

JEWISH HOSPITAL 216

AT WASHINGTON UNIVERSITY MEDICAL CENTER

JULY/AUGUST 1986

IN SEARCH OF SPECIAL AGENTS

MOOD SWINGS

ARTHRITIS

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**Meritorious Service Award
1986**

Hospital operations revolve around thousands of details—a mind-boggling amount of data. It is part of what makes a hospital so complex, constantly evolving, and for the people who keep up with it all, very challenging.

With this year's meritorious service award presentation, the importance of information coordination was recognized. On May 12, Helene Rogers was presented with the coveted award by David A. Gee, president, at the hospital's 1986 service awards reception.

Ms. Rogers is the assistant director of medical records, a department described by Mr. Gee as responsible for documenting all activities involved in a patients' illness, accumulating an information baseline for all subsequent medical treatment. "It is also used as a resource for medical research, proper classification of disease and often as the basis for information for suits and other legal actions," said Gee. "This is, of course, tremendously important but tends not to be very visible within the hospital. It is one of those essential functions which everyone takes for granted."

Rogers was hired by Jewish Hospital in 1981 as a record administrator. Since then, she has been an important influence in what Gee described as a "whole new way of life to medical staff members who have been most impacted by recent dramatic changes in healthcare." With the new federal prospective pricing system, the medical records department has also had to cope with new forms of reimbursement, requirements for whole new classifications of disease and operative procedures, strategies for maximizing hospital reimbursement through proper classification of diagnoses, new dimensions of quality assurance and working with new federal and third party payor organizations. Helene Rogers was placed in a leadership position and asked to deal with the new demands," said Gee. "She seized upon it with enthusiasm and energy. She organized and developed a team within the medical record department to effectively deal with this new way of life and to comply with regulatory matters."

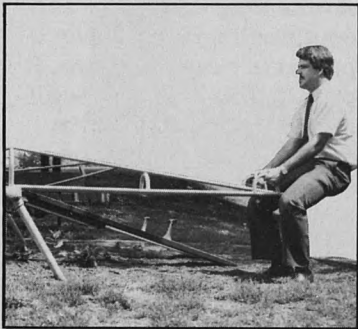
"In the process, she also became an effective spokesman for the hospital in interpreting these matters," Gee added. "In dealing with outside agencies, she has represented the hospital in the most effective fashion, often under difficult, ambiguous, and frequently contradictory conditions."

But the meritorious service award is based as much on an employee's personal contribution as professional expertise. It is that extra human dimension that sets them apart. In closing, Gee touched on Rogers unique assets. "She has managed everything with good grace and an unfailing sense of humor," he observed. "Her unremitting perseverance will undoubtedly be rewarded in heaven. In the meantime, we are proud to present her with the 1986 Meritorious Service Award."

JEWISH HOSPITAL 216

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THE UPS AND DOWNS OF MANIC DEPRESSION 2

Mood swings, hyperactivity and delusions of grandeur are a few characteristics of manic depression, a mental illness that was once considered an extremely rare disorder. Although researchers estimate that manic depression is now diagnosed in at least one percent of the U.S. population, understanding of and prognosis for this illness is continuously improving.

IN SEARCH OF SPECIAL AGENTS FOR CANCER CURES 8

Recent research technology has given doctors easier access to cancer-fighting agents which don't involve radiation and in many cases don't cause serious side effects. Researchers at Jewish Hospital have played a strong role in the search for more agents, as well as the most effective uses of these compounds.



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ARTHRITIS 5

More than 100 variations of this disease have been defined and, in many cases, their progressions charted, but the causes of most remain mysteries. MaryBeth Pereira, M.D., a rheumatologist and Jewish Hospital director of rehabilitation medicine, and Steven A. Lauter, M.D., attending rheumatologist, provide insights into this family of diseases.

ALL THE RIGHT INGREDIENTS 11

The Auxiliary's Spring Luncheon was the occasion to announce the results of a record-breaking fundraising year. It also marked the publication of samples from the Auxiliary's new cookbook, *Cooking in Clover II*, scheduled for release in fall, 1986. Peg Bracken, author of the "I Hate To Cook Cookbook" and keynote speaker, offered a few tips and quips about cookbooks.



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ON THE COVER: The search for special cancer-fighting agents continues. Jewish Hospital research reveals some likely candidates. While combatting bladder cancer with the bacterium BCG, researchers report that 70 percent of their patients experience no tumor recurrence. In addition, their search has documented the appearance of inteleukin 2—another natural cancer-fighting agent—in urine specimens of patients receiving BCG. Examine the work of these cancer investigators beginning on page 8.

THE UPS AND DOWNS OF MANIC DEPRESSION

by Sharon E. Zaring

Dan Segal was 17 when he first realized that he had a mental disorder.

Now, Mr. Segal, 46, thinks that the first symptoms probably appeared years earlier—maybe, he says, when he was a young child. Even in his first year in elementary school, Segal's teacher could not understand why her student was struggling with his school work. He was obviously an unusually bright boy, but he could hardly concentrate on his lessons and he performed far below his scholastic ability. He seemed restless, at times hyperactive.

Segal's problems continued throughout his elementary and high school education. Most of that time he was classified as a behavior or attitude problem. "The advice I usually heard in school, and throughout my life, was—'Why don't you shape up?'" Or, 'Pull yourself up by the bootstraps!'" recalls Segal.

Segal managed to graduate from high school with a D grade average and was accepted at a small college. But he never made it through his first semester. That year, Segal had his first full-fledged episode of manic depressive illness, a form of depression—also referred to as bipolar affective disorder—that is characterized by extreme mood swings. This particular bout started with a severe depression, one that eventually incapacitated Segal. For weeks he was unable to attend classes or study for exams. By November, Segal's parents decided to withdraw him from school and admit him to a psychiatric hospital. He stayed for 11 months, often in a ward with violent patients, and underwent 53 treatments of insulin/shock therapy over a three-month period. He

was discharged with the diagnosis emotional disorder, probable schizophrenia.

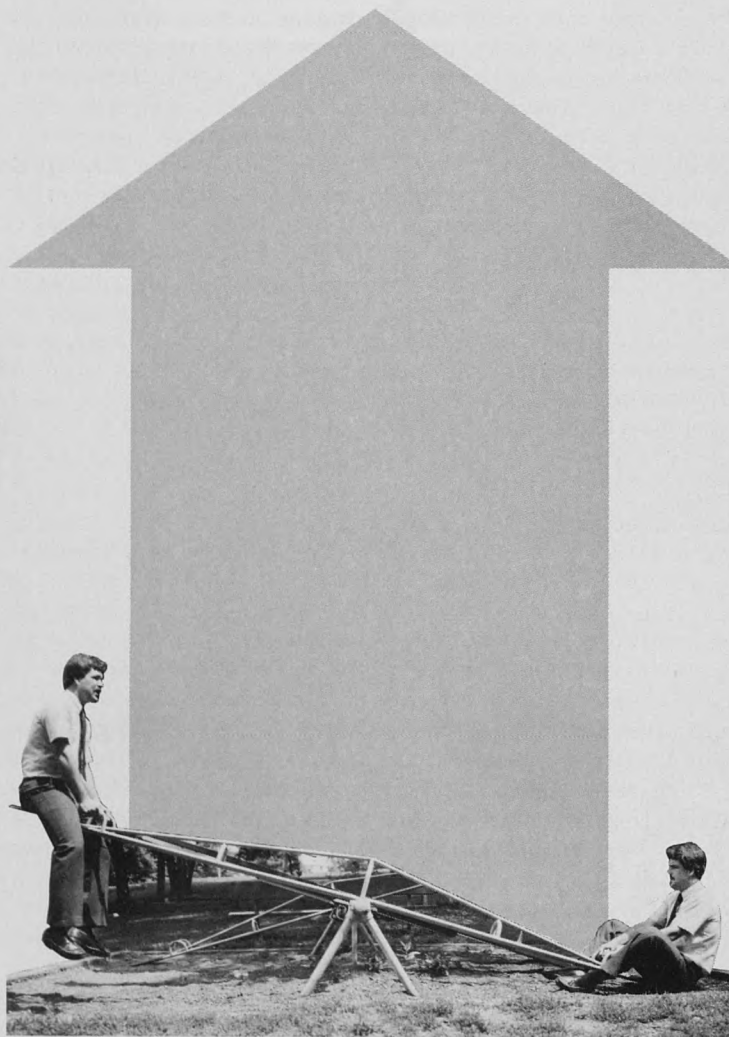
It would be the first of several hospitalizations and continued problems over a period of nearly 20 years. It wasn't until 1968 that Segal was actually diagnosed as having manic depression. Shortly after his diagnosis, lithium carbonate, a promising new drug that seemed effective in stabilizing the disorder, became available and Segal began to receive the much-needed medication.

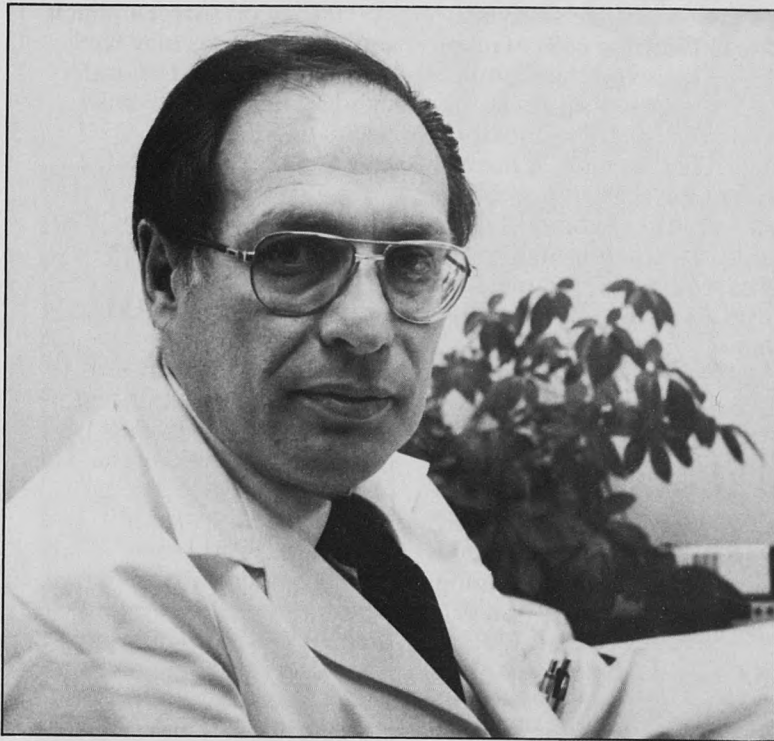
Until the 1960s it was not uncommon for manic depression to be misdiagnosed. According to Theodore Reich, M.D., Jewish Hospital psychiatrist-in-chief, cases like Segal's were typical because most psychiatrists in the 1950s thought that manic depression was an extremely rare disorder. "Many cases were misdiagnosed as schizophrenia and patients often spent years in institutions," says Dr. Reich.

Largely as a result of efforts during the 1960s by Dr. Reich and other Washington University physicians, manic depression was studied and scientific guidelines for diagnosis were established. "It was an important step," he says. Lithium was becoming available and we were able to provide criteria for diagnosis so that manic depression could be identified in a uniform fashion and treated effectively."

Today, manic depression is recognized as a common disorder, affecting approximately 1 percent of the U.S. population. It is characterized chiefly by high and low mood disturbances, now classified as manic and depressive syndromes.

