THE INCREDIBLE SHRINKING DOLLAR

PLAYING FOR KEEPS

OLD FRIENDS
MAKING UP FOR LOST TIME
Even if patients' lifestyles have been significantly altered following disabling accidents or illness, they can learn to bring enjoyment back into their lives. To help them achieve that goal, a group of Jewish Hospital health care specialists—recreation therapists—show their patients what living life to the fullest can mean.

THE INCREDBLE SHRINKING RESEARCH DOLLAR
Jewish Hospital's internationally-recognized research programs require major investments of both manpower and dollars. Hospital administrators and researchers share the responsibility for seeking funds from many sources to further these endeavors.

OLDFRIENDS
Jewish Hospital’s Program on Aging is working in concert with the Jewish Center for Aged to provide continuity of care for hospitalized JCA patients. In turn, the JCA staff helps educate soon-to-be physicians on care of the elderly.

A BUCKET FULL OF PEP
Psychologist Milton Rubin, Ph.D., provided guests at a Parkinson's Education Program with a lively method of coping with the depression that the disease can produce.

ON THE COVER: Both the availability and purchasing power of research funds are diminishing. The cover story (beginning on page 6) reveals the efforts of Jewish Hospital administrators and researchers in securing funds to continue the important work being performed in the hospital's laboratories as well as at the bedsides of patients.
H e makes it look easy, gliding down the gymnasium floor, darting past opponents, pivoting, dribbling the basketball with practiced ease, then tilting his wheelchair backward precariously before he finally pauses, 20 feet from his target. Positioning himself for a few seconds, he cradles the ball in both hands before he releases it, watching it travel in a high smooth arc until it swishes through the basketball hoop.

"It might look easy, but getting used to moving around in a wheelchair, let alone playing a sport, is tough," says Ray Pendleton, paraplegic, a Jewish Hospital patient and a member of the St. Louis Flyers, a wheelchair basketball team. "I've reached the point where I'm active and happy, but it took some time getting there."

Three years ago, the 20-year-old Cleveland High School graduate was paralyzed from below his waist after he was mugged and shot near his north St. Louis home.

Although Mr. Pendleton will never be able to walk again, having activities that are enjoyable and meaningful have made adjustment to his disability easier. He plays basketball regularly and works for Missouri Kids, an organization of injured athletes who take part in awards ceremonies for high school athletes. He participates in Special Olympics events, plays the flute and plans to attend Forest Park Community College as a music major.

A lot of that motivation was developed, he says, during his rehabilitation at Jewish Hospital. There, Pendleton's recovery required a multidisciplinary approach, involving a variety of therapies, but his present level of motivation and involvement in sports and social activities is a result of a specialized treatment program, called recreation therapy, which helps patients become involved in leisure activities. The people who direct the program are recreation therapists—RRTs—a group of highly-motivated health care professionals.

According to Jean Ferguson, RRT, rehabilitation medicine, the end goal of the recreation therapist is to help mainstream patients back into the community and public life. "We want to help patients make the transition from the protected environment of the hospital into public life through recreation," says Ms. Ferguson. "Many of them need to be re-educated through leisure counseling about their use of leisure time in their home environment."

Ferguson and four other recreation therapists at Jewish Hospital work out of the departments of rehabilitation medicine and psychiatry. Just a visit to one of their quarters can shock someone into awareness of the range of recreational resources that are available. Shelves stretching from ceiling to floor overflow with games and arts and crafts. In the psychiatry division, office walls are covered with posters advertising every conceivable concert and special event within a 30-mile radius.

For recreation therapists, "fun" is the medium for their treatment program, but their frivolous surroundings are deceiving. They consider their work a serious profession, one that takes considerable enthusiasm, and most of all the ability to motivate patients.

As a rehabilitation division recreation therapist, Ferguson has found that the key to successful therapy is making patients understand the importance of becoming involved in leisure activities in their spare time. "Many wheelchair patients haven't accepted their physical
"state," she says.

Once wheelchair patients adjust to their disabilities and become involved in department activities, Ferguson believes that their outlook on life after discharge can be greatly improved. Through activities like card games, patients develop cognitive skills and improve eye/hand coordination. Just using adapted equipment can make a difference. Playing computer games with specially-designed “joy sticks,” reading books with larger print or using bowling balls and cue sticks with automatic releases that initiate motion help patients. Even a simple innovation like adhering pieces of Velcro to a patient’s hand and a ping pong paddle can make this game a reality for physically handicapped patients.

In Pendleton’s case, says Ferguson, therapy was easier because his family accepted his disability and supported the program. But Pendleton himself had to cope with his disability and move forward. “When they told me I wasn’t going to walk, my life didn’t mean much to me. I had plans. I was up for a football scholarship,” he recalls. “When I first came to rehab, I was quiet. I didn’t want to get involved in too many things.” But through gentle but insistent persistence, Ferguson kept encouraging her patient to join in the department’s activities. “Instead of letting me lay in bed she would come in and say ‘Now, you don’t want to lie in that bed’ or ‘Hey, Ray you want to play a video game?’ There were times I wasn’t in the mood to do anything, but she was persistent. She’d push me.”

Pendleton recalled the first time the wheelchair basketball team came to the hospital to play an exhibition game in the School of Nursing gymnasium. Ferguson encouraged him to play. “I couldn’t imagine playing basketball in a wheelchair, but I really enjoyed myself and did better than I thought I would.” Thereafter, whenever the Flyers were scheduled to play at the hospital, Pendleton would scout the hospital floors on the morning of the game for a suitable wheelchair. “I would find the lightest, easiest-to-maneuver chair and hide it in one of the bathrooms until game time. One evening when I went back for the chair, it was gone. Someone had moved it, but I found it again.”

Still another milestone for wheelchair patients is overcoming self-consciousness in public places. To help them, part of their recreation therapy involves out-trips in a van equipped with a wheelchair lift and wheelchair lock-downs (seatbelts). “Getting
wheelchair patients out into the community as a part of public life is a big step,” says Ferguson. “Many of them feel very uncomfortable about being seen in a wheelchair, which is a realistic fear.”

Pendleton recalls his first out-trip to a shopping center. “People kept looking at me. I felt so uneasy. It’s something I still have trouble getting used to.” Although Ferguson tries to make the out-trips as comfortable as possible, public reaction to the disabled is a problem patients have to work through themselves, she says. Ferguson attributes the problems patients face to insensitivity and lack of awareness from the public. “We run into some very inappropriate behavior from the public, usually someone staring or a child might make a rude comment,” she says. “I’ve had patients react by doing something like making an obscene gesture to someone, but I’m always quick to point out that no matter how badly they’re feeling, that kind of behavior is also inappropriate. Occasionally, if a child is staring, a patient will break the ice by asking the kid if he wants to go for a ride on his electric wheelchair. That helps.”

**LOST TIME**

While Ferguson and her associate Karen Gamel, RRT, are helping their patients overcome physical disabilities, just a few floors above them, on division 6100, psychiatric recreation therapists Phyllis Brune, RRT, supervisor; Stephenia Smith, RRT, and Donna Mount, RRT, are working with patients who are overcoming not physical, but mental and emotional problems. Although they may not be hampered by physical disabilities or need specialized equipment, taking up a recreational activity is just as difficult for them. In fact, for a person suffering from depression, initiating or renewing an old interest can seem like an insurmountable task. “We’ve all been depressed, but with our patients the depression is considerably worse,” says Ms. Mount.

“One patient told me it’s like being at the bottom of a cave. Trying to get out was like trying to climb up a mud slide and just slipping back down.”

In helping psychiatry patients, Mount tries to understand what they’re feeling. Her success in making that identification is one reason she likes her work. “I can be shy in my personal life but not with these patients,” she says. “There’s something very real about them. I think it’s because there are no false pretenses here. They’re here because they have problems. I’m here because I want to help them, and that’s that.”

Mount relies on her humor and an uninhibited approach to encourage patients to overcome their own inhibitions about participation in activities. Sometimes she jokes with them. She will even make fun of herself if she thinks it will put patients at ease. “When we have sing-alongs, I always make a point of joining in, even though I can’t carry a tune. We may overdo it a bit, but I want to help people break out of their shells,” she says. “Once a patient said to me, ‘You’re really a nut.’ I said, ‘Hey, it’s okay to have fun. It’s okay to smile and to have a good time.’”

Although the majority of patients admitted to the psychiatric division do not suffer from severe mental problems, Mount is particularly interested in working with psychotic patients, the ones whom she describes as the most difficult to help. Sometimes getting them involved in activities means becoming a part of their isolated worlds, a lesson she learned in her first month as a therapist at Jewish Hospital when she began working with John Anderson (a pseudonym), an intelligent but psychotic man diagnosed with schizophrenia. On an out-trip to Forest Park, he suggested that Mount and the other patients try hugging the
trees. "He believed that every object had a living being in it," recalled Mount. "At first I wasn't sure if we should go along with him. Then, I thought, well, why not. So, we all found a tree and put our arms around it."

