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216 S. KINGSHIGHWAY, ST. LOUIS, MO. 63110

DR. MARK M. RAVITCH (L.), surgeon-in-chief, Baltimore City Hospitals and associate professor in surgery, Johns Hopkins Hospital, was the guest of Jewish Hospital March 8-10 as the first visiting professor under the J. G. Probstein Visiting Professorship of Surgery, endowed in 1964 by the Leonson Foundation as a tribute to Dr. Probstein, hospital senior surgeon. Dr. Ravitch delivered two major addresses, conducted medical and surgical grand rounds, and held case presentations daily. With him are (from l.) Mrs. Naomi Wagner, daughter of Mr. and Mrs. Leon J. Leonson, Dr. Probstein, and Dr. Morton D. Parraica.

Hospital Families

Outpatient Clinic Built
In Honor of Waldheims

(The following story is one in a series in which 216 will feature individuals or families 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 status and programs of patient care, research and education.)

Aaron Waldheim and his descendants:

In 1923, 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 north 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. The building was constructed in 1926 during his presidency of the Jewish Hospital Association (1915-1921).

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

MET 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." His 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," Mr. Waldheim gave Jewish Hospital an additional $325,000 before his death in March, 1935. When his wife, Hattie, died in May, 1953 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 1886 he was sent to St. Louis as man-
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 337 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-Stripers and Teens-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 Clovern Garden flower shop.

Auxiliary Offers Tours

Conducted tours of The Jewish Hospital of St. Louis are another of the service projects 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 R.⬇️ is chairman of tours, works with her committee of seven women. They are: Mrs. Leo Epstein, Mrs. Samuel Levement, Mrs. Dave Berman, Mrs. Leonard Kauffman, Mrs. Harold Lewin, Mrs. Joseph Raxwich and Mrs. Alfred Spiritas.

Any group wishing to take a conducted tour of Jewish Hospital, 216 South Kingshighway, can make arrangements by calling FO 7-8880, Station 372.

Spring Meeting At Meadowbrook C. G.

Searching for the “4th dimensional women” the proxy editor’s of Fogag 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 which is directed by Mrs. Donald Quickstein. Other members of the committee are: Mrs. Ben Schenker, co-director; Mrs. Charles Sophir, choreographer; Mrs. Alvin Price, Mrs. Gene Schneider, producers; Mrs. Kenneth Poslosky, costume designer; Mrs. Harold Lazovetz, properties manager; Mrs. Stanley Wielansky, assistant producer.

Mrs. Joseph Berger II is arrangements chairman. Reservations will be handled by Mrs. Tiford Heazir, Mrs. Stanley Muten and Mrs. Allan Malisky.

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. Shiffman; vice-president — fund raising, Mrs. Bream Lewin; financial secretary, Mrs. Morris Horwitz; 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 Zalk.

Mrs. Mordecai Brown, director of volunteers at Jewish Hospital, attended an international conference on Developing and Maintaining a Hospital Volunteer Program, sponsored by the Missouri Hospital Association, February 16-19, at the Ramada Inn in Jefferson City.

Rabbi Lawrence Siegel, Jewish Federation chaplain, spoke at the Northwest School PTA meeting on “Religion and the Exceptional Child,” February 17, at the school.

Four members of the division of biology, who wrote papers which appeared or will appear in coming issues of “Laboratory Digest,” are: Miss Virginia Rotho, “Simultaneous Determination of Glucose and Urea Nitrogen at a Rate of 60 per Hour”; “Plasma and Whole Blood Glucose and Urea Nitrogen” Jean Cineas — “Calcium and Phosphorus Levels of Aged Sera and of Heparinated Plasma”; Mrs. Marjorie Kimeny — “Serum Cholesterol” by EDTA; Henry Lackland — “Quantitative Fibrinogen.”

Mrs. Margaret Engelmeier, medical records, will retire March 22, after 23 years of service to the hospital.

Mrs. Evelyn Whidick, director, medical records, has been asked by the American College of Surgeons, to serve on a committee to design an automated Tumor Registry System.
Tour Program Offered To Area High School Classes

"Careers in Medicine," a new program of Jewish Federation activities for school students 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 intricate and exciting projects in research 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 classes 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; auditing 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 reassemble for a 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.

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. Evelyn 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 each 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 take that information and make it available to the hospital and the public for future use. Under her supervision, statistics are compiled which serve other hospital administrators and public health officials.

Concerning medical records application 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 at present, 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 disease.

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 Kornovsky, public relations, will serve as co-ordinator.

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

Hospital employees, including full-time physicians and research staff members, contributed $10,000 to the 1964 drive. Contributions will again be made through payroll deductions.

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Contributions to Jewish Hospital Funds

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, 6360 Waterman Avenue, St. Louis 30, or Mrs. Joseph F. Ruwisch, 102 Lake Forest, St. Louis 17.)

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In the twenty years which have followed Medawar's discovery, a great deal has been learned about the nature of the immune system and how it destroys transplanted tissues. It is known that this system is composed of two distinct parts: the first is the production of "antibodies" (the plasma proteins) which, once formed, inactivate or destroy the antigen.

**INTESTINE ANTIBODY REACTION**

Q: They play a big part in protecting the body, don't they?