During manic periods, patients display a few or a





*Theodore Reich, M.D.,
psychiatrist-in-chief*

whole spectrum of behaviors. Typically, they feel elated or extremely irritable for sustained periods of time. Their manic episodes often become destructive, and patients may go off on buying sprees, drive recklessly, or get involved in unrealistic business investments. Many have inflated self-esteem, a decreased need for sleep, and show lack of concentration and hyperactivity. In more extreme cases, they have grandiose delusions, often believing that they have a special relationship with God or some well-known political, religious or celebrity figure. Manic episodes are followed by rapid shifts to depression, each lasting hours or even days.

"It's an extraordinary illness," says Dr. Reich. "We're not sure why but it seems to occur in the families of successful or famous people. They are often intelligent,

even brilliant, but their success may have as much to do with the fact that they have high energy levels as their I.Q.s." Such notable figures as Vincent Van Gogh, Edgar Allen Poe, and Abraham Lincoln probably suffered from manic depression or had severe depressive illness.

The illness has varying degrees of severity. In fact, the mildest form, hypomania—bipolar II—may not be very noticeable. "Hypomania won't declare itself so strikingly," says Dr. Reich. "The manias are milder but the depressions are still pretty deep. When someone is less manic, they may not seem to have a mental disorder. They might be overly optimistic or spend too much money. Or they may show some bad business judgment."

Although Dr. Reich and other psychiatrists have yet to pinpoint the cause of manic depression, their research indicates that manic depression runs in families, affects

equal proportions of men and women, and is probably due, in part, to genetic factors. In a multi-center 14-year follow-up and family study of depression, sponsored by the National Institute of Mental Health (NIMH), researchers are confirming some widely-held views on manic depression and discovering new, interesting trends. John Rice, Ph.D., psychiatry, the local principal investigator, and researchers from five other university medical centers have been analyzing 612 manic depressive patients and 2,226 of their relatives.

One of the most striking discoveries of the study is the relationship of age to manic depression. According to their findings, relatives with the greatest risk of developing manic depression are those related to manic depressives who had onset of the illness at young ages. Interestingly, the age of onset in manic depression is accelerated with what researchers call "birth cohort," or the time period of birth, meaning that manic depressives born recently have an earlier onset of the illness. For instance, the average age of onset for individuals born in 1930 is 34, while the average onset for individuals born in 1960 is 24. Today, manic depression is showing up as early as adolescence or even childhood. The manic episodes occur most frequently at young ages, but as manic depressives age, the proportion of depression increases.

For Segal, manic episodes occurred primarily during his 20s and 30s, and were characterized by irritability, depression and—during one manic episode—religious delusions. "I thought I was an instrument of God," he

recalls.

In other episodes, Segal made plans to become elected president or pope. "I felt so important," he says. "I would look at television advertisements and think that they had been made for me. It was like a return to an infantile state. I thought I was the center of the universe."

Unable to hold jobs for any length of time because of his mood swings, Segal existed during that time in what he describes as extreme destitution; he was picked up once by the police for vagrancy while he was sleeping on a city sidewalk. The jobs he did have were menial and often ended with him quitting in a rage, or being fired. "I worked one job as a short-order cook in a fast-food restaurant," Segal recalls. "One day I had about a dozen hamburgers cooking on the grill at the same time. My boss came up to me and said, 'can you hurry it up a little?' 'Sure, I said, I'll hurry it up.' I took off my apron, threw it on the grill and stalked out. Any pressure or stress would set me off."

In other jobs, Segal would feel so low that he could hardly function. "Once when I was working in a clerical position for a steel company I got so depressed I couldn't stay awake," he says. That job came to an abrupt end. One morning after falling asleep at his desk, Segal woke to find his paycheck and a pink slip left under his nose.

During that time, Segal married and had two children. The disease almost tore the marriage apart. "The first seven years were very difficult," says his wife, Delores. "It was hard to deal with his inconsistent moods, especial-

DEPRESSION

ly for the children. They used to stand at the window watching for Dan every evening when it was time for him to come home, wondering what kind of mood he would be in."

The worst, she says, was the financial stress on the family. "I was raised in an environment in which I always

down her role in Dan's recovery. "I'm no saint," she says. "I stayed during the worst times because I had two children and I didn't know where else to go. But I'm glad I did," she adds. "Seeing him recover has been like watching a new person unfold. If I had left, I would never have known the

his associates are studying the white blood cells of manic depressives and their families because abnormalities in the white blood cell membranes may reflect genetic abnormalities in the nervous system. They think that brain cells' neurotransmitters and receptors, which transmit messages from one brain cell to another, play a fundamental part in manic depression. "We have found that manic depressives have a reduced number of a kind of receptor whose major function is in the nervous system," says Dr. Reich. "We think this discrepancy is deeply involved in the biology of manic depressive illness."

In August, Allan Wright, M.D., a noted molecular biologist from the University of Edinburgh, Scotland, will join Dr. Reich at Jewish Hospital. Drs. Wright and Reich are interested in a number of aspects of manic depression. "First, we would like to determine the extent to which differences on the receptors in the white cells is a marker for familial illness," says Dr. Reich. Once that is accomplished, they can focus on locating the genes—those basic units responsible for transmitting hereditary traits—that control the number of cell receptors.

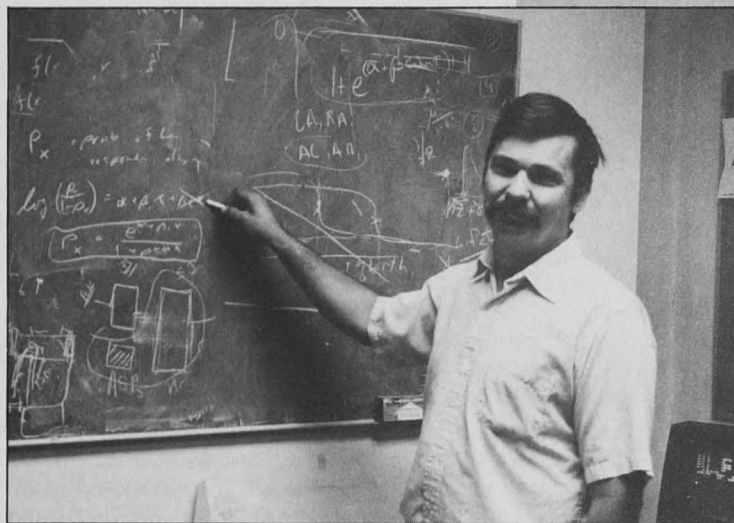
If they do that, Dr. Reich and his associates may well be at the threshold of understanding this strange, but fascinating illness. ■

Manic Depressive Association

In 1980, Dan and Delores Segal founded the Manic Depressive Association of St. Louis, a support and educational organization for manic depressives and their families. "From all the experiences that we went through, we thought it was important that this type of organization was available for people who need it," says Ms. Segal, executive director. "We wanted to share what had happened to us and provide much-needed support.

The Manic Depressive Association holds six meetings monthly in four St. Louis locations. Presently, the organization is working with approximately 900 families. The primary focus of the meetings is to educate families on the illness and provide support. According to Ms. Segal, by increasing understanding of this disorder, misconceptions can be dispelled and the stigma—often still attached to manic depression—is eased.

If you or a friend or relative could benefit from the organization, please call the Manic Depressive Association, between 9 a.m. and 3 p.m., at 965-7007.



John Rice, Ph.D., mathematician

real Dan."

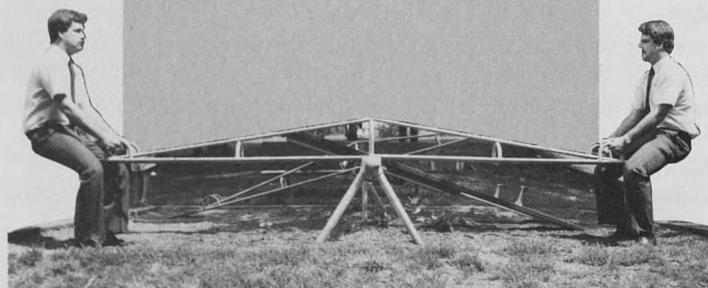
had financial security but months could lapse without Dan having work," she says. "We had to file bankruptcy and that really strung me out. For the first time I had to scrounge for money and deal with issues like going on welfare."

Fortunately, by 1977, Segal began to stabilize, largely through regular treatment with lithium, psychotherapy and family support. Segal attributes his recovery to "about one-half drug treatment, the other half to rehabilitation." Today, Segal is a computer specialist for Security Research Associates. "He hasn't missed a day of work in five years," says Delores.

Although she was extremely loyal (a high percentage of marriages with manic depressive spouses end in divorce), Delores plays

Manic depressives seldom have to deal with the kind of anguish confronted by the Segals. With treatment and family support, most, says Dr. Reich, lead normal, productive lives. "But definitive treatment and prevention still require discovery of the course of the disease," he adds.

Presently, Dr. Reich and



arthritis arthritis arthritis

by Jerry H. Sears

“**W**hen people think about arthritis, the first things that come to their minds are aches and pains in joints. Arthritis is far more complex than this,” says MaryBeth Pereira, M.D., Jewish Hospital director of rehabilitation medicine and rheumatologist. Inflammation, with pain, swelling and warmth in affected joints, is evident among sufferers of most kinds of arthritis. Deformities, such as knots on the knuckles and knee instability, which can result in the buckling of a limb while walking, also occur.

“Any one of the many kinds of arthritis is an expression of any of a variety of rheumatic diseases [various conditions with pain or other symptoms originating in joints or related to other elements of the muscle and skeletal system], each of which can have a host of symptoms.”

While most symptoms are recognized, causes for their occurrence are relatively unknown. Although arthritis experts understand the progression of the diseases, specific causes are only hypothesized and are being investigated. Research has

found, however, that the diseases that cause arthritis are not limited to the joints, but may manifest themselves in soft tissues around joints, as well as other organs of the body.

Whatever the symptoms evident at the time a patient is seen, it is not a specific, single complaint that leads to diagnosis and treatment. “The diagnosis of arthritis involves recognition of a pattern of signs and symptoms,” says Dr. Pereira. “This pattern will suggest a particular disease.” To arrive at an accurate diagnosis, a complete medical history is taken and studied. The physician performs a physical exam, checking for inflammation in joints and other tissues, and usually x-rays and laboratory tests of blood samples, urine and fluid removed from joints are among the procedures performed. The combined findings of the tests, x-rays and medical history reveal the patterns which lead to diagnosis of a specific type of arthritis which determines the appropriate treatment.



MaryBeth Pereira, M.D.

Steven A. Lauter, M.D., Jewish Hospital attending rheumatologist, notes that the sophisticated diagnosis procedures such as blood tests are only useful if symptoms are present. He urges people not to delay seeking diagnosis of pain or swelling in joints. “While many patients referred to rheumatologists have some symptoms that could be arthritic in nature, their discomfort may not be related to one of these diseases,” he says.

Individualized treatment is based on the specific type of arthritis and the needs of the patient. In most cases, prescriptions include medication and rehabilitative therapy—the drugs selected and the amount of therapy depends upon the degree of

the disease's progression at the time of diagnosis. Adaptive appliances such as canes and splints for affected joints may be utilized to provide stability to disease-weakened parts of the body.

“Advances made in the last 10 to 15 years have greatly aided the diagnosis and treatment of patients,” notes Dr. Lauter. “The development of non-steroidal medications, new data from research on arthritis, the use of immunosuppressant drugs, new tests for classification and diagnosing specific kinds of arthritis in its early stages, and advances in orthopedic surgery each significantly improves the lives of arthritis patients.”

