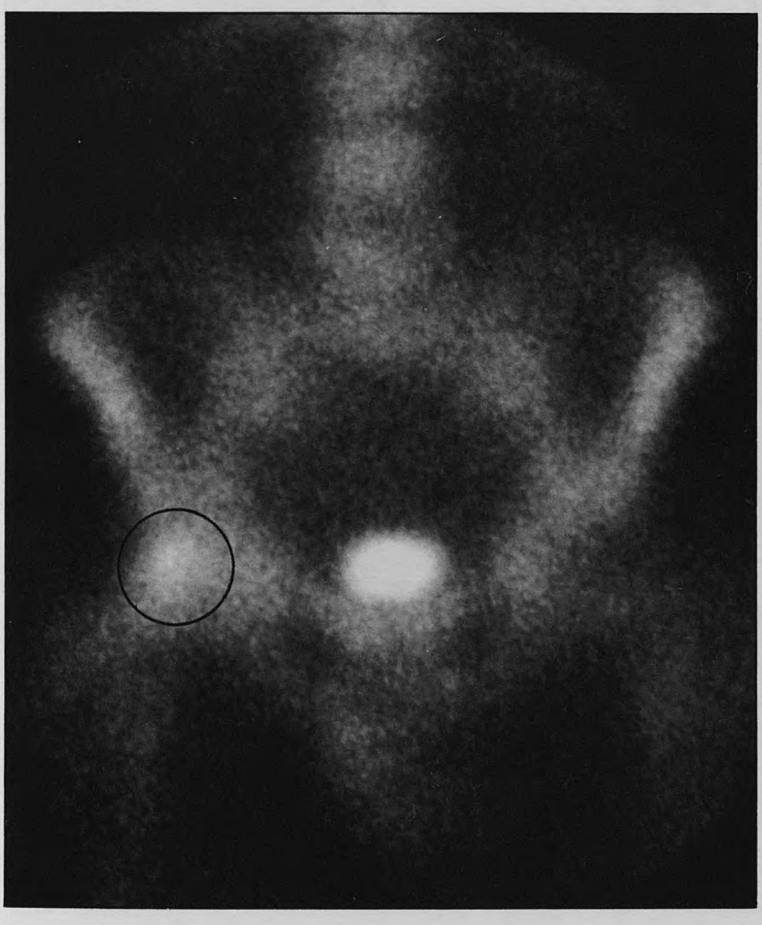
Sometimes known as fatigue, march, overload or exhaustion fractures, these injuries occur after abnormal, repetitive, bone-jarring exercise. Thus, the new recruit who is required to march five miles the second day in training camp, the ambitious runner training for an upcoming marathon, the ballet dancer preparing for her next performance or the weekend athlete on the first day of spring all are in line for this painful but treatable condition.

It may seem surprising that a person in prime physical condition would be susceptible to a stress fracture. However, in 18 to 28 year olds, the age group most commonly afflicted with stress fractures, normal physiological processes which take place in the bones make the condition more likely to occur. During this time in a person's life, bone mass is continually broken down and replaced. Repeated stress put on the bone accelerates this normal process of resorption and replacement. The problem is the resorption occurs at a much quicker rate than the replacement, resulting in a

thinning and reduction of the bone mass to the point where the bone becomes osteoporotic, or brittle, at the place of stress. The July 1981 issue of *Orthopedic Review* reported that female runners appear to be more prone to developing stress fractures than other runners. One possible reason may be that women have less bone mass than men.

The early warning sign of a stress fracture—the indication that the breaking process has begun—is pain during or immediately following the activity that precipitated it. If that activity is discontinued long enough, the fracture eventually will heal on its own. The problem is that most athletes do not want to stop their exercise programs. "The athletes will commonly try to train through the pain while using home remedies like heat and ice treatments and massages. Nevertheless, in some cases they continue the activity until the bone breaks completely," says Alan Morris, M.D., an orthopedic surgeon at Jewish Hospital. Dr. Morris recently treated one such stress fracture patient who did just that.

Using a bone scan, physicians were able to detect a stress fracture in this young male runner's left hip 48 hours after the pain began.



A Break from Ambition

Bonnie Smith is a thirty-year-old runner. She has participated in several races and has won numerous ribbons and trophies for her outstanding finishes. Last November, she ran in the St. Louis Marathon. This was her first 26.2-mile race. To train for the grueling event, she had to increase her weekly mileage from a comfortable 20 miles to a strenuous 60 miles over a three-month period preceding the race. This rigorous training caused pain in her left hip. "Almost every day when I woke up my hip felt stiff, but the pain always went away after I was up for awhile. Around the tenth mile of the marathon it really started to bother me. But, when you are going that hard for that long, your whole body hurts. I had no way of knowing it was a fracture. Besides, if I had known, after training for that long, I don't think anyone could have stopped me anyway," she says.

Like most runners, Ms. Smith decreased her mileage considerably for a few weeks after the marathon. "I was only running from five to ten miles a week. My hip hurt now and then, but not as bad as when I was training for the marathon." In late December, she signed up to participate in five races called the "Snowball Series." This meant a training schedule of 20 to 30 miles a week for the months the races were held. "The last month of the series my hip really began to hurt, but I couldn't quit because I was in first place. The week before the last race I fell on that hip while cross-country skiing. It became bruised and swollen. Nevertheless, I went ahead and ran in the final race."

That turned out to be one race too many for Ms. Smith. While making a turn, she suffered a complete fracture of her hip. Surgery was needed to repair the injury. Ms. Smith spent two weeks at Jewish Hospital with the trophy she received from the "Snowball Series" at her bedside. "I still had the best overall time, even without finishing the final race," she notes.

Dr. Morris has instructed Ms. Smith to remain on crutches for the next six months to allow the injury to heal properly. Of course, not everyone who suffers from a stress fracture will require such extensive rehabilitation. "In Bonnie's case, we were treating her for a completely broken hip," Dr. Morris says. "If detected in time, stress fractures can be treated simply by stopping the activity that caused the injury, giving the fracture time to heal itself." Dr. Morris suggests swimming or bicycling as substitutes while recuperating from the injury. "You can do anything that does not require a repetitive pounding of the pavement."

The Importance of Early Diagnosis

The key to quick recovery from stress fractures is early detection and treatment. At Jewish Hospital, the department of nuclear medicine helps achieve this

goal. If a stress fracture is suspected, a radioactive isotope is injected into the bloodstream. A bone scan is taken, at which time a special camera—called a gamma camera—detects gamma rays emitted from the isotope. "If a fracture is present, the isotope will concentrate itself around it. We call this area the hot spot," explains Keith Fischer, M.D., radiology. "Using this procedure, we can detect a stress fracture 48 hours after it has occurred. This is a much shorter time than if X-rays were used. The trouble with X-rays in diagnosing stress fractures is that the fractures are too small to be detected," he says. The isotope injection is excreted through the kidneys and leaves no reaction.

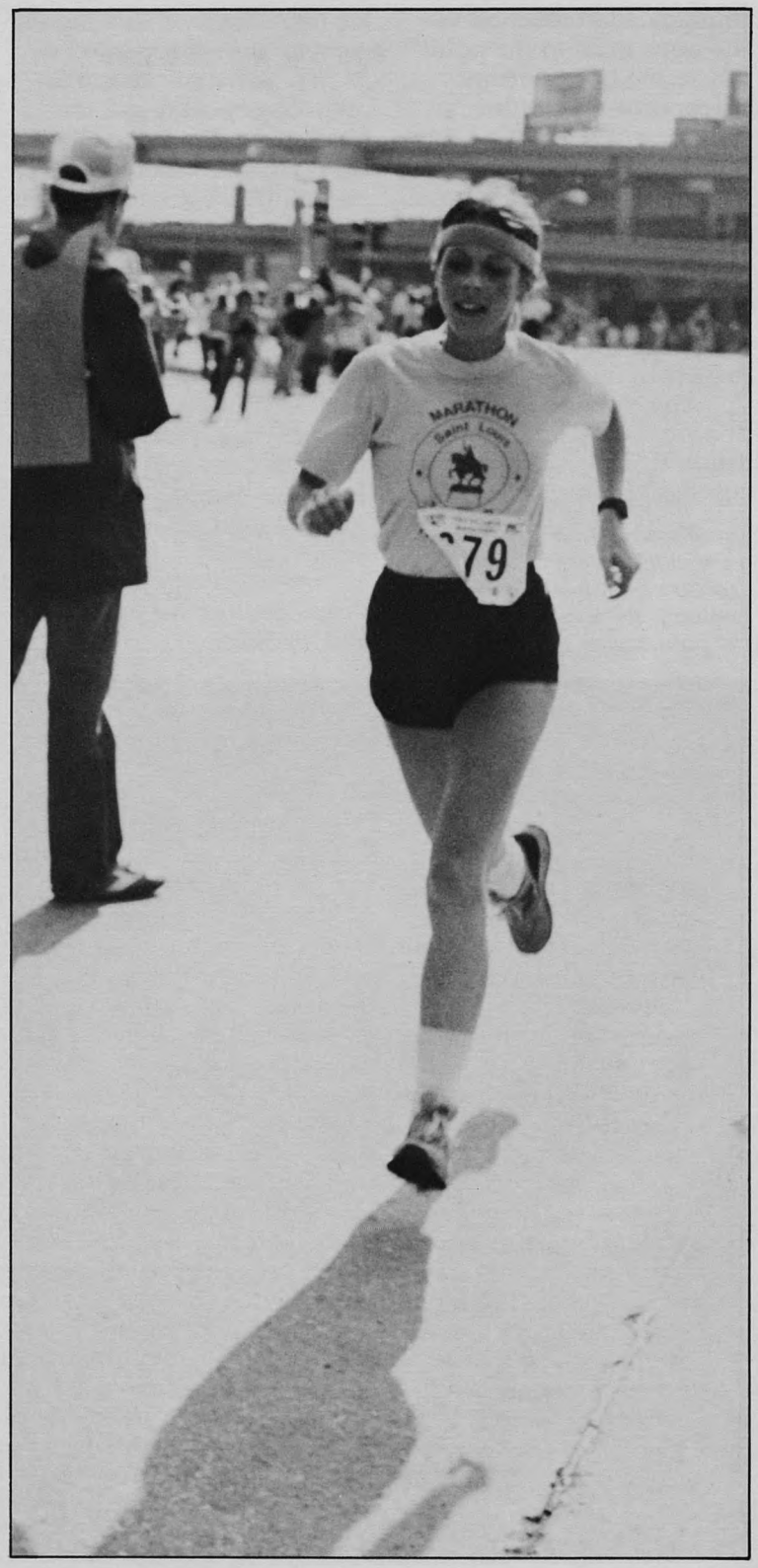
Sometimes known as fatigue, march, overload or exhaustion fractures, these injuries occur after repetitive, bone-jarring exercise.

Preventing the Problem

The pain and inconvenience that go along with stress fractures can be avoided by following a few simple precautions. A gradual training program is recommended for those who want to increase their activity. "Those people who train too fast, or those people who begin exercising abruptly are the most at risk," Dr. Morris says. An example of this would be the woman who, after years of nonactivity, decides she wants to jump into the neighborhood aerobic dance class four times a week. Stress fractures also have been observed in people with common deformities of the lower extremities, such as severe flat feet, rigidly high arches or severely bowed legs. "In these cases, the bone will be more susceptible to weakening during abnormal stresses," Dr. Morris explains.

It has also been recommended that at least 500 milligrams of calcium be consumed per day, because loss of bone mass can be reduced by adding calcium to the diet. This regimen should be followed whether an individual, especially a woman, is an athlete or not. Louis Avioli, M.D., director of endocrinology and metabolism at Jewish Hospital, has spent more than 20 years trying to convince both physicians and the public that 50 percent of American women are suffering from bone-eroding calcium deficiencies.

The best safeguard against the consequences of a painful stress fracture, according to Dr. Morris, is to keep in touch with your body. "Listen to your body. If it is telling you to stop doing something, stop." Ultimately, it knows what is best.□



Although running on a fractured hip, Bonnie Smith keeps up her stride in the St. Louis Marathon. Her time was under four hours.

THE PREVENTION OF FUTURE FRACTURES

Brittle bones have long been considered a normal result of aging, especially in women. Physicians specializing in endocrinology have known for some time that people lose bone mass as they grow older. This loss of bone density leaves some people without enough bone to support their bodies, causing spontaneous (not associated with a trauma) fractures and finally disfigurement, such as the humped back or "Dowager's Hump." Hip and spinal fractures are major causes of disability among the elderly. Endocrinologists have learned that if they can identify people likely to experience a severe decrease in bone density and treat them early enough, further bone loss can be prevented.

Jewish Hospital is one of only two institutions in the United States that has the equipment to painlessly tell patients in their 20s whether they are predisposed to bone fractures later in life. Although the problem primarily affects women, men also can be tested. The dual photon densinometer, purchased for the hospital by the Auxiliary, is a non-invasive diagnostic tool that allows physicians to screen women and begin preventative treatment for those in whom bone loss has begun. Although the fractures may not occur until a woman reaches her 40s or later, the damage occurs over a period of many years, beginning as early as age 20. Modified diets, which include foods with high calcium content, or a daily calcium supplement in the range of 1 to 1.5 grams, can be prescribed to arrest the loss of bone.

Damage occurs over many years.

Since the screenings began at Jewish Hospital in January, "We are already detecting calcium loss in people we've never suspected, because X-rays don't show it at early stages," says Louis V. Avioli, M.D., director of endocrinology and metabolism at Jewish Hospital and the Division of Bone Metabolism at Washington University. The X-ray, previously used to measure bone mass, has proved ineffective because the loss must be profound before this technique detects it. In fact, a person must experience a 40 percent bone loss before it can be detected by an X-ray. Of the 72 people tested in the first three months of operation, 27 have less bone than they should for their age, says Dr. Avioli. These people range in age from 20 to 75, but the striking fact is that 14 of them are under the age of 40.

The scanner actually measures the amount of calcium in the bone which, through a mathematical formulation, is converted to bone mass by a computer. The amount of radiation exposure is low compared with either conventional X-rays or CT scanning of the spine. During the test, which can be performed on an outpatient basis in less than an hour, the patient lies perfectly still on the machine's table. An overhead sensing arm slowly passes the length of three or four vertebrae at a rate of 2 mm per second, following an apparatus, under the table, that emits radiation. When the radiation hits the patient's bone, the bone in turn gives off a level of radiation that is proportional to the amount of calcium in the bone. The sensing arm reads the reflected radiation and sends it to a computer connected to the machine. Through this method, the physician can compare the amounts of calcium in the patient's bones with the normal figure for his/her age group.

Speaking to physicians at an informational seminar on new developments in bone disease, Dr. Avioli explained why early detection is so important. "I can't replace bone. When the problem is detected, the best I can do is maintain the fracture incidence. If a person is already fracturing five times a year, with treatment they will continue to fracture five times a year. I can't give them more bone." Without treatment, the number of fractures sustained per year could continue to rise.

According to Dr. Avioli, every woman over the age of 20 should undergo a bone scan. "The question is whether you believe in preventative medicine or not," he says. Because the equipment is so new, many physicians in the area are unaware that it is available. Currently, a dual photon scan can only be ordered by the patient's private physician. **—LKN**

AUXILIARY PROGRAM: COPING WITH PAIN

Persistent, chronic pain can immobilize and drastically alter the life of its sufferer. At the Auxiliary Seminar Series IV, Kenneth S. Moss, M.D., discussed ways in which the Jewish Hospital Pain Therapy Center uses its team approach to try to unravel some of the mysteries behind chronic pain and help relieve patients of their suffering.

Dr. Moss opened his address with the surprising statement that in many ways pain is good. "Pain is the most common symptom that prompts patients to seek medical attention." However, Dr. Moss drew a distinction between this "good," treatable acute pain and chronic pain. "By definition, chronic pain is any pain that persists beyond what is expected for the underlying cause, and lasts longer than six months."

The number of Americans who suffer from this type of prolonged discomfort is staggering. In 1982, 700 million work days were lost by 65 million people with chronic pain. That is approximately 30 percent of the population. Seven million people in the American work force applied for disability because of lower back pain alone. The bill for hospitalization, health care-related costs, loss of productivity, compensation payments and litigations, to name a few resulting expenditures, sky-rocketed to more than $100 billion. Who picks up the tab? "In terms of higher taxes and the price of all consumer goods we purchase, everyone does." As Dr. Moss pointed out, "Someone has to pay for those 700 million sick days industries give away."

Besides incurring these tangible costs, all too often chronic pain victims pay with their physical and mental health. Because of the time element involved, Dr. Moss noted, chronic pain cannot be dealt with by the traditional medical treat-

The auxiliary members' interests were piqued as Kenneth S. Moss, M.D., spoke of something familiar to many—pain.

ments. "Patients with chronic pain become tolerant to certain pain medications," he said. There are also side effects which go along with prolonged use of drugs like Tylenol with codeine, such as constipation and the inability to think clearly. Living a long time with chronic pain also affects the patient in other ways, as it does with Dr. Moss's fictitious example, Mrs. Jones.

Mrs. Jones could be a typical patient of Jewish Hospital's Pain Therapy Center. She is a 30-year-old mother of three and a supervisor for a large corporation. During the big snow storm last February, she was involved in a minor automobile accident while on her way to work. She was shaken but did not seem to be hurt, except for the ache in her lower back. The next morning the pain increased and Mrs. Jones found it difficult to prepare breakfast for her children. Nevertheless, she went on to work, but by midday the pain forced her to visit the company doctor. He sent her home with a prescription and instructions to get some rest. That was the beginning of what turned out to be a long and torturous ordeal.