Mount says that being able to participate in her patient's suggestion helped to build trust between patient and therapist. Besides, she says, "We just do a lot of very uninhibited things around here. But, I think people in general are much too inhibited. They let that get in the way of their fun."

In less extreme, but more typical, cases, psychiatric recreation therapists help patients through "leisure counseling," during which patients identify activities of potential interest so that they can use their leisure time for fulfillment after discharge. According to Brune, counseling is particularly beneficial because patients learn that recreation is at least one area of their lives that they can control and upgrade. Take the case of Mary Baker (a pseudonym), one of Brune's patients. When she fell and injured her back, she discovered, after a series of unsuccessful treatments and surgery, that she would never regain full use of her right leg and that she would probably have chronic pain for the rest of her life. Worse, she would not be able to return to the office job that she had held for 15 years.

In the months following her accident, Ms. Baker became increasingly depressed. Once active in a community service organization, she found herself avoiding activities because of her lack of mobility. As her lifestyle became more sedentary, she gained weight and withdrew socially, becoming so isolated that she refused to answer telephone calls from friends.

Since her admission to the hospital, recreation therapists have helped Smith redefine her interests. The naturally gregarious woman has rediscovered a former interest in crafts and, through behavior modification, is learning relaxation techniques to cope with her physical pain. She is also contemplating plans to complete her college education in — what else? — recreational therapy. "She has objectives and goals now," says Ms. Brune, Baker's therapist. "I think she will do fine as a recreation therapist or in any occupation that involves working with people. She's enthusiastic, and she's a very people-centered person. She can get people to do things."

Whatever their patients' problems are, recreation therapists walk a fine line in establishing relationships with their patients while maintaining a professional distance. As involved as she is with patients, Mount knows that a certain distance is necessary if she is to do her job effectively. "When I first started working here, I was sympathizing instead of empathizing with patients," says Mount. "There's a difference. When a therapist is empathizing with patients she's taking in and feeling so much that their problems become her problems. That's very non-therapeutic. That's when a lot of therapists get burned out."

But there are some characteristics that Mount has and says will never change. In fact, she says they are necessary ingredients for recreation therapists. "You have to love people," she says. "And you have to be a doer." In fact, they all seem to be a little frenetic and naturally compulsive. "None of us can sit still," says Mount. "Even in our personal lives. Phyllis has gone parachuting. I like hang gliding and Stephenia is a scuba diver."

It's easy to understand how their zest can rub off on patients. They love life and their expectations have no boundaries. "You know what I tell my patients?" says Mount. "The sky is the limit." She pauses, then adds, "When you think about that, there's no limit to the sky, either."
THE INCREDIBLE SHRINKING DOLLAR

by Jerry H. Sears

"Research has become a tradition at Jewish Hospital. It is a healthy, productive enterprise which is enriching our knowledge and improving patient care," notes William A. Peck, M.D., Jewish Hospital physician-in-chief and John E. and Adaline Simon professor of internal medicine at Washington University Medical School. It is an unusual tradition: Jewish Hospital is one of fewer than 60 hospitals in the nation that maintains research programs independent of its aligned school of medicine. (Most research is conducted at medical schools, such as Washington University School of Medicine—universities or research institutes and centers.)

The significance of research at an institution devoted to patient care is its potential of leading to more effective treatments, perhaps even the cure or prevention of disease. Not all projects represent applications many years away from practical use as in the case of basic research, which primarily takes place in laboratories, providing the foundation for further investigation. Some projects are bringing new hope and improved lives to patients today, through clinical research.

For instance, cancer victims may one day benefit from the investigation of the platelet-derived growth factor (PDGF) underway in the laboratory of Thomas F. Deuel, M.D., director of the Jewish Hospital division of hematology/oncology, director of the Marilyn Fixman Cancer Center and professor of medicine and biological chemistry at Washington University School of Medicine (see 216, November/December, 1983). The basic research of Dr. Deuel and his team may lead to the development of a new understanding of the mechanism of some cancers, new treatments and improved tools for diagnosing the disease.

In the meantime, the clinical research of Patti Eisenberg, R.N., MSN, and Norma Metheny, Ph.D., St. Louis University School of Nursing, (profiled in 216, July/August, 1985), has already reduced complications and provided greater comfort to patients who must use feeding tubes.

The cost of making these kinds of advances at Jewish Hospital, which often go unnoticed beyond the medical community, is approximately $10 million annually. Unfortunately, for us, as for other research institutions in the country, it is becoming increasingly difficult to adequately fund all the projects that could profoundly affect human life.

The money used is derived from as many sources as can be identified and tapped. These include the National Institutes of Health (the federal clearing house for medical matters and governmental grants for research) and the many not-for-profit organizations, such as the American Cancer Society and the American Lung Association, which support specific diseases. Foreign governments may also provide funds for research which is of particular interest to them. For instance, India is underwriting a project on tropical disease pursued by Gary J. Weil, M.D. Gifts made by individuals, organizations and corporations provide the additional financial assistance critical for the initiation and continuation of projects.

Since clinical research endeavors involve patient treatment, they can generate income, through fees or the manufacture of products. However, the initial funding for basic research is crucial, for without sound basic
Go For The Green

"At a hospital, research activity is not an end in itself. It is a means to attract first-class physicians."

David A. Gee, president, Jewish Hospital

Grass Roots Activity

Historically, the amount of available federal money has increased each year. Dr. Peck and Harvey agree that federal funds for biomedical research will continue to increase, but they caution that these increases will not match the higher-than-average inflation rate in research materials and supplies.

Currently, grants from federal sources, amounting to about $6 million, account for about 75 percent of Jewish Hospital's annual research budget. These funds are used to cover expenses, both direct (purchase of specialized equipment and the proposal itself is sent forward to the NIH council.

The council, made up of members of NIH and consultants (who may have served on the peer panel), reviews the recommendations made by the panel. In addition to the all-important score, which takes into account the priority placed on the potential findings, the council also considers the degree of controversy surrounding each project (an element which may, at council level, raise or lower its priority) and its budget. Relying on the collective expertise of the group, means to cut costs without sacrificing the integrity of the research design may be determined. If there is consensus regarding both the design and budget, a grant is approved. "Rarely," says Harvey, "does the council not approve projects with satisfactory scores."

The catch is in awarding the requested funds. Increases in available funds do not always equal the number of requests, and deserving projects must either be shelved, or await the new round of appropriations.

search, more advanced work cannot be done. Many steps are involved in the progression of a research endeavor from initial inquiry to practical application to improving/saving human life. Each piece of knowledge is set down as a building block to form a base to which knowledge gained in additional research is added. In the process, which becomes more protracted as the knowledge base is broadened, researchers need more time and resources than ever before. This means more money to pay for salaries and materials. At a time when the need for research activity is intensifying, the level of monies, in absolute dollars, from traditional granting sources is not keeping pace with either inflation or the growing complexity of the projects. "Research dollars today do not buy what they did a few years ago," comments Dr. Peck. "The cost of material and equipment used in research has increased well beyond the rate of inflation."

To help compensate for the "smaller research dollar," institutions like Jewish Hospital try to encourage a greater number of team projects, which produce more cost-effective work. In one example of teamwork, leading cardiologists at nine hospitals across the country, including Robert Kleiger, M.D., and Ronald Krone, M.D., at Jewish Hospital, (see 216, July/August, 1984) are trying to determine which of the available test results have the most bearing on a heart attack patient's future cardiac health. This group effort may also result in cost-saving therapeutic treatment programs for patients. Jewish Hospital physicians participated in research on this project.

In another team effort, advances in radiation therapy, developed jointly by Jewish Hospital's Ira J. Kodner, M.D., and Bruce Walz, M.D., of the Mallinckrodt Institute of Radiology, reduced the incidence of the two-year local recurrence rate of cancer of the rectum to two percent from the national rate of 20 percent.

While teamwork results in more cost-effective re-

search, it is not always a feasible alternative. Much of the work done in research requires the concentrated energy of an individual, and the task of securing funds remains.

Going For The Green

"The total process for obtaining funds is about as complex as the questions of research answers," remarks John J. Harvey, Jewish Hospital business manager for physician affairs. "Research begins with a question, refined to its most elemental form to determine its validity. The researcher conducts a search and analysis of the published findings of other investigators in similar fields. This will either confirm or, in some cases, initiate further thought about the value of pursuing the answer."

Once satisfied that the question is worth investigating, the researcher gathers support material substantiating the research question, develops a research protocol and budget. These elements are combined and written as a proposal, which is submitted to granting agencies such as the NIH, the American Cancer Society, the American Heart Association or other special interest groups.