A: Antibodies, as part of the immunologic response, destroy bacteria, bacterial toxins and viruses. (Antigens to which they are exposed and thus allow recovery from those diseases caused by these substances. Also, in certain diseases, persist and thereby rise to permanent immunity; they may also be produced by an altered antigen which, in turn, may alter foreign organic substances. When this latter response is extreme, "hyperallergy" or allergy results (in the form of a toxic reaction). In the case of an altered antigen, the body reacts to the antigen itself, producing disease (prophylactic immunization, i.e., typhoid vaccine); they may also be "passively transferred" to provide temporary prophylaxis after exposure to a disease (i.e., tetanus antitoxin — which travels 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, "hyperallergy" or allergy results (in the form of a toxic reaction).

Q: We are seeking to understand and control these antibody reactions. A: Yes. Although we have followed Medawar's discovery, a great deal has been learned about the nature of the immune system and how it destroys transplanted tissues. It is known that this system is composed of two distinct parts: the first is the production of "antibodies" (the plasma proteins) which, once formed, inactivate or destroy the antigen.

Q: Find out more immunologic processes please.

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

Q: That sounds similar.

A: This reaction is probably in no essential way different from the protective immunologic attack which all higher animals launch against harmful foreign, i.e., "non-self," materials and cells which produce disease (prophylactic immunization, i.e., typhoid vaccine); they may also be "passively transferred" to provide temporary prophylaxis after exposure to a disease (i.e., tetanus antitoxin — which travels 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, "hyperallergy" or allergy results (in the form of a toxic reaction).

**ANTIBODIES, AS PART OF THE IMMUNOLOGIC DEFENSE OF THE BODY AGAINST ALL OF THESE SUBSTANCES (KNOWN AS ‘ANTIGENS’) TO WHICH THEY ARE EXPOSED AND THEREBY ALLOW RECOVERY FROM DISEASES CAUSED BY THESE SUBSTANCES.**

**TRANSPLANTS IN TWINS**

Q: Where do "genes" come in?

A: The brilliant investigations of George Snell, S.C.D., at Bar Harbor into the economy of tissue transplantation provided an invaluable impetus to immunologic research by, among other things, breeding animals of completely standardized and predictable immunologic nature (coisogenic strains). An "inogenic" 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 with 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 and has determined the chromosome strains of mice and are designated as histocompatibility loci (H-1, H-2, H-3, etc.). Whenever, in transplanting tissue, the donor possesses a histocompatibility barrier against the recipient, the recipient possesses a histocompatibility barrier against the graft which is then rejected by the recipient.

Q: So, no histocompatibility barrier exists between twins?

A: Identical (but fraternal) twins have exactly the same genes (they are "inogenic") and therefore no histocompatibility barrier exists (no T-antigens). The only way grafts between identical twins (isografts) are successful — they possess no antigenic differences and the recipient is therefore not immunologic suppression. Serious ethical questions are being raised to the continuing problem of transplant rejection (or heterotransplantation, i.e., between different individuals) with immunologic suppressives. (Dr. Pareira will explain Jewish Hospital's role in transplantation next month.)

**IMPORANT GENETIC FACTORS IN TRANSPLANT BLOODY**

Q: Nothing permanent?

A: To point these measures have prolonged the rejection time but none has yet allowed for permanent graft survival. Those relatively few biochemists working in the field of transplantation have been attempting to extract, chemically purify and propose experiments with the various of Snell's histocompatibility loci.

Q: But aren't there scientists in many fields working on transplantation?

A: Immunology, genetics and biochemistry have been so far mentioned as relevant to transplantation problems. It is beyond the scope of this simplified presentation to elaborate the role of many other of the biological sciences in transplantation biology.

**SHORT CUTS**

Q: I've heard about some short cuts to grafting.

A: "Short cuts" to the problem of homograft acceptance have been recently attempted unsuccessfully by a few clinicians. These methods ("immunosuppression") include treatment of the prospective graft recipient with X-radiation and/or various toxic drugs. These methods all operate by the same general mechanism: they are highly toxic to the recipient's lymphocytes, cells which originate the immune response, and so damage these cells that once short-lived and delayed immune response is subsequently launched against the transplant. These are the techniques currently in use in the few clinical surgical groups attempting human transplantation, and in addition forward and familiar methods required for immunosuppression are appealing to the clinician. Of the thirty or so research laboratories that are working to develop a method for the facts long ago established by the transplantation biologist, namely, that these techniques never allow permanent transplant survival unless a lethal dose of drug or radiation is administered.

Q: In other words, it's dangerous?

A: The cellular suppression produced by these techniques is temporary and the graft recipient finds himself an "immunologie cripple" unable to defend himself against the daily onslaught of the hosts 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 uncontrolled infection secondary to their immunologic suppression. Serious ethical questions are being raised to the continuing problem of transplantation (or heterotransplantation, i.e., between different individuals) with immunologic suppressives.
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, will be published in a future 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 was 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 were studying fertility. 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 the 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 about earlier repressed attitudes the patient had towards her parents, instead of encouraging the 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 between the patient and physician. Patients were encouraged to express their angry feelings, anxieties and guilt. As 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 psychiatric 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. It is my feeling 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

DR. MARY GOLDSTEIN (L.) AND ASSISTANT

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 