Months went by and Mrs. Jones' life changed. She began to "doctor shop" in search for some kind of relief. No longer able to cook for her family, she took most of her meals, which were being prepared by her husband, in bed. Friends stopped visiting and Mrs. Jones became increasingly withdrawn.

At that point, a real patient in Mrs. Jones' shoes might turn to Dr. Moss and the pain therapy center. When a patient is referred to the center, Dr. Moss, an anesthesiologist and clinical coordinator, requires that a complete medical and social history be made available. "That way we can determine what has already been tried to relieve the patient's pain and carry on from there. It gives us a realistic basis on which to approach the case." From there, the center uses a multimodal approach, tapping into the knowledge of specialists in several areas of health care. Of course the treatment route chosen depends on the type of pain the patient is experiencing.

"By definition, chronic pain is any pain that persists beyond what is expected for the underlying cause, and lasts longer than six months."

One speciality most heavily used in this and other centers is anesthesiology. An anesthesiologist who is trained in pain therapy is capable of performing nerve blocks that either diagnostically or therapeutically remove pain. A diagnostic nerve block can help the physician determine which pathway the pain is taking. It also serves to simulate a permanent block. "This would be used in the case of a cancer patient, who is considering having his nerves severed to live the rest of his days pain-free. A diagnostic block will show him what it will be like to have the painful area numb," Dr. Moss explained. A therapeutic block involves injecting various medications and analgesics directly into the area causing the pain. "In a patient like Mrs. Jones, who has lower back pain, an epidural steroid may be tried."

The psychiatry division is another specialty from which the chronic pain patient may benefit. Through techniques such as relaxation therapy, biofeedback and behavior modification, the patient can learn to better deal with the pain. "Any patient with chronic pain will begin to change the way he feels about his life. This doesn't mean they are crazy, but it does mean they may need help."

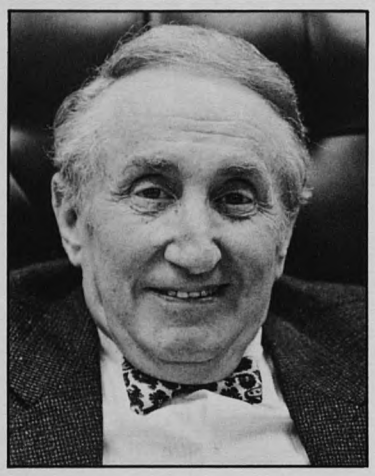
Social workers get involved in pain therapy by conducting in-depth interviews to find out if there are any "secondary gains" involved in the patient's pain. "If there is a law suit pending over the injury that caused the pain, or if a husband is more attentive since the pain started, it will be more difficult to help the patient," Dr. Moss said.

The center also relies on the rehabilitation specialties of occupational and physical therapy to help chronic pain sufferers live with their discomfort. Through exercise, heat, traction and massage, a physical therapist might strengthen a lower back pain patient like Mrs. Jones enough so she may walk down her steps to join her family for dinner. Occupational therapists might be able to give Mrs. Jones some advice on how to better maneuver around in the kitchen. "The idea behind all these types of therapies is not to cure the patient of the pain but rather to improve his tolerance so he no longer has to be a prisoner of pain."

When necessary, orthopedic surgeons and neurosurgeons are called upon to add their expertise to the treatment of the patient. The orthopedic surgeon will be involved with the occupational and physical therapy, prescribing braces or other appliances, and surgery, if necessary. The neurosurgeon has the expertise to sever nerves to permanently relieve the patient of his or her pain. Other specialists occasionally involved with the center include internists, neurologists and general surgeons.

With so many areas of expertise involved, anesthesiologists like Dr. Moss are usually in charge of coordinating the consultations needed. "The nature of anesthesiology allows us to become familiar with the capabilities of the different specialties and how they can help a patient," Dr. Moss said. "Treating chronic pain is a difficult field for most people to get into because chronic pain patients usually have a difficult road to follow. However, it is an exciting young field with a very vital future." □

VIP PROFILES



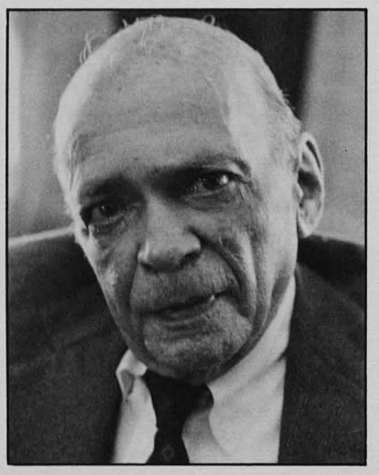
Meyer Kopolow

"Basically, I had always been interested in medical matters," Meyer Kopolow explains about his six-year membership on the Jewish Hospital Board of Directors. The interest was piqued during his World War II Army service, when he served as medical administrative officer in the Southwest Pacific.

Although he earned a law degree at Harvard University, following undergraduate training at Washington University, Kopolow never practiced law. Instead, he went into the oil business, due to some family interest, as a founder and executive officer of Mars Oil Company and Marine Petroleum Co., a wholesale/retail marketing firm. Much of his free time was spent in working with trade associations, some of which he helped to found. During the oil crisis of the early 1970s, Kopolow served on the President's Advisory Committee on the Oil Industry.

Since becoming a consultant five years ago, Kopolow has served as an officer on the board of the Jewish Federation, on the Professional Policy, Development and Community Relations and Finance Committees of the Jewish Hospital Board, on the Board of Directors of CASA, Temple Israel, Jewish Center for the Aged and the Technion Society, of which he is vice president. The Kopolow family, special benefactors of Jewish Hospital, made major contributions to the building fund for the seventh floor surgery unit and created the Alene and Meyer Kopolow Endowment Fund for Education. The Jewish Federation Kopolow Building was built with their contributions.

The husband of Alene and father of three children, Kopolow said, "Through our affiliation with Washington University, the hospital is one of the pacesetters of health care. I think we have an enviable position, and I'm very happy to be involved."



Millard Waldheim

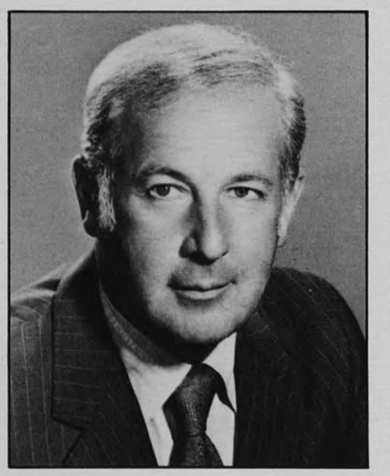
Millard A. Waldheim, an honorary member of the board of directors, has had a lifetime association with Jewish Hospital. His father, Aaron, served as president from 1915 to 1938. Mr. Waldheim was first elected to the board of directors during that term, in 1932.

At that time, only twelve board members sat under Aaron Waldheim, whose gifts to the hospital created the Hattie and Aaron Waldheim Clinics and in whose name hospital employees started the Aaron Waldheim Scholarship Fund.

Waldheim began his 13-year term as treasurer in 1938. A vice presidency, which lasted 11 years, followed. In 1963, Waldheim was honored with election to life membership of the board. Concurrently he served as director of the Young Men's Hebrew Association (YMHA). His 1972 testamentary gift to Jewish Hospital endowed the Waldheim Department of Surgery.

In professional life, as well as philanthropic, Waldheim was very much a "family man." A stockbroker with Waldheim, Platt & Company (a family business) until about 20 years ago, Waldheim then joined the brokerage firm of Newhard Cook & Company, Incorporated, as a partner. He still holds that position, but bases his operations at the downtown Olive Street offices of Waldheim Realty, the company founded by his father in 1903.

From that office he also keeps track of the business which occupies most of his time and interest—a horse farm in Winchester, Kentucky, near Lexington. Waldheim spends three months of the year in Winchester. There he personally oversees the management of his 80-90 steeds. Waldheim and his wife Sally also spend time visiting with their two children and three grandchildren.



Eugene Weissman

"If I bring anything to anything I do, I hope it's enthusiasm," Eugene C. Weissman responds when asked what assets he brings to the board of directors. He has served on it since 1969.

Ever since visiting Israel in 1967, Mr. Weissman has been involved in philanthropic and social causes. "The trip made me think more about being Jewish, and about my responsibility to this country."

Weissman had gained some notice through his business, the 905 liquor stores he co-owned with his brother. One of the first things he did after election to the board was introduce the practice of serving wine to patients.

"Our biggest challenge, no doubt, is how to get medical costs down. But how do you control costs yet do research for life-saving ideas? How are we going to handle an aging public that's going to need more and more care?"

Having had a mother who lived to be 93 years of age, Weissman has a particular interest in this subject and, again because of his mother's longevity, served on the board of the Jewish Center for the Aged.

On the hospital board, Weissman served on the public relations committee. Campaign chairman for the Jewish Federation drive in 1972, he was this year's chairman of special (over $25,000) gifts. He has served several terms on the federation board during the past 12 years, is past president of the local chapter of Hebrew University, chaired the Israel Bonds drive of 1976-1977, and is a co-founder of St. Louisans for Better Government, a political action committee. Weissman also sits on the board of the St. Louis Symphony.

Though retired, he starts the day early, with a 7 a.m. tennis game. He and his wife of 43 years, Sylvia, have four children and seven grandchildren.

THE GREENING OF THE CLOVER BALL

In January, when all accounts had been settled, the Jewish Hospital Auxiliary Clover Ball Committee discovered that the fund-raising gala held last November had brought in far more money than the $200,000 needed to purchase the advanced diagnostic cardiology equipment already presented to the hospital. A portion of the $82,000 surplus resulted from donations in excess of what had been anticipated. A substantial amount was available because none of the committee heads, under the general co-chairmanship of Helene Goldstein (Mrs. Irving M.) and Marlene Isaacs (Mrs. John III), spent the budget allocated to her.

"When we found that we had the extra money, we decided to benefit more of the doctors by spending in various departments," notes Phyllis Langsdorf (Mrs. Kenneth R.), president of the Auxiliary. After reviewing requests from physicians, the project evaluation committee, chaired by Kathy Kline (Mrs. Richard), recommended to the full auxiliary board on April 12 that nine pieces of equipment be purchased.

The most elaborate addition to the hospital's equipment will be the MMC Horizon System made by Beckman Instruments. The mobile unit measures the body's metabolic functions and is important in caring for patients undergoing prolonged respirator or i.v. support. Used at bedside, the unit will greatly enhance the management of all ICU patients in shock, those requiring ventilatory care or with other life-threatening conditions. In other departments, it will optimize the delivery of nutritional support. Requested by Gordon W. Philpott, M.D., director, department of surgery, John Hirsch, M.D., and Stephen S. LeFrak, M.D., co-director, pulmonary disease/respiratory care division, the MMC Horizon System will benefit the departments of surgery and medicine.

The obstetrics/gynecology department, at the request of James P. Crane, M.D., director, will receive two gifts. An invertedscope for the planned in vitro program is used to check on the development of the embryo as it grows in the petri dish to determine the right time to implant it in the mother's womb. An M Mode Ultra Sound System, compatible with our present ultrasound equipment, helps diagnose fetal heart problems.

Robert C. Lander, M.D., orthopedic surgery, requested a continuous passive motion apparatus. Placed in a patient's bed, it provides constant knee, hip and ankle motion following surgery, a form of physical therapy. An arthroscopy table, also given to the department, will aid in the approximately 500 arthroscopy cases handled at Jewish Hospital each year. The table holds all the instruments needed for the procedure and automatically moves this equipment over the patient, making it more accessible to the surgeon as he operates.

A memory storage scope will be used in the department of rehabilitation medicine to allow for more accurate diagnosis of muscle or nerve injury or disease, a prerequisite to surgery. Requested by Franz U. Steinberg, M.D., director, the equipment freezes information gleened in the diagnosis process on a separate screen, where it can be studied and measured.

In its expansion of activities to include outpatient minor surgery, the eye clinic, under Chief of Ophthalmology Mitchel L. Wolf, M.D., will be receiving an operating chair-table combination module, for surgeries best done when patients are in an upright position, and an electrosurgical unit for bipolar and bovie type cautery, used to cauterize blood vessels around the eye. The clinic, which has made a commitment to increasing and expanding its services, will also receive an automated perimeter, used to perform visual fields. It will update the presently-used 15-year-old equipment that cannot do static perimetry or any of the new routines for glaucoma screening.

In total, the auxiliary, through its 1982 Clover Ball, donated $282,000 in equipment to six different departments at Jewish Hospital. The gifts will make it possible for the many physicians in those fields to provide their patients with the most advanced forms of treatment available today. □

BENEFITS FROM THE BALL

Electrophysiologic Mapping System	Cardiology	$105,000
Mobile Semi-Computerized Echocardiograph	Cardiology	95,000
MMC Horizon System	Surgery/Medicine	42,255
Invertedscope	Obstetrics/ Gynecology	7,000
M Mode Ultra Sound System	Obstetrics/ Gynecology	4,000
Continuous Passive Motion Apparatus	Orthopedic Surgery	2,800
Arthroscopy Table	Orthopedic Surgery	925
Memory Storage Scope	Rehabilitation	3,590
Operating Chair-Table Combination Module	Eye Clinic	4,000
Electrosurgical Unit for Bi-Polar and Bovie Type Cautery	Eye Clinic	5,500
Automated Perimeter	Eye Clinic	12,000
		$282,070

FOR RUSSIANS WITH LOVE

by Sandi Spilker

Это потрясение, которое вы бы испытали, покинув США и носелившись в России на постоянное жительство. Вы были бы окружены людьми, язык которых вам не понятен; пища, образ жизни и перемена обстановки были бы чужды. Вы бы чувствовали себя одиноким и испуганым, были бы счастливы, найдя кого-либо, кто говорит и понимает вас.

Translation; This is the frustration you would experience if you left the United States and went to live in Russia for the rest of your life. You would be surrounded by a language you couldn't read or understand and the food and customs would send you into culture shock. You would feel alone and afraid, and you would pray for someone to talk to you...and understand.

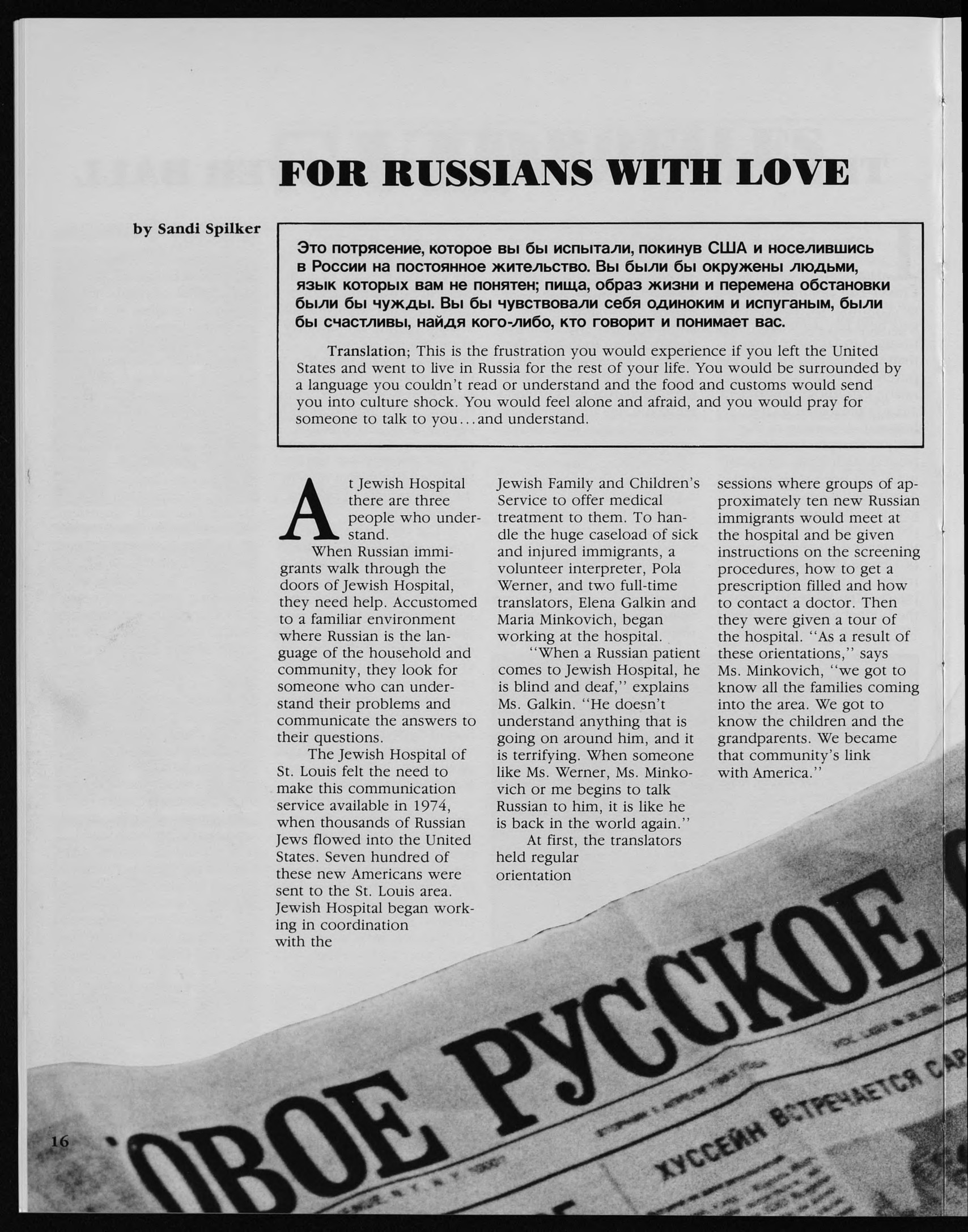
At Jewish Hospital there are three people who understand.

