In 1928, Aaron Waldheim and his wife, Hattie, donated $200,000 to The Jewish Hospital of St. Louis. This money given by the Waldheims was evidence of their great concern for the health and welfare of their fellow man. Mr. and Mrs. Waldheim designated the funds to be used to build an outpatient clinic and laboratory building on the south side of the hospital. After several delays, including World War II, the Aaron Waldheim Outpatient Clinic was completed in 1957, and dedicated in honor of a man who has been called “one of the builders of America.”

On a local scale, Aaron Waldheim was, indeed, a builder . . . of the present Jewish Hospital located at 216 South Kingshighway. It was constructed in 1926 during his presidency of the Jewish Hospital Association (1915-1928).

Everyday, Aaron Waldheim would appear at the work site to inspect materials and check building progress. He observed any faulty workmanship on the $2,500,000 structure and saw to it that all mistakes were quickly rectified.

In 1930 he said his interest in the May-Stern Furniture Company, accompanying him was his bride, the former Hattie Sommers, daughter of a prosperous Cincinnati wholesale jeweler.

COMMUNITY LEADER

By 1921, Aaron Waldheim was well on his way to achieving local and national prominence. He served as a vice-president and director of Boatman’s Bank and began purchasing buildings in downtown St. Louis . . . thus emphasizing his confidence in the future value of downtown real estate and further growth of St. Louis business.

He was president of the Jewish Hospital Association for 23 years, from 1915 until his death in 1935.

In addition he was also a director of: The Federation of Jewish Charities (and twice chairman of fund campaigns), Temple Israel, (and chairman of the building commission), Hebrew Union College in Cincinnati, Cleveland Orphan Asylum, United Charities Executive Committee, the YMHA, and was appointed to the board of trustees of the Rosalie Tilles Non-sectarian Charity Fund to aid orphans.

Each year he gave over 10 per cent of his income to charity . . . and he made charity everybody’s business. In 1924 he chided St. Louisans for their apathy in donating to the building campaign for Mt. Mary’s Hospital. He personally gave $150,000 toward construction of the Catholic hospital.

In 1930 he said his interest in the May-Stern Furniture Company and concentrated his business interests in the Waldheim Realty and Investment Company. He maintained large property holdings in Kansas City as well as St. Louis.

He was appointed to the St. Louis City Planning Commission by Mayor Dickmann in 1935. He was treasurer of the local Jewish Relief Committee and was a member of the Board of the American Relief. He was also chosen to serve on the American Jewish Relief Committee composed of 25 leading business men representing U. S. industries to make a trip abroad in order to formulate a program for war-devastated Jews.

AARON WALDHEIM

Outpatient Clinics

In Honor of Waldheims

The following story is one in a series in which Dr. William Shieber, surgeon-in-chief, at Jewish Hospital will feature individuals or firms who have influenced the hospital’s development through the years. Without their continuing interest, guidance and support, Jewish Hospital could not have achieved its present high standards of patient care, research and education.

Aaron Waldheim and his descendants:

Mr. and Mrs. Waldheim designated the funds to be used to build an outpatient clinic and laboratory building on the south side of the hospital. After several delays, including World War II, the Aaron Waldheim Outpatient Clinic was completed in 1957, and dedicated in honor of a man who has been called “one of the builders of America.”

As part of the Jewish Hospital’s program of better patient care through expanded education and research, the hospital is building a distinguished full-time medical faculty,” according to Joseph J. Rawitch, president of the board of directors.

Full time additions to the Jewish Hospital department of surgery are Dr. William Shieber, director of the division of vascular surgery and Dr. Richard M. Katz, director of the division of urology.

“In becoming a leading medical center,” Mr. Rawitch said, “we are attracting outstanding doctors such as Dr. Katz and Dr. Shieber to the staff and to all medical departments. These men are bringing the most recent trends in medical thinking, and help to reduce the lapse between the time new treatment techniques are discovered in the laboratories, and when they are implemented in Jewish Hospital patient treatment.”

Dr. Shieber was appointed director of the division of vascular surgery in July 1964, after serving on the hospital staff for four years. A 1953 graduate of Washington University School of Medicine, he then served his internship and residency at Barnes Hospital from 1953-1956.