ARTHRITIS

Variations on a Theme

Of the many forms of arthritis, two illustrate the diversity within this group of conditions. Osteoarthritis and rheumatoid arthritis are commonly diagnosed rheumatic diseases. Osteoarthritis (degenerative joint disease) affects *only* the joint, whereas rheumatoid arthritis occurs when the immune system turns against *various parts of the body* (an autoimmune reaction), especially the joints.

Osteoarthritis involves the breakdown of the tissues that allow normal joint function. In healthy joints, cartilage, a cushiony substance that covers the end of each bone, acts as a shock absorber (see illustration 1). The bones in the joint are held together by ligaments, which act as flexible cables, allowing movement in the right directions.

All of these structures are enclosed in a capsule, lined with a membrane which secretes lubricating (synovial) fluid, that helps the joint function smoothly and easily. When osteoarthritis develops, the cartilage and other joint tissue break down, resulting in pain and difficulty in movement of the affected joint. Illustration 2 represents a joint affected by osteoarthritis.

Initially, the smooth cartilage surface softens, becomes pitted and frays. It loses its elasticity and is more easily damaged by stress. Eventually, large sections of cartilage may be worn away completely, baring the ends of the bones. Without the

protection of the cartilage with its smooth surface and sponginess, added stress is applied to the ends of bones resulting in microscopic fractures and pain.

As the disease progresses, the joint may lose its shape because the bone ends thicken, forming bony growths, or "spurs," where ligaments and the joint-enclosing capsule attach to the bone. Additional fraying of ligaments may result in a loosening of the joint. Each of these elements can create pain when the joint is moved.

While its particular causes are not absolutely understood, for years it was believed that osteoarthritis was solely the result of normal wear and tear of the body's joints. Researchers now hypothesize that a wide spectrum of factors play key roles in the development of the disease. This spectrum encompasses genetic factors,

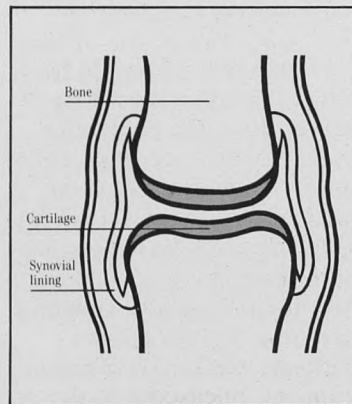


Illustration 1
A normal joint

as well as stresses on joints caused by injury or abnormal formation of bones at birth. Many patients with this disease have histories of fractures, or abnormal bone

structure which results in joints that do not align properly. In addition, people who work "bone-jarring" equipment, such as jackhammers, continually stress joints, and are at higher risk of developing arthritis.

Once diagnosed, patients begin a treatment program which may include the use of drugs to control pain and inflammation, physical therapy to strengthen muscles that support the joints, as well as heat to relieve stiff muscles and cold compresses to relieve pain. In addition, if the case warrants, protective devices such as splints, canes and walkers are recommended to relieve pressure on affected joints. Education, regarding the effects of posture on joints and techniques to reduce unnecessary joint stress, is also employed.

In rheumatoid arthritis, the immune system which normally defends the body from disease, runs amok, turning the body's natural anti-infection mechanisms against healthy tissue. The result can be devastating to joints and their surrounding soft tissues. Illustration 3

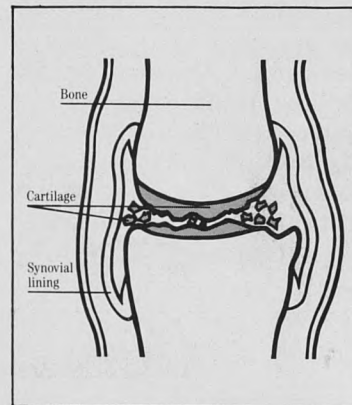


Illustration 2
A joint showing the effects of osteoarthritis

shows the inflammation of the joint capsule lining caused by this autoimmune reaction. While some scientists suspect that a virus-like element may trigger the inflammatory process in rheumatoid arthritis, research has not confirmed a specific cause.

Genetic factors known as HLA-types may predispose people to arthritis. HLA-DR4, a common genetic marker found in approximately one-quarter of the general population, is present in many rheumatoid arthritis patients. "However," notes Dr. Pereira, "many people with HLA-DR4 will never develop rheumatoid arthritis, and since all patients with this disease do not have this marker, it is clearly not the only predisposing condition."

The cardinal symptoms

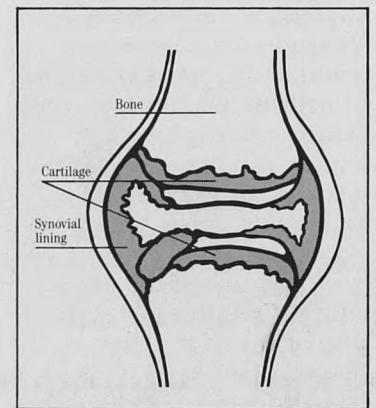


Illustration 3
A joint showing the effects of inflammation in rheumatoid arthritis

of rheumatoid arthritis are morning stiffness with swelling and tenderness in joints, often in the same joints on both sides of the body (i.e. both hands, both shoulders). Weight loss, anemia, lumps under the skin, inflammation

of the eyes and fever may also occur, indicating the multi-system nature of rheumatoid arthritis.

The disease may become evident following severe emotional events, emotional strain or shock. While most physicians do not believe that these stresses cause rheumatoid arthritis, they believe them to be aggravators of it. When patients find these emotional stresses are relieved, many find that their arthritis is alleviated.

Rest and exercise, protection of the affected joints, and medication are frequently prescribed in combination for victims of rheumatoid arthritis. Aspirin or non-steroidal anti-inflammatory drugs are often used, as are corticosteroids, a group of drugs related to cortisone, a natural hormone produced the body's adrenal glands. Long-term relief is sometimes found in the use of gold salts, penicillamine or anti-malarial drugs.

Steven A. Lauter, M.D.

Surgery, an option for patients with significant disabilities, is often the last resort. According to Dr. Pereira, total replacement of damaged joints may provide selected patients with renewed independence, but it is not the answer for everyone.

Other Causes, Other Forms

Another autoimmune disease, systemic lupus erythematosus, is somewhat selective in its victims. While not limited to women of child-bearing age, the incidence of lupus is highest in this group. The disease affects multiple parts of the body, with patients experiencing arthritis, muscle pain, blood abnormalities, kidney problems and skin rashes, among other ailments.

In this, as in other rheumatic conditions, prescriptions for treatment are individualized to the symptoms of the patient. The initial therapeutic approach is suppression of inflammation by medication such as cor-

ticosteroids. The judicious use of rehabilitative services such as heat and exercises may also provide significant relief.

Other forms of arthritis, known as crystalline diseases, have known causes. Crystals deposited in joints by the bloodstream are the instigators of the source of discomfort in gout and pseudo-gout, each a chronic disease, distinguished by the type of initiating crystal deposit.

Uric acid crystals, by-products of the breakdown of purines, a common element found in many foods, cause the irritation and inflammation in gout, and a deposit of calcium-containing crystals in the joints leads to pseudo-gout. "Contrary to popular belief," says Dr. Lauter, "these are not diseases associated with 'high living.'"

In either case, the crystals irritate the interior of the joint and cause inflammation. Both diseases are characterized by bursts of flaring pain which begin with little warning. In gout, the pain experienced in early episodes of crystalline diseases often dissipates in two weeks, but as the deposits built up, the periods of discomfort become protracted. New flare-ups can occur when deposits, resting beside a joint, are released into the interior of the joint. This release of crystals may be precipitated by trauma or rapid chemical changes in the body.

Each form of crystalline arthritis is considered a chronic disease, but through the appropriate use of medications, symptoms can be controlled. Acute attacks are treated with anti-inflammatory agents; prompt improvement

is usually observed. Once the patient is stabilized, measures to prevent further occurrences are taken. In gout, this phase of treatment involves administering medications to control the formation of crystals and to stop the development of inflammation.

Patients diagnosed and being treated for arthritis can and should keep abreast of current, valid treatment procedures. "There are few groups of people as exploited by worthless or harmful treatments as arthritis victims," notes Dr. Pereira. An advertised promise of a quick and permanent relief is often subscribed to by patients and their families, in spite of the fact that it sounds too good to be true. "People with these diseases should find a physician in whom they trust, and follow their doctor's advice," she counsels. "If a cure sounds too good to be true, it probably is." ■

For a referral to a Jewish Hospital-affiliated rheumatologist, ask your physician or call the Doctors Choice physician referral service at 454-8180 (1-800-822-1201 outside of St. Louis or 1-800-233-3783 outside Missouri).



In Search Of *SPECIAL AGENTS* For Cancer Cure



by Steve Mainer

Recent findings in cancer research are allowing some victims of the disease to muster hope in what previously seemed like hopeless situations. Studies involving new forms of treatment have decreased the incidences of tumor recurrence and surgery. In some of the newer treatments, which don't involve radiation, the side effects are often no harsher than a mild fever and chills.

"The reason treatment methods have blossomed so much in the past five years is the recombinant DNA technology," says Timothy Ratliff, Ph.D., Jewish Hospital director of urologic research. Recombinant DNA technology allows researchers to extract genes from cells, which are then inserted into bacteria. The process enables doctors to produce and purify lymphokines, which are hormone-like substances, in great quantities. These lymphokines, under certain circumstances, inhibit tumor growth. "Before, we had to work with very small quantities of crude preparations that contained all kinds of lymphokines, only some of which were known to us. We never knew what was causing the tumor responses that we were observing."

Before harnessing recombinant DNA technology, researchers were unable to produce lymphokines in high

enough concentrations to effectively combat tumor growth. "The normal cell doesn't produce much. So the production problem was with us for a long time," explains Dr. Ratliff. "When the recombinant DNA technology evolved, it eliminated some of those problems. At least it allowed us to produce enough to study and, where applicable, begin treating patients."

Bucillus Calmette-Guerin (BCG), the most proven form of treatment included in the group known as immunotherapeutics, is actually a bacterium, rather than a lymphokine. BCG is also different from other forms of immunotherapeutic treatments because it was uncovered in the early 1900s, more than 50 years before researchers discovered interferon, the first immunological agent used to treat cancer patients.

BCG is a non-disease-producing strain of the bacterium that causes tuberculosis. Until recently it was used mainly for vaccination against the disease. While the bacterium has received approval from the Food and Drug Administration for tuberculosis immunization, like other forms of immunotherapy treatment agents, it hasn't been approved for general use in the battle against cancer.