"Most funding bodies have peer review panels," explains Mr. Harvey. At NIH, panels comprised of fellow researchers in the biomedical field read each proposal, and score it on a scale of one (highest) to five. "Proposals scoring 2.15 to 2.10 used to be funded," he says. With the increased number of increasingly complex proposals being generated because of the continuously growing knowledge base and the advancement of a greater number of projects towards clinical status, successful proposals must receive a minimum score of 1.40 to 1.60. Following the scoring process, critiques of the proposal are sent back to the initiating researcher, while
DOLLAR

Germination of a Budget

The chronicle of the development of the budget of the National Institutes of Health (NIH) and the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) budget reads like a bureaucratic litany. As determined under an earlier administration, Congress approves the number of projects to be funded and, based on operating expenses of that number, determines the level of funding for the fiscal year (FY). Reporting on the process, NIH WEEK reveals this year’s point-counterpoint series of events in Washington, D.C., which determined the scope of medical research and its funding over the next three years.

Although the figures in the Presidential Funding Request for (FY) 1985 seemed to reach an astronomical level at $4.94 billion (NIH and ADAMHA combined funding), this figure reflected only a 2 percent increase for NIH activity and a 4.6 percent increase for ADAMHA over last year. At this level, only 30 percent of approved projects at NIH and 36 percent at ADAMHA would receive funding, resulting in the rejection of proposals rated at high levels of excellence by peers.

Other actions implicit in the President’s request included a reduction, from 11,650 in 1983 to 9,982 for the coming year, of the number of funded positions for research trainees. This move would cause long-term and serious damage to the nation’s supply of a trained cadre of research scientists. Further, this request allowed the support of only one major new clinical trial. Compared to 19 new starts in FY 1984, this reduction would lead to impeding the application of discoveries to patient care. The request also reduced, by more than 600 people, the research, services and support staffs at NIH and ADAMHA.

A series of moves initiated by the Office of Management and Budget manipulated the request, which had been signed into law, to fund only a portion of the NIH-recommended 6,500 competing one-year grant applications. January 1985 brought the development of a multi-year funding scheme, by which funds—some $203.7 million—allocated for 1,500 of the programs would be used to pay, in advance for the second and third years, 650 of the FY 1985 competing awards, thus holding the total awards made to 5,000.

A White House announcement, reported in NIH WEEK on February 1, shed further light on this proposed action. In addition to the cut in FY 85 awards for competing grants and the spreading of payments over three years, the administration further proposed two-year funding of 45 of the NIH-supported research centers. The direct cost of grants would be paid at “historical” levels, the announcement continued, or at 97 percent of recommended amounts for competing awards and 99 percent for non-competing grants. The cost of an average grant is expected, however, to increase nearly 8 percent in FY 1986 over the FY 1985 level, according to NIH.

Although defended by the administration as emphasizing support for basic research through support of the 5,000 new and competing research project grants and 11,242 grant continuations, further action soon developed. In March, the comptroller general ruled the multi-year funding unlawful, effectively dooming the administration’s scheme to avoid spending $203.7 million dollars of appropriated funds in the FY 1985 budget.

By mid April, the administration’s plan was altered to provide support to 5,500 competing grants in FY 1985 instead of the 5,000 supported in the January action. Bernadine Healy, the top biomedical science assistant at the White House Office of Science and Technology Policy, said, in explaining this change which also in-

materials necessary to conduct the investigations) and indirect (staff and support personnel salaries and benefits, facilities and utilities). Non-federal sources, which include the special interest groups, while not offering the amount of money available at the federal level, provide support to the hospital program as well. Jewish Hospital-developed proposals are consistently successful in securing funds from these societies and associations 66-75 percent of the time.

Due to the limitation in monies available from federal sources and special interest groups, the support of the local community makes a major difference in the amount of funding applied to implementation of research projects. Harris Frank, chairman of the Development and Community Relations Committee of the Jewish Hospital Board of Directors, credits the hospital’s “aura of excellence” for the attraction of locally-based support. “The concept of a person who is successful in business returning to the community a portion of his or her success is evident in the St. Louis area.”

Often, the money provided by generous individuals, families, foundations and corporations is earmarked for the endowment of faculty positions at the Washington University Medical School. The people holding these positions are members of the full-time staffs at the
included long-range implications, that the compromise assumes this new level a "freeze" to carry over in FY 1986. However, as in the case of long-range forecasts of winter weather, an unexpected thaw occurred.

Following a great deal of behind-the-scenes activity, by such people as Health and Human Services (HHS) Secretary Margaret M. Heckler, NIH Director James B. Wyngaarden, Chairman William H. Natcher (D-Kentucky) of the House Labor-HHS Appropriations Subcommittee, and Chairman Lowell P. Weicker (R-Connecticut) of the Senate Labor-HHS Appropriations Subcommittee, the bill reached the Senate floor on June 20, reflecting additional changes. In its successful appearance, the bill permitted up to $100 million appropriated in the current year to be used for multi-year funding of research grants, and contained provisions for the funding of 6,000 competing grants and 518 centers in FY 1985 and in each of the succeeding three years.

Donald L. Levin, Jewish Hospital director of development, emphasizes the growing importance of gifts to the hospital in light of the diminishing availability of other funds for research. "There is an increasing need for greater philanthropic support. We are fortunate that Jewish Hospital has a broad base of support," he says. "The experimental vaccines for two deadly bacteria: Group B streptococcus and Pseudomonas aeruginosa—the former, a leading cause of sepsis and meningitis in newborn American infants, and the latter, a major cause of infection and death in burn victims, children with cystic fibrosis and immuno-suppressed patients (cancer and transplant patients).

"The cost of material and equipment used in research has increased well beyond the rate of inflation. I refer to this increased rate as 'super-inflation'."

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

thousands of gifts which come in through the Tribute Fund, the ongoing generosity of the Fellows of Jewish Hospital and the munificence of our major benefactors are testimony to the hospital's past achievements and the essential element in shaping future success." Locally-generated support for research may provide the seed money for the beginning of a project which, with successful results, may in turn lead to securing funds from federal or corporate sources.

Richard Markham, M.D., began research in immunology at Jewish Hospital, funded by a $100,000 grant from the Auxiliary. The grant established and equipped the Infectious Disease Laboratory, where research is performed on the cellular basis of the body's immune response to medical center hospitals, including Jewish Hospital, and actively engage in research projects. "Creating and funding endowments on a continuing basis is a priority and the focus of a large effort at the hospital," says David A. Gee, hospital president. Last year, endowments accounted for some $2 million in hospital-provided support for research.

His research resulted in the isolation of the T-lymphocyte, which has been shown to secrete a product toxic to Pseudomonas aeruginosa. The data compiled in the course of his research formed the basis for successful application to the Council for Tobacco Research, USA, Incorporated, of New York, for a three-year, $200,000 grant for the continuation of his project which may, someday, result in the production of a vaccine that will eradicate the incidence of death caused by this bacteria.

While biomedical research has not led to the discovery of a cure for the common cold, it has provided longer life expectancy and better treatment methods and materials for ministering to many diseases. In a single generation, research has closed in on small pox; generated life-saving devices and surgical procedures for heart problems and defined the causes and nearly extinguished the incidence of polio. In search of cures for diseases already with us, billions of dollars have been spent, and countless billions more will be required as new diseases develop and new cures are sought.
Jewish Hospital and the Jewish Center for Aged have strengthened their interrelationship to improve the quality of care for JCA patients both in and out of the hospital.

by Janet Ruegg-Hawks

"Physicians can either look on old people as an unavoidable nuisance or they can rejoice with them in their ability to survive and then endeavor to keep them fit. Time must be found to listen to the elderly. The elderly of tomorrow are here today."

Sir Ferguson Anderson, Emeritus Consultant Physician Southern General Hospital, Glasgow, Scotland

Sir Ferguson's sentiments had special meaning to his audiences at the Jewish Center for Aged (JCA) annual meeting and during his Harvey and Dorismae Friedman visiting lectureship at Jewish Hospital last spring. Both institutions are deeply involved in providing quality, cost-effective treatment for the elderly. The medical staff of the JCA and the Washington University Program on Aging, housed at Jewish Hospital, have expanded their natural link as agencies of the Jewish Federation into a cooperative effort in which both staffs work together to provide hospitalized JCA patients with continuity of treatment.

"During the past decade, programs on aging, designed to educate physicians in the care of the elderly, have been springing up all over the country," explains William A. Peck, M.D., physician-in-chief at Jewish Hospital and director of the Program on Aging. "Our Program on Aging, which began almost two years ago, provides patient care, assessment for older people, education for medical students and residents, continuing education for physicians in practice, and education to other health care professionals and the lay community. The program is also involved in research and investigation into improvements in health care for the elderly. With the growth of the faculty of the Program on Aging, it seemed logical to relate patient care activities at the JCA to this program. Ellen Binder, M.D., medical director of the JCA, is relating increasingly to the other members of the Program on Aging. This is working toward what I think is the ideal situation, in which there is total continuity of care and education between the two programs."