Over the past year he has studied techniques in vascular centers all over the country. Doctors with whom he studied include: Dr. Michael De Bakey, Houston, Texas; Dr. Enoree Slatiga, Detroit, Mich.; Dr. A. W. Humphreys, Cleveland, Ohio; and Dr. Robert Linton, Boston, Mass.

Dr. Shieber is doing research in lymphatic and arterial physiology and duodenal ulcer surgery.

Dr. Katz received his M.D. from Washington University School of Medicine in 1955. Following his internship at St. Louis City Hospital, he served an assistant residency in general surgery at the University of Wisconsin, and later was resident in neurosurgery at the State University of New York (upstate) at Syracuse. He has just returned from a post-doctoral fellowship year with Professor Konrad Akes of the Brain Research Institute of the University of Zurich in Switzerland.

The additions of Drs. Katz and Shieber to the Department of Surgery brings the number of full-time physicians to nine, two of whom are on leave of absence.

METH NEW NEEDS

In discussing Jewish Hospital, he declared that this is going to be a hospital for men of moderate means. Herefore, hospitals have been either for the very rich or the very poor. There are, however, a large number of salaried men with a moderate income who cannot afford the expense of a private room, who do not care to become a ward patient. Hospitals of the future are going to specialize in catering to the needs of the men of moderate means.

My greatest pride in this undertaking is the fact that our new building will be one of the first hospitals in the country where this need will be recognized and met.

In order to help finance this institution for “men of moderate means,” Aaron Waldheim gave Jewish Hospital an additional $350,000 before his death in March, 1935. When his wife, Hattie, died in May, 1935 at age 84, she left the hospital $75,000, thereby perpetuating the tradition she and her husband had established.

From a penniless newsboy to a world-renowned philanthropist, Aaron Waldheim’s life was a rags to riches legend.

Born in Cincinnati, Ohio, December 1863, his first job was selling papers on the corner. Later he became a bookkeeper for a furniture store owned by two of his former school-mates, David May and Harry Stern.

Young Waldheim proved to have leadership potential as well as a head for figures. In 1896 he was sent to St. Louis as manage...
Volunteer Record Year

1964 was a record year of volunteer hours at Jewish Hospital, according to Mrs. Mordecai B. Brown, director of volunteer services at the hospital. Volunteers donated a grand total of 71,824 hours in various areas of the hospital. This exceeds by 20% the hours the previous high mark set in 1963.

Over 400 volunteers of the Jewish Hospital Auxiliary serve in 40 different areas of the hospital, with a daily average of 60. During the summer the volunteer forces are augmented by 150 teenagers, (Candy Strippers and Teen-Aiders) many of whom are regular year-round weekend volunteers.

In addition to many other activities, volunteers maintain and staff the patients library, as well as the gift shop, coffee shop, and the Clover Garden flower shop.

Auxiliary Offers Tours

Conducted tours of The Jewish Hospital of St. Louis are another of the services offered by the Women's Auxiliary. Hospital tours are given to volunteers and candy strippers concluding volunteer orientation meetings. In addition, visitors to the city and various organized groups can participate in the hospital tours, which have been in effect for seven years.

Mrs. Sally Nolan is chairwoman of tours, works with her committee of seven women. They are: Mrs. Leo Epstein; Mrs. Samuel Freuden, mother of Dr. Leonard Kaufman; Mrs. Harold Lewin; Mrs. Joseph Rauh and Mrs. Alfred Spirtas.

Any group wishing to take a conducted tour of Jewish Hospital, 216 South Kingshighway, can make arrangements by calling FO 7-8800, Station 372.

Auxiliary and Volunteers

A REHEARSAL for the show to be presented at the spring Auxiliary meeting, (l. to r.) Mrs. Charles Sophir, choreographer; Mrs. Don Quicksilver, program chairman; Mrs. Earl Jusman, auxiliary president; and Miss Jill Poslowsky, daughter of Mr. and Mrs. Kenneth Poslowsky.

Spring Meeting At Meadowbrook C. G.

Searching for the “4th dimensional woman” the proxy editor's of Fugue Magazine will interview the volunteers of the Jewish Hospital Auxiliary in “Please Don't Eat the Clover” at the Auxiliary spring meeting, April 27th at the Meadowbrook Country Club.