Investigative drug licenses enable Jewish Hospital doctors to administer immunotherapy treatments in specific cancer cases. William J. Catalona,

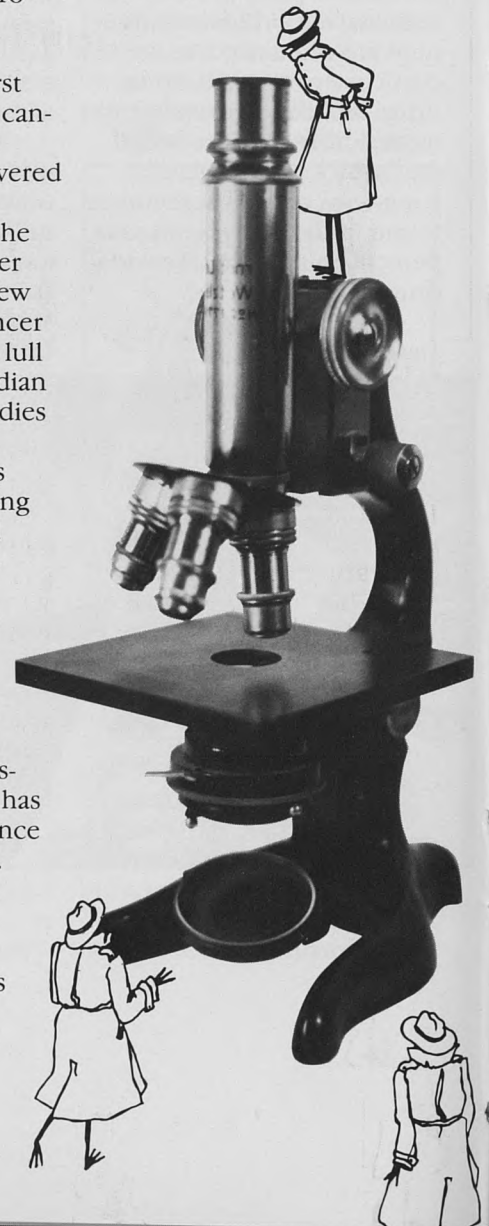
M.D., chief of the division of urology at Washington University School of Medicine, oversees Jewish Hospital's urologic cancer human treatment studies. The use of BCG therapy at Jewish Hospital has focused on treatment of bladder cancer, which afflicts more than 38,000 people each year, making it the second most common urologic disease following cancer of the prostate.

BCG therapy was first used in the treatment of cancer 18 years ago, when a French oncologist discovered that leukemia patients responded favorably to the tuberculosis vaccine. After extensive research, but few positive results, BCG cancer treatment experienced a lull until 1976, when a Canadian urologist focused his studies on bladder cancer.

Since then, BCG has been credited with causing regression of established bladder tumors and prevention of tumor recurrence. Of the more than 100 patients treated in Jewish Hospital BCG studies, 70 percent have experienced no recurrence, and one of the hospital's first BCG patients has not developed tumors since treatment four years ago.

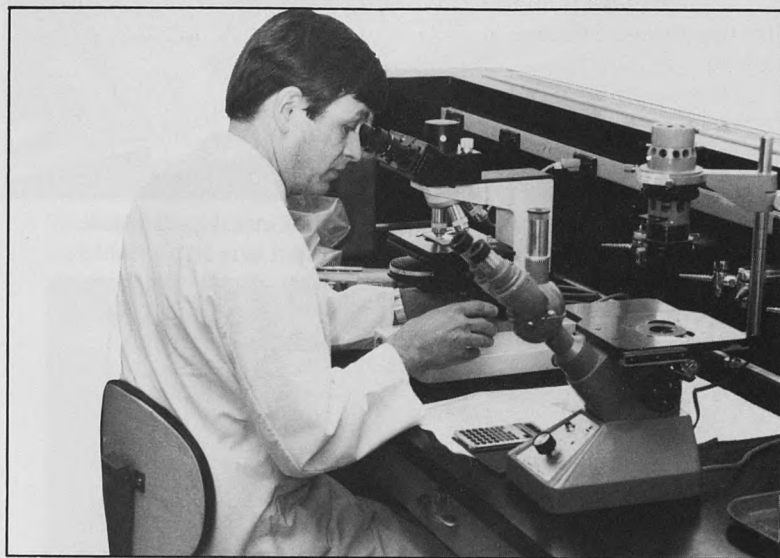
"That's a long-term response for this disease," notes Dr. Ratliff. Before BCG therapy was used, many patients required removal of the

bladder, which often resulted in impotence among males. Other treatment protocols required surgery through the urethra to periodically remove tumors as they appeared. "So BCG has eliminated some of the morbidity involved with treating these patients," says Dr. Ratliff. "They greatly appreciate it."



Transurethral removal of tumors is still required before administering BCG in most cases, but the need for bladder removal has been greatly reduced. Two weeks after surgery, the treatments begin, with BCG instilled through a catheter leading directly into the bladder. Patients receive from six to 18 weekly treatments on an outpatient basis and side effects are minimal—usually a mild fever and chills,

to be cloned in 1981. Three major classes of interferon have been identified since then: IFN- α , or alpha; IFN- β , beta; and IFN- γ , gamma. IFN- α includes 15 subtypes, but IFN- β and IFN- γ each have only one subtype. Jewish Hospital studies have shown that both interferon-beta and gamma inhibit bladder tumors in mice, with gamma being the most effective tumor-fighting agent.



Timothy Ratliff, Ph.D., uses a microscope to count LAK cells.

or discomfort resembling a mild bladder infection, says Dr. Ratliff.

Activating Other Agents

While working with BCG, researchers have discovered that the bacterium activates the release of two other agents—interferon and interleukin-2—which also are used in cancer immunotherapy.

Interferon was discovered in 1957, but its use as a cancer-treating agent has become most valuable since it became the first lymphokine

Jewish Hospital has been involved in the pre-clinical animal studies on interferon. One such study demonstrated that IFN- α 2, a subtype of IFN- α , inhibits tumor growth in certain kidney cancer cases and its effects were even stronger when combined with difluoromethylornithine (DFMO), a chemical compound. DFMO showed no significant effect when administered alone, but when combined with IFN- α 2, the two agents inhibit tumor growth in tests conducted in vitro as well as in vivo, where tumors are implanted in mice.

“In some areas, interferons are being combined with chemotherapy and there’s some indication that this may be effective,” explains Dr. Ratliff. “But

we’re really still investigating that. It’s really very preliminary so I don’t know that its effect is uniform.”

Dr. Ratliff and his associates are presently studying the effects of IFN- α 2 on human bladder cancer patients. In another study, Jewish Hospital researchers focused their attention on the effects of IFN- γ in treating human victims of kidney cancer, which claims 8,000 lives per year. For years, surgery has been the only means of effectively managing kidney cancer—the third most common urologic disease—with chemotherapy providing no significant increase in survival, says Dr. Ratliff.

In the kidney cancer study, interferon was administered intravenously to eight patients for five consecutive days—every other week—for one month, followed by treatments three times a week—every other week—for a minimum of six months. Two of the patients experienced partial responses.

Researchers here are preparing for another interferon study to be conducted this summer. Kidney cancer patients will be treated with IFN- α , IFN- γ , and a combination of both. “There have been numerous studies that show that the combination of alpha and gamma really is far superior to either alone,” says Dr. Ratliff.

Expensive Therapy

A very expensive form of immunotherapy involves the use of a lymphokine known as interleukin-2. Late last year, *The New England Journal of Medicine* released the results of the first experiment in which the treatment was used on humans.

The treatment was developed at the National Cancer

Institute (NCI) and is so complex and time-consuming that it can be given to only four patients at a time.

According to Dr. Ratliff, the elaborate monitoring equipment and the large amounts of interleukin-2 required for treatment are responsible for the expense, which can reach five-figure amounts for one patient.

In the treatment, doctors remove white blood cells from a cancer patient and incubate them in test tubes with interleukin-2, which primes the cells to kill cancerous cells. Doctors have labeled these cells lymphokine-activated killer, or LAK, cells. The cells are then put back into the patient’s bloodstream and are bolstered further with injections of interleukin-2. In previous tests, where patients received LAK cells alone and interleukin-2 alone, none of the test subjects experienced positive responses.

In the NCI study, researchers—led by Steven A. Rosenberg, M.D.—tested the technique on 25 patients with advanced, spreading cancer which had failed to respond to commonly-prescribed treatment methods. “There’s nothing else to offer, so a patient in that position is always the patient who is initially asked to participate in phase-one type studies,” says Dr. Ratliff. “In very few instances will phase-one toxicity-type studies actually result in significant tumor regression.”

In 11 people with four different types of cancer, the tumors shrank more than 50 percent. All three kidney cancer patients in the study experienced improvement. One patient’s kidney cancer had spread to his lungs, but after the treatment, dozens of tumors disappeared, and the





SPECIAL AGENTS

remaining growths shrank dramatically.

In addition to the costliness and extensive time consumption, interleukin-2 treatment carries harsh side effects. Weight gain due to fluid retention tops the list, which includes malaise, fever, chills, nausea or vomiting, diarrhea, rash and anemia. Late in the course of inter-

Dr. Ratliff joins fellow researchers in his optimism toward the future of these lymphokines and other forms of immunotherapy, but patience is also a key ingredient in his work. "I feel that the introduction and use of these products produced by the body will lead to some significant treatments. It's just going to be a matter of time and a matter of testing these compounds."

leukin-2 administration, fluid retention often resulted in shortness of breath in 20 of the 26 NCI study participants, Dr. Ratliff notes.

In many patients, the administration of therapy was limited by the toxicity of interleukin-2, and researchers believe greater anti-tumor effects might occur if larger doses of interleukin-2 could be administered. Dr. Ratliff

points out that the practicality and safety of administering the therapy to large numbers of patients is still the question. Fine tuning the treatment variables, including proper dosage and combinations of compounds, requires years of study.

"It just takes too long to determine that something is proven effective. It takes years of human study," Dr. Ratliff explains. "A prime example is the Rosenberg research. It's going to be 10 years before we know for sure that that's a cure. Even then there will be some element of doubt because we'll wonder whether we're treating the patients appropriately."

An important Jewish Hospital contribution to interleukin-2 research involved the detection of the lymphokine in the urine of bladder cancer patients receiving BCG therapy. Data showed that patients in whom BCG eliminated malignant cells, or who remained tumor-free after therapy, produced higher levels of interleukin-2 than patients who failed to respond to BCG therapy.

Researchers concluded that the presence of interleukin-2 during BCG injection into the bladder may be associated with the tumor-exhibiting action of the bacterium. "This finding is just sort of a marker that suggests that most of these lymphokines are produced in response to BCG," explains Dr. Ratliff.

While interleukin-2 research offers another avenue of kidney cancer research, Dr. Ratliff foresees few chances that it will be effective for prostate cancer victims. "The problem with prostate cancer is that it spreads primarily to the bone. LAK cell anti-tumor activity is primarily soft tissue treatment," he says.



Research technician Rita Reusing sorts LAK cells for use in animal experiments.

"There really would be some question about its effectiveness in prostate cancer."

Dr. Ratliff and his colleagues are hopeful that work with even more experimental lymphokines will further aid cancer treatment. Tumor necrosis factor and lymphotoxin are two such agents that are very similar. These substances are undergoing phase-one trials, so solid evidence of their effectiveness is lacking.

Dr. Ratliff joins fellow researchers in his optimism toward the future of these lymphokines and other forms of immunotherapy, but patience is also a key ingredient in his work. "I feel that the introduction and use of these products produced by the body will lead to some significant treatments. It's just going to be a matter of time and a matter of testing these compounds," he says.

The testing process takes years and researchers are cautious of jumping to prema-

ture conclusions. "I think interferon is really a prime example," Dr. Ratliff says, explaining that shortly after it was cloned, interferon appeared on the cover of *Time* magazine and the public was convinced that it was a miracle cancer cure. "What we found, after testing this compound, is that it does have some effect and it will eventually* be approved by the FDA for leukemia treatment. It may be approved for other cancers. So there is a place for it."