When Russian immigrants walk through the doors of Jewish Hospital, they need help. Accustomed to a familiar environment where Russian is the language of the household and community, they look for someone who can understand their problems and communicate the answers to their questions.

The Jewish Hospital of St. Louis felt the need to make this communication service available in 1974, when thousands of Russian Jews flowed into the United States. Seven hundred of these new Americans were sent to the St. Louis area. Jewish Hospital began working in coordination with the Jewish Family and Children's Service to offer medical treatment to them. To handle the huge caseload of sick and injured immigrants, a volunteer interpreter, Pola Werner, and two full-time translators, Elena Galkin and Maria Minkovich, began working at the hospital.

"When a Russian patient comes to Jewish Hospital, he is blind and deaf," explains Ms. Galkin. "He doesn't understand anything that is going on around him, and it is terrifying. When someone like Ms. Werner, Ms. Minkovich or me begins to talk Russian to him, it is like he is back in the world again."

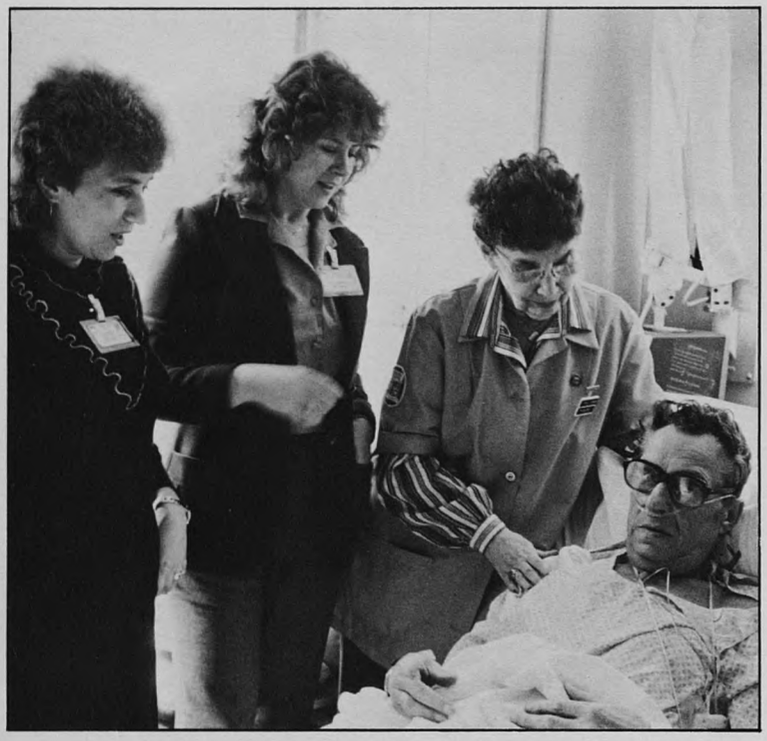
At first, the translators held regular orientation sessions where groups of approximately ten new Russian immigrants would meet at the hospital and be given instructions on the screening procedures, how to get a prescription filled and how to contact a doctor. Then they were given a tour of the hospital. "As a result of these orientations," says Ms. Minkovich, "we got to know all the families coming into the area. We got to know the children and the grandparents. We became that community's link with America."



To ease some of the anxieties of being in a hospital,, the interpreters act as the voice of the medical staff. Even though much of their translating is done in the clinics, they are kept busy in all areas of the hospital. They are often the first to tell a new father the joyous news that his wife has given birth to a son. Conversely, they may have to relay news of terminal illness or tell a family that a condition has worsened. "To give bad news is the hardest part of my job," comments Ms. Galkin, a native of Odessa, located near the Black Sea in the Ukraine. "I get sick sometimes when I see a family upset by news I have had to interpret."

The interpreter is a vital part of the professional team when a New American is undergoing a surgical procedure. The translator must explain in detail what is going to happen, answer questions through the physician or anesthetist, and read each surgical permit to be signed. She remains with the patient immediately before surgery as a reassuring member of the team and is one of the first persons the patient sees in the recovery area. If a patient receives a local anes-

FOR RUSSIANS WITH LOVE



From left: Russian translators Elena Galkin, Maria Minkovich and Pola Werner serve as the communication link between Michael Zaltsman and his physician.

thetic, a translator remains with him throughout his surgery to relay information between the surgeon and patient.

The translators also are called to make home care visits with the nurses, to check on patients with new colostomies or diabetic patients having difficulty taking their insulin. Unlike other employees, when the interpreters leave at 4:30 p.m., they take the job with them. One may get a call at 3 a.m. to come to the emergency room to meet a Russian-American in distress. She may get a call at home or on weekends from a patient asking whether or not his condition requires an emergency room visit, requiring the interpreter to analyze the situation and make a decision.

Many Russian patients have trouble understanding the importance of following doctor's orders, like the 73-year-old clinic patient who doesn't follow her diet and may have to begin injecting herself with insulin. It is Ms. Werner's job to explain how important it is to stop eating the baked foods that the patient loves. "She still lives in Russia, even though her body is here," Ms. Werner notes. "Russians bake rich foods and breads...everything is from scratch." The old ways are still the ways the elderly Russian-Americans remember.

Ms. Werner, who left Russia in 1923 when she was 12, explains that many of the elderly patients are depressed, often over the relatives and friends they left behind. When they arrived, they knew no English, didn't adapt well to the customs, food and lifestyle. Some of the younger new Americans had trouble finding jobs. They found it difficult at age 50 to start new careers. The interpreters, having all experienced the pain and confusion of immigration, can identify with the people they help.

An accountant and Russian college graduate, Ms. Galkin immigrated to the United States with her husband in 1977. When she first came to this country, she knew how to ask simple questions in English, but could not understand the answers. She also was pregnant and required the help of Jewish Hospital in the delivery of her son six months after she moved here.

For Ms. Minkovich, life here is much more rewarding than it was in Minsk, a city in Belorussia. She left it in 1978 with her husband and son to join her mother and sister in St. Louis. Educated at the University of Minsk, she majored in literature and Russian language. She taught herself to speak English. "When I look back on it now, I don't know how I made it. Coming to America was a big change. It was starting over from the beginning." Ms. Minkovich, who also speaks Hebrew, has been a full-time interpreter for three years.

When Ms. Werner came to the United States with her husband 36 years ago, she knew no English. She learned the language "by ear," listening to the radio and to the conversations of others. In 1974 a close friend of Ms. Werner's was brought to Jewish Hospital as a patient. A social worker at the hospital talked with Elaine Levinsohn, director of volunteers, and convinced Ms. Werner of the good she could do by becoming a volunteer. Also fluent in German and Polish, Ms. Werner used her skill as a Russian interpreter a few days a week as needed. Before long, it became evident that full-time paid interpreters were necessary.

Not all of the Russian immigrants experience the depression of displacement. The younger new Americans like Ms. Galkin and Ms. Minkovich adapt well to "blue jeans and boots." Ms. Galkin and Ms. Werner are now U.S. citizens, and Ms. Minkovich has applied for citizenship. "Most Russians cope very well," remarks Ms. Minkovich, "but they are the ones who learn English, begin careers here, and usually don't need our help."

Last year, $256,250 was provided in the Jewish Hospital's overall charity budget to support the cost of care for the hospital's New American Program that provided health care services to 1,007 Russian-Jewish immigrants. As long as there are people in the community in need of this service, Jewish Hospital will provide the interpreters to communicate with them. □

AIM PROGRAM: NOTHING TO SNEEZE AT

Everyone, from time to time, has been bothered by those runny noses, aching bones and feverish chills that go along with colds and flu. At the March 9 Jewish Hospital Associates in Medicine program, Harvey Liebhaber, M.D., discussed why human beings are so susceptible to colds and influenza viruses and the problems in treating these nuisances.

The focus of Dr. Liebhaber's address to the Associates and guests, assembled on one of this winter's more blustery evenings, was viral infections. He described a virus as a gene wrapped in a coat that protects it from degradation by environmental forces. "When left alone a virus does not grow as a free living organism like a bacterium does. It is just a genetic message. The only way a virus can live is by parasitizing a living cell," he said.

Before a virus gets into a cell it must fight its way through certain protective mechanisms of the body. As soon as it enters the host, the virus drains into an adjacent lymph node. This is the organ of the body responsible for immunological responses. The lymph node stimulates production of antibodies to help the cell ward off infection by the virus. However, when these lymph nodes are caught off guard, the virus enters the cell. That is the beginning of the sneezing, coughing, "gosh-I-feel-awful" days everyone has experienced.

"When the cell fills up with the virus, it ruptures, releasing the virus particles to the surrounding medium, freeing them to attach themselves to neighboring cells. These viruses then may enter the bloodstream and become generalized to infect cells in other parts of the body," Dr. Liebhaber explained.

Among the most common viruses are those that find themselves in the respiratory tract. Unlike viruses such as polio, respiratory viruses have no tropism. That is, they are not attracted to just certain cells but will attack any part of the respiratory tract at random. "Therefore, any virus that produces a cold can also produce bronchitis, tracheitis or pharyngitis. It is a matter of chance. The whole gammit of respiratory infections can be caused by any one of several viruses."

Influenza is unique from other respiratory viruses not only because of its ability to produce life-threatening infections but because it remains the only uncontrolled epidemic infection that still sweeps the world today.

Deep inside the respiratory tract are the alveoli, the most functional parts of the lungs where air exchange takes place. When a cold virus causes these air sacs to fill up with puss-like material, pneumonia occurs. This will happen whenever the cilia, or hairlike structures along the bronchial tubes, are unable to sweep the infectious material out of the lungs.

These common cold viruses and other respiratory infections are vastly different from viruses that cause widespread epidemics of influenza, which can go on to cause the most serious complications in some patients. "People don't die from a cold, but they do die from the flu," he said.

The complications from an influenza virus are of two major varieties. One is a primary influenza pneumonia, where the virus gets into the air-exchanging tissues of the lungs and hinders oxygen exchange to the extent that the patient dies. The most common complication, however, is a secondary bacterial pneumonia. "Because the influenza virus grows inside the lining of the respiratory tract and destroys the mucus-producing cells and the epithelium cells, those cells become susceptible to infection with bacteria inspired from the environment.

Influenza is unique from other respiratory viruses not only because of its ability to produce life-threatening infections but because it remains the only uncontrolled epidemic infection that still sweeps the world today. These pandemics usually occur in the winter months and may cause one to five deaths per 100,000 individuals. In 1968-1969, the Hong Kong influenza pandemic affected 50 million people causing 30 thousand deaths and cost $759 million for medical care. The total economic burden, which included sick days given and productivity lost, was more than $4 billion.

Harvey Liebhaber, M.D., used slides of the respiratory tract to explain to the more than 50 Associates and guests how a virus travels through this part of the body.

A solution to controlling these pandemics does not seem likely, at least in the near future, because of the numerous problems involved in treating them. "The fact that there are more than 150 different types of viruses known to man would make trying to devise a vaccine for that many strains folly," Dr. Liebhaber said. Also, the body only stays immune to a particular virus for approximately 10 months, even after an injection. Therefore, these two seasonal discomforts are going to be with us for a long time to come. So, drink plenty of liquids and keep a supply of aspirin in the cabinet. You are bound to need them sooner or later. □

JEWISH HOSPITAL NEWS BRIEFS

Memorial to Morton D. May

Morton D. "Buster" May, 69-year-old retired president, chairman and chief executive officer of May Department Stores Co., died of a heart attack on Wednesday, April 13, at Jewish Hospital. He was a great philanthropist and civic leader remembered for his major contributions to the business and arts communities of St. Louis.

Jewish Hospital has continuously received financial support from the May family through the Beaumont Foundation, established by Mr. May's great uncle, Louis D. Beaumont, one of the founders of May Department Stores. The foundation has provided almost $2 million for research programs at Jewish Hospital. In addition, the Morton D. May family has donated more than $325,000 directly to the hospital.

A decorated war veteran, art collector, world traveler and expert photographer, Mr. May gave not only vast sums of money, but time and energy to numerous organizations and causes in the city. A driving force, with his father, Morton J., in the creation of the Gateway Arch and the rejuvenation of downtown St. Louis, May served on many committees of the Regional Commerce and Growth Association. He was instrumental in organizing the Jewish Community Centers Association and was a major supporter of United Way and the Boy Scouts.

One of the greatest collectors of primitive art in the United States, May sat on the St. Louis Art Museum Board of Trustees between 1956 and 1972. He donated the South Seas portion of his art collection, and several pieces of modern art, to the museum.

An active member of the Board of Directors of Laumeier International Sculpture Park, May also served on the boards of the Opera Theater of St. Louis, CASA, and St. Louis Symphony, which he first joined in 1947. He gave tremendous support to that institution, acting as chairman of the board between 1971 and 1978 and endowing a chair in honor of his parents.

He was a warm and genuine man who gave of himself generously, and whose leadership will be greatly missed.

Charles B. Anderson, M.D., was recently elected to membership in the Society of Clinical Surgery. The society, limited to an annual membership of 50, was the first surgical travel club in the United States.

Saul Boyarsky, M.D., wrote the chapter "A Model for the Development of a Standard" in the book *Medical Devices* by the American Society for Testing and Material, 1983 edition.

Raymond S. Dean, M.D., co-authored a paper "Laterality Effects in Cued Auditory Asymmetries," with M.S. Hua, published in *Neuropsychologia,* January 1983. In the same issue, Dr. Dean's paper, "Effect of Modality Shifts on Proactive Interference in Long-Term Memory" appeared. He received the Outstanding Contribution Award from the National Academy of Neuropsychologists, presented in October, 1982, in Atlanta, Georgia.

Norman Druck, M.D., presented a speech to the American Academy of Facial Plastic and Reconstructive Surgery in New Orleans in October, 1982, titled, "CT Scanning v. Sinlography in the Diagnosis of Parotid Tumors."

Alvin Frank, M.D., attended the annual fall convention of the American Psychoanalytic Association held in December, 1982, in New York City.

Jerome J. Gilden, M.D., attended a program under the auspices of American Academy of Orthopedic Surgeons/American Academy of Neurological Surgeons on Enzyme Chymopapain Intradiscal Therapy on January 18 in Chicago, Illinois.

Ronald J. Gaskin, M.D., was named chief of surgery at Lutheran Medical Center in St. Louis.

Jerome Grosby, DDS, participated in a panel discussion on "Dental Problems in Relation to Cardiovascular Disease" for the St. Louis Heart Association Board of Directors meeting on March 8 in St. Louis.

Theodore J. Hahn, M.D., was visiting professor in medicine and endocrinology at the University of Seville in Spain, September 20-23, 1982, and visiting professor in endocrinology at UCLA Medical Center, Los Angeles, California, October 11-13, 1982. He also was appointed to the Endocrine Society National Program Committee and attended its meeting February 23-24, 1982, in Bethesda, Maryland. Dr. Hahn will present a paper, "Parathyroid Hormone Stimulation of Glucose Analogue Update in a Cultured Purified Osteoblast Preparation," co-authored with S.L. Westbrook and L.R. Halstead, at the AAP/ASCI/AFCR national meetings in Washington, D.C., April 30. He recently co-authored another paper with T.F. Debartolo, "Comparative Effects of Parathyroid Hormone and Calcium Ionophore A23187 on Nucleic Acid Synthesis in Cultured Fetal Rat Bone," published

in *Calcified Tissue Intern International,* 34:459-500, 1982.

Jack Hartstein, M.D., presented a speech to the eye departments at the University of Den Haag and the University of Rotterdam in Belgium on February 14 titled "Update on Intraocular Lenses in the U.S.A."

James O. Hepner, M.D., was presented the McGaw Medal by the American Hospital Supply Corporation, in recognition of past achievements in health care and of dedication to future progress in the field. Dr. Hepner is a McGaw Scholar.

Keith Hruska, M.D., published a paper "Phosphorylation of Renal Brush Border Membrane Vesicles. Effect on Calcium Uptake and Membrane Content of Polyphosphoinositides," co-authored with S.C. Mills, S. Khalifa and M. Hammerman, in the February 23 issue of the *Journal of Biological Chemistry.* Dr. Hruska also attended the 6th Chemical Industry Institute of Toxicology Conference, February 7-8 in Raleigh, North Carolina.

Harry Knopf, M.D., attended the Missouri Ophthalmological Society convention March 18-20 at Lake of the Ozarks, Missouri, and was elected president of the organization for a one-year term.

Robert C. Lander, M.D., attended a convention of the American Academy of Orthopedics on "Snow Injuries," held in Snow Mass, Colorado, in January.

Alan P. Lyss, M.D., presented a speech "Oral Oncology—Chemotherapy for Dentists" to the Washington University School of Dentistry on March 11 in St. Louis. He participated in a panel discussion with **Gordon Philpott, M.D.,** and **Robert McDivitt, M.D.,** for Evening Grand Rounds at Jewish Hospital. Dr. Lyss attended a convention of the Southeastern Cancer Study Group on new developments in cancer research, held January 17-23 in Charleston, South Carolina. He has been awarded a Junior Faculty Clinical Fellowship with the American Cancer Society, effective July, 1982, through June, 1986.

John D. Malone, M.D., was a recipient of a National Institutes of Health grant, effective April 1, 1983, through March 30, 1986, for developmental biology of the osteoclast.

John S. Meyer, M.D., published "Potential Value of Cell Kinetics in Management of Cancers of Unknown Origin," in *Seminars in Oncology,* December, 1982, vol. IX, no. 4. He spoke on "Breast Carcinoma Cell Kinetics" to the International Academy of Pathology, March 1 in Atlanta, Georgia.