Actors, singers, and dancers are now in rehearsal for the original musical written and co-directed by Mrs. Donald Quicksilver. Other members of the committee are: Mrs. Sam Schenberg, codirector; Mrs. Charles Sophir, choreographer; Mrs. Alvin Serles and Mrs. Gene Schneider, producers; Mrs. Kenneth Poslowsky, costume co-ordinator; Mrs. Milford Routman, scenery designer; Mrs. Harold Lazaroff, properties chairman; Mrs. Stanley Wielansky, assistant producer.

Mrs. Joseph Berger II is a nominations chairman. Reservations will be handled by Mrs. Tilden Hazen, Mrs. Stanley Multen and Mrs. Allan Malasky.

Installation of new officers and board members, and an annual report will complete the afternoon.

The following slate of officers was selected by the nominating committee to serve a two year term — May 1965 to May 1967: president — Mrs. Edwin G. Shifrin; vice-president — fund raising, Mrs. Brum Lewin; financial secretary, Mrs. Morris Hoffer, supervisor; assistant financial secretary, Mrs. Harris J. Frank; corresponding secretary, Mrs. Arthur Sherman; assistant corresponding secretary, Mrs. Kenneth Marshall.

Directors selected to serve for three years are Mrs. Stanley Cohen, Mrs. Harry Hamerman and Mrs. Morton Zalt.

Plans Made For '65 Service Awards Tea

Plans are in progress for the 1965 Employee Service Awards Tea, which will be held Wednesday February 25, in Steinberg Auditorium, according to committee chairman, Barbara James, public relations director.

Invited guests at this annual event include all employees marking five or more milestone years in 1964, all working at the hospital for over twenty-five years, and all retiring in 1964.

Awards will be presented to employees marking five-year milestones, which include those who started work in 1959, 1954, 1949, 1944, etc. Permanent part-time employees who have worked at least 24 hours a week are eligible for these awards, as well as residents, X-ray and medical technology students, and surgical technicians engaged in on-the-job training.

Other members of the Awards Tea Committee are Boris Axelrod, William Chiles, Bella Pendelman, Margarette Hanno, Raya Kovenksy, Beulah Sanders, and Virginia Reisinger, R.N.

Grant Awarded To Audiological Division

The division of audiology and speech pathology has been awarded a $32,676 grant from the United States Public Health Service.

The Public Health funds were awarded for continuation of a study on hearing disorders in children. Dr. Robert Goldstein, director of the division of audiology and speech pathology, said that extensive research is now under way to determine the brain's response to sound. The results of these tests are then matched against long-range studies of the psychological and educational development in children.

In order to test hearing in very young children, special electronic equipment and techniques are necessary.

The research will be used in developing special clinical tests which in turn will help determine whether certain communication disorders are due to loss of hearing or whether they may be due to other causes. Dr. Goldstein is principal investigator in the grant project which will extend through March of 1969.

Marks 75th Birthday With Endowment Fund

An unrestricted endowment fund (sources and development) to support the hospital's medical education and medical research has been established by friends of Mr. Edwin Levis. Acting on a suggestion of his friends contributed to the Jewish Hospital Tribute Fund in honor of Levis' 75th birthday, January 28, in lieu of presents. Levis endow the gesture by matching the tributes given in his honor.
Tour Program Offered To Area High School Classes

"Careers in Medicine," a new program of community-wide interest, will begin in April at Jewish Hospital. A tour program has been developed which will offer high school students an opportunity to see many of the interrelated and exciting projects in medicine and therapy taking place at Jewish Hospital. The program was started because hospital staff members are aware of the need to stimulate and direct young men and women toward medical and scientific careers.

Through this new program, science clubs in the area high schools and other interested groups will be able to schedule one of the hour-long tours which will begin next month. Tentatively scheduled tours in April include: rehabilitation, April 8; audiology and speech pathology, April 15; medical and surgical research, April 22; and clinical laboratories, April 29.

A tour coordinator from the specific department will meet with the visiting group for a general orientation session. Then the class will tour the department to observe experiments and projects in progress.