The Jewish Hospital researcher feels that much of immunotherapy's future will involve the combination of lymphokines. "If you look at chemotherapeutic regimens, most of those involve multiple compounds. That's the phase we're getting into," Dr. Ratliff says. "As we find more compounds to combine, hopefully that's where we're going to find the most effective cures." ■

**Just before presstime for this issue of 216, the FDA approved the use of interferon for leukemia treatment.*

All the Right Ingredients

This year's Auxiliary Spring Meeting was the culmination of a year of record-breaking efforts by its members. The fund-raising and volunteer organization surpassed endeavors of past years with its presentation of checks totaling \$455,990.52 and another representing 67,984 hours of volunteer service to the hospital. These contributions represented a 39 percent increase in fundraising and a 22 percent increase in volunteer hours during 1985. The meeting, luncheon and fashion show, co-chaired by

Phyllis Langsdorf (Mrs. Kenneth) and Barbara Weil (Mrs. Paul P.), was held on April 16 at the Adam's Mark Hotel.

"With all the changes there have been in health care in recent years, there has been one constant: the steadfast support of the Auxiliary and all their services, especially the volunteers and the extra dimension of human warmth that they give to the hospital," said David A. Gee, hospital president, as he accepted the donations. "Their dedication and caring help make Jewish Hospital a truly caring institution."

Esther Blumoff, Auxiliary president, thanked the members for their help in fund raising and for their guidance. "The past year has been a time of learning for me and you have always been there for me," she noted. "I am grateful for this opportunity to be involved in so many diversified programs."

Peg Bracken, author of the *I Hate To Cook Cookbook*, was this year's guest speaker. Ms. Bracken congratulated the Auxiliary on their own efforts in culinary publishing, referring to the success of the Auxiliary's cookbook, *Cooking In Clover*, which is now

in its fifth printing. Its sequel *Cooking In Clover II*, is scheduled for publication in fall, 1986. "It takes nerve to put out a cookbook now," noted Bracken. "There have never been so many of them."

At a recent trip to a bookstore Bracken said she was amazed by the variety of cookbooks. "Every type of food has its own book," Bracken noted. "Whether it's *1,001 Asparagus Tips*, or *Parsnips Around the World*."

Bracken pointed out that even with all the changes in women's roles, cooking is here to stay. "Personally, my standard position on cooking is that it should be done lying on the sofa with your feet up," she quipped, referring to her well-known preference for easy recipes.

"To a degree, I think women will always be responsible for life's little comings and goings," she added. "They will be responsible for getting meals on the table. That's what civilization is all about. We who write cookbooks have an honest and important part in the scheme of things. I wish you continued success."

Auxiliary officers and directors were also installed at the luncheon. They are Margie Horowitz (Mrs. Merle), vice president membership services; Robyn Loomstein-Mintz, vice president, volunteer services; Rosalie Chod (Mrs. Leonard), treasurer; Carol Jones (Mrs. Robert E.), assistant treasurer; Norma Cherry (Mrs. Marvin), recording secretary; and Esther Spitzer (Mrs. S. Barney), assistant recording secretary. Directors installed were Joanne Abell (Mrs. John P., Jr.); Sharon Rosenblum (Mrs. Jeffrey A.); and Pam Toder (Mrs. Craig). ■



Above: David A. Gee, hospital president, congratulates June Bierman (Mrs. Arthur) and Selma Gidlow (Mrs. Elmer) for their outstanding efforts with the Tribute Fund.



Pictured, left to right, Barbara Weil, author Peg Bracken, and Phyllis Langsdorf (Mrs. Kenneth).



Left: Auxiliaries were treated to a fashion show during the luncheon at the Adam's Mark Hotel.

LIFEGUARD LUNCHTIME LECTURES

An important part of the Jewish Hospital wellness program known by the umbrella title LIFEGUARD, is the ongoing series of lunchtime lectures. Addressing topics related to health and staying healthy, the series is open to employees, visitors and patients who are able to leave their floors. Each issue of 216 will bring you highlights of recent lectures.

Premenstrual syndrome (PMS), osteoporosis and cancer are three major health obstacles facing women today, but measures can be taken to help avoid or overcome these ailments, according to Diana Gray, M.D., Jewish Hospital obstetrician/gynecologist. "There are many things that impact on our lives on a daily basis that we don't have control over, but if we can take control of certain aspects of our health, I think we can cope better with the stresses they cause," Dr. Gray told listeners at the April 2 LIFEGUARD Lunchtime Lecture on "Women's Health Issues."

PMS symptoms strike monthly, affecting 70 to 90 percent of women in the reproductive years, significantly disrupting the normal functions of 20 to 40 percent and incapacitating 5 percent. PMS symptoms occur by definition after ovulation, two weeks prior to menstruation. Dr. Gray suggests that women keep a menstrual diary to diagnose symptoms.

Symptoms can be divided into two categories—psychological or somatic, Dr. Gray said. Psychological symptoms include excessive fatigue, irritability, depression, aggressiveness and increased appetite. Somatic symptoms include bloating, headaches, constipation and breast swelling and tenderness. "You can see that it's a very significant problem," Dr. Gray said. "Unfortunately we don't have a cure at this time."

Theories as to the etiology of PMS involve psychogenic, hormonal or central nervous system causes. Many treatments have been advocated—including prescribing lithium for depression or diuretics for water retention—but the best treatment to date, according to Dr. Gray, seems to be altering diet and lifestyle.

These changes involve limiting salt, alcohol and caffeine intake in the premenstrual phase of the cycle, as well as eating smaller meals at more frequent intervals. Increased intake of vitamin B6 (pyridoxine), magnesium, zinc and vitamin E are sometimes prescribed, but Dr. Gray warned against beginning such treatments without consulting a physician. She also cited regular aerobic exercise as one of the most effective forms of treatment. Effective exercises include brisk walking, running, bicycling, swimming, dancing and cross-country skiing.

Another prominent women's health problem is osteoporosis, a reduction in the quality of bone or atrophy of skeletal tissue. In the United States, half of all women will suffer vertebral compression fractures by age 75. Hip fractures occur in 120,000 postmenopausal women yearly,

and one-fifth of those victims will die within three months from complications resulting from the ailment, according to Dr. Gray. Such statistics illustrate the serious need for women to devote more attention to bone health practices early in life, she said.

Dr. Gray suggested a high intake of dairy products and green, leafy vegetables. Calcium supplements are important for women who



experience lactose intolerance or don't care for dairy products, and vitamin D improves calcium absorption rates. Weight-bearing forms of exercise—such as walking, cycling and running—also increase bone density. "The more bone tissue you lay down at an early age, the lower the chances of having osteoporosis in the later years," Dr. Gray said.

Regular general physical examinations, including yearly pelvic cancer screening, also should be priorities for women. Dr. Gray said the pap smear, done on a routine basis during an annual pelvic exam, has contributed to the longer lifespan of today's women.

While cervical cancer rates for American women have declined to 15 of every 100,000 whites and 34 of every 100,000 blacks, Dr. Gray cautioned that breast and lung cancer remain prevalent.

For years breast cancer has been the most common cancer causing death among women in this country—striking one out of 11 today—but with more females smoking, lung cancer is close behind. "The outlook for breast cancer is not great at this time," Dr. Gray said. Later she added, "the one thing that you should do for yourself to improve your health status is quit smoking."

Regular breast examinations by a physician, as well as a monthly self-screening program, are important in breast cancer detection. The American Cancer Society suggests yearly mammograms after age 50 and a baseline mammogram sometime between age 35 and 50. Besides smoking, obesity and high dietary fat intake are prominent cancer risk factors. Dr. Gray warned against dining at fast-food restaurants frequently, which she described as "doing a disservice to ourselves."

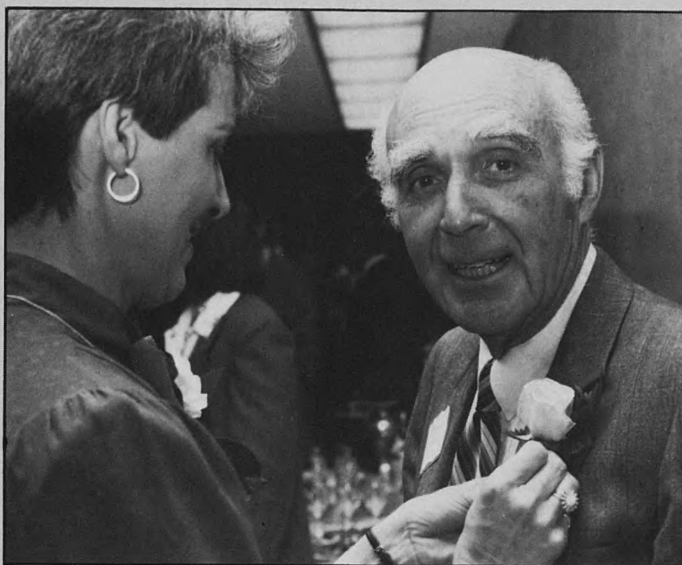
She again cited exercise as a means of improving overall health. "I don't know if I can emphasize enough how much better you will feel if you undertake a program of regular exercise." ■



LIFEGUARD



JEWISH HOSPITAL NEWS BRIEFS



A GALA FETE—There were smiles galore, warm greetings and happy reunions as more than 150 members, past and present, of the Jewish Hospital Medical Staff were honored at a reception, on April 22, in the hospital's Brown Room. A large floral arrangement (by the Clover Garden) placed in a medical bag, set the theme of the event. An international flavor was introduced by the buffet, which featured ethnic foods of seven countries, artistically presented by the catering division of the hospital's food service.

The event provided recognition of 154 physicians who have served the hospital for 25 or more years. In the

photo above, one of the physicians recognized, Raymond Charnas, M.D., receives a boutonniere from Dottie Nauman, medical staff assistant. Hospital president David A. Gee announced the installation of a plaque, inscribed with all 154 names, hung near the Medical Staff Lounge on the first floor.

The evening's activities also included the presentation to the medical staff of the annual Board of Directors' gift, by Harold G. Blatt, chairman. Marvin Mishkin, M.D., president of the Medical Staff Association, accepted the gift, a check which provides funding for continuing medical education seminars for the coming year.

Rose Boyarsky, Ph.D.,

was a panel presenter at a seminar on sexuality for the St. Louis Chapter of the Multiple Sclerosis Society, at Central Presbyterian Church, St. Louis, on April 20.

William J. Catalona, M.D.,

presented post-graduate courses, "The Nerve-Sparing Modification of the Radical Prostatectomy," and "The Role of the Kock Pouch and Camey Enterocystoplasty in Urinary Diversion," at the Medical University of South Carolina, at Charleston, February 28. In March, following a visiting professorship at Temple University, Philadelphia, Pennsylvania, he attended the 100th Annual Meeting of Genitourinary Surgeons and presented a paper, "Risk-Benefit Ratio of Intravesical BCG Therapy for Superficial Bladder Cancer." At the American Cancer Society's National Conference on Urologic Cancer, held in April, Dr. Catalona addressed "The Role of Staging in Urologic Cancer—Operative Staging." He co-authored articles for publication in the *Journal of Urology*: "Prognostic Value of Purified Protein Derivative Skin Test and Granuloma Formation in Patients Treated with Intravesical BCG" (*J.Urol.* 135:268, 1986), and "High Resolution Sonography in Diagnosing Testicular Neoplasms: Clinical Significance of False Positive Scans" (*J.Urol.* 135:489, 1986). In addition, he authored chapters for two texts, *Carcinoma of the Prostate—Clinical Stage C*, Current Urologic Therapy, W. B. Saunders Co., Philadelphia, and *Immunology of Carcinoma of the Prostate: Fact or Fancy*, *The Prostate*, Butterworth and Company, London.