Barry Midler, M.D., was appointed acting director for the division of pediatric ophthalmology at St. Louis Children's Hospital, effective February 1.

Alan Morris, M.D., attended a convention of the Arthroscopy Association of North America annual meeting on January 26, 1983, in San Diego, California.

William Peck, M.D., has been named to Procter & Gamble's Special Products Group Drug Development Advisory Board, effective January, 1983, through 1986.

Gordon Philpott, M.D., co-authored with R.L. Wahl and C.W. Parker "Improved Radioimaging and Tumor Localization with Monoclonal $F(ab^1)_2$ for the *Journal of Nuclear Medicine,* April, 1983, issue; and "Monoclonal Antibody Radioimmunodetection of Human Derived Colon Cancer" for the *Journal of Investigative Radiology,* 18:58-62, 1983.

Gary Ratkin, M.D., spoke to the Bistate Tumor Registrar's Association on "Data Management and Breast Cancer" at Jewish Hospital on January 13. He represented Washington University at a convention of the Southeastern Cancer Study Group, January 18-23 in Charleston, South Carolina. Dr. Ratkin also spoke on head and neck cancer at the Christian Hospitals Clinical Oncology Conference, held March 2 in St. Louis.

Michael Rumelt, M.D., presented a tutorial course, "Factors in the Decision to Automate an Office," at the American Society of Contemporary Ophthalmology 12th annual conference in Bal Harbour, Florida, March 5-12.

Barry L. Samson, M.D., attended the American Association of Orthopedic Surgeons/American Association of Neurologic Surgeons Intradiscal Therapy Course on Chymopapain Injection to Treat Disc Disease on February 16 in Los Angeles, California.

William Shieber, M.D., has been elected president of the St. Louis Surgical Society, effective February, 1983.

Eduardo Slatopolsky, M.D., was awarded the 23rd John Walker Moore visiting professorship for the Louisville Society of Internists.

Peter G. Smith, M.D., Ph.D., co-authored with **S.E. Thawley, M.D.,** and **H.R. Muntz, M.D.,** "Local Myocutaneous Advancement Flaps: Alternatives to Cross-lip and Distant Flaps in the Reconstruction of Ablative Lip Defects," published in *Arch Otolaryngol,* 108:676-681, 1982. Dr. Smith published in *The Laryngoscope,* 92:1360-1362, "The Use of Sclera in Tympanic Membrane Reconstruction," co-authored with S.E. Thawley and K.D. Faw. He made the following presentations: "Clinical Aspects of the Branchio-oto-renal Syndrome," with T.J. Dyches and R.A. Loomis, to the American Academy of Otolaryngology-Head and Neck Surgery National Meeting, held in New Orleans, Louisiana, in October, 1982; "Management of Aneurysms of the Petrous Portion of the Internal Carotid Artery by Resection and Primary Anastomosis," with M.E. Glasscock, and "Carotid Artery Hypersensitivity as a Cause of Syncope in Patients with Head and Neck Malignancies," with Dr. Muntz, to the Triological Society Middle Section Meeting in St. Louis in January. Dr. Smith recently completed a fellowship in neurologic surgery of the ear and skull base, under the direction of Michael E. Glasscock, III, M.D., in Nashville, Tennessee. He participated in the Fourth International Workshop of Neurologic Surgery of the Ear in Sarasota, Florida.

Jules Snitzer, DDS, attended the Midwest Society of Periodontology annual meeting, February 18-20 in Chicago, Illinois, where he was appointed secretary of

the organization for the term from February, 1983, to January, 1984.

Alex C. Sonnenwirth, Ph.D., was co-editor, with A. Balows, Ph.D., of the new monograph entitled *Bacteremia—Laboratory and Clinical Aspects,* for the Centers of Disease Control. Dr. Sonnenwirth contributed two chapters to the volume, "Bacteremia—Extent of the Problem Through Three Decades" and "Detection of Anaerobes by Radiometry—Recent Observations."

Samuel Soule, M.D., authored chapter 22, "Gynecologic Disorders" in the book *Care of the Geriatric Patient,* C.V. Mosby, 1983. Dr. Soule also attended a seminar on "Aging," January 21 to February 4 in South Africa.

Roger K. Stoltzman, M.D., had published a reply to a letter to the editor from doctors Williams and Spitzer, "Diagnostic System Differences: Real and/or Perceived," authored with L.N. Robins, J.E. Helzer, **J.L. Croughan, M.D.**, and **B. Singerman, M.D.**, in the *Journal of Clinical Psychiatry,* December, 1982, vol. 43, no. 12. Dr. Stoltzman was appointed to the Human Studies Committee at Washington University School of Medicine.

Herbert Sunshine, M.D., attended the 2nd National Bladder Cancer Conference, January 5-8 in Sarasota, Florida.

Stanley Thawley, M.D., wrote a paper, "Epiglottic Reconstruction of the Vocal Cord following Hemilaryngectomy," published in the February 1983 *Laryngoscope.* He was a visiting professor in the Department of Otolaryngology—Head and Neck Surgery, University of Cincinnati in December, 1982.

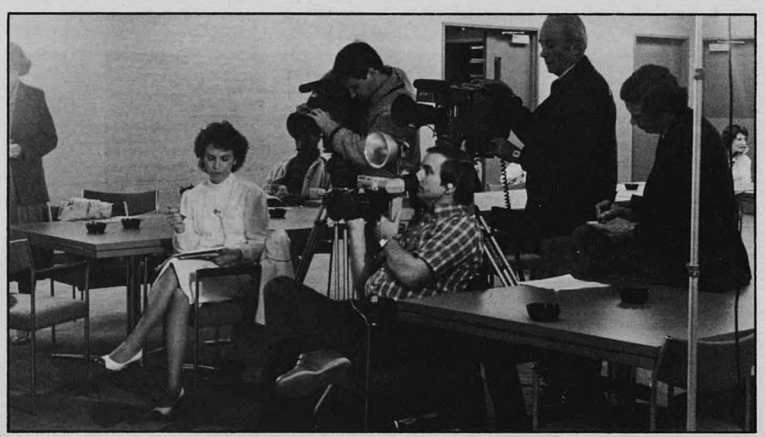
E.A. Wallach, M.D., attended the American Academy of Dermatology convention, December 4-9, 1982, in New Orleans, Louisiana. He was named chairman of the Public Information and Education Committee—Dermatology Foundation for 1983.

Todd H. Wasserman, M.D., published: with C.L. Silverman and D.S. Strayer, "Primary Hodgkin's Lymphoma" in the *Archives of Dermatology,* vol. 118, no. 11; with **M.V. Pilepich, M.D.** and S.C. Prasad, "Radiation Oncology," in *Computed Body Tomography,* 1982; with L.W. Brady and T.L. Phillips, "Radiation Sensitizers and Radiation Protectors Combined with Radiation Therapy in Cancer Management," in *Progress in Radio-Oncology II,* Raven Press, New York, 1982; with T.L. Phillips and J.M. Yuhas, "Differential Protection Against Alkylating Agent Injury in Tumors and Normal Tissues," in the Procedings National Conference on

When Harry Lamberg was discharged from the hospital, he left in style. A patient on division 4900 since November 8, Lamberg found a chauffeured limousine waiting for him upon his discharge, March 25, compliments of his daughter and son-in-law. Pat Frailey, R.N., left, and Mary Chestnut, R.N., share a glass of champagne with Lamberg and his physician, Harvey Liebhaber.

Radioprotectors, Academic Press, 1983.

Paul M. Weeks, M.D., had published the following with H. Bellinghausen, L.A. Gilula and **V.L. Young, M.D.**, in Vol. XII, *Orthopedic Review:* "Chondrosarcoma, Distal Phalanx," "Giant Cell Tumor," and "Correct Diagnosis: Radial Collateral Ligament Injury of the Long and Index Finger PIP Joints." With L.A. Gilula and W. Toty, Dr. Weeks wrote "Wrist Arthrography: The Value of Fluoroscopic Spot Filming, published in *Radiology,* February 1983. For the *Journal of Bone and Joint Surgery,* Dr. Weeks wrote "Post Traumatic Palmar Carpal Subluxation," with H. Bellinghausen, L.A. Gilula and Dr. Young. "Thorn Induced Tenosynovitis of the Hand: A Case Report," by Dr. Weeks and C.D. Ettelson, was published in *Plastic & Reconstructive Surgery.*



JEWISH HOSPITAL MEDIA BRIEFS

The use of video games in rehabilitation was highlighted on February 2 when KSDK-TV's Tom O'Neal interviewed Recreational Therapist **Jean Ferguson**, and captured some rehabilitation patients intensely playing Pac Man. Ms. Ferguson explained that video games improve her patients' concentration and hand-eye coordination.

Rabbi Beverly Magidson, interim chaplain, made national news when she applied for admission into the all-male rabbinical association of the Conservative Branch of Judaism.

The Cable News Network of Atlanta interviewed **Laurence Levine, M.D.**, director, otolaryngology, for a story concerning noise-induced hearing loss. Appearing in the segment, which aired nationwide, were Dr. Levine, **Kay Rabbitt**, audiologist, and **Darold Pitzer**, hearing loss patient and assistant director of personnel.

Mitchel Wolf, M.D., director, ophthalmology, appeared on KSDK-TV's "Mid-Day A.M." show when it originated from the model health fair site at the JCCA, February 23. Dr. Wolf stressed the importance of regular eye examinations.

Louis Avioli, M.D., took his cause to the national press in an attempt to persuade women to supplement their diets with calcium. He was quoted in features appearing in *Baby Talk,* January, 1983, *Woman's Day,* February 8, 1983, and *Vogue Magazine,* March, 1983.

Gary Weil, M.D., infectious disease specialist, was a major source for the KMOX-TV news series on AIDS (Acquired Immune Deficiency Syndrome). Medical Reporter Al Wiman spent several days interviewing Dr. Weil for the series which aired the week of February 28. KMOX-TV cameras were also present for the open forum on AIDS which took place on March 10 in the Steinberg Amphitheater.

Thomas Lackner, Pharm.D., explained the serious side effects which can result when prescribed medications are mixed. He also gave a report on the precision dosing program at Jewish Hospital on Mid-Day A.M., hosted by Cliff St. James. The program aired on KSDK-TV, March 1.

Robert Fry, M.D., was featured in an article titled "Surgeon" which appeared in the March 2 issue of *St. Louis Weekly.*

KSDK-TV closed out its March 9 edition of the 5 p.m. news with selections from that day's **Grandparents Refresher Course**, sponsored by the Jewish Hospital Auxiliary.

Gordon Ireland, Pharm.D., explained drug interactions to KHTR radio's Bob Osborne. The 30-minute interview was heard on March 10.

Robert Kleiger, M.D., was Jim White's guest on the March 10 edition of KMOX radio's "At Your Service." Dr. Kleiger, director of cardiology, answered questions about heart disease on the 60-minute program which is received in 44 states.

Al Wiman, KMOX-TV news, interviewed **Robert Fry, M.D.**, about a report published in the *New England Journal of Medicine* concerning a bacteria that caused several illnesses. The report traced the bacteria to hamburgers purchased at a certain fast food chain. The news story aired on March 23.

The Jewish Light announced the co-chairmen for the Auxiliary-sponsored "Special Delivery: Postponing Pregnancy and Parenting Past 30" seminar. An article accompanied by a photograph of **Phyllis Langsdorf** (Mrs. Kenneth), auxiliary president, and Co-Chairmen **Bett Jasper** (Mrs. Barry) and **Audrey Shanfeld** (Mrs. Clifford) appeared in the March 23 issue.

Jack Buck featured Cardiothoracic Surgery Chief **John Connors, M.D.**, on the KMOX radio morning edition of "To Your Health." The subject of bypass surgery was discussed on March 24.

KMOX-TV's Al Wiman interviewed **Robert Burstein, M.D.**, on March 28, concerning new evidence that birth control pills may actually prevent certain types of cancer.

Continued

The **Jewish Hospital Auxiliary** cookbook, *"Cooking in Clover,"* was featured as one of the exceptional community cookbooks in the April issue of *Family Circle Magazine.* The publication, which has a circulation of 7,000,000, reported that the cookbook is in its third printing, with 25,000 copies sold.

The new procedure of injecting chymopapain into the lumbar discs of patients experiencing severe back pain was reported by KMOX-TV's Al Wiman on April 1. **Barry Samson, M.D.**, explained the procedure while the cameras filmed the procedure. KTVI-TV's Diana Davis covered an identical procedure when **Robert Tatkow, M.D.**, reported the startling results of the newly-approved drug on April 4.

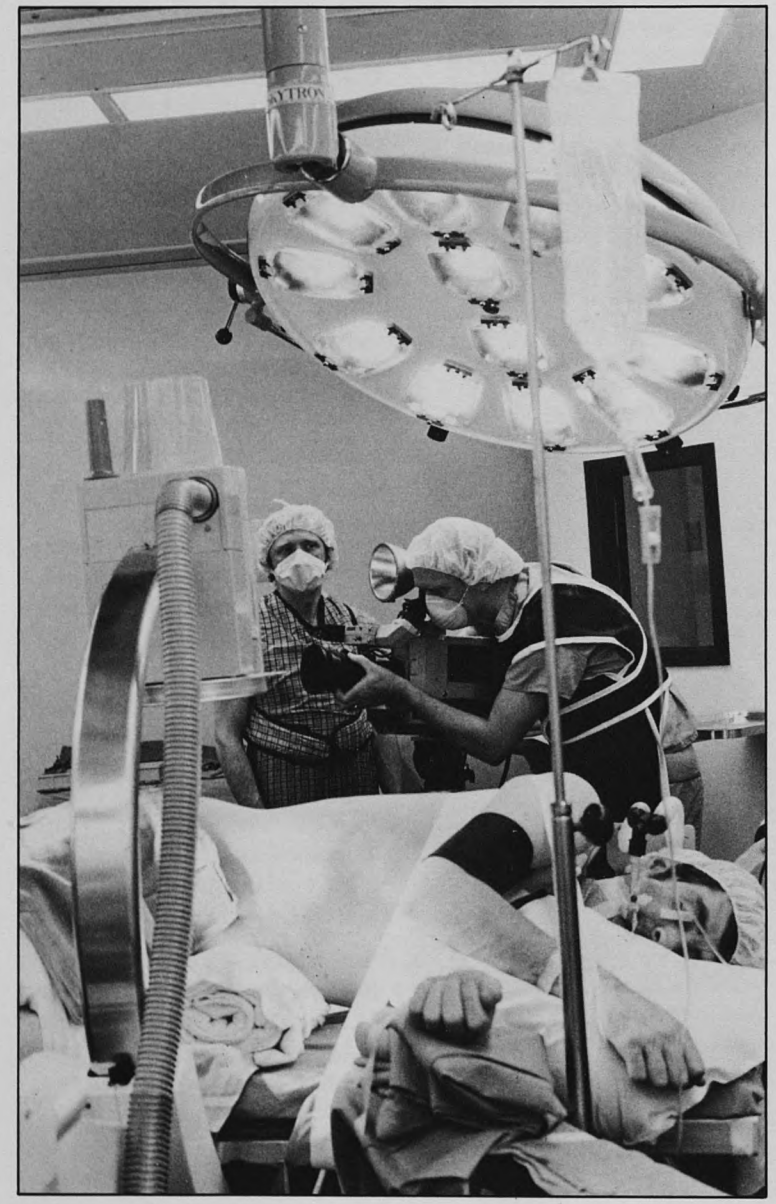
The business section of the April 4 issue of *The St. Louis Post-Dispatch* reported the intense competition between hospital suppliers. **Jim Schmitz**, director of materials management, was the major resource for the feature.

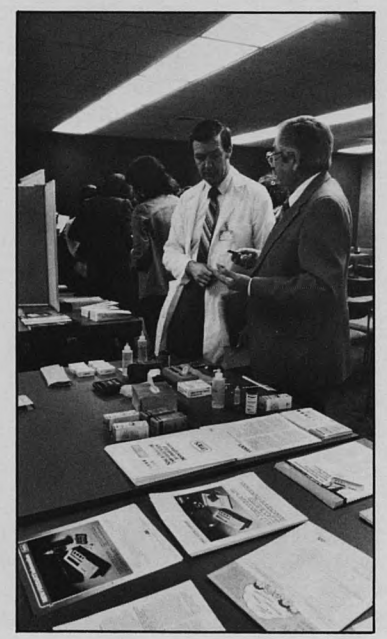
Gary Weil, M.D., was featured in the April 6 issue of the *South Side Journal.* He gave reporter Gail Compton a detailed look at AIDS.

Feature writer John Archibald gave a tongue-in-cheek account of the Grandparents Refresher Course in the April 7 issue of *The St. Louis Post-Dispatch.* The article quoted **Irene Belsky, R.N.**, instructor of the class, and Archibald recounted the experience by writing how things have changed since he was a parent.

Harvey Leibhaber, M.D., infectious disease specialist, revealed some new findings concerning AIDS on the April 10 edition of "Perception," aired on KTVI-TV.

"P.M. Magazine," which airs on KTVI-TV, featured a segment about fetal surgery in its April 8 edition. Jann Tracy and John Lowe, co-hosts of the program, met new mothers and filmed newborns in the nursery. □





Far left: KMOX TV's Medical Reporter Al Wiman and his cameraman on the scene of the chemonucleolysis procedure. Above: The Jewish Hospital School of Nursing served as the staff of the Model Health Fair, February 23. The fair, held at the JCCA, served as the example for community health fair coordinators as they prepared their respective sites for the city-wide Health Fair Week, April 17-24. At left: The Diabetes Seminar, held February 25 in the hospital's Brown Room, displayed the latest in home glucose monitoring devices and urine and blood testing materials for staff nurses and anyone interested in the treatment of diabetes.