Following the departmental visit, the group will be reassembled for a summary and question and answer session. Each student will be given a booklet about Jewish Hospital, as well as a brochure of facts relating to the tour.

Departmental members serving on the tour planning committee include: Samuel Frankel, Ph.D., chief of bacteriology; David C. Shepherd, Ph.D., audiology research; Michael Lipsky, medical research; and Robert Hickok, coordinator of physical therapy.

POISING FOR POSTURE PROFILE PICTURE is Irwin Albrecht, associate director and controller, taking advantage of free posture picture.

Good Posture Necessary For Well-being

"Poor posture and its effect on modern man is receiving more clinical attention today than ever before," said Robert Hickok, coordinator of physical therapy.

"Poor posture reflects one's general outlook on life — emotional or psychological problems — and will eventually affect one structurally. It doesn't always cause problems, such as backaches, but it can, and unless it is caused by a structural defect, posture can be corrected."

"As everywhere else in medicine, examination and diagnosis must precede treatment. That is why the physical therapy section of Jewish Hospital has refined methods of analysis and correction for postural faults. By using a plumb line, grid patterns, polaroid pictures and manual muscle testing techniques, the physical therapist is able to provide staff physicians with accurate postural information and a corrective exercise program."

A VISUAL RECORD

"And," he added, "we are able to keep a visual record of posture improvement with photographs.

"Posture tests are made by noting the relationship of body parts to the line of gravity while the body is in a standing position. We do it by noting the relationship of a plumb line to certain bony landmarks along a gravity line."

"Deviations of the body from this line-up are called posture faults (voluntarily correctable departures from the body ideal) or posture defects (structural tissue defects). Three of the most common faults are the relaxed or fatigue posture, the forward shift and the backward shift."

"Because of man's lack of activity," Hickok said, "faulty posture is increasing, largely due to muscle weakness and loss of range of motion. Either one of these problems may occur first. Thus, it is impossible to establish cause and effect. But weakness in key muscles may seriously disrupt the normal balance of man."

Some of our work is with children 8 to 12 years old, for this is when their posture problems show up. They are usually referred to us by their pediatrician or orthopedic surgeon. Good posture is most important in children since they are developing posture habits that must last a lifetime.

"We find that parents are inconsistent. They emphasize good posture for a while, then forget about it. Also, adults are content to live with their postural faults, becoming concerned only when pain or disability sets in."

"But, we find the biggest problems in both children and adults is inconsistency. If good posture is to become a natural habit, it must be practiced regularly and over a long period of time."

Tour Coordinators (L to R) Samuel Frankel, Ph.D., Michael Lipsky, David Shepherd, Ph.D., and Robert Hickok.

St. Louis U. Students Study Medical Records Management

Seven students from the St. Louis University School of Medical Record Library Science have been studying methods in the management of a medical library and tumor registry at Jewish Hospital during February and March.

Mrs. Ethel M. Whitlock, RRL, director of the Jewish Hospital medical record department is instructing the students, along with Miss Loreta Moore, RRL, and Mrs. Gwendolyn Beckwith, RRL.

As director she supervises a staff of 18 persons who are responsible for maintaining complete medical records for this 522 bed institution. The hospital discharges an average of 18,000 patients per year.

Complete records on individual patients must be obtained from members of the professional staff. To keep simplified and accurate records requires planning new medical record systems and designing forms which will include all necessary information.

One of the most recent projects underway at Jewish Hospital is the development of a medical record system employing the use of computer technology. A filing system capable of making such record available to authorized personnel on short notice is vital to the hospital.

An important function of the medical record librarian is the ability to analyze the records to determine the needs of the department and prepare them for future use. Under her supervision, statistics are compiled which serve other hospital administrators and public health officials.

A growing interest in the medical records applications is the Tumor Registry, which has been maintained at the hospital for the past five years. Since cancer research is being emphasized by President Lyndon Johnson, these records are extremely valuable.

Mrs. Whitlock has been actively working with the committee appointed by the American College of Surgeons in designing an automated Tumor Registry System for use in Missouri and hopefully in other areas throughout the United States. Dr. Kenneth Serkes, assistant director, department of surgery, is a member of this committee.