The current interrelationship between the two institutions has three components: Program on Aging staff attendance at medical rounds at the JCA, Jewish Hospital physicians-in-training rotations at the JCA as part of...
Daily rounds at the JCA take Dr. Binder from the medical pavilion to patient rooms, nursing stations and lounges as she visits with patients, exchanges information with floor nurses and checks on residents' progress. From left to right, she is shown with resident Jake Cantor and Faye Gillis, R.N. During her rounds at Jewish Hospital, Dr. Binder checks on JCA resident Eva Goldstein's progress.

Therapy consultants during weekly rounds at the JCA. Their counterparts at the JCA present information from their points of view about a particular case or a general situation, illustrated by particular cases. "The staff here presents their insights on how to deal with a problem," says Dr. Binder. "The Program on Aging staff learns about the problems in their respective disciplines from the perspective of a long-term care facility."

The Program on Aging and the JCA medical staffs are interested in preparing physicians and nurses-in-training for the realities of treating the aging population. "Since aged patients will be a significant part of a physician's practice, they need to be skilled in treating them," says Dr. Binder. "They have learned to be good in intensive care and other acute situations. Now, they need to have skill in the nuances of long-term care."

She and Paula Davis, M.D., educational director of the Program on Aging, feel that the teaching affiliation will be important for caring for elderly patients both now and in the future. Through its relationship with Jewish Hospital, the JCA is progressing toward becoming a teaching nursing home. "This population deserves and requires appropriate medical care," says Dr. Binder. "One of the big advantages of the relationship between the hospital and the JCA is the exposure physicians and nurses-in-training get to good quality nursing home care."

At present, the JCA is included in the geriatric elective for Jewish Hospital students and residents, JCA patients are treated at the hospital specialty clinics, and the house staff is involved in providing care for hospitalized JCA patients.

The JCA link is also beneficial to the hospital's training program in geriatrics offered through the Program on Aging. "Most medical schools now offer training in geriatrics, but usually there is only one person teaching in the division, most commonly an internist or psychiatrist," explains Dr. Davis. "We feel it is necessary that geriatrics be an interdisciplinary study and our team approach is what is distinguishing the..."
Jewish Hospital program from many others.”

**Continuity for Patient Care**

Residents at the JCA have a choice between retaining an outside physician or subscribing to the health care services at the nursing home. More than 80 percent of the approximately 275 residents have opted for the in-house plan, directed by Dr. Binder. Since Dr. Binder’s appointment as full-time medical director of the JCA, the link between Jewish Hospital and the JCA has grown stronger. Dr. Binder’s admitting privilege at the hospital allows her to act as her patients’ primary physician throughout their stay. (Previously, JCA patients were assigned to a member of the house staff, as the former director was not on the Jewish Hospital staff.) Dr. Binder is also in the process of arranging for Jewish Hospital staff physicians to provide specialty consultation for her patients.

“I have become aware of how traumatic it is for older people to be hospitalized,” says Dr. Binder. “It helps the patients—and the house staff—for there to be a person to coordinate their hospital care and after-care at the JCA. Our patients and their families are relieved to see a familiar face at the hospital and that reduces the psychological strain of the hospitalization for all of them.”

A recent case illustrates how Dr. Binder’s ability to coordinate care at Jewish Hospital benefits all three parties—patient, physician and house staff. Mr. M., a JCA patient with lung disease, was admitted to the hospital when his situation worsened. Partly due to medications, and compounded by the change in environment, he became psychotic. “By being his primary physician, I was able to pick up on those changes as soon as they occurred and work with the house staff to have him treated effectively,” explains Dr. Binder. “I know he has a history of psychiatric problems and he is also quite debilitated from his disease. I was able to tell the house staff when he had reached his optimal condition, given his problems.”

Gordon Bisher, physician’s assistant at the JCA, believes the cooperation is important in many aspects of patient care. “Before Dr. Binder’s appointment, the communication between the two agencies was not optimal. It was difficult for me to communicate with the hospital staff because I did not know the system. It was frustrating for me to provide care or information from this side. Dr. Binder knows how the hospital works, and whom to talk to in a specific department. It is good for the facility and, more importantly, good for the patient. It is more cohesive for the same person to be responsible on both ends. I hope it has been helpful to the hospital staff in the same way.”

**On-site Care**

Like all nursing homes, the JCA has always had a medical director who was responsible for overseeing health care utilization, record keeping and the provision of direct patient care. Yet, in a part-time capacity—which was the situation at the JCA—the physician in that position was unable to provide the day-to-day preventive and follow-up work that constitutes much of Dr. Binder’s responsibility.

She and Mr. Bisher are able to closely monitor the health status of their patients living at the JCA. Rounds are made on most JCA divisions daily, nurses are trained to write all patient observations in a notebook for physician review, and the availability of Dr. Binder and Bisher on a regular basis makes it possible for them to observe small changes in a resident’s medical status.

The facilities of the JCA also give the medical staff the ability to perform many ser-
Vices for their residents that are not possible at many nursing homes. Dr. Binder and Bisher are justifiably proud of how they have been able to reduce patients' lengths of stay at the hospital because of the pre- and post-hospitalization care they can provide at the JCA. An affiliation with a laboratory and X-ray service allows the staff to do extensive testing of patients on-site. The medical offices at the JCA include examination rooms, rooms equipped for the specialists—dentist, dermatologist, speech therapist, and podiatrist—who regularly visit to take care of JCA patients.

The reduction in hospital length of stay is not only a factor in controlling the spiraling costs associated with care for the elderly, but is also important to the patient's psychological well-being. "The JCA is home to our patients," notes Bisher. "They are so much more constrained in a hospital room than they are here. A patient who will be restricted to his room at the hospital is able to go to meals or other activities here."

Intramuscular and intravenous antibiotics, critical for many illnesses seen in older patients, may be dispensed avoiding unnecessary hospitalization. In addition, she is able to recognize early symptoms of disorders for which patients must be hospitalized and admit them earlier, when their prognosis is better. The day-to-day observations she is able to make on her patients helps her to prevent chronic problems from becoming acute and to recognize when a patient is developing early symptoms of a disorder."

Dr. Peck concurs, "Health care at the JCA is very good. It certainly is as good as there is in the community."

"With the growth of the faculty of the Program on Aging, it seemed logical to relate patient care activities at the JCA to this program."

William A. Peck, M.D.
Paul G. Rogers, a partner in the law firm of Hogan and Hartson, Washington, D.C., will present the keynote address at the annual meeting of the Fellows of Jewish Hospital on October 20, 1985, at the Washington University Wohl Center.

Mr. Rogers spent eight of the 24 years he served in the United States House of Representatives as chairman of the House Subcommittee on Health and Environment, through which he became nationally recognized as an innovative and hardworking leader. Virtually every major health law passed during his tenure bears the Rogers mark.

Among the prominent pieces of legislation which carry the Rogers name are the National Cancer Act; the Heart, Blood Vessel, Lung and Blood Act; the Research on Aging Act; the Comprehensive Drug Abuse Prevention and Control Act of 1970; and the Clean Air Act. Today, Rogers continues his interest in conservation and environment after serving as a member of the Merchant Marine and Fisheries Committee, where he was sponsor of the National Sea Grant College Act.

His work as a legislator has been recognized by educational institutions including Duke University, New York Medical College, Hahnemann Medical College, the Universities of Maryland and Florida, and others from which he received honorary degrees. He is a member of the Institute of Medicine of the National Academy of Sciences, from which he was awarded its Public Welfare Medal, in recognition of his “distinguished contributions in the application of science to the public welfare.”

Active in a variety of health-related organizations, Rogers chairs the National Council on Patient Information and Education, and the Advisory Council for the Robert Wood Johnson Foundation’s Program in Pre-paid Managed Care for Medicaid Recipients.

Donald L. Levin, Jewish Hospital director of development, says, “Paul Rogers is a captivating and dynamic speaker. This, combined with his unsurpassed credentials in health care issues viewed from a national perspective, promises an exciting afternoon. The Fellows of Jewish Hospital are very pleased to have him speak.”

The Fellows is the hospital’s organization of benefactors, each of whose annual gifts to the hospital total $1,000 or more. The members’ contributions help to provide the margin of difference which makes it possible for Jewish Hospital to be the best and provide the best.

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, St. Louis, Missouri, 63110.
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One of the fallouts of Parkinson’s disease is depression, a kind of hopelessness that we are all very susceptible to developing. Yet, we can avoid depression if we know some basic principles and are willing to follow them,” Milton Rubin, Ph.D., psychologist, told the audience at the July 14 Parkinson’s Educational Program held in the Steinberg Amphitheater.

“Everyone knows about depression. It is free, it is often contagious, and I think in some cases it is hereditary. It also has a root system that must be defeated. Knowledge is the only way to pull depression out by its roots,” he explained at his talk, “I Never Asked For This Disease.”