CONTRIBUTIONS TO JEWISH HOSPITAL FUNDS

Generous Contributions

Peabody and Brown has made a contribution to the Tribute Fund in memory of Mrs. Hortense Lewin, for the Hortense Lewin Scholarship Fund.

Mr. and Mrs. Stanley M. Cohen have made a contribution to the Building Fund.

The estate of **Ellis C. Littmann** has made a contribution to the Building Fund.

Mr. and Mrs. Jeffrey Korn have made a contribution to the Tribute Fund, for the Breast Cancer Research Fund, in appreciation of Jewish Hospital and the fine care received by Mrs. Korn.

Morton D. May and The Morton J. May Foundation made a contribution to the Morton J. May Research Fund.

St. Louis Society for Crippled Children, Inc., has established a fund to purchase orthopedic appliances for disabled children and young adults.

The Maxine Schwabe Trust has made a contribution to the Clarence A. Schwabe Memorial Endowment Fund.

Mr. and Mrs. Alvin L. Siwak have made a contribution to the Building Fund in memory of Betty and David Siwak.

Alan J. Stein, M.D., has made a contribution to the Tribute Fund's Alan and Nancy Stein Urologic Research Fund.

The estate of **Virginia A. Stults** has established an endowed fund for the Jewish Hospital School of Nursing.

United Parcel Service, Bridgeton, Missouri, has made a contribution to the Tribute Fund in honor of the Jewish Hospital Behavioral Medicine Clinic.

The estate of **Morris Zorensky** has made a contribution to the Research Institute of the Hospital.

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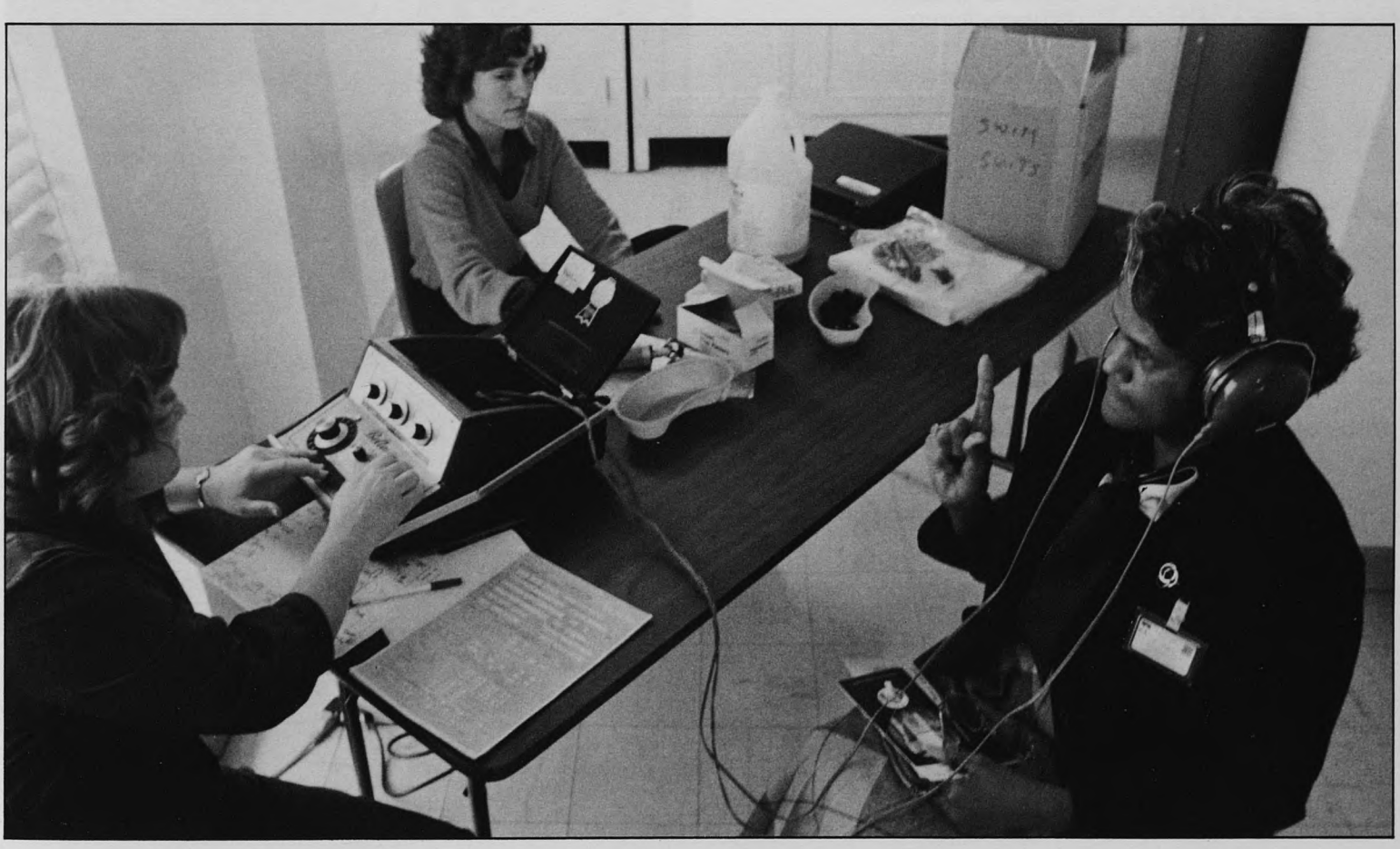
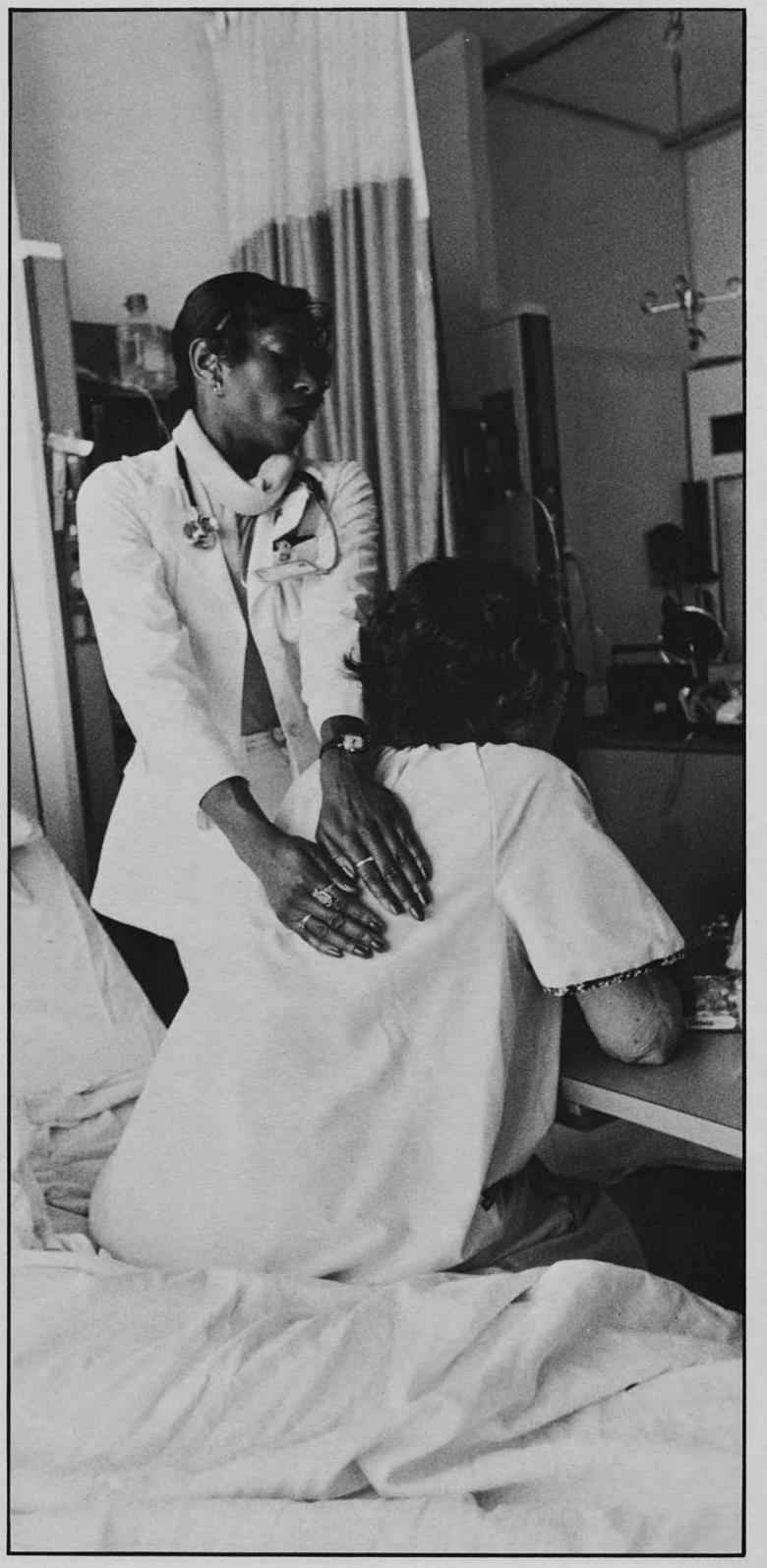


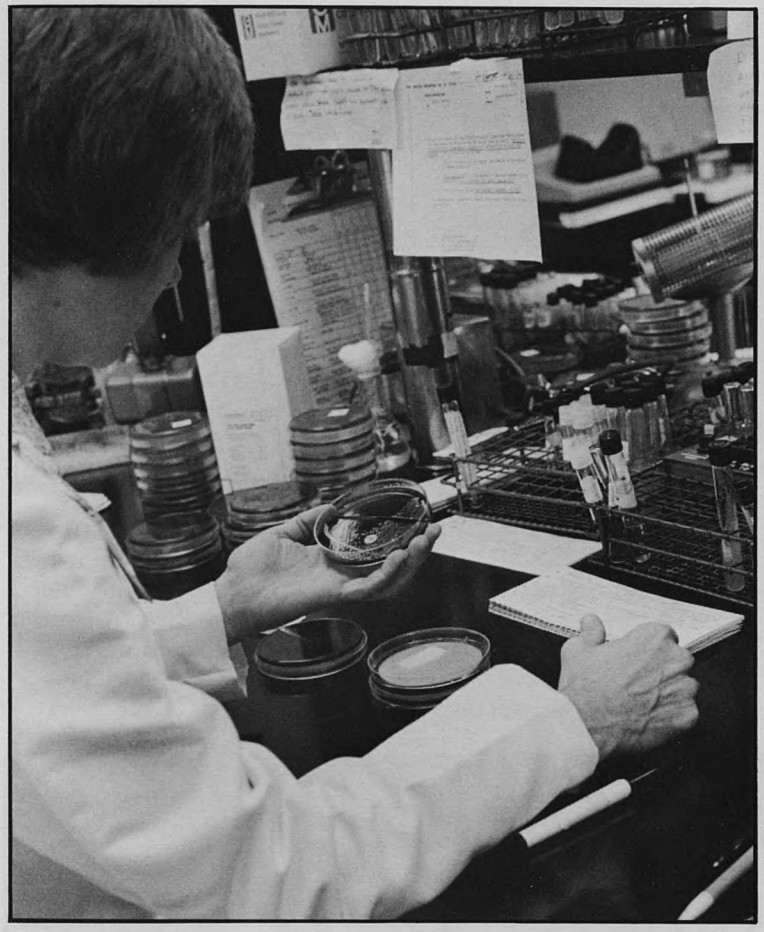
Special Gifts Donations

Mr. and Mrs. Arthur C. Blase	(Tribute Fund) Ronald and Sharon Blase Memorial Nursing Fund
Mrs. Clarice R. Binder	(Tribute Fund) Department of Social Work Continuing Education Fund
Mr. and Mrs. Harold P. Yalem	Equipment for Department of Rehabilitation Medicine
Alvin A. Wolff, Jr., Glowicki Trust Fund	Glowicki Endowment Fund

Special Gifts In Memory Of

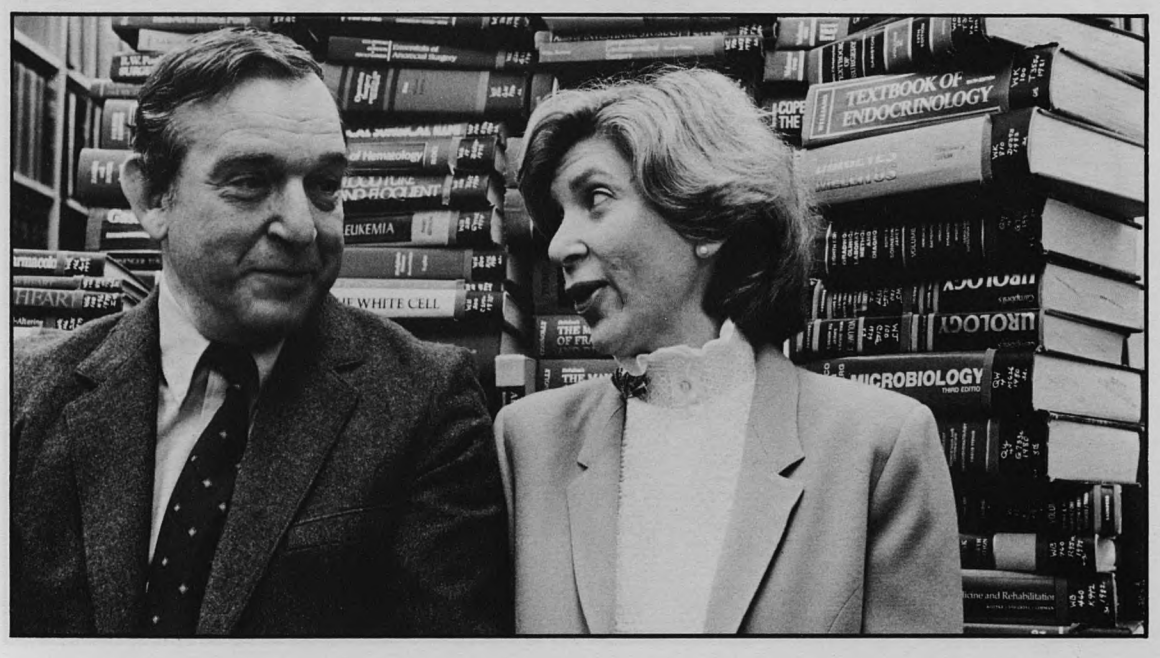
Dorothy Bogard	Tribute Fund Anthony F. Sansone
Esther W. Collinger	(Tribute Fund) Esther W. Collinger Brain Research Fund Harry A. Collinger
Harry L. Franc, Jr.	(Tribute Fund) Harry L. Franc, Jr. Fund for the Study of Depression Mrs. Harry L. Franc
Edith Godiner	Tribute Fund Laclede Cab Co.—Officers & Directors
Anita Ellyn Hulbert	(Tribute Fund) Anita Ellyn Hulbert Memorial Fund Don Hulbert
Maury Kitsis	Tribute Fund St. Louis Post Dispatch—Michael E. Pulitzer Mr. and Mrs. Robert Wheeler
Hortense Lewin	(Tribute Fund) Hortense Lewin Scholarship Fund Dr. and Mrs. David M. Kipnis Dr. M. D. Marcus
Dr. Herman Meyer	(Tribute Fund) Dr. and Mrs. Herman Meyer Scholarship Fund Dr. and Mrs. Lawrence Kotner
Dr. David Rothman	(Tribute Fund) Dr. David Rothman Fund Dr. and Mrs. Hyman Fingert Dr. and Mrs. Sheldon Markowitz





Special Gifts In Honor Of

Recovery of Alfonso J. Cervantes	The Marilyn Fixman Cancer Center Mr. and Mrs. Thomas W. Soper
Appreciation of the friendship of Samuel R. Goldstein	(Tribute Fund) Cancer Research Fund Mr. and Mrs. Al Rose
Dr. Ralph Graff	(Tribute Fund) Dr. Ralph Graff Cancer Research Fund Mr. and Mrs. Howard Gold Mr. Albert I. Graff
85th birthday of Irwin R. Harris	(Tribute Fund) Edna Malen Scholarship Fund Irwin R. Harris
Jewish Hospital Cancer Research Program	(Tribute Fund) Cancer Research Fund Mrs. Esther Maroon
Speedy recovery of Letty Korn	(Tribute Fund) Breast Cancer Research Fund Mr. and Mrs. Edward J. Nusrala
Edna Malen	(Tribute Fund) Edna Malen Scholarship Fund Mrs. Edna Mathes



Phyllis Langsdorf (Mrs. Kenneth), president of the Jewish Hospital Auxiliary, recently presented Sidney Jick, M.D., president of the medical staff association, with a $1000 check for the Sidney I. Rothschild Library. The annual gift, in honor of Doctor's Day, March 30, has made it possible for the library to purchase many of the volumes surrounding Dr. Jick and Mrs. Langsdorf.