This work has enabled Mrs. Whitlock to pass on many suggestions to her students for setting up a tumor registry, concerning identification of patients, coding of information, and following up the original information with a complete record.

Miss Moore is responsible for all correspondence from the department, medical transcription, coding and indexing, and research areas. She also manages the hospital's medical library.

Mrs. Beckwith, secretary of the Tumor Registry and assistant medical record librarian, is responsible for the follow up on all Jewish Hospital patients who have or have had malignant diseases.

"65 Federation Drive"

The 1965 Jewish Federation drive began March 14 and will extend through May, with an overall goal of $1,669,158. Max Appel, director of resources and public information, and William Chiles, personnel director, will be chairmen of the drive. Mrs. Raya Kovensky, public relations, will serve as co-ordinator.

Federation drive co-chairmen Charles B. Edison and Alfred Fleishman have expressed confidence in the attainment of the campaign goal.

Hospital employees, including full-time physicians and research staff members, contributed $8,000.55 to the 1964 drive. Contributions will again be made through payroll deductions.

Elsyxis and a Fred Fleishman is the charge of the doctors' campaign are Dr. Saul D. Silverman and Dr. Richard G. Sisson.

The Federation, which includes seven local Jewish health, welfare and educational agencies, contributes substantially to the hospital each year. These donations support teaching, research, and patient care programs in the hospital.

"Most of our work is with children 8 to 12 years old, for this is when their posture problems show up. They are usually referred to us by their pediatrician or orthopedic surgeon. Good posture is most important in children since they are developing posture habits that must last a lifetime."

"We find that parents are inconsistent. They emphasize good posture for a while, then forget about it. Also, adults are content to live with their postural faults, becoming concerned only when pain or disability sets in."

"But, we find the biggest problems in both children and adults is inconsistency. If good posture is to become a natural habit, it must be practiced regularly and over a long period of time."

Page 3
CONTRIBUTIONS received are used for research, appliances for clinic patients, new equipment, and other worthy undertakings, sponsored by the Jewish Hospital Auxiliary.

The following are contributions received during period January 1, 1965 to February 1, 1965. (Contributions to this fund may be made by sending checks, payable to the Jewish Hospital Tribute Fund, to Mr. Henry H. Stern, 6310 Woodman Avenue, St. Louis 30, or Mrs. Joseph F. Rowitch, 102 Lake Forest, St. Louis 17.)
Genetics Important in Transplant Biology

(In the previous issue of "216", Dr. Morton D. Pareira, surgeon-in-chief, began a three-part discussion on transplant—what it is, the problems involved, and Jewish Hospital's role in solving these problems.)

Q: As you said last time, doctor, if a similar tissue is transplanted between different individuals (other than identical twins) it may be expected to heal and function for a week or so, after which it will become a graft, eventually dying away. Why should this be so? What can be done to prevent it?

A: The first question was answered by the classic, Nobel-prize-winning experiments of Professor Peter Medawar of England in 1943. Medawar's experiments, which marked the true beginning of the current assault on homotransplantation, demonstrated that homograft rejection is essentially an immunologic process.

Q: What do you mean, doctor? Can you explain the immunologic process please?

A: Professor Medawar, in effect, demonstrated that a transplanted tissue (or organ) between different animals of the same (or different) species was recognized as non-self and the host animal as alien ("non-self") and that this recognition caused the recipient animal to mount an immunologic attack on the alien transplant which resulted in its destruction.

Q: That sounds familiar.

A: This reaction is probably in no essential way different from the protective immunologic attack which all higher animals launch against harmful foreign invaders—bacteria, viruses and viruses. The immunologic defense of the body against all of these substances (known as "antigens") to which the body is exposed is by the production of antibodies (the gamma globulins of the circulating plasma protein) which, once formed, inactivate or destroy the antigen.

INTEREST ANTIBODY REACTION

Q: They play a big part in protecting the animal, do they?