Murray Chinsky, M.D.,

attended the national convention of Phi Delta Epsilon Interna-

tional Medical Fraternity, April 15-20, in Louisville, Kentucky. He was appointed Secretary of the Board of Trustees, 1986-1987.

Marshall L. Fay, M.D., attended a conference, Update on Obstetrical Anesthesia at the University of California, San Francisco, February 28-March 2.

Jack Hartstein, M.D., served on the faculty of the 22nd Annual Spring Meeting of the Pittsburgh Ophthalmology Society and the Department of Ophthalmology, University of Pittsburgh School of Medicine, April 11 and 12.

Godofredo Herzog, M.D., authored "Menstrual Issues in Eating Disorders," for *New Directions for Mental Health*, 1986.

Michael J. Isserman, M.D., has been installed as President of the St. Louis Ophthalmological Society. He was interviewed on Channel 2 regarding the National Eye Care Project, designed by the American Academy of Ophthalmology.

Nicholas C. Kamakas, M.D., is a recipient of the American Academy of Pediatrics Fellowship Award.

Sidney Kasper, Ph.D., spoke to members of the St. Louis Psychological Association on February 14. His topic was "Ethical Dilemmas for the Practicing Psychologist."

Ira J. Kodner, M.D., and **Robert D. Fry, M.D.**, published "Anal-Rectal Disorders" in *Clinical Symposia/CIBA*, vol.37, no.6, 1985.



SCHOOL OF NURSING GRADUATION—Members of the 82nd graduating class of the Jewish Hospital School of Nursing savored the fruition of a major goal at May 17 ceremonies held at Temple Israel in St. Louis County.

Elizabeth Hamilton, president of the graduating class, fought back tears as she thanked her peers and parents for their support during her undergraduate years. "So here we are at graduation, a happy time to celebrate, but also a sad time in a way. We'll all be going our separate ways," Ms. Hamilton said. "We've completed this goal we set out to accomplish three years ago. Now we must set new goals."

Marvin R. Mishkin, M.D.,

president of the Jewish Hospital Medical Staff Association praised the 74 graduates on their perseverance. "The medical staff is proud of the Jewish Hospital School of Nursing," he said. "Only you students know how much hard work, sacrifice and burning of the midnight oil it took to get here," he said. "Congratulations."

Harold G. Blatt, chairman of the Jewish Hospital Board of Directors, stressed the importance of the role performed by nurses. He told the graduates that nursing care is addressed often—and usually in positive terms—in his board experiences. "You can make a difference," he said. "You can make health care better."

Jewish Hospital President David A. Gee complimented the graduates, while adding praise for School of Nursing faculty members. "It's not by accident that Jewish Hospital nurses are the best in their fields," he said. Mr. Gee also recognized Edna Malen, R.N., a 1936 School of Nursing graduate, who was attending her 53rd consecutive graduation.

The graduates, 67 women and seven men, received their pins from Susan Graves, R.N., BSN, M.A., director of the

School of Nursing. Ms. Graves also presented a special award to Rita Rutledge, who retired in January after working 31 years as registrar for the School of Nursing.

Two members of the graduating class and two members of the second-year class earned Franc Honor Awards, presented by Mrs. Harry L. Franc. Martha Jones and Elizabeth Pardee each received a \$200 bond for ranking first in their class at the completion of first-level courses; Pam Yadro received a \$100 bond for outstanding kindness and consideration to patients; and Elizabeth Hamilton was awarded a \$100 bond for outstanding participation in student activities.

Shirley Cohen (Mrs. Stanley M.), chairman of the committee on nursing, presented the \$500 Hattie Waldheim Scholarship to Gary Power, who ranked second in the graduating class. The \$150 J.L. London Nursing Award was given to Margaret Stephanides, the third-ranking student in the class.

The Jewish Hospital Auxiliary Award was presented by Mrs. Esther Blumoff, president of the Auxiliary. Cara Holland-Langella, who ranked highest in her class, received the \$1,500 award.

Kenneth E. Kram, DMD, addressed the West County Dental Society at the Sheraton Westport Hotel on March 18. His presentation was "Update on the Mandibular Staple Bone Plate."

Robert C. Lander, M.D., attended the University of Colorado's conference, "Uncemented Total Hip and Knee Surgery," March 23, at Steamboat Springs, Colorado.

Paul Lowenstein, M.D., attended the American College of Angiology's meeting at Hilton Head, South Carolina. The theme of the meeting was circulatory problems.

Barry Milder, M.D., spoke on "Muscle Surgery: Adjustable Sutures," for the meeting of the American Society Ophthalmic Registered Nurses, April 5, in St. Louis.

William J. Powers, M.D., attended the Princeton Conference

THE DOCTORS

CHOICE—Recently, Jewish Hospital unveiled The Doctors Choice—its updated, upgraded and re-named physician referral service—with a major advertising campaign. The new name was selected for the hospital's physician referral service to highlight what is unique about our service: the exceptional qualifications that our medical staff offers to the St. Louis community.

Physicians joining our staff must receive an appointment to the faculty of Washington University School of Medicine. By calling The Doctors Choice, individuals can be assured that the physicians to whom they are referred will have the expertise and training to provide quality medical care.

If you or someone you know needs an internist, gynecologist or a physician in any other specialty, consider The Doctors Choice. The service is available—free of charge or obligation—by calling 454-8180 weekdays from 8 a.m. to 4:30 p.m. At other times, a message will be taken so that calls can be returned.

Missouri residents calling from outside of St. Louis can avoid tolls by dialing 1-800-822-1201. The toll-free number for calls placed outside of Missouri is 1-800-233-3783.

on Cerebrovascular Disease, March 14-16, in St. Louis. He has published two articles: "What Is the Significance of Hemodynamically Significant Carotid Stenosis in Symptomatic Patients?" and "The Role of Positron Emis-

CLOSER TO THE ROOT OF THE PROBLEM

The Steinberg Amphitheater was filled to near capacity at the May 4 "Parkinson's Update," sponsored by the Parkinson's Educational Program (PEP). Featured speaker Erwin Montgomery, M.D., neurologist and expert on Parkinson's Disease, gave a recap of the disease and discussed current research and treatment developments.

For sufferers of Parkinson's Disease the 1980s is turning out to be a decade of hope. Developments in recent years are providing researchers with breakthroughs unequalled since the 1950s when the drug Levodopa came on the scene as the first highly-successful treatment. Dr. Montgomery discussed a 1982 break-

Erwin Montgomery, M.D., neurologist, discussed the latest advances in understanding and treating Parkinson's Disease.



sion Tomography in Detecting the Ischemic Penumbra."

Arthur Prensky, M.D., presented "Neonatal Epilepsy"

through when the toxin MPTP was linked to the cause of Parkinson's Disease.

The discovery was made when a heroin addict was admitted to a San Francisco hospital with Parkinson's symptoms. Although he was first misdiagnosed as schizophrenic, physicians finally pinpointed the problem: he had injected a synthetic heroin that contained MPTP, which they believed precipitated the onset of irreversible Parkinson's Disease. Approximately 300 addicts used the heroin containing MPTP; 80 of them developed irreversible Parkinson's Disease. "It was very tragic for the people afflicted," said Dr. Montgomery. "However, it was dramatic for us. It gave us the opportunity to study what causes Parkinson's as we never have before."

According to Dr. Montgomery, there are numerous chemicals in the environment that are similar to MPTP, including one found in an her-

bicide that has been used on crops and to destroy marijuana fields. In fact, a Canadian researcher has studied geographic areas in Quebec where the herbicide has been used extensively and reported a correlation in the incidence of Parkinson's Disease to those areas.

Exercise is increasingly being recognized as a benefit, both physically and emotionally for Parkinson's patients. The formation of a new exercise program for Parkinson's patients was also announced at the program. The group classes meet twice weekly at a cost of \$35 per month and emphasize stretching and balance exercises. Physical and occupational therapists meet with individuals prior to the classes to evaluate specific movement and coordination problems. Scholarships are available.

For further information on the exercise program, contact the St. Louis Parkinson's Disease Information Center at the Washington University School of Medicine, 314-362-3299. The Center can also provide printed material and community and health care referrals. ■

PEP programs, sponsored by the Jewish Hospital Auxiliary, are held three times a year in the hospital's Steinberg Amphitheater. For further information on the programs, contact the Jewish Hospital Auxiliary office at 454-7130.

at the New England Medical Center, in Boston, Massachusetts, on April 5.

Gary Ratkin, M.D., spoke to the Illinois Society of Family Practice, in Belleville, Illinois, March 20. His topic was "Eco-

nomics Issues in Oncology." He appeared on a panel for the National Convention of Make Today Count, addressing Physician Participation in Support Groups, at the Adams Mark Hotel, St. Louis, on April 26.

Timothy L. Ratliff, Ph.D., attended the American Society for Microbiology meeting in Washington, D.C., March 23-28. He presented an abstract, "Factors Affecting Bladder Adherence of BCG in Mice Receiving BCG for the Treatment of Bladder Cancer."

Jo-Ellen M. Ryall, M.D., has been appointed Vice-Speaker of the Missouri State Medical Association, effective April, 1986.

Jim Sebben, MSW, ACSW, and **Laurene Walker, MSW, ACSW**, were featured speakers at a regional conference on home health care presented April 9-11, at Tan-Tar-A, Osage Beach, Missouri.

Robert M. Senior, M.D., was elected to the Subspecialty Board on Pulmonary Disease of the American Board of Internal Medicine for two years beginning July 1. In addition, Dr. Senior was appointed to the American Thoracic Society Board of Directors, for a one-year term, effective in May.

Nathan Simon, M.D., was the guest presenter at the Greene County Medical Society Auxiliary's March 25 meeting in Springfield, Missouri. He spoke on "Living With A 'Type-A' Personality."

Bruce Walz, M.D., spoke at the Missouri Medical Society program on breast cancer, co-

AVIOLI RECEIVES GRANT—Louis V. Avioli, M.D., Shoenberg Professor of Medicine and director of the Washington University School of Medicine division of bone and mineral disease, has received a \$1 million research grant from the National Institutes of Health. Dr. Avioli, director of Jewish Hospital's Bone Health Program, has pursued the study of endocrinology and metabolic bone disease as a scientist, educator and clinician throughout his 27-year career.

Under the direction of his grant, "Diabetes, Kidney, Calcium Transport and Aging," researchers will conduct studies in basic science relating to osteoporosis, bone metabolism and kidney transplant systems. Dr. Avioli's efforts have resulted in numerous publications in scientific journals and honors from the national and international scientific community for his contributions to research and treatment in his field.

sponsored by the American Cancer Society and the Missouri Radiological Society, on March 5 at the Marriott Pavilion, St. Louis. His topic was "Radiation Therapy: Techniques and Results." "Carcinoma of the Prostate" was his topic at St. Joseph's Health Center in St. Charles, Missouri, on March 8. On March 12, he addressed the American Cancer Society, Missouri Division meeting at Sikeston, Missouri, on "Radiotherapy—Complimentary, Adjuvant, Palliative."

E. A. Wallach, M.D., attended a post-graduate course, "Advances in Dermatology," at New York University Post-Graduate Medical School, April



OLD SCHOOL TIES—On May 7, the Sheraton Plaza Westport was the scene of the annual Jewish Hospital Medical Staff Alumni Party. Approximately 170 members and guests attended the event, called by Alumni President Steven L. Teitelbaum, M.D. In his opening remarks, following a social hour and dinner, Dr. Teitelbaum lightheartedly noted that this and the occasional signing of paperwork, are really the only responsibilities the president has to perform—thanks to Dottie Nauman, medical staff assistant.