Dr. Rubin’s mission was to help Parkinson’s patients—and those who care for them—learn how to combat the depression that can occur with the disease. His lively, laughter-filled presentation, while not diminishing the seriousness of the problems of the people gathered to hear him, provided concrete suggestions on dealing positively with those problems. “Some of you may be thinking, ‘the nerve of this psychologist coming before this group and talking about his theories!’ But I think it is important to understand that how we choose to see things depends on the strength we have in our brain, not necessarily in our bodies,” commented Dr. Rubin.

He introduced his audience to two of his favorite theories—one, known as PLOM, an acronym for “poor little old me,” and the other, an analysis of human interaction he calls “the bucket theory.” We all play the PLOM game, said Dr. Rubin, but some of us play it daily while others may only play it infrequently. A chronic PLOMmer has a characteristic slumped-forward posture, with shoulders down, as if carrying the weight of the world. Most begin their PLOM experience by finding a corner of the room or their lives where they can retreat. After a while, said Dr. Rubin, they look around from their positions of isolation and find that no one is listening to their complaints, so they...
leave their corners to tell their troubles to others. Their 'victims' gradually move away from them and their constant complaining, and the PLOMmer becomes angry, and finally, depressed.

"Depression is anger turned inward and repressed. People don't know what to do with their anger, so they swallow it whole. Their level of anger rises and rises until they explode—either with a volcanic eruption or by complete withdrawal," explained Dr. Rubin. "But the only way to defuse depression is to learn to express anger."

He illustrated his point with a story of a patient, a 17-year-old girl with leukemia, who was very depressed. One day, she exploded in anger, shouting "I never asked for this disease!" Dr. Rubin worked with her to teach her ways of expressing, not repressing, her anger. "As soon as she learned to express it, she started looking and feeling better," he recalled.

"And while her initial prognosis was very poor, she managed to live four more years. I believe the brain is one of the most powerful elements in the healing process."

During the girl's treatment, Dr. Rubin found that sometimes the doctor/patient roles were reversed, and she offered him advice on things that angered him. "We all have our problems. We just need to keep them in perspective," he said. "The quality of life you lead during your illness is very much up to you. You need to learn that, day in and day out, you must constantly flex and change. And, even though other people can make us crazy, we can't always avoid contact with them."

Dr. Rubin's second theory, "the bucket theory," is a method to analyze human transactions. "The 'bucket theory' might help explain what we do to each other and perhaps change the way we look at other people. It speaks eloquently about what Parkinson's is about from day to day," Dr. Rubin explained. "I've got a bucket, you've got a bucket, all God's children got buckets. When my bucket is full, the sun is shining, the world is wonderful, I feel good about myself and I like what I see in the mirror. I know that I have problems, that the world has problems, but I also know that I am only one person and I do what I can do and get on with my life.

"When my bucket is empty, I don't want to hear about how great life is because I don't believe it and I can prove it. Look at all the disease and famine there is in the world! I don't care about you because you don't care about me." Empty bucket people, he went on to say, are somewhere between a PLOM state and depression.

The second half of Dr. Rubin's theory is that we all have 'dippers.' Mostly, we use our dippers to take things out of other people's buckets. We take things out of other people's buckets by minimizing their achievements, insulting their intelligence or abilities, ignoring their needs or striking out at them. We all use our dippers, some of us more than others.

Dr. Rubin took his theory to a tough audience to test its applicability—a class of first graders. When he finished his explanation, he asked the class, "We know that having a full bucket is better than having an empty one. So, how do you keep your bucket full?" Most of the class raised their hands. He picked a boy in the first row to answer, full of hope that he had been understood, and the boy replied, "You whip out your dipper and dip into everybody else's bucket and fill your own!"

Devastated, Dr. Rubin noticed most of the children nodding their heads in agreement, but one lone hand was still raised in the back of the room. He called on the little girl, who gave him the answer he had hoped for, "The only way to keep your bucket filled is to first fill someone else's," she pronounced.

"It's not an easy concept if you choose to make it hard," Dr. Rubin continued. "In the process of filling someone else's bucket, you tend to fill your own. Show me a chronic dipper and I'll show you the emptiest bucket in town. When a person is playing PLOM, or is depressed, their buckets are empty. They need to fill them up but they don't know how. For the most part, they assume it is other people's responsibility to keep their buckets filled. This is a child-like mentality, but it is held to by many regardless of age."

Dr. Rubin captured the essential elements of his talk into three points: avoid playing PLOM, live one day at a time in a way that makes you feel good, and diminish your concern for yourself and start to concentrate on others.

"Your ultimate objective is to fill your bucket," he concluded. "You need to take responsibility for your bucket by filling the buckets of others."

PEP programs, sponsored by the Jewish Hospital Auxiliary, are held three times a year in the hospital's Steinberg Amphitheater. The American Parkinson's Disease Association now has a St. Louis Information and Referral Center at Washington University School of Medicine with a hotline, newsletter, community and health care referrals, and printed material. The telephone number of the center is 362-3299. For further information on PEP programs, contact the Jewish Hospital Auxiliary office at 454-7130.
Four new positions were recently created and filled in the administrative offices at Jewish Hospital. The positions, assistant vice presidencies, are part of the hospital's administrative realignment. The resignation of John M. Fraser, vice president, and the decision to reduce the numbers of vice presidents, afforded the opportunity for this organizational change. The individuals appointed to these new positions each gained a title through promotion.

**Judith Jacobs**

Judith Jacobs, R.N., BSN, MBA, brings a wealth of experience to her position of overseeing the departments of anesthesia, dentistry, neurosurgery, obstetrics and gynecology, ophthalmology, otolaryngology, pediatrics, surgery and operating rooms.

A graduate of the Jewish Hospital School of Nursing, Jacobs returned to the hospital in 1972 as an operating room medical-surgical instructor for the school. She has since held positions as inservice instructor, project director and assistant director of nursing. She holds a BSN from St. Louis University and an MBA from the Lindenwood Colleges.

**Robert Jewell**

Robert Jewell, former director of human resources, began his career at the hospital 14 years ago as a psychiatric technician. A series of promotions, starting with nursing psychiatric technician to assistant charge technician and charge technician, led him to transfer to the personnel department in 1974 as an interviewer. He became supervisor, assistant director and director of personnel before his appointment to director, human resources division.

As assistant vice president, Jewell oversees the employee assistance program, the departments of employee health, infection control, education, personnel, volunteer services and house staff administration.

Jewell holds a B.A. degree in philosophy from Cardinal Glennon College and has attended the MHA program at Washington University.

**Melba Kiger**

Melba Kiger now has responsibility for central service, dispatch services, laundry and housekeeping. Ms. Kiger began her professional career at Jewish Hospital as administrative supervisor for the department of radiology. In 1977, she was promoted to director of central service, and in 1983, her duties were expanded to include the direction of the then newly-formed dispatch services area.

**Shirley Seele**

Shirley Seele, R.N., BSN, MHA, has experience in nursing and supervisory positions as well as faculty appointments at Maryville College and Webster University. A Jewish Hospital administrative resident in 1981, Ms. Seele was promoted a year later to administrative coordinator in home care.

She has since worked as administrative assistant to hospital vice presidents Keith Callahan and John M. Fraser and as liaison for the departments of obstetrics and gynecology, psychiatry and rehabilitation medicine. As assistant vice president, Seele will use these experiences, as well as knowledge gained in studies at St. Louis University (BSN) and Washington University (MHA), in overseeing the functions of the departments of radiology, psychiatry, radiation oncology and rehabilitation medicine.
LIFEGUARD LUNCHETIME

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.

In 1981, a British woman was given a suspended sentence for the murder of her husband. The premise? She was suffering from temporary insanity due to premenstrual syndrome (PMS). This landmark case represented a turning point in attitudes toward premenstrual syndrome as a legitimate medical problem. "It was this case, more than any other event, that took premenstrual syndrome from the back pages of gynecologists' textbooks to the front pages of newspapers and articles in many popular magazines," said Ronald Strickler, M.D., obstetrics/gynecology, at the May 29 LIFEGUARD Lunchtime Lecture, "Premenstrual Syndrome and Survivors."

According to Dr. Strickler, approximately 45 percent of the female population in the United States exhibits symptoms of premenstrual syndrome, but, he says, only five percent seek medical treatment. "Lest you think that five percent is not a significant number, that figure represents, in this country, about two and one half million women," Dr. Strickler noted. "If, on the average, each one of these women has contact with four individuals around her—be it coworkers, employer, husband, family, whomever—then approximately 10 million other people in this country have first-hand knowledge of premenstrual syndrome."

Dr. Strickler grouped PMS symptoms into broad categories. The emotional side, he said, is usually characterized by irritability, anxiety, anger and violent episodes. Physical symptoms include breast swelling, weight gain and abdominal bloating. "In making a diagnosis, the physician must remember that for a woman to have premenstrual syndrome, the symptoms must cluster at some point during the menstrual cycle, improve during the menstrual flow, and be followed by a long symptom-free interval," said Dr. Strickler. "But she must have at least some time during which she feels totally well, to believe that it is premenstrual syndrome. A sort of quaint way of thinking about it is that crazy people are crazy all the time, while premenstrual women are only crazy some of the time."