A: Antibodies, as part of the immunologic response, destroy bacteria, bacterial toxins and viruses, antigenic to which they are exposed and thus allow recovery from those diseases caused by these substances. They also, in certain diseases, persist and thereby give rise to permanent immunity; they may also be produced by an altered antigen which, therefore, produces an altered antibody. The altered antibody, in turn, produces disease (prophylactic immunization i.e., typhoid vaccine); they may also be "passively transferred" to provide temporary prophylaxis after exposure to disease (i.e., tetanus antitoxin which translates into "antibodies capable of neutralizing the otherwise fatal toxin elaborated by the tetanus bacillus"); they may also be produced against other foreign organic substances. When this latter response is extreme, "hyperreactivity" or allergy results (not too well understood condition, what would otherwise be a protective immunologic reaction, the reaction is so intense so as to cause cell damage in human tissues — the individual who is being "protected"). In the homotransplantation reaction, an antigen is formed against the graft, which is of course a foreign tissue (transplant) which is then destroyed by the antibodies.

Q: Then, we are seeking to understand and control these antibody reactions?

A: In the twenty years which have followed Medawar's discovery, a great deal has been learned about the nature of the homotransplant, what destroys transplanted tissue. It is known that this reaction is present in all vertebrates from the most primitive fishes to man; that it originates in the small lymphatic cells of the lymph nodes and spleen (which fabricate antibodies) and that once an individual has rejected the cells of a particular donor he is thereafter highly sensitive (more immune) to any further grafts from that donor and will reject these further grafts in a more violent and accelerated fashion (the "amnestic" or "memory" response, basic to all immunologic systems).

TRANSPLANTS IN TWINS

Q: Where do "genes" come in?

A: The brilliant investigations of George Snell, S.D., at Bar Harbor into the genetics of tissue transplantation provided an ineluctable impetus to transplantation research by, among other things, breeding animals of completely standardized and predictable immunologic nature ("isogenic strains"). An "isogenic" strain is one in which all of the genes aligned on the chromosomes of different individuals of the same species are identical (as in the case of identical twins or, more pertinently, with all of the cells of any given individual). Snell discovered that, in the chromosomes of any individual, there are many different genes that possess the power of directing the formation of antigens (T-antigens) which, when exposed to the environment of another individual by transplantation, incite the formation of antibodies which then destroy the transplant. Snell has mapped the geography of these genes on the chromosomes of different strains of mice and they are designated as histocompatibility loci (H-1, H-2, H-3, etc.). Whenever, in transplanting tissue, the donor possesses a histocompatibility barrier existing, this elicits a histocompatibility reaction which destroys the transplanted tissue. The free loops are passed around the limbs and then pulled taut. C. CBA skin homograft transplanted 50 days previously to a specifically tolerant A strain host. The graft has regenerated a dense crop of hairs.

A: The graft recipient finds himself an "immunologic cripple" unable to defend himself against the daily onslaught of the host of bacteria and viruses which challenge the normal human immune mechanism. In the current clinical experience in humans, no graft (except between identical twins) can be expected to survive permanently, though survivals up to two or more years may very rarely be achieved. Ultimately, however, all patients succumb either to transplant rejection or to untold poisons secondary to their immunologic suppression. Serious ethical questions are being raised to the continuation of homotransplantation (or heterotransplantation, i.e., baboon-to-man) using immunosuppressives.

(Q: Dr. Pareira will explain Jewish Hospital's role in transplantation next month.)

THE TECHNIQUE OF SKIN GRAFTING IN THE MOUSE.

A and B show the method of cutting the graft bed with fine curved scissors. The skin has been close-clipped and treated with a collodion solution. Care is taken to avoid damaging the penultimate carunula and the principal vessels overlying it. Note the method of tying out the animal in an extended position by means of elastic bands passed through syringe needle adaptors. The free loops are passed around the limbs and then pulled taut. C. EBA skin homograft transplanted 50 days previously to a specifically tolerant A strain host. The graft has regenerated a dense crop of hairs.

A: The techniques currently in use in the few clinical surgical groups attempting human homotransplantation are straightforward and familiar methods required for immunosuppression are appealing to the clinician. For years Dr. Snell and a few clinical groups are undertaking these experiments, with regard for the facts long ago established by the transplantation biologist, namely, that these techniques never allow permanent transplant survival unless a lethally toxic drug or radiation is administered.

Q: In other words, it's dangerous?