Following the brief business meeting, Dr. Teitelbaum introduced the incoming president, Dr. Phillip E. Korenblat. As his first, and self-admittedly favorite, duty as president, he introduced the recipient of the second annual Award of Appreciation, Charles Carroll, a 23-year veteran of the emergency room.

Mr. Carroll is credited with having, as Dr. Korenblat stated, "helped each of us make it through residency." A former medical assistant,

Carroll often stood shoulder-to-shoulder with residents performing emergency medical treatments. Currently a secretary in the emergency room, he was presented with a plaque and a pair of zoom binoculars from the alumni. Mr. Carroll and his wife, Alice, left the rostrum to a standing ovation.

Other awards were given following a surprise program by Robert Burstein, M.D. His program of slides, taken at the alumni meeting of 1949, provided an interlude between presentation of the Teacher of the Year awards by medical and surgical residents.

Tom Birkenmeir and Charlene Gottlieb, chief residents, presented their Teacher of the Year awards to a surprised Dr. Phillip E. Korenblat, and Alan Lyss, M.D. Chief residents of surgery, Bill Casperson and Jim Fleshman, conveyed a special honor on retiring surgeon Leo A. Sachar, M.D., for outstanding service to their group.

20-PLUS CLUB—Members of Jewish Hospital's 20-Plus Club took a stroll down memory lane May 5 when the club gathered for its 14th annual induction dinner held this year at the Omni International Hotel. A slide show, assembled and presented by the Jewish Hospital audio-visual service, made the event especially enjoyable for club members, who number 172 after the recent induction of 35 employees. The visual display included slides of the hospital's history as well as color slides taken and developed minutes before the presentation.

"This is always a very pleasant event, one I look forward to every year," said Jewish Hospital President David A.

Gee. "It offers us a chance to welcome the new kids on the block, the ones who've only been here 20 years."

Mr. Gee reminded the audience that Medicare came into effect the same year that the latest club members began working at Jewish Hospital. "I don't think any of us had any idea what it would do to hospitals," he said, referring to the expansion made possible by Medicare. Other highlights of 1966 included the graduation of 55 students at the School of Nursing, the birth of the patient relations program and the beginning of plans for the hospital's first intensive care unit.

"We can reflect that we've had a pretty golden

period over the past 20 years," Gee said. "I want to thank you all for the job you've done in making Jewish Hospital the fine institution that it is."

Newly inducted members receiving plaques were: Janice K. Asher, Louis V. Avioli, M.D., Zack Ballard, Evelyn Barry, Karen Bess, R.N., Eula Bills, R.N., Kathryn Bingham, Rosie L. Brooks, Doris Burton, Bernadyne L. Cavitt, R.N., Ramona Gornet, R.N., Ralph Graff, M.D., Doris Harris, R.N., Maxine Hatchett, Phyllis Jackson, R.N., Daniel Jacobs, Delores J. Jones, Elmer Jones, William J. Jones, Helen Jones-Johnson, Era Langston, Willie M. Lloyd, Lee B. Matthews, Alice Moore, R.N., Marcella Page, Harriet Pahlmann, Ruth Parram, Regena Pinson, Mary Poe, Nettie R. Poole, Louise Roberts, Anna L. Smith, Audrey Sullivan, Norma Ulreich and Joan Williams, R.N.

The evening was doubly rewarding for Ms. Page, who works in nursing division 2200. In a drawing held after the plaque presentations, she won a free trip for two to Walt Disney World's Epcot Center near Orlando, Florida. Darryl Belcher was another lucky 20-plus club member. He won an expenses-paid night at the Omni.



10-12, in New York City.

James Warren, M.D., co-authored "Purification and Characterization of 20-Hydroxy-Steroid Dehydrogenase from Bull Testis," which appeared in the *Journal of Steroid Biochemistry*, vol.23, no.6A, and "Human Placental

Estradiol 17-Dehydrogenase: Sequence of a Histidine-bearing Peptide in the Catalytic Region," in *Journal: Biochemistry*, vol.25, p. 641, 1986.

Peter D. Weiss, M.D., spoke on "Lymphomas: Diagnosis and Management" at the Medical Society meeting at St. Elizabeth's Hospital in East St. Louis, Illinois,

March 20. He addressed the American Society for Medical Technology on April 4 at the Clarion Hotel, St. Louis. His topic was, "Myelodysplastic Syndromes." Dr. Weiss attended the American Society of Clinical Oncology convention in Los Angeles, California, May 5-6. ■

NUMBERS TO KNOW AT JEWISH HOSPITAL

454-

Admitting
7045

Associates
8088

Auxiliary
7130

Clover Garden
7166

Community Relations
7239

Emergency Room
7900

Fellows
7250

Jewish Hospital
7000

Patient Accounts
7134

Patient Information
7420

Patient Relations
7240/1

The Doctors Choice
(Physician referral)
8180

OR

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

1-800-233-3783
(outside Missouri)

OTHER HELPFUL NUMBERS

Jewish Hospital Home Care

* new referrals
454-7031

* follow-up
993-4600

* after hours
454-7000

OASIS
454-0113



SHOPPING LIST

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

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

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

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

Central Monitoring System

Quality emergency care depends on the efficiency of its service. Continuous improvements in medical technology are helping emergency room personnel provide the best possible care in emergency situations.

In April, 1986, the hospital purchased a Central Monitoring System for the emergency room to monitor patients who are admitted with chest pain. The system, which cost \$17,000, resembles a large television screen and is located at the physicians' station in the emergency room where it can be viewed easily by the emergency room personnel. Its central computerized capability simultaneously tracks the conditions of as many as four patients who are hooked up to monitors in other treatment rooms. If a patient's heart rate drops below or rises above normal, an alarm goes off on the central monitor, alerting the emergency room staff. "The system is invaluable for emergency room personnel," says Todd Hofmeister, R.N., head nurse of the emergency room. "Now, they no longer need to



be in the patients rooms constantly and can take care of other problems as well."

According to Mr. Hofmeister, the average number of patients who are being monitored at the hospital's emergency room for lung or heart problems is two, although that number can be as high as four. "By the time we have three or four patients in emergency who need monitoring simultaneously, the staff definitely needs a central method to observe patients," he says. Previously, the emergency room used a monitor with a

much smaller screen with a capacity to track a maximum of two patients.

The Central Monitoring System was purchased with future possibilities in mind. This technology, says Hofmeister, has the capability for expansion to be used to monitor low blood pressure and other cardiac pressures. "If necessary, we will utilize it for these purposes, too," he notes. "All aspects of medical care are changing so rapidly that there is no way of knowing what the future will bring. But we have to prepare for it." ■

Obstetrics/Ultrasound

M7B Film Processor \$8,700

Blood Bank

Plasma Thawing Bath \$1,500

Nursery

Neonatal Monitor \$4,500

Operating Room

Hydraulic PACU Stretcher Bed \$2,100

Nursing Division 8900

AVV Sequential Pulse Generator \$3,000

Labor Room

Halogen Coolspot Portable Light \$900

GALLERY



I. M. Kay was a giving man, known for his many successful endeavors for the benefit of others. Shortly before his death at 84, Mr. Kay, retired president of Berland Shoe Stores and life- and senior-member of the Jewish Hospital Board of Directors, was asked why so much of his time was spent helping others. His response, given without hesitation, was: "Man does not live alone, and I think we owe something to our fellow man."

He joined the board when he "retired" to an active life of serving many friends and business associates as a financial consultant, and advisor to the Jewish Community Centers Association and Jewish Center for Aged. His personal conviction that the hospital provided the best possible care and the latest medical treatments led to his involvement with the hospital. For two decades, Mr. Kay dedicated great energy to raising funds for Jewish Hospital.

His family, wife Ruth Kay, daughter Sherry and her husband Ben Miller, has chosen to memorialize his sharing philosophy with a significant pledge toward the construction of the Jewish Hospital Ambulatory Care Building.

Mrs. Miller, reflecting upon her father's belief that one could effect change says, "He taught us that we could make a difference." Mrs. Kay adds, "We chose this project because of his belief that outpatient care was the wave of the future, convenient for the public and important to the financial health of the hospital."

She remembers, "He always had strong convictions and was not afraid to champion unpopular causes." For years he questioned the logic of cigarette sales at the hospital, with its dedication to health care. "The decision to ban cigarette sales would have pleased him," says Mrs. Kay.

Involvement and commitment characterized all of his efforts in support of others, whether institutions or individuals, and he never sought recognition for his work. He was, according to his family, the man behind the scenes, the one who enlisted support from others, convincing them of a project's worthwhile objectives.

The family's memorial to Mr. Kay, however, will deviate from this no-name attached life-long service policy. Stating the reason for this departure, Mrs. Kay says, "We want his name attached to something permanent—something that will cause our grandchildren and future generations to remember his work, and the virtues for which he stood."

The Fellows of Jewish Hospital

Community support of Jewish Hospital is evident at many levels. Volunteers provide added hands, helping to continue the tradition of caring for which the institution is known. Contributors to the Tribute Fund assist in supporting numerous educational and service programs at the hospital. Others show their support in giving to the building fund, establishing endowed professorial chairs for chiefs of medical departments and divisions or scholarships in support of research. Equipment gifts provide many of the tools essential to medical care.

In recognition of individuals who donate a minimum of \$1,000 a year, the Fellows of Jewish Hospital was begun in 1984. Major benefactor designation is awarded to individuals who give \$50,000 or more, or corporations that give \$100,000 or more. Member contributions help make it possible for Jewish Hospital to provide the best in care.

The following people have expressed their commitment to continued achievement by becoming fellow contributors to the hospital's success.

For information about how you can become one of the growing number of Fellows of Jewish Hospital, contact Don Levin, Director of Development. Call (314) 454-7250, or write, c/o Jewish Hospital, 216 South Kingshighway Boulevard, St. Louis, Missouri 63110.

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sh Hospital will be held October 19, 1986.



CONTRIBUTIONS TO JEWISH HOSPITAL FUNDS

SUSTAINING GIFTS

Mr. Jack Ansehl has become a member of the Fellows of Jewish Hospital and made a contribution to the Research Endowment Fund.

Mr. and Mrs. Douglas Austin have become members of the Fellows of Jewish Hospital and established the Rilda Austin Fund for Cancer Research.

Mr. and Mrs. S. Charles Baer have renewed their membership in the Fellows of Jewish Hospital and made a contribution to the Research Endowment Fund.

The Ben A'Kiba Aid Society has made contributions to the Ben A'Kiba Fund for Rehabilitation Medicine and the Bone Biopsy Research Fund.

Mrs. Erna Deutsch has established the Hermann and Erna Deutsch Cancer Research Fund in memory of Hermann Deutsch.

Mr. and Mrs. Milton Frenkel have renewed their membership in the Fellows of Jewish Hospital and made a contribution to the Research & Education Fund.

Mr. and Mrs. Harvey A. Friedman have made a contribution to the Dorismae and Harvey A. Friedman Program on Aging.

Mr. and Mrs. Irving M. Goldstein have become members of the Fellows of Jewish Hospital and made a contribution to the Hematology Oncology Research and Education Fund.

Mr. and Mrs. Edward B. Greensfelder have made a contribution to the Directors Fund of Jewish Hospital.

Mr. and Mrs. Gary Handelman have renewed their membership in The Fellows of Jewish Hospital and made a contribution to the Frieda and Lester Handelman Cardiology Fund.

The Jewish Hospital Medical Staff Association has made a contribution to the Nursing Scholarship Fund.