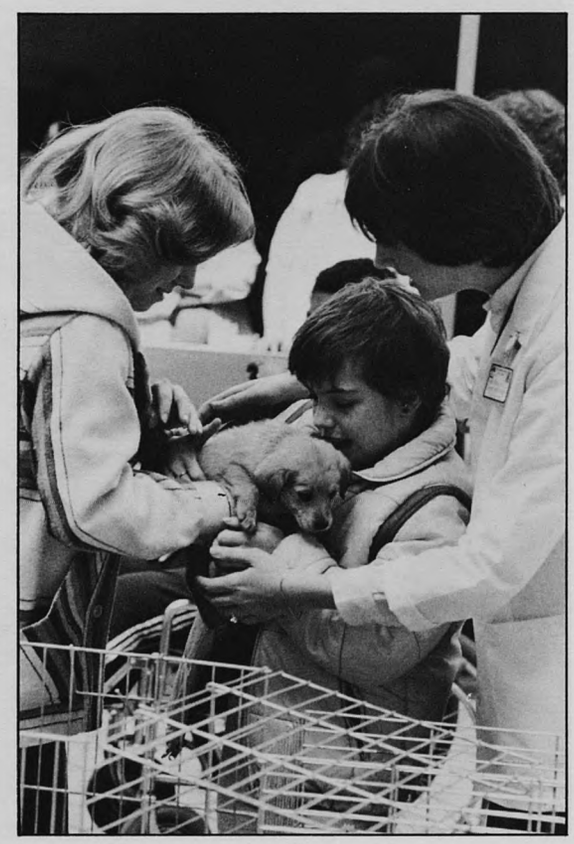
PROGRESS

On March 23, 12 rehabilitation patients had a welcome break from the monotony of their hospital stays, which last an average of three months. They gathered in the Mr. and Mrs. Roswell Messing, Jr., Courtyard, outside the hospital's lobby. Though the early spring day was brisk for outdoor activity, the patients were warmed by four puppies. The soft furry bundles of unconditional love provided them with sensory and emotional stimulation. They were there for the Therapeutic Visiting Pet Program recently established by the rehabilitation medicine department of Jewish Hospital in cooperation with the Humane Society of St. Louis, which provides the animals.

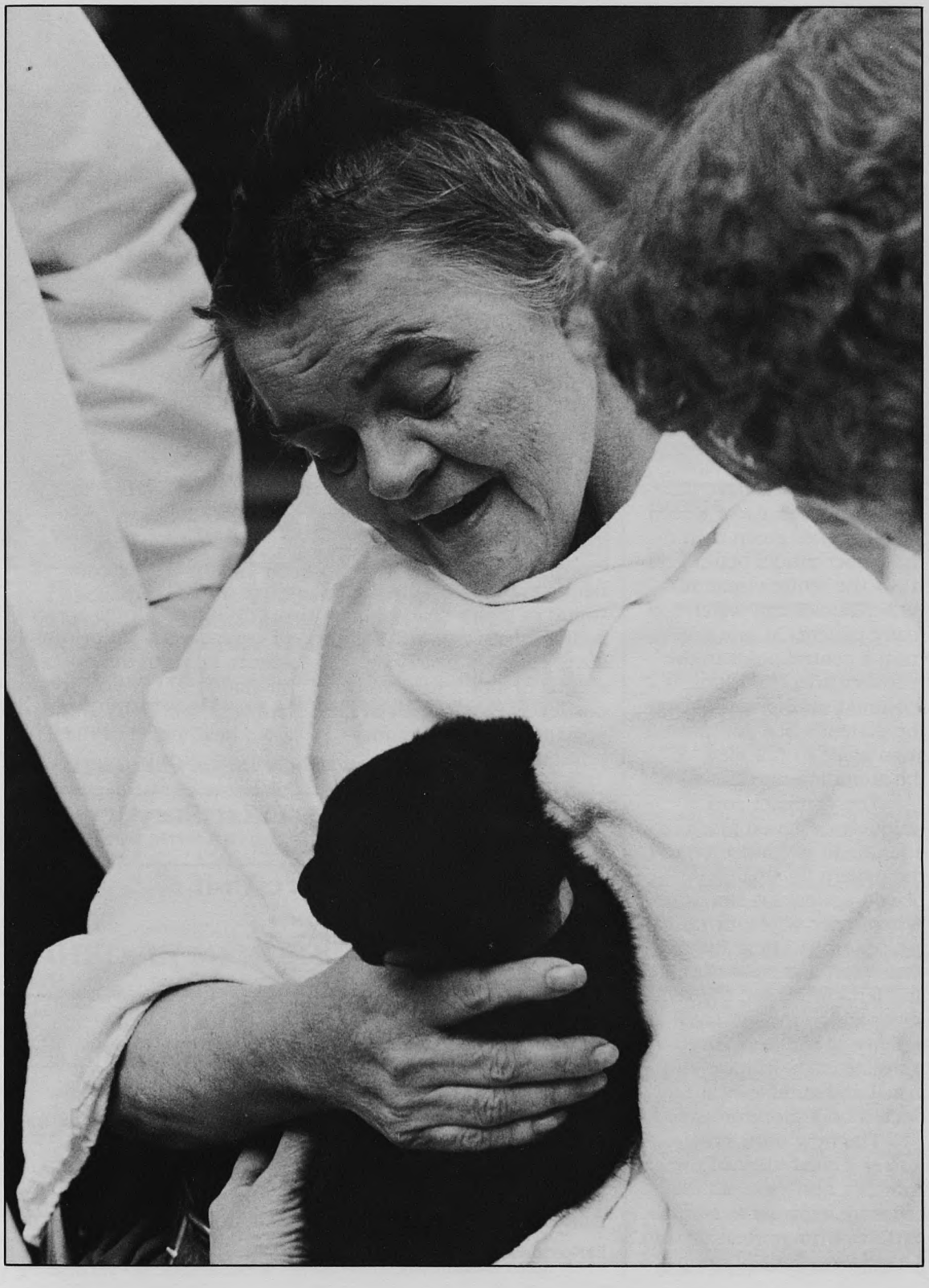
The emotional and psychological effects of their physical problems often complicate the difficult recovery process for rehabilitation patients. They feel isolated from community life. Self-pity can erode self-confidence and self-respect, and interpersonal communication suffers. The visiting pet program was initiated to reverse that process and help patients revive their life patterns.

"Pets accept anyone, they don't judge, and they're non-threatening," explains Jean Ferguson, the recreational therapist for the rehabilitation department responsible for introducing the program at Jewish Hospital. "It's important to use pets as stimuli for non-communicative patients, and to encourage social interaction between patients." The March 23 program accomplished both. "Some of the more passive people showed good response and asked for the animals, saying 'I want to hold him.'"

Any rehabilitation patients who want to participate in the program will have the opportunity to play with puppies every three weeks, weather permitting. It is hoped the program will develop in patients the need to love and be loved, and the feeling that they are worthwhile to themselves and to others. □



THROUGH PUPPY LOVE



SHOPPING LIST

In an effort to provide high-quality medical service, 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.

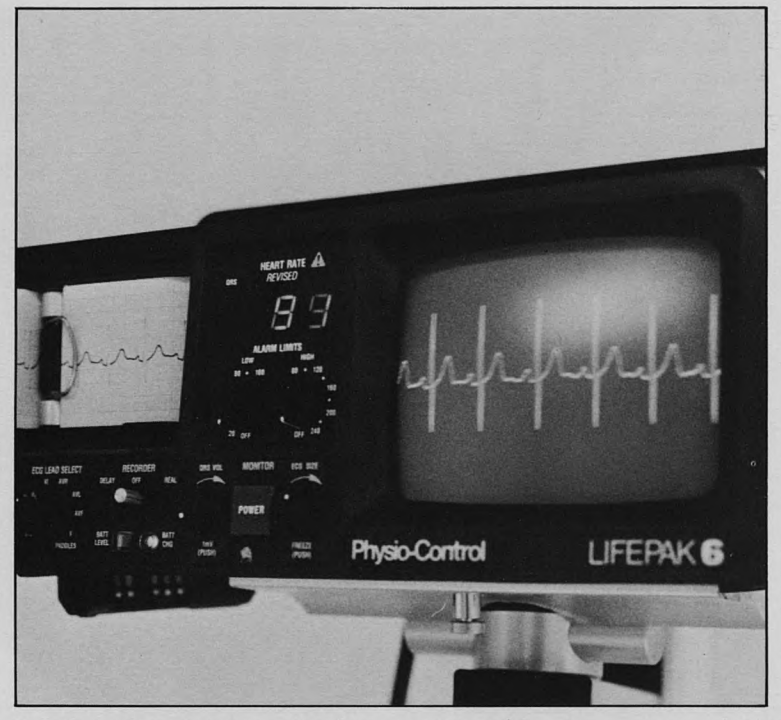
Physio-Control Lifepak

After the trauma of surgery, a patient's vital signs must be closely monitored. Every heartbeat is important as the body slowly comes back from anesthesia-induced sleep.

The recovery room at Jewish Hospital has been equipped with four new Physio-Control Lifepak 6 units, recently purchased at a total cost of $17,000. The new units replace monitors that were bulkier and did not feature printout tapes. The new screens have clearer pictures because a screen that is darker green than in the earlier model better contrasts the white visual impulse. Nurses can watch many patients at one time from a central point in the recovery area. Each unit is mounted on the wall above the patient's bed and placed at an angle in full view of the attending nurse.

The compact and uniquely-designed piece of equipment is connected to the patient by small wires placed against his skin. When three wires, or leads, are positioned near the patient's left and right shoulder and left chest area, the sensors pick-up the electrical activity of the heart and translate each impulse into a visual and audible beat reflected on a monitor screen.

The new units give nurses a clear view of the patient's heartbeat, so they can note irregularities or departures from normal rhythm. A digital readout of the patient's pulse accompanies the sound of every beat with an audible alarm that will sound if the patient's heart rate speeds or slows to a dangerous level. Physicians can be provided with an instant printout of heart activity for quick analysis.



"The new units are easier to read, and the printout feature helps in the documentation of cardiac irregularities," says Betty Dodd, R.N., head nurse in the recovery area.□

Operating Room, Vascular Surgery

Intra-aortic balloon pump simulator	$850

Medical Intensive Care Unit

Non-invasive blood pressure monitor	$1,977
Heart strip chart recorder	$1,700
Life-pak defibrillator unit	$7,420

Nursery

Electric breast pump	$1,054

Orthopedics

Extra large wheelchairs	(5 needed) $900 each

Respiratory Care Division

Patient ventilator humidifiers	(5 needed) $1,300 each
Pulmonary function machine	$3,000
Ear oximeter	$5,300

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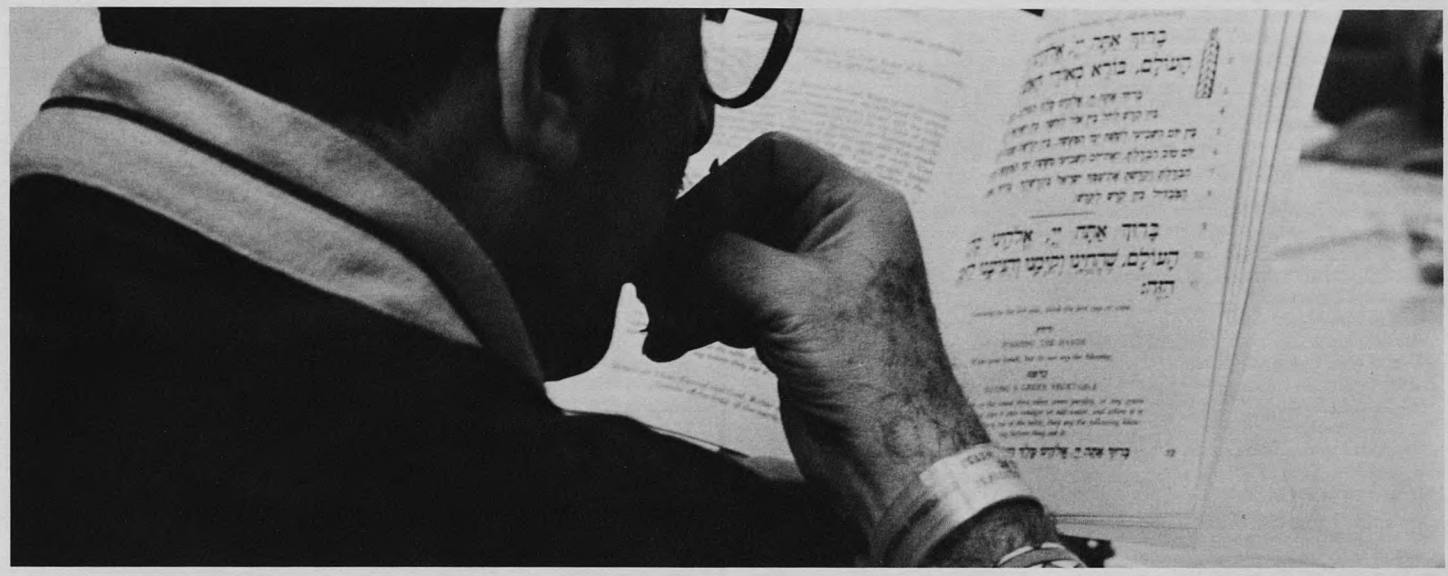

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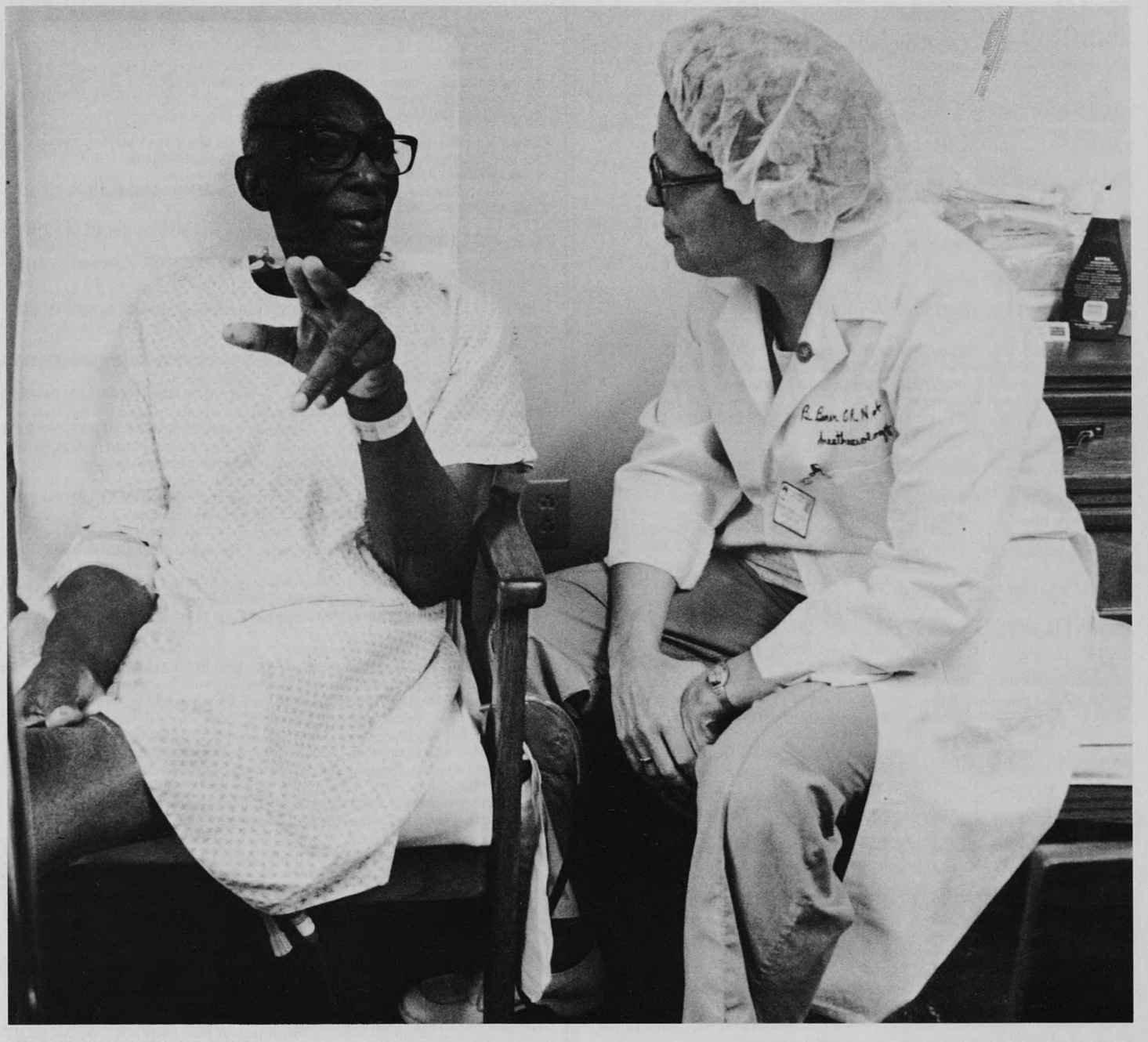