According to Dr. Strickler, physicians have tried a variety of treatment modes, including progesterone therapy, the drug pyridoxine, as well as diet and exercise programs. "As we treat these patients, it is important to remember that not all of them demand intensive high-tech treatment," he emphasized. "Not all of them require progesterone suppositories or other drug therapies. The women we select for extensive treatment are those affected significantly in their lifestyles, interpersonal relationships or..."
who have been unresponsive to simple therapies.” For instance, if a woman complains of breast swelling and tenderness, Dr Strickler recommends reduction of caffeine intake, and for fluid retention, a mild diuretic in small doses.

In cases with psychosocial symptoms, Dr. Strickler advocates starting with a non-drug strategy. “For many women, simple education about premenstrual syndrome and an understanding that the condition is real is important,” he says. “They need to know that it’s okay to have bad days. Most of us have bad days. Women need to have permission to have bad days just as men do. And they need support from their families.”

“Overall, we’ve come a long way since the landmark British case,” Dr. Strickler concluded. “If nothing else, the medical profession has realized that premenstrual syndrome is very real and very disruptive to interpersonal relationships. I think that, in itself, has done much to allow women who suffer from premenstrual syndrome to come out of the closet and to be taken seriously.”

“How a person perceives situations results in that person’s reaction to them,” said Mary Hunter, BSN, MPH, presenter at the LIFEGUARD Lunchtime Lecture June 19 in the Stix Room. The lecture, “Tending Your Tensions,” dealt with stress identification and its reduction in everyday life.

Ms. Hunter had the audience provide general situations that members found stressful, and give examples of physical manifestations that occur. School, family, money and time were common stressors found, resulting in increased heart rate and breathing, elevation of blood pressure, irritation in the upper gastro-intestinal tract and cold, sweaty palms.

She noted that the examples provided by the group were all of bad stress (distress) and introduced examples of good, or happy stress (eustress), such as a marriage, childbirth and holiday activities. Whether distress or eustress, all stress develops in three stages: alarm, the fight or flight reaction to a stressor; resistance, during which the body can recover (from the physical reactions listed above) if the stressor is diminished; and exhaustion, which occurs when the stressor remains or intensifies.

Through changes in behavior, stress can be managed. Altering of your lifestyle, through better nutrition, exercise and a general slowing down in daily activity, may be necessary to gain control over stress. Other ways include the practice of progressive relaxation and changing your perceptions of events. Progressive relaxation includes muscle flexing and releasing and control of your breathing patterns. According to Hunter, “Changing your perceptions, or how you view things, is a way to assure a reduction in stress. If you do not view a situation in a negative way, it will not become stressful to you.”


Randy Hammer, Ph.D., presented a paper, “Resentment —Evaluation and Treatment in Relationships,” to the SSSS Regional Meeting in Chicago, Illinois, in June.

Joseph Hazan, M.D., spoke on “Infertility—Advances and Promises” on the Bob Hardy talk show broadcast on KMOX-AM June 4, 6, and 7.

Lawrence Hoffman, DMD, attended a workshop on dental prepaid programs May 3-4 at the Leonard Davis Institute, Wharton School of Business, at the University of Pennsylvania in Philadelphia, Pennsylvania.

Michael Isserman, M.D., was elected vice president of the St. Louis Ophthalmology Society for the 1985-86 term.

Mary Ann Jacobs, R.N., MSN, authored an article, “CPR for the Patient with a Halo Apparatus,” published in the July-August issue of Rehabilitation Nursing.

Nicholas T. Kouchoukos, M.D., co-authored an article, “Late Results of Surgical and Medical Therapy for Patients with Coronary Artery Disease and Depressed Left Ventricular Function,” published in the May issue of the Journal of the American College of Cardiology. Dr. Kouchoukos was elected president of the Washington University Medical Center Alumni Association for the 1985-86 term.

Robert Kuske, M.D., spoke on “Breast Conservation Therapy for Breast Cancer” at
FROM RUSSIA WITH LOVE—For 36 years, Jacob Averbukh and Isaac Rubinstein worked together in a factory in Kiev, in the southeastern area of the Union of Soviet Socialist Republics. In the late 1970s, when the Soviet government eased restrictions on emigration, both men and their families came to the United States and settled in St. Louis. Today, they live across the street from each other in the University City "loop" area, where many of the Russian immigrants settled.

As if their situations were not already incredibly coincidental, consider this recent Jewish Hospital connection. In April, both men were hospitalized for heart-related problems and assigned to the same room. On the day of their discharges, they spoke highly of their care and proclaimed that their physicians and nurses deserved "medals and honors" for their work.

"In Russia, I was in the hospital for at least two months each year for my heart condition," recalled Mr. Rubinstein, as he spoke through hospital translator Elena Galkin. "There were six people in each room and the beds were so close together it took a great deal of time and effort to get up to go to the bathroom. But here, everything is perfect!"

Mr. Averbukh echoed his friend and roommate’s praise, "It is amazing how good the people are to us. They are very caring."

With great emotion, Averbukh characterized surgeon Nicholas Kouchoskos, M.D., chief of the division of cardiovascular and thoracic surgery, who performed his heart surgery, as “a man with golden hands.”

Rubinstein has learned enough English to pass his citizenship examination and to act as his friend’s translator. Averbukh studied English for two years, but after two heart attacks and a stroke, he was advised by his physicians that the learning process was causing him too much strain. His son, daughter-in-law and grandson, an engineer working toward his Master’s degree at Washington University, take care of his shopping and other transactions that require the use of English.

Rubinstein has two daughters and three granddaughters in this country. One granddaughter is in the premedicine program at Washington University.

A CONTINUING CONTRIBUTION—When Elaine Seldin Kornblum died on October 26, 1984, after a prolonged illness with lung cancer, her family wanted to establish a memorial for her. Their purpose was not only to pay tribute to someone they knew as generous and thoughtful but to somehow continue her life’s work.

In August, Elaine’s mother, Mrs. Herman Seldin; her husband, Harvey Kornblum; and her brother, Marc Seldin, announced a joint contribution to the Jewish Hospital Home Care Department, which, in Elaine’s memory, will be named the Elaine Seldin Kornblum Department of Home Care.

The decisions to establish a fund for the Home Care Department took several months of consideration and was based on Elaine’s commitment as a psychotherapist to health care. The family also wanted to provide hospice-type services for terminally ill patients, a support system they considered invaluable during the last few days of Elaine’s illness. "We found that the services of the hospice program provided comfort for Elaine and support for the family,” says Mrs. Seldin.

"Because of that, we made the endowment to the home care department in Elaine’s memory, hoping that other people with terminal illnesses would receive this type of care.”

With the generous contribution of Elaine Seldin Kornblum’s family, the hospital’s home care department will be able to maintain the quality of home care and provide more emphasis on caring for the terminally ill.
NEWS BRIEFS

the Washington University Breast Cancer Symposium held in May. At the same symposium, Dr. Kuske also participated in a panel discussion on “Breast Cancer.”

Roop Lal, M.D., co-authored an article, "Treatment of Life-Threatening Ventricular Arrhythmias with Flecaïnide Acetate," published in the March issue of Pace. The paper was also presented at the May 9-11 meeting of the North American Society for Pacing and Electrophysiology in Toronto, Canada.

Marvin Levin, M.D., taped a portion of a TV show for the Time-Life Cable Network on "Diabetes in the Elderly" as part of the American Diabetes Association "informathon" to be presented nationally in November 1985. At the Central Council of the American Diabetes Association meeting in Baltimore, Dr. Levin spoke on “Behavior Modification in Obesity.” He co-authored an article with Eric Schlepphorst, M.D., chief resident at Jewish Hospital, “Rhabdomyolysis Associated with Hyperosmolar Non-Ketotic Coma,” published in the March/April issue of Diabetes Care. He also co-authored an article, "The Course of Peripheral Vascular Disease in Non-Insulin-Dependent Diabetes," which appeared in the May/June issue of Diabetes Care.

Collins Lewis, M.D., Lucas Van Orden, M.D., and Alice Noel, ACSW, presented a medical grand rounds program on the Alcoholism and Chemical Dependency Treatment Program at Jewish Hospital on April 16. Along with Louis Lange, M.D., Dr. Lewis, Dr. Van Orden and Ms. Noel presented a medical grand rounds on the cardiovascular complications of alcoholism at Barnes Hospital May 16.