The Mary Ranken Jordan and Ettie A. Jordan Charitable Foundation has made a contribution to the Jewish Hospital Research Endowment Fund.

Mrs. Harry W. Loeb has become a member of the Fellows of Jewish Hospital and made a contribution to the Research Endowment Fund.

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

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

Mr. and Mrs. Harry T. Schukar have renewed their membership in the Fellows of Jewish Hospital and made a contribution to the Henry Levin Fund for Cancer Research.

Mrs. Irma Silberman has become a major benefactor, and a life member of the Fellows of Jewish Hospital. She has established a research endowment fund in memory of her husband, Mr. Fritz Silberman.

Mr. and Mrs. Robert D. Spewak have renewed their membership in the Fellows of Jewish Hospital and made a contribution to the Building Fund.

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

Mr. and Mrs. Malcolm L. Strauss have become members of the Fellows of Jewish Hospital and made a contribution to the Research Endowment Fund.

Dr. and Mrs. Noah Susman have renewed their membership in The Fellows of Jewish Hospital and made a contribution to the Radiology Department Research Fund.

SUPPORTING GIFTS

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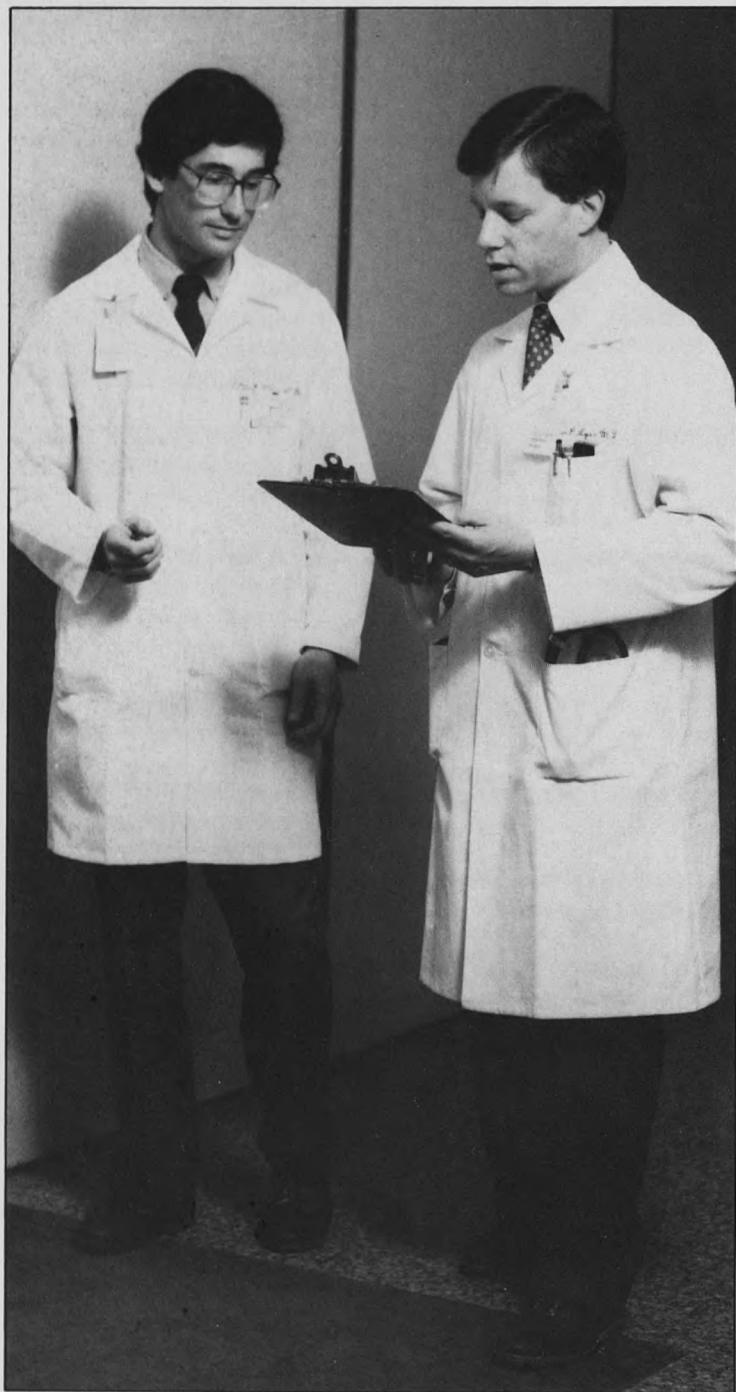
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CONTRIBUTIONS



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IN SUPPORT OF

The Jewish Hospital of
St. Louis and its programs
for patient care, research,
education, and community

Appreciation of Home Care

Appreciation of Physical
Therapy Department

Appreciation of care
received by her mother from
Laura Richards, RN and
entire staff

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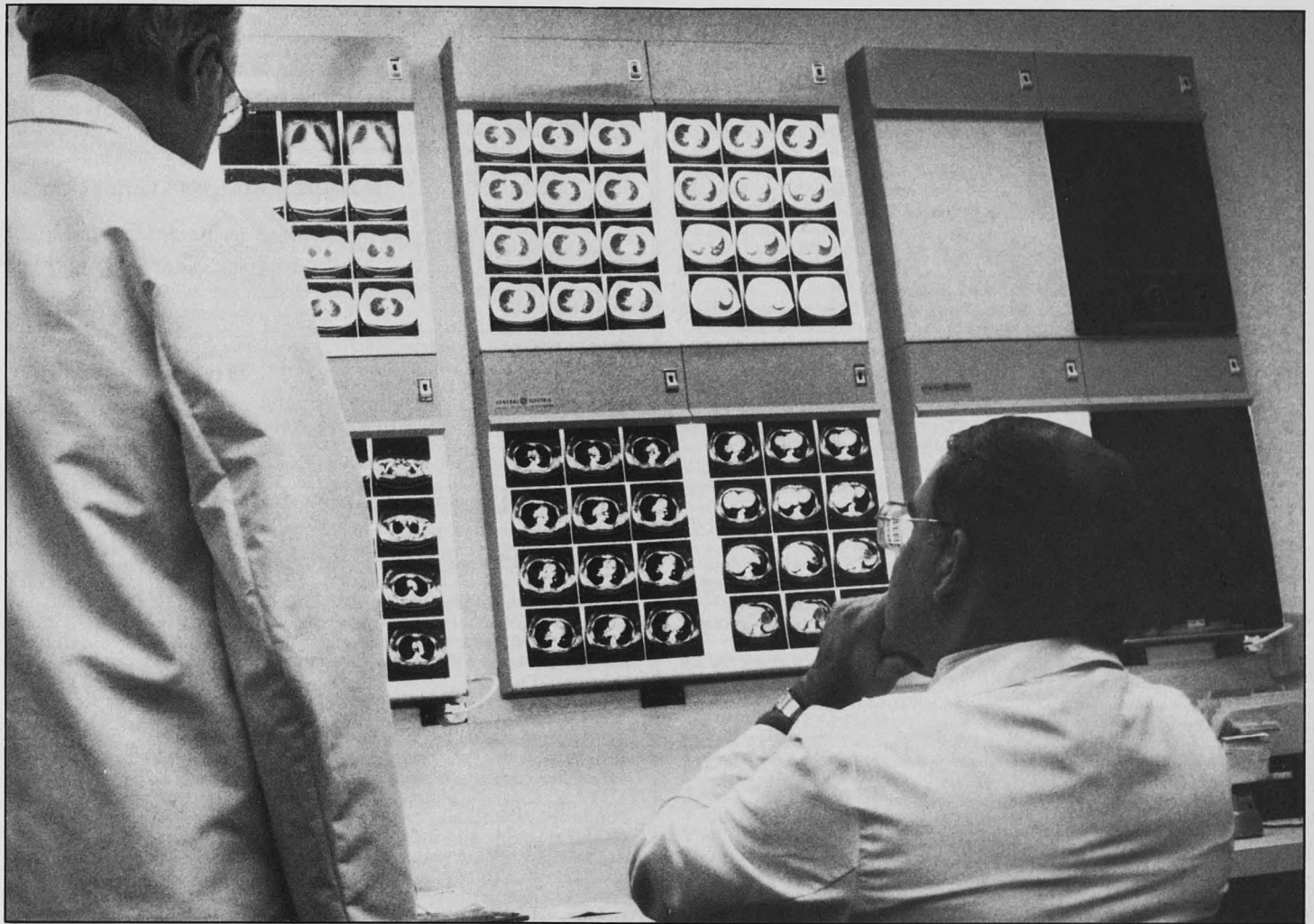
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TRIBUTE FUND



The Tribute Fund, initiated by the Jewish Hospital Auxiliary in 1952, receives approximately \$195,000 a year for research and aid to the needy. To make the donation process convenient, drawing accounts have been established. Anyone can open drawing account by mailing a deposit of at least \$25 to the Tribute Fund, 216 South Kingshighway, P.O. Box 14109, St. Louis, MO 63178. Once the account is open, the donor can call 454-7242 anytime he or she wishes to make a tribute. Tributes can commemorate any occasion—birthday, promotion, birth, Bar Mitzvah or marriage. They can also be used to express appreciation or sympathy. The sender may specify that the money be put into a special fund. A notice is immediately sent to the recipient and the amount, a minimum of \$3, is deducted from the balance of the account. So that all the money can be used for the purpose intended, the drawing account holder will not be sent a thank you acknowledgement.

Donors who do not have drawing accounts can send checks payable to The Jewish Hospital Tribute Fund to the address given above. When a tribute is made this way, both the sender and recipient receive an acknowledgement of the donation.

The following contributions were received from April 1, 1986 to May 16, 1986. Any contributions received after May 16 will be listed in the next issue of 216.

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	Speedy Recovery of GAIL WEINSTEIN	A.H. Klauber	
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CALENDAR OF EVENTS

AUGUST 2, 9, 16, 23, 30

Smoking Cessation Classes to help smokers kick the habit through the use of nicotine gum and behavior modification techniques begin each Saturday, and meet on six more weeknights; call 454-8188.

AUGUST 3

Parkinson's Education Program (PEP) features Ruth Oakes, Ph.D., to present "Caregiver Burnout". 2-4 p.m. Jewish Hospital Steinberg Amphitheater; open to the public at no charge. Call 454-7130.

AUGUST 6, 13, 20, 27

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

AUGUST 7

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

AUGUST 11

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

AUGUST 13

Grandparents Refresher Course for expectant grandparents to learn the newest techniques in infant care; 10 a.m. to 12 noon; by reservation only, call 454-7130.

SEPTEMBER 3, 10, 17, 24

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

SEPTEMBER 4

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

SEPTEMBER 6, 13, 20, 27

Smoking Cessation Classes to help smokers kick the habit through the use of nicotine gum and behavior modification techniques begin each Saturday, and meet on six more weeknights, call 454-8188.

SEPTEMBER 8

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



JEWISH HOSPITAL

AT WASHINGTON UNIVERSITY MEDICAL CENTER

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The Jewish Hospital of St. Louis is a 600-bed acute care teaching hospital affiliated with Washington University School of Medicine. Located in the Central West End of St. Louis, it is dedicated to distinctive patient care and medically advanced research. The medical staff of 650 physicians and dentists comprise a group of full-time academic faculty and private physicians. These professionals are reinforced by a house staff of 150 residents and interns, along with nurses and technicians, service and support personnel to deliver 24-hour high-quality patient care. The Jewish Hospital of St. Louis is fully accredited by the Joint Commission on Accreditation of Hospitals.

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