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Les, Barb, Leslie Ann, Drew & Rob Sterling	
	Special Birthday of MR. LIONEL KALISH, JR.
Mr. and Mrs. Bert Schweizer (Claire E. & Lionel Kalish, Jr. Fund)	
Dr. and Mrs. Hellman Wasserman	
Debbie and John Wolff (Claire & Lionel Kalish Cancer Fund)	
	Special Anniversary of MR. AND MRS. MARVIN KANEFIELD
Mr. and Mrs. Stanley Weiser	
	Recovery of MRS. DOROTHY KAPLAN
Mrs. Emily Huber (LaVera Ryder Nurses Loan Fund)	
	Special Birthday of MRS. ROSE KAPP
Art and Fran Poger (Cancer Research Fund)	
	Recovery of MRS. JANICE KARNEY
Mr. and Mrs. Arthur Bierman (Saul & Rebecca Rubin Cancer Fund)	
Mr. and Mrs. Charles Chazen (Diana Rosen Recreational Therapy Fund)	
Mr. and Mrs. Marvin Cherry (Marilyn Fixman Cancer Research Fund)	
Mr. and Mrs. Jack Cohn	
Leo S. Rosen (Diana Rosen Recreational Therapy Fund)	
	Special Anniversary of MR. AND MRS. LOUIS KARPF
Mrs. Florence Redler (Pulmonary Research Fund)	
Mrs. Saul L. Rubin (Saul & Rebecca Rubin Cancer Fund)	
Mr. and Mrs. Benjamin Shapiro (Pulmonary Research Fund)	
Mr. and Mrs. Meyer K. Weil (Ethel & Meyer K. Weil Fund)	
Mr. and Mrs. Sam Zuckerman (Ethel & Meyer K. Weil Fund)	
	Recovery of MRS. RUBEN KATZEN
Mrs. Edith Rabushka	Safe Trip home of MR. AND MRS. HYMAN KAUFMAN
Mark Margolies and Bluma Katzman (Carol Kaufman Cancer Fund)	
	Special Birthday of JOANN KAWELL
Adele Smith and Blanche Freed	
	Birthday of MRS. RUTH KAY
Mrs. Irene Rubin (Mr. & Mrs. I.M. Kay Endowment Fund)	
	Special Birthday of MR. SAM KLEIN
Mrs. Louis Tiger (Louis Tiger Memorial Fund)	
	New son of MR. AND MRS. TOM KOHN
Mr. and Mrs. Fred Steinbach (Nathan & Sadye Mathes Special Fund)	
	Marriage of MR. AND MRS. BEN KOOTMAN
Mr. and Mrs. Samuel R. Cohen (Jackie Sue Margulis Liver Research Fund)	
Jan and Seymour Krout (Bernard Lieberman Parkinson Fund)	
	Recovery of MRS. ANITA KOPP
Mr. and Mrs. Jerome Bader (Cancer Research Fund)	
Mrs. Reggie Klein (Research Fund)	
Joann and Ronny Sandler	
Mr. and Mrs. Richard Sass	
Mr. and Mrs. Robert Shapiro (Harry & Nancy Shapiro Scholarship Fund)	
	Recovery of MRS. LETTY KORN
Rosie Alexander (Breast Cancer Research Fund)	
Barbara and Jerry Bader (Breast Cancer Research Fund)	
Ellanie, Nortie, Todd and Brett Balber (Breast Cancer Research Fund)	
Mr. and Mrs. Hy Bernstein (Breast Cancer Research Fund)	
Dorothy Berry (Breast Cancer Research Fund)	
Mr. and Mrs. Scott Berry	
Mr. and Mrs. Arthur Bierman (Breast Cancer Research Fund)	
Mrs. Bobbi Blum (Breast Cancer Research Fund)	
Rosalie and Leonard Chod (Breast Cancer Research Fund)	
Clara Citerman (Breast Cancer Research Fund)	
Dr. and Mrs. Robert S. Cohen (Breast Cancer Research Fund)	
Fran and Gene Deutsch (Hermann & Erna Deutsch Cardiovascular Fund)	
Mr. and Mrs. Leo A. Epstein (Breast Cancer Research Fund)	
Mrs. Raymond Freed (Breast Cancer Research Fund	
Sally Freiman (Breast Cancer Research Fund)	
Susan and Warren Gelman (Marilyn Fixman Cancer Research Fund)	
Irene Genard (Breast Cancer Research Fund)	
Mr. Solomon Ginsburg (Breast Cancer Research Fund)	
Mrs. Jeanette Goldberg (Breast Cancer Research Fund)	
Sara Goldberg	
Bernice Grossman (Breast Cancer Research Fund)	
Bonnie Hurwitz (Ralph Hirsch Cancer Fund)	
Helen Hyatt (Harold Zager Blood Research Fund)	
Dr. and Mrs. Barry Jasper (Dorothy Jasper-Rita Polinsky Memorial Fund)	
Jewish Hospital Auxiliary (Breast Cancer Research Fund)	
Lil Beck and Dorothy Kanterman	
Lee and Claire Kaufman (Breast Cancer Research Fund)	
The Alvin Kelter Family (Breast Cancer Research Fund)	
Mr. and Mrs. Earl Kessler (Breast Cancer Research Fund)	
Mr. and Mrs. Myles F. Kessler	
Norman and Tootie Kessler (Irving Brin Cancer Research Fund)	
Kathy and Dick Kline (Breast Cancer Research Fund)	
Esther Kneznekoff (Breast Cancer Research Fund)	
Alan Robert Korn (Breast Cancer Research Fund)	

DONOR	IN HONOR OF
Mrs. Becky Kueker (Breast Cancer Research Fund)	
Ed and Marlene Lander (Breast Cancer Research Fund)	
Mr. and Mrs. Leonard Landsbaum (Breast Cancer Research Fund)	
Mr. and Mrs. Thomas Langsdorf (Breast Cancer Research Fund)	
Mildred Lasky (Breast Cancer Research Fund)	
Ben and Sara Lass (Breast Cancer Research Fund)	
Mrs. Robert L. Levin (Borman-Harris Parkinson Fund)	
Elaine and Bob Levinsohn (Breast Cancer Research Fund)	
Mrs. Jerry Levitt (Breast Cancer Research Fund)	
Mr. and Mrs. Lawton Levy, Jr. (Breast Cancer Research Fund)	
Shirley Librach (Breast Cancer Research Fund)	
Mr. Fritz Mann (Breast Cancer Research Fund)	
Mr. and Mrs. Daniel Mintz (Breast Cancer Research Fund)	
Donna and Bill Nussbaum (Breast Cancer Research Fund)	
Mrs. Irene Rubin (Breast Cancer Research Fund)	
Sara B. Rudman (William, Dorothy & Jerome Molasky Fund)	
Mr. and Mrs. Alexander Schonwald	
Mr. and Mrs. Clifford Shanfeld (Breast Cancer Research Fund)	
Mr. and Mrs. Les Sherman (Breast Cancer Research Fund)	
Robb and Fran Silver (Breast Cancer Research Fund)	
Adele Smith (Breast Cancer Research Fund)	
Judy and David Smith (Breast Cancer Research Fund)	
Shirley Smith (Breast Cancer Research Fund)	
Virginia Smith (Breast Cancer Research Fund)	
Mr. and Mrs. Richard Solar	
Jack and Virginia Spewak (Breast Cancer Research Fund)	
Dr. and Mrs. James Steen and Family (Breast Cancer Research Fund)	
Mrs. Barbara Tarantola (Breast Cancer Research Fund)	
Mr. and Mrs. Bruce Vittert (Breast Cancer Research Fund)	
Mr. and Mrs. Gus Vittert (Breast Cancer Research Fund)	
Marilyn and Les Wagner (Breast Cancer Research Fund)	
Vera Wedel (Breast Cancer Research Fund)	
Peggy and Bill Weiss (Breast Cancer Research Fund)	
Mr. and Mrs. Henry Winer (Breast Cancer Research Fund)	
Warren and JoLynn Winer (Breast Cancer Research Fund)	
	Special Birthday of JULIUS KRAVITZ
Miss Pearl Goldstein (Mary Goldstein Nursing Scholarship Fund)	
Bess Hoffman (Mary Goldstein Nursing Scholarship Fund)	
Mr. and Mrs. Julian Mathes (Nathan & Sadye Mathes Special Fund)	
	Special Birthday of DR. JOE KURSTIN
Mr. and Mrs. Martin Hendin (Diana Rosen Recreational Therapy Fund)	
	Birthday and Anniversary of MR. AND MRS. MILTON KUSHKIN
Mrs. Ruth Portnoy (Ruth W. Portnoy Cancer Fund)	
	Recovery of MR. SAM KUTIKOFF
Mr. and Mrs. Isadore Pass (Carl Pass Diabetic Research Fund)	
	New Granddaughter of MR. AND MRS. MANNE LANDER
Mrs. Edith Gad (Sanford Gad Hospice Fund)	
	Recovery of MRS. K. PETER LEKISCH
Mr. and Mrs. Jack Goldstein (Sanford Gad Hospice Fund)	
Mr. and Mrs. Rand Goldstein	
	Recovery of MRS. LOTTE LEKISCH
Dr. and Mrs. Randy Hammer (Mary Goldstein Nursing Scholarship Fund)	
	Special Birthday of MRS. FRIEDA LEONSON
Ada and Abe Lieberman (Bernard Lieberman Parkinson Fund)	
	Recovery of MR. ROBERT LESSER
Mr. and Mrs. Harry Ackerman	
	Recovery of MRS. JANE LEVY
Mr. and Mrs. Richard Baizer (Mary McKeever Fund)	
Mr. and Mrs. Irwin Gittelman (Ralph Hirsch Cancer Fund)	
Mr. and Mrs. Kenneth Langsdorf	
	Special Anniversary of MR. AND MRS. LOUIS LEVY
Mr. and Mrs. John Richardson (Dr. Llewellyn Sale, Sr. Memorial Fund)	
Mr. and Mrs. Sander Zwick	
	New daughter Emily of MR. AND MRS. TERRY LIBERMAN
Mark and Jane Ginsberg (Sanford Gad Hospice Fund)	
	Recovery of MRS. SHIRLEY LIBRACH
Mr. and Mrs. S. Lester Feldman (Lisa Bry-James Dreyer Memorial Fund)	
	Special Brithday of MRS. JUNE LIEBERMAN
Mrs. Anna Agris	
	Bar Mitzvah of Lee of MR. AND MRS. LAWRENCE LIEBERMAN
Mr. and Mrs. Barry Sharon (Milton E. Kravitz Heart Fund)	
	Marriage of MS. NANCY LIEBERMAN
Mr. and Mrs. Alexander Schonwald, Jr.	
	Children's marriage - MR. AND MRS. CHARLES LIEBERT
Hortense and Dan Morgan (William, Dorothy & Jerome Molasky)	
	Recovery of MRS. MINNETTE LOEWE
Mrs. Eli Sandperl (Emil Tamm Memorial)	
	Special Birthday of MR. HENRY LOWENHAUPT
Mr. and Mrs. Kenneth Langsdorf (Langsdorf Fund for New Americans)	
Dr. and Mrs. Harry Rosenbaum (Robert A. Rosenbaum Fund)	

DONOR	IN HONOR OF
Mr. and Mrs. Louis Rothschild (Dorothea Rothschild Fund)	
Mr. and Mrs. Edward Turner	
	Birth of daughter to MR. AND MRS. PERRY LUMERMAN
Dr. and Mrs. Edward Cohen	
	New Grandson of MR. AND MRS. MORRIS MADDEN
Mrs. Ann Loomstein (Edna Malen Scholarship Fund)	
	Birthday of MRS. EDNA MALEN
Miss Rose Weisl & Mr. and Mrs. Melvin Hilb (Edna Malen Scholarship Fund)	
Don and Peggy Ross (Edna Malen Scholarship Fund)	
	Recovery of MRS. EDNA MALEN
Susan Graves (Edna Malen Scholarship Fund)	
Mrs. David Grosberg (Edna Malen Scholarship Fund)	
Miss Rose Weisl and Mr. and Mrs. Melvin Hilb (Edna Malen Scholarship Fund)	
Mrs. Emily Huber (Edna Malen Scholarship Fund)	
J.H. School of Nursing Faculty & Secretaries (Edna Malen Scholarship Fund)	
Jewish Hospital Nursing Service (Edna Malen Scholarship Fund)	
Mrs. Rae Kaiser and Eleanor (Edna Malen Scholarship Fund)	
Becky Kueker (Edna Malen Scholarship Fund)	
Dr. Paul Lowenstein (Edna Malen Scholarship Fund)	
Margie W. May (Edna Malen Scholarship Fund)	
Mr. and Mrs. Sydney M. Shoenberg, Jr. (Edna Malen Scholarship Fund)	
Dr. and Mrs. Samuel D. Soule (Edna Malen Scholarship Fund)	
Cathy Robinson and Mary Ellen Swatski (Edna Malen Scholarship Fund)	
Barbara Tarantola (Edna Malen Scholarship Fund)	
	Recovery of MR. ED MALTZMAN
Mr. and Mrs. Howard Hurwitz (Ralph Hirsch Cancer Fund)	
	Birthday of MR. FRITZ MANN
Mr. and Mrs. Al Kopolow (Paula & Ludwig Michel Surgical Fund)	
Mr. and Mrs. Paul Putzel (Helen R. & Henry V. Putzel Scholarship Fund)	
	Recovery of MR. HAROLD MARGLOUS
Florence Newman (Rubin & Mary Cohen Fund)	
	Good Health of MR. AND MRS. ALVIN MARGULIS
Mr. and Mrs. Samuel R. Cohen (Jackie Sue Margulis Liver Research Fund)	
	Anniversary of MR. AND MRS. JULIAN MATHES
Mr. and Mrs. Melvin Mednikow (Nathan & Sadye Mathes Special Fund)	
	Birth of son to MR. AND MRS. MARK MEHLMAN
Lee and Barbara Wagman	
	Special Anniversary and Special Birthday of MR. AND MRS. JULIAN F. MEYER
Mr. and Mrs. H. R. Shampaine	
	Special Birthday of MRS. ALENE MICHELSON
Mr. and Mrs. F. Bert Baer (Mr. & Mrs. F. Bert Baer Endowment Fund)	
	Special Anniversary of DR. AND MRS. BEN MILDER
Mr. and Mrs. William E. Shamski	
	Recovery of MRS. BLANCHE MILLER
Mr. and Mrs. Lee Blumoff (Ralph Hirsch Cancer Fund)	
	Anniversary of MR. AND MRS. MARVIN MOLDAFSKY
Mr. and Mrs. Samuel R. Cohen	
	Bas Mitzvah of Granddaughter of MR. AND MRS. DAN MORGAN
Mr. and Mrs. Richard Yalem	
	Thank you to MRS. HORTENSE MORGAN
Mrs. Sylvia Cherrick (William, Dorothy & Jerome Molasky Fund)	
	Thank you to DR. KENNETH MOSS
Ellen Weiss & Peggy Ross - Seminar Committee	
	Recovery of MRS. ROSYLN MOSS
Carolyn and John Isaacs, Jr. (Eleanor & John Isaacs Research Fund)	
	Recovery of MR. HY MOSTOW
Mrs. Edith Gad (Sanford Gad Hospice Fund)	
	Recovery of MR. CHARLES NADLMAN
Mr. and Mrs. Robert Shapiro (Harry & Nancy Shapiro Scholarship Fund)	
	Recovery of BETTY NOVACK
Mr. and Mrs. Ron Weinhaus	
	Birthday of MR. IRVING OLIAN
Mr. and Mrs. Donald Gallop (Harry & Nancy Shapiro Scholarship Fund)	
Mr. and Mrs. Irwin Gittelman (Ralph Hirsch Cancer Fund)	
Mr. and Mrs. Louis Leipziger (Ralph Hirsch Cancer Fund)	
Mrs. Frances Rothman (Dr. David Rothman Fund)	
	Recovery of Grandson of MRS. ROSE OXENHANDLER
Mrs. Esther Kneznekoff	
	Bat Mitzvah of MISS CATHY PASS
Mr. and Mrs. Hermann Deutsch (Hermann & Erna Deutsch Cardiovascular Fund)	
Ann Loomstein (Edna Malen Scholarship Fund)	
Mr. and Mrs. Harold Michelson (Carl Pass Diabetic Research Fund)	
Mr. and Mrs. Isadore Pass (Carl Pass Diabetic Research Fund)	
Nita Pass (Carl Pass Diabetic Research Fund)	
	Birthday of MR. JEFFREY PASS
Nita Pass (Carl Pass Diabetic Research Fund)	
	Recovery of MRS. JOYCE PASS
Gussie Frenzel (Carl Pass Diabetic Research Fund)	
Tillie Frenzel (Carl Pass Diabetic Research Fund)	
Mr. and Mrs. George Glass	
Marjorie Krantz (Carl Pass Diabetic Research Fund)	
Mr. and Mrs. Jeffrey Pass (Carl Pass Diabetic Research Fund)	
Nita Pass (Carl Pass Diabetic Research Fund)	
	Special Birthday of MR. LEONARD PEARL
Lillian Litt (Heart Research Fund)	
	Recovery of MRS. MORRIS PEARLMUTTER
Shirley and Sidney Librach (Edna Malen Scholarship Fund)	
	Birthday of DOROTHY PORTNOY
Cynthia and Harvey Frohlichstein (Ruth W. Portnoy Memorial Cancer Fund)	
	Special Birthday of MRS. REVELLA PRICE
Mr. and Mrs. Milton Freund (Milton Price Memorial Fund)	
Mr. and Mrs. Irving Kahn	
Mr. and Mrs. Sidney Robinson (Milton Price Memorial Fund)	
	Birthday of MRS FRANK PRINS
Mr. and Mrs. Joe Blath	
Mr. and Mrs. Louis Putzel (Helen R. & Henry V. Putzel Scholarship Fund)	
	Special Honor of MRS. JUDY PUTZEL
Mr. and Mrs. Irving Goldstein	
	Recovery of MRS. LENA QUINT
Mrs. Dena Cohen (Dena & Julius Cohen Endowment Fund)	
	Birthday of MRS. ETTA REICHMAN
Mrs. Joseph H. Goldman	
	Special Anniversary of MR. AND MRS. SIDNEY REIN
Dr. and Mrs. Murray Chinsky (Dr. Sidney Goldenberg Nursing Scholarship Fund)	
	Recovery of MR. ALFRED REVSON
Mr. and Mrs. Meyer K. Weil (Ethel & Meyer K. Weil Fund)	
Mr. and Mrs. Sam Zuckerman (Meyer K. & Ethel Weil Fund)	
	Birth of Granddaughter to MR. AND MRS. SIDNEY RICH
Mr. George Kornblet	
	Recovery of MR. GEORGE RICHARDSON
Dean Shaw and the Medical Head Nurses (Nursing Education Fund)	
	New grandchild of MR. AND MRS. S. RIEZMAN
Mr. and Mrs. Frank Gollub (Cancer Research Fund)	
	Installation as Chief Rabbi of RABBI SHOLOM RIVKIN
Mr. and Mrs. David A. Gee	
	Marriage of MR. AND MRS. AARON ROLNICK
Mr. and Mrs. Isadore Pass (Carl Pass Diabetic Research Fund)	
Nita Pass (Carl Pass Diabetic Research Fund)	
	Recovery of ESTHER ROSEN
Mr. and Mrs. Jerry Goldstein	
	Recovery of MR. LEO ROSEN
Mrs. Lee Hendin (Diana Rosen Recreational Therapy Fund)	
	Birthday of MRS. RUTH ROSEN
Mrs. Anna Agris	
	Recovery of MRS. JODY ROSENBLATT
Mr. and Mrs. Bud Granat	
	Recovery of MR. NEWTON ROSENZWEIG
Mr. and Mrs. Jules Hoffman (Jacqueline Hirsch Brown Memorial Fund)	
	Birthday of MRS. PEGGY ROSS
Mrs. Edna Malen (Edna Malen Scholarship Fund)	
Mr. and Mrs. Daniel Mintz (Edna Malen Scholarship Fund)	
	Recovery of MR. AND MRS. DONALD K. ROSS
Mrs. David N. Grosberg (Edna Malen Scholarship Fund)	
	Recovery of MRS. PEGGY ROSS
Mrs. June Bierman (Saul & Rebecca Rubin Cancer Fund)	
Bobby and Morrie Erlich	
Mrs.Cynthia Frohlichstein (Ruth W. Portnoy Memorial Cancer Fund)	
Lois and Buddy Goldberg	
Mr. and Mrs. John A. Isaacs III (Eleanor & John Isaacs, Jr. Research Fund)	
	Recovery of MRS. MARION ROTHBERG
Nita Pass (Carl Pass Diabetic Research Fund)	
	Birthday of Miss ELAINE ROTHMAN
Mr. and Mrs. Bernard Passer (Dr. David Rothman Fund)	
	Special Birthday of MRS. FRANCES ROTHMAN
Mr. and Mrs. Edwin Abrams (Dr. David Rothman Fund)	
Ella and Sam Gorman (Dr. David Rothman Fund)	
Dr. and Mrs. Philip Katzman (Dr. David Rothman Fund)	
Mr. and Mrs. Bernard Passer (Dr. David Rothman Fund)	
Adele Smith (Dr. David Rothman Fund)	
Mr. and Mrs. Stanley Stone (Dr. David Rothman Fund)	
	Recovery of MRS. GERI ROTHMAN
Harry and Sue Shear (Jacqueline Hirsch Brown Memorial Fund)	
	Recovery of MR. JOE ROTHMAN
Mr. and Mrs. Harry Ackerman	