A: The cellular suppression produced by these techniques is instantaneous and the graft recipient finds himself an "immunologic cripple" unable to defend himself against the daily onslaught of the host of bacteria and viruses which challenge the normal human immune mechanism. In the current clinical experience in humans, no graft (except between identical twins) can be expected to survive permanently, though survivals up to two or more years may very rarely be achieved. Ultimately, however, all patients succumb either to transplant rejection or to untold poisons secondary to their immunologic suppression. Serious ethical questions are being raised to the continuation of homotransplantation (or heterotransplantation, i.e., baboon-to-man) using immunosuppressives.

Dr. Ben H. Ssenturir, director, department of otolaryngology, was principal speaker at the Birmingham Audiology Laboratories in the Menorah Medical Center Sunday, March 7, in Kansas City, Missouri.

Dr. Leon Cliffe, second year medical resident, has written an article on "Unusual Gastrointestinal Bleeding Diagnosed by the String Test" to be published in the March issue of the Southern Medical Journal.

Robert Goldstein, Ph.D., director, division of audiology and speech pathology, Birenboim Audiology Laboratories in the Menorah Medical Center Sunday, March 7, in Kansas City, Missouri.

Dr. Jules P. Miller, assistant in psychiatry, spoke on "The Psychology of Blushing" at the monthly members meeting of the division of adult psychiatry, Monday, February 8, at Steinberg Auditorium.

Dr. Kenneth M. Serkes, associate director, department of surgery, attended a sectional meeting of the American College of Surgeons, February 15-17, at the Menorah Medical Center, Philadelphia, Pennsylvania. He was a moderator of the February 11 workshop.

The American College of Surgeons, founded in 1913, has an active interest in all aspects of cancer control. Since 1935 the college has made periodic surveys of cancer programs in major hospitals and other organized cancer groups.

Dr. Morton D. Pareira, surgeon-in-chief, has written an article on "Unusual Gastrointestinal Bleeding Diagnosed by the String Test" to be published in the March issue of the Southern Medical Journal.

Dr. Renee D. Serkes attended a three-day conference on the influence of the Central Surgical Association at Marquette Medical School, Milwaukee, Wisconsin, March 4-6.
Psychological Pregnancy Study by Drs. Kaplan and Rothman Released

A second study on emotional factors in pregnancy, done by Dr. David Rothman, director, department obstetrics and gynecology, and Dr. Alex H. Kaplan, director, department of adult and child psychology, was published in the September issue of the "Journal of Obstetrics and Gynecology."

"Psychodynamics of Habitual Abortion" is not a large study; it concerns only three cases treated successfully with psychotherapy. But, in an area such as this where there is little information, "even three cases are very meaningful," Dr. Rothman said.

"Every medical specialty treats illness of psychosomatic origin, the psychodynamics of which haven't been explored as yet. Our study is concerned with determining the emotional factors responsible for illness in the pregnant woman."

"In our first study, 'Psychiatric Infertility,' we reported on what we thought were the emotional factors involved in women who had no organic trouble, yet were unable to become pregnant. In fact, we are still studying infertility. We are trying to develop a psychological test to be used by obstetricians in their initial examinations of infertility patients."

"In our second study, the use of psychotherapy in successful treatment of spontaneous abortion has already been established, especially in habitual aborters — that is, women who have had three miscarriages in a row. Our work was to define the emotional factors involved."

"In both studies, pregnancy had reawakened guilt and anxiety over earlier repressed attitudes the patient had towards her parents, instead of encouraging the usual sense of well-being and increased feminine and maternal feelings."

"Our therapy consisted of 15 to 25 hour-long sessions during which a warm, supportive, accepting relationship was established. Patients were encouraged to express their anger and guilt feelings, and these feelings subsided or were modified, they were accompanied by a successful pregnancy."

"We are just beginning two other studies, which we feel may involve emotional factors. One deals with the theory that emotional factors may be responsible for chronic vaginal fungus infections. The other is to prove that toxemia of pregnancy is a psychosomatic illness."

"Toxemia of pregnancy is one of the leading factors in producing maternal and fetal death. A great deal of research has been performed through the years to determine its cause, but as yet there has been no answer. Is it possible that there is an emotional basis to this condition? I hope our research will substantiate this fact," Dr. Rothman concluded.