Alan Lyss, M.D., presented a paper, "New Developments in Breast Cancer Research," to the

GOOD AS GOLD— Beverly Kaufer, R.N., obstetrics/gynecology, was recognized for her accomplishments in hospital and community service with the Hospital Association of Metropolitan St. Louis (HAMSTL) Gold Medal in a ceremony June 19. Ms. Kaufer has been with Jewish Hospital since 1960 and was awarded the hospital's Meritorious Service Award in 1984. The annual award is given to a representative of each hospital in the HAMSTL organization. "The awards are to recognize and honor those who have made significant contributions to aid others. These people are really those who help to improve the quality of life in St. Louis both in and out of their institutions," explained Stephen E. Dorn, president of HAMSTL. "They are extremely caring people who make contributions to their fellow man beyond the walls of the hospitals."

Ms. Kaufer was honored for the community service she performs by teaching parenting and baby care classes in her home, making presentations at local health fairs and for her exemplary job performance in the obstetrics/gynecology department. "Bev Kaufer has a great interest in obstetrics and the health care of her obstetrics patients that is evidenced both on the job and in her health-related activities in the community," says Judy Jacobs, R.N., Jewish Hospital assistant vice president. "She cares about the image of her department and she's always looking for ways to improve and project the department's image."

Kaufer is shown with Al Wiman, channel 4 medical/science reporter, who presented her with the award.

ANOTHER OPENING— An oncology inpatient unit opened in July to meet the special treatment needs of some cancer patients. The unit on division 4900 is part of the hospital’s Marilyn Fixman Cancer Center.

The unit was created to centralize care for patients with unique and/or complicated situations. It will not replace care for cancer patients in other areas of the hospital. The types of patients who will be considered for treatment at the unit include those who are undergoing very intensive treatment, patients with serious medical problems stemming from the cancer, patients with a variety of problems related to cancer such as psychosocial adjustment or special transfusions, and patients consenting to experimental treatments.

Alan P. Lyss, M.D., director of clinical oncology, and medical director of the new unit, emphasizes that the unit is not a “cancer ward,” but an effort to centralize specialized care for certain patients and their families. The unit is located with easy access to the support services—physicians, medical library, social worker and conference room—of the Marilyn Fixman Cancer Center. Dr. Lyss anticipates creating a patient education area within the new unit in the near future.

All Jewish Hospital medical oncologists and hematologists will have admitting privileges to the unit and will also have consulting status within the unit.
ABLE ASSISTS—For the sixth year, Jewish Hospital emergency department nurses and physicians served as voluntary medical service personnel to participants at the Senior Olympics sponsored by the JCCA. Coordinated by Sue Ohlau, R.N., emergency department, nurses provided the necessary medical/first-aid equipment and services at the site of each event during the three-day program.

Marty Oberman, a volunteer at the JCCA, coordinated physician services.

The department staff’s advance work with the event’s planning committee led to two important innovations this year. The work led to the creation of first aid backpack kits, providing easy access to and increased portability of emergency supplies. In addition, policies mandating the use of protective gear, helmets, goggles and other devices that provided an extra margin of safety for participants, were initiated.

Conditioning by the athletes, among them former Olympian Helen Stevens with two gold medals in track and field (Berlin, 1936) and Frances Johnson, basketball (Berlin, 1936), kept the number of injuries to a minimum. The majority of treatments administered to the participants were for blisters and pulled muscles, “injuries that could have happened anywhere, to anyone, regardless of age,” said Ms. Ohlau.

Doris Peters’ sweep of 7 gold medals in swimming and 94-year-old gold medalist Newton Barrett’s 30.5 second 100 meter race (a possible world record for his age group) highlighted the 1985 Senior Olympics. This event is but one of the community events to which the emergency department gives assistance. The JCCA/Jewish Federation-sponsored Walk for Israel and the JCCA’s Labor Day Run also benefit from their expertise. Emergency department instructors provided cardiopulmonary resuscitation (CPR) training to the Ballwin-Patrol and the American Heart Association Advanced Cardiac Life Support (ACLS) program.

SHARE Breast Cancer Support Group June 1 at Mallinckrodt Institute of Radiology. Dr. Lyss attended the American Society of Clinical Oncology meeting on Cancer Research May 19-22 in Houston, Texas.

Edward Massie, M.D., received the Alumni Faculty Award for 1985 from the Washington University School of Medicine at the Reunion Banquet Awards Program.

John P. McGuire, M.S., MHA, hospital executive vice president, served as a panelist at the Institute on Current Financial Issues sponsored by the Healthcare Financial Management Association in Washington, D.C., May 30-31. At the meeting, Mr. McGuire also presented a paper, “The Definition and Financing of Uncompensated Services in Health Care.”

Gary Meltz, M.D., attended the American College of Physicians annual meeting in Washington, D.C., in March.

Edward Okun, M.D., presented a paper, “Sclerochoroidal Erosion and Vortex Vein Compression Secondary to Posteriorly Slipped Encircling Band,” to the Paul Gibis Club June 3-5 in Interlaken, Switzerland. He moderated a panel discussion on diabetic retinopathy at the International Laser Meeting June 5, also in Interlaken.

Arthur Prensky, M.D., co-authored a paper, “Olivopontocerebellar Atrophy with Retinal Degeneration,” presented to the American Academy of Neurology in Dallas, Texas, April 30. He spoke on “Epilepsy: Recent Advances in Dx and Rx” at the University of Indiana May 1-2 in Indianapolis, Indiana. Dr. Prensky also spoke at the Cornell University Medical School in New York, New York, on “Metabolic Causes of Mental Retardation” on May 31.

Gary Ratkin, M.D., was elected chairman of the clinical practice committee of the American Society of Clinical Oncology at the Houston, Texas, meeting May 5.

Moisy Shopper, M.D., chaired an interdisciplinary seminar on “Children of Divorce” at the American Psychoanalytic Association meeting in Denver, Colorado, May 18.

Nathan Simon, M.D., spoke on “Termination of Psychoanalysis” and “Psychotherapy in Parentless Cases” to the department of psychiatry at SIU School of Medicine in Springfield, Illinois, on June 3 during his session as a visiting professor.


CAPITOL TESTIMONY
—William A. Peck, M.D., physician-in-chief and director of the Jewish Hospital Program on Aging, brought his expertise on osteoporosis to Washington, D.C., June 20, where he testified on the disease before the U.S. Senate subcommittee on aging. Dr. Peck, who last year chaired the National Institutes of Health consensus panel on osteoporosis, is president of a new organization, the National Osteoporosis Foundation.

“There is a discrepancy between the relatively small amount of money that the government appropriates for research on osteoporosis and the magnitude of the problem in our country, affecting 15-20 million Americans and costing an estimated $4-6 billion a year,” explains Dr. Peck. “I came away very encouraged about their interest in osteoporosis,” notes Dr. Peck. “I am encouraged that the Senate will push for increased appropriations for research in this important area of health care. The National Institutes of Health would like to mount a decade-long war on osteoporosis. In order to do so, it needs congressional appropriations.”

MUSIC HATH CHARMS
—Students at the Jewish Hospital School of Nursing are able to unwind after a day of classes and clinical training by playing—or listening to—a new piano, donated by the George W.S. and Juanita Way Nursing Scholarship Fund.

“The new piano replaces several older ones that no longer worked well enough to play,” explained Susan Graves, director of the school of nursing. “The value of a piano for student relaxation is great. There are a number of students who play and many more who enjoy listening to music.” The piano is also used to accompany entertainers for student and outside functions at the school.

The fund is administered by three trustees: David A. Gee, hospital president; Harry Kramer, Way family attorney; and Jacob G. Probststein, M.D., friend and physician of Mr. and Mrs. Way. The Nursing Scholarship Fund is one element of a living trust left to Jewish Hospital by Mr. and Mrs. Way.

ADVISE AND CONSENT
—Todd H. Wasserman, M.D., director of radiation oncology, has been invited to join the National Cancer Institute Radiosensitizer/Radioprotector Working Group, an advisory body to the radiation research program division of cancer treatment at the Institute. Dr. Wasserman will be one of 11 committee members who will contribute their expertise on specialized aspects of drug effects with radiation to the organization.

“Essentially, the group is a peer review organization. We still make recommendations to the National Cancer Institute on grants, contracts and appropriations for drug development,” explains Dr. Wasserman. The drugs are called chemical modifiers, which react with radiation therapy with chemotherapy. The drugs do not work against the cancers by themselves.

The working group meets several times each year to “review the science involved in grant proposals, the funding and to try and help formulate certain policies for the development of pharmaceuticals,” comments Dr. Wasserman.

Dr. Wasserman has spoken to national and international organizations and has published widely on the subject of radiation therapy and related pharmaceuticals.
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 offset the high costs 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.

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**Minicom TTY**

With the recent purchase of a second portable Minicom TTY, deaf patients at Jewish Hospital will be able to better communicate with their relatives, friends and physicians during their hospital stays. A portable telecommunication device, the TTY was purchased through funds provided by the Jewish Hospital Auxiliary. The hospital now boasts four TTYS. The two stationary units are located in the hospital’s emergency room and the department of otolaryngology.