TRIBUTE FUND

DONOR	IN HONOR OF
	Recovery of MR. SAM ROWITT
Mr. and Mrs. Isadore Pass (Carl Pass Diabetic Research Fund)	
Nita Pass (Carl Pass Diabetic Research Fund)	
	Retirement of MRS. NANCY RUPPRECHT
J.H. School of Nursing Faculty & Secretaries (LaVera Ryder Nurses Loan Fund)	
Mrs. Edna Malen (Edna Malen Scholarship Fund)	
Margie W. May (Nursing Education Fund)	
	Recovery of MRS. RAE SACHAR
Dr. and Mrs. Lawrence M. Aronberg (Dr Lawrence Aronberg Urology Fund)	
Sam and Jessie Bronstein (Nathan & Sadye Mathes Special Fund)	
Mrs. Dena Cohen (Dena & Julius Cohen Endowment Fund)	
Mr. and Mrs. Elmer Gidlow (Breast Cancer Research Fund)	
Mr. and Mrs. Irving Goldstein	
Mr. and Mrs. J.E. Sigloff	
	Good health to MRS. SAM SACHS
Mr. and Mrs. Samuel R. Cohen (Jackie Sue Margulis Liver Research Fund)	
	Special Anniversary of MR. AND MRS. RALPH SALTZMAN
Mrs. Bernice Grossman (Milton Moss Cancer Fund)	
	Marriage of daughter of MR. AND MRS. LEONARD SANOFSKY
Carol and Frank Flotken (Dr. Sidney Goldenberg Nursing Scholarship Fund)	
	Recovery of MR. HAROLD SARNER
Dr. and Mrs. Edward Cohen	
Mr. and Mrs. Kenneth Langsdorf	
Mr. and Mrs. Thomas Langsdorf	
Mr. and Mrs. Daniel Mintz (Edna Malen Scholarship Fund)	
Mr. and Mrs. Jeffrey A. Rosenblum	
	Special Birthday of MR. EDWARD SCHAPIRO
Mr. and Mrs. Harold Marglous (Rubin & Mary Cohen Endowment Fund)	
	Marriage of MR. AND MRS. MELVIN SCHLOSS, JR.
Mr. and Mrs. Donald Cornbleet (Lisa Bry-James Dreyer Memorial Fund)	
Mr. and Mrs. Sheldon Fisher (Lisa Bry-James Dreyer Memorial Fund)	
Mr. and Mrs. Harry S. Rosenberg (Lisa Bry-James Dreyer Memorial Fund)	
Mr. and Mrs. Stanley Stone (Dr. David Rothman Fund)	
	Recovery of MR. BEN SCHMIDT
The Minyanettes (Ruth W. Portnoy Memorial Cancer Fund)	
Tuesday Club	
	Special Birthday of MRS. PAUL SCHNEIDER
Mrs. Raymond Freed (Dr. Sam Schneider Enterostomy Fund)	
	Birthday of SANDY SCHONWALD
Lee and Barbara Wagman	
	Recovery of MRS. YVETTE SCHUVER
Mr. Fred Schuver (Heart Research Fund)	
	Recovery of MR. JULES SCHWARTZ
Jacob and Allan Koplar (Sadie Koplar Nursing Fund)	
	Bar Mitzvah of son of MR. AND MRS. STEVE SCHWARTZ
Mr. and Mrs. Barry Sharon (Milton E. Kravitz Memorial Heart Fund)	
	Special Birthday of MRS. PEGGY SCHWEIG
Teel Ackerman (Eugene Schweig, Jr. Fund)	
Mr. and Mrs. Melvin Schloss, Jr. (Eugene Schweig, Jr. Fund)	
	Recovery of MR. ALBERT SCHWEITZER
Mr. and Mrs. Arthur Bierman (Saul & Rebecca Rubin Cancer Fund)	
	Special Anniversary of MR. AND MRS. ELI SEIGEL
Mr. Elvin K. Popper	
	Recovery of MOTHER OF MRS. MARTHA SENIOR
Barbara Kohm (Ralph Hirsch Cancer Fund)	
	Special Anniversary of MR. AND MRS. JEROME SHAINMAN
Mr. and Mrs. Milton Winter (Joseph Abrams Memorial Heart Fund)	
	Birthday of MRS. BURTON SHATZ
Dr. and Mrs. Charles Silverberg (Dr. David Rothman Fund)	
	Special Birthday of MR. HARRY SHATZMAN
Sam and Jessie Bronstein (Nathan & Sadye Mathes Special Fund)	
Mrs. Edna Mathes (Nathan & Sadye Mathes Special Fund)	
	Special Birthday of SUE SHEAR
Howard and Bonnie Hurwitz (Ralph Hirsch Cancer Fund)	
Mr. and Mrs. Burton Remis (Ralph Hirsch Cancer Fund)	
	Recovery of MR. AL SHENBERG
Mrs. Dotty Safron (Adolph Safron Cancer Fund)	
	Recovery of DOROTHY SHERMAN
Mr. and Mrs. Jake Altman (Milton E. Karvitz Heart Fund)	
Sis and Nate Shapiro (Dr. Carl J. Heifetz Memorial Library Fund)	
Mr. and Mrs. Barry Sharon (Milton E. Kravitz Heart Fund)	
	Engagement of Sherri of MR. AND MRS. LES SHERMAN
Jerry and Laura Scissors (Carol Kaufman Cancer Fund)	
	Special Birthday of MR. AL SIEGEL
Mr. and Mrs. Harry Smith	
	Special Birthday of MR. CHARLES SIGLOFF
Mrs. Raymond Freed (Edna Malen Scholarship Fund)	
	Recovery of MRS. JACOB SIGLOFF
Mrs. Raymond Freed (Dr. Sam Schneider Enterostomy Fund)	

DONOR	IN HONOR OF
	Recovery of MR. ABE SMALL
Miss Leona Fuchs (Abe & Merla Small Cancer Fund)	
Mr. and Mrs. Melroy Hutnick (Merla & Abe Small Cancer Research Fund)	
Mr. and Mrs. David Lerner (Merla & Abe Small Cancer Fund)	
	Good Health of DR. SAMUEL SOULE
Mr. and Mrs. Rube Gorden	
	Birthday of DR. SAMUEL SOULE
Dr. and Mrs. Sol Heinemann (Dr. Samuel D. Soule Research Fund)	
Dr. and Mrs. Joseph M. Orenstein (Dr. Samuel D. Soule Research Fund)	
	Special thanks to DR. AND MRS. SAMUEL SOULE
Helen Hyatt (Harold Zager Blood Research Fund)	
	Engagement of MYRA SPECTOR AND DR. ROBERT POTASHNICK
Mr. and Mrs. Samuel R. Cohen (Jackie Sue Margulis Liver Research Fund)	
	Safe and Fun vacation to MRS. LOUIS LIPPE AND MRS. L. SPIEGEL
Mrs. Jeanette Gould (Harold Zager Blood Research Fund)	
	Recovery of MR. MAURICE STEINBACH
Nita Pass (Carl Pass Diabetic Research Fund)	
	Recovery of BERTHA STEUER
Cissy and Steven Nissenbaum	
	Special Birthday of MR. HENRY STONE
Mr. and Mrs. Jack Stone	
	Bar Mitzvah of son of MR. AND MRS. ROBERT SUFFIAN
Mr. and Mrs. Barry Sharon (Milton E. Kravitz Memorial Heart Fund)	
	Special Anniversary of MR. AND MRS. ALLEN SURINSKY
Mrs. David Grosberg (Edna Malen Scholarship Fund)	
	Special Birthday of MRS. JEANE SUSMAN
Bob, Petie, Joshua, Meg, Eli, Frank, Andrew & Adam	
Dr. and Mrs. Norman Drey	
Mr. and Mrs. Sam Langsdorf	
Mr. Tobias Lewin (Hortense Lewin Scholarship Fund)	
Mr. and Mrs. J. Henry Schweich (William H. Schweich Fund)	
Mrs. Louis Weinstein (Shirley W. Cohen School of Nursing Fund)	
	Receiving the Distinguished Law Alumni Award of MR. ISRAEL TREIMAN
Mr. and Mrs. Nathan Friedlob	
	Recovery of MRS. LIBBY TULLMAN
Mrs. Dotty Safron (Adolph Safron Cancer Fund)	
Mr. and Mrs. Barry Sharon (Milton E. Kravtiz Heart Fund)	
	Recovery of MR. BEN TUREC
Dave, Sharon, Jeff and Andee Silverman	
	Recovery of MR. DAVID TURKEN
Mr. and Mrs. Samuel R. Cohen	
Mr. and Mrs. Nolan DeWoskin (Bernard Lieberman Parkinson Fund)	
	Recovery of LILLIAN UKMAN
Mr. and Mrs. Samuel R. Cohen	
	Recovery of MRS. MAXINE UKMAN
Mr. and Mrs. Harry Sherman	
	Recovery of MR. CARL WEBER
Mr. and Mrs. Jake Altman (Milton E. Kravitz Heart Fund)	
Mr. and Mrs. Barry Sharon (Milton E. Kravitz Heart Fund)	
	New Great Granddaughter of MRS. LOUIS WEINSTEIN
Irene Rubin	
	Recovery of MR. ELLIOT WEISS
Mr. and Mrs. Jeffrey Korn	
Mrs. Marcia Shapiro (Harry & Nancy Shapiro Scholarship Fund)	
	Recovery of MR. GENE WEISSMAN
Mr. and Mrs. Al Serkes	
	Recovery of GERRE WHITE
Mr. and Mrs. Harvey Wallace (Marilyn Fixman Cancer Research Fund)	
	Thank you to DR. GEORGE WILNER
Mrs. Jackie Kasnetz (Harold Zager Blood Research Fund)	
	Special Birthday of MR. HENRY WINER
Mrs. Jeanette Gould (Harold Zager Blood Research Fund)	
	Birth of son to MR. AND MRS. MARK WISEMAN
Jacob and Allan Koplar (Sadie Koplar Nursing Fund)	
	Birth of Grandson to MR. NORBERT WISEMAN
Jacob and Allan Koplar (Sadie Koplar Nursing Fund)	
	Birthday of MR. ROBERT L. WOLFSON
Dr. and Mrs. Llewellyn Sale, Jr. (Dr. Llewellyn Sale, Sr. Memorial Fund)	
	New Grandchild of MR. AND MRS. AUBREY YAWITZ
Mr. and Mrs. Frank Gollub (Cancer Research Fund)	
	Recovery of MRS. IRENE ZIGLER
Emily G. Huber (LaVera Ryder Nurses Loan Fund)	
Mr. and Mrs. David Rubin (LaVera Ryder Nurses Loan Fund)	
	Recovery of MRS. PAUL ZIGLER
Mrs. Emily Huber (LaVera Ryder Nurses Loan Fund)	
	Birth of Daughter to MR. AND MRS. HAROLD ZINN
Dr. and Mrs. Edward Cohen	
	Birthday of MRS. SANDER ZWICK
Mr. and Mrs. Sam Langsdorf	

CALENDAR OF EVENTS

June 1 & 2

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. All volunteers welcome. Call 454-7130 for information.

June 2

I Can Cope: Eight-week educational course and support group for cancer patients and their families. 7 to 9 p.m., Jewish Hospital—Stix Room. Open to the public. Reservations required. Call 454-7120 or 454-7028.

June 8

Grandparents Refresher Course: For expectant grandparents to learn the newest techniques and theories in infant care. 10 a.m. to noon. By reservation only. Call 454-7130.

June 13

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.

June 13

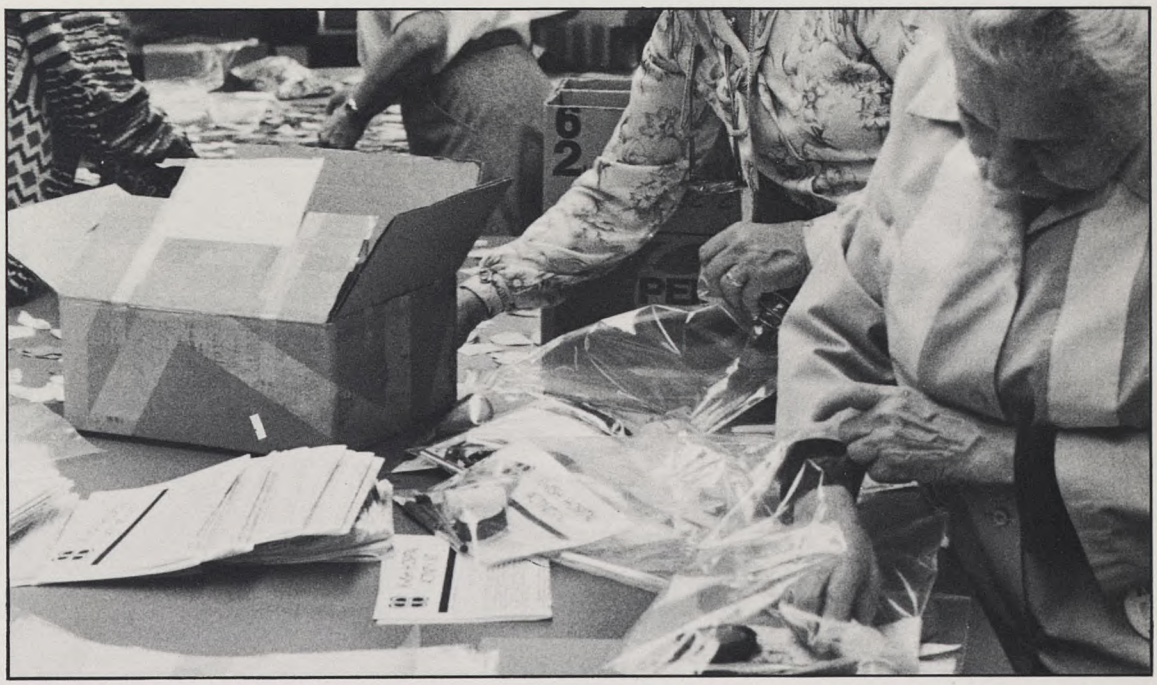
Teen-age Volunteer Orientation: For teenagers interested in volunteer work at Jewish Hospital. Reservations are required. For registration and interview, call 454-7130.

July 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.

July 18 & 19

Jewish Hospital Auxiliary Activity Cart Production Meeting: For volunteers who want to help assemble activity cart packets for patient distribution. 9:30 a.m.-4 p.m., Jewish Hospital—Brown Room. All volunteers welcome. Call 454-7130 for information.



Hospital auxiliary volunteers gathered once again to assemble the popular patient activity kits. These kits are delivered regularly on activities carts by volunteers and have proved to be a valuable asset in improving patient spirits and encouraging patients to use a creative outlet.

THE JEWISH HOSPITAL OF ST. LOUIS

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