New Surgery Being Performed With Dual Operating Microscope

A dual operating microscope (Diploscope), developed by the Carl Zeiss Company, has been purchased by the department of surgery for use in the operating rooms as well as in the surgical research laboratory.

Single vision microscopes have been used by otolaryngologists for several years, for surgery of the middle ear. The recently developed dual operating microscope permits a surgeon and his first assistant to work as the usual team for operations on very fine structures. This work was not possible without the "scope." Among other operations, this technique allows for the surgical restoration of very small nerves, blood vessels, lymphatics and other ultra-fine structures. This type of microsurgery was pioneered by Dr. Julius Jacobson, formerly of the University of Vermont, and his associates over the past two to three years.

The Diploscope consists of two independent binocular operating microscopes, operating in conjunction by the use of prisms, which give both the surgeon and his first assistant a stereoscopic view of the same object through an eventual single opening in the microscope.

The microscope has been in use at Jewish Hospital for the past two months, and clinical surgery of small nerves and blood vessels is currently being performed. At the present time it is contemplated that the dual operating microscope will be used for the repair of fine nerves, blood vessels and lymphatic vessels in such areas as the face, neck and hand by Dr. Marcy A. Goldstein, director of the division of plastic surgery. Dr. William Sheldrick, director of the division of vascular surgery, will also use it for creating lymphatic anastomoses to restore lymph flow in certain types of lymphatic obstruction and thus alleviate swelling from accumulation of lymph fluid in the tissues which is secondary to such obstruction. The latter feat has never before been possible.

Dr. Morton D. Pareira, surgeon-in-chief, and the transplantation biology group will use the Diploscope for the transplantation of organs in inbred strains of rats (which has already been proven technically feasible). This should prove to be an invaluable research tool as larger laboratory animals, in whom organs can be transplanted by conventional surgical techniques, are not available in genetically inbred strains.

The optical system of this instrument may be attached to the presently existing closed circuit television system. This will extend the educational value of this newly installed teaching aid.
Tag Tells Which Twin Does The Research?

WALDHEIM (Continued from page 1)

In 1956, his name was inscribed on the American Hebrew Honor Roll.

At Aaron Waldheim’s funeral, Rabbi Isaacman of Temple Israel eulogized him as: “a merchant, banker, humanitarian, and philanthropist who had cherished the American heritage of democracy and the Jewish legacy of righteousness.

"It was not his power which made him great," the Rabbi said, "but what he did with it."

His philosophy was clarity of mind and intensity of conviction.

Aaron and Hattie Waldheim were the parents of two children: a daughter, Helen; and a son, Millard.

Millard A. Waldheim was one of the founders of the investment firm of Waldheim, Platt and Company.

His sister, Helen, now Mrs. Jack Debecker, resides in New York, and like her brother, continues her interest in the welfare and progress of Jewish Hospital. She is an active contributor to the Tribute Fund.

Millard followed in his father’s footsteps having served as treasurer and vice-president of the JH Fund.

"Often," he continued, "it isn’t possible to identify the specific elements of a child’s complex communication disorder which appear to be delayed speech and language developments, auditory dysfunction or a combination of these problems may stem from actual hearing impairment, damage to the central nervous system, mental retardation, emotional difficulties or a combination of these problems.

"Often," he continued, "it isn’t possible to identify the specific elements of a child’s complex communication disorder which appear to be delayed speech and language developments, auditory dysfunction or a combination of these problems.

Information gained through these observations, in addition to the results obtained from specific evaluations of hearing, speech and language, and psychologic disorders, is used to determine the most appropriate course of action.

"Most of the children who come to us for evaluation don’t need the nursery," Dr. Shepherd added.

“We only place children there when they need extended evaluation.”

There is a nursery at Jewish Hospital for a special child, for an important purpose. Called a diagnostic nursery, it has been established by the division of audiology and speech pathology, of the department of otolaryngology, for children whose communication problems can not be easily diagnosed.

Dr. David C. Shepherd, audiologist, explained that many childhood communication disorders which appear to be delayed speech and language developments, auditory dysfunction or a combination of these problems may stem from actual hearing impairment, damage to the central nervous system, mental retardation, emotional difficulties or a combination of these problems.

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