The Minicom can be used easily even if someone is unfamiliar with the equipment. Deaf patients are alerted to incoming telephone calls by a flashing signal light. The patient then places the telephone receiver into a receptacle on the Minicom and types a message on the minicom keyboard which is transmitted to the caller’s TTY screen. When the speaker is finished with his or her message, the letters “GA” (go ahead) are typed, signaling to the caller to go ahead and respond. Entire telephone conversations are ended between callers with the code “SK” (sealed with a kiss).

To make outgoing calls, the patient simply places the telephone receiver into the receptacle and dials the appropriate telephone number. A signal light flashes slowly to indicate that the receiving telephone is ringing, but if the light flashes quickly, the caller knows that the line is busy.

According to Mary Ann Jacobs, R.N., clinical specialist, rehabilitation medicine, approximately 50 percent of the deaf community now uses TTYS. “Having another TTY will help ensure that deaf patients will have this convenience, not only at home but while they are in the hospital, so that they can contact their physician or relatives,” says Ms. Jacobs.

“Before we had the portable Minicomms, the nursing staff was responsible for assisting deaf patients with their telephone calls.”

The Minicom TTY was purchased for $189.

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CONTRIBUTIONS TO JEWISH HOSPITAL FUNDS

SUSTAINING GIFTS

Mr. Eugene J. Fishgoll has made a contribution to the Special Education Fund.

The estate of Mrs. Julia Gruenfeld has made a contribution to the Surgery Research Fund.

Mr. and Mrs. Alfred E. Goldman have made a contribution to the Cardiothoracic Surgery Fund.

Mr. Albert Halsband has established the Peter A. Halsband Fund for Cancer Research in memory of Peter A. Halsband.

Mr. and Mrs. Erwin S. Jaffe have made a contribution to the Geri Jaffe-Rothman Endowment Fund for Breast Cancer Research.

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

Mr. and Mrs. Roswell Messing, Jr. have made contributions to the Directors Fund and to the Roswell Messing Nursing Education Fund.

The Monsanto Fund has made a contribution to the JH Cardiothoracic Surgery Fund as a part of Monsanto Company's Matching Gift Program.

Dr. Alan H. Morris and Mrs. Marjorie J. Cohn have established the Ann Morris Fund for Oncology Nursing in memory of Ann Morris.

Drs. Carl W. and Judith K. Pierce have made a contribution to the Alex Sonnenwirth Research Endowment Fund.

Mr. and Mrs. Sidney Rich have made a contribution to the Research Endowment Fund.

Mr. and Mrs. Louis Rothschild, Jr. established the Dorothea and Louis G. Rothschild Fund for Pulmonary Medicine.

The St. Louis Society for Crippled Children, Inc. has made contributions to the Jewish Hospital “Kids on Their Own” program.
### SUPPORTING GIFTS

#### IN MEMORY OF

**Joseph Goldstein**

- Peter A. Halsband

**IN MEMORY OF**

- Mr. and Mrs. Louis I. Zorensky (Research Endowment Fund)
- Mr. and Mrs. Frank D. Gunter
- Mr. and Mrs. James D. Cherry (Peter A. Halsband Fund for Cancer Research)

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- **Special Birthday of Mrs. Shirley W. Cohen**
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- **Dr. James P. Crane**
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**IN HONOR OF**

- **Special 40th Anniversary of Mr. and Mrs. Joseph Edlin**
  - Special Birthday of Mr. Milton Frenkel
  - Speedy Recovery of Mr. Bennett Frelitch

- **Special Birthday of Mr. Abe Lewin**

- **Special Birthday of Mr. Tobias Lewin**

- **Special Birthdays of Mrs. Selma Seldin and Mr. Harris J. Frank**

- **Special Anniversary of Mr. and Mrs. Maurice Steinback**

**DONOR**

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  (Elaine Seldin Kornblum Home Care Endowment Fund)

- **Mr. and Mrs. Joseph Berger**  
  (Mary Goldstein Nursing Scholarship Fund)
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**IN SUPPORT OF**
The Jewish Hospital of St. Louis and its programs for patient care, research, education and community service:

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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 a 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 June 12, 1985 to August 11, 1985. Any contributions received after August 11 will be listed in the next issue of 216.

**GIFTS IN MEMORY**

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<td>Mrs. G. L. Harris (Martha K. Greensfelder Research Fund)</td>
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<td>Minnie Gelber (Edna Malen Scholarship Fund)</td>
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<td>Betty and Howard Hearsh</td>
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Alan Lieberman

Mr. and Mrs. Harold Lieberman
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<td>Mr. and Mrs. Irwin Mohr (Rubin &amp; Mary Cohen Endowment Fund)</td>
<td>New Home of MR. AND MRS. HAROLD MARGLOUS</td>
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<td>Mr. and Mrs. Irwin Mohr (Rubin &amp; Mary Cohen Endowment Fund)</td>
<td>College Graduation of ART MARGULIS, JR.</td>
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<td>Mr. and Mrs. Irwin Mohr (Rubin &amp; Mary Cohen Endowment Fund)</td>
<td>Recovery of MARY MARGULIS</td>
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<td>Mr. and Mrs. Robert Jones (Cancer Research Fund)</td>
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<td>Mr. and Mrs. Myron Novack</td>
<td>Speedy Recovery of HEDI MAYER</td>
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<td>Mr. and Mrs. Abe Lewin</td>
<td>Special Birthdays of MR. HERMAN MAYER</td>
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<td>Mr. and Mrs. John S. Morrison (Milton Frank Vascular Research Fund)</td>
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<td>Mr. and Mrs. Jerry Lapp</td>
<td>Recovery of MARVIN MOLDSKY</td>
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<td>Happy Father’s Day to DAN MORGAN</td>
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Special Birthday of DR. JOSEPH ORENSTEIN
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<td>Mrs. Fred Federman</td>
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<td>Special Anniversary of Mr. AND MRS. MELFORD SPIEGELGLASS</td>
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<td>Mrs. Dudley J. Cohen</td>
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<td>Judy Allen (Elaine Kornblum Home Care Endowment Fund)</td>
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<td>Mrs. Adolph Gallant (Jerry Kaiser-Irma Blank Cancer Fund)</td>
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<td>Gussie Wieselman (Milton E. Kravitz Heart Research Fund)</td>
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<td>Mrs. I.M. Kay (Mr. &amp; Mrs. I.M. Kay Endowment Fund)</td>
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<td>Graduation of JEFFREY STERN</td>
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**CALENDAR OF EVENTS**

**OCTOBER 2, 9, 16, 23, 30**

- 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.

**OCTOBER 5, 12, 19, 26**

- 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.

**OCTOBER 6**

- School of Nursing Open House tour of school and hospital for those interested in nursing careers; 1 to 3 p.m. in the school residence; open to the public; participants must be at least 15 years of age; no charge; call 454-7047.

**OCTOBER 14**

- 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.

**OCTOBER 16**

- Jewish Hospital Auxiliary Educational Seminar Series VII features "Infectious Diseases of the ‘80s," with guest speaker Harvey Liebhaber, M.D.; 9:30 a.m.; Auxiliary members only; limited seating; by reservation, call 454-7130.

**OCTOBER 17**

- School of Nursing Open House tour of school and hospital for those interested in nursing careers; 7 to 9 p.m. in the school residence; open to the public; participants must be at least 15 years of age; no charge; call 454-7047.

**OCTOBER 23**

- Sugar Babies educational and support meeting for persons interested in diabetes and pregnancy. Open to the public; participants need not be pregnant; guests welcome. Reservations are preferred; 7 - 9 p.m.; Stix room, call 454-7040 or 454-8128.

**OCTOBER 23**

- Jewish Hospital Auxiliary Fall Meeting features “Help Your Heart” with guest speakers Nicholas Kouchoukos, M.D., and Gerald Wolff, M.D.; fashion show; Steinberg Amphitheater and Brown Room; 10 a.m.; brunch; members only, by reservation, call 454-7130.

**NOVEMBER 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.

**NOVEMBER 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.

**NOVEMBER 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.

**NOVEMBER 16**

- Nurse for a Day sponsored by School of Nursing, tour of nursing school and hospital with student and faculty presentations. 11 a.m. to 4 p.m.; lunch served; open to the public at no charge, reservations required by November 8, call 454-7055.

**NOVEMBER 20**

- Associates In Medicine Lectures Series features Jerome J. Gilden, M.D., on “The New You—Total Joint Replacement”; complimentary refreshments; 7:30 p.m. in the Brown Room; open to the public at no charge; reservations required; call 454-8088.

**NOVEMBER 21**

- Sugar Babies educational and support meeting for persons interested in diabetes and pregnancy. Open to the public; participants need not be pregnant; guests welcome. Reservations are preferred; 7 - 9 p.m.; Stix room, call 454-7040 or 454-8128.

WATCH for the continuation of “Health Matters,” a television series on current medical issues featuring experts from Jewish Hospital and Washington University Medical Center. Consult your t.v. guide for times and topics to appear on Channel 9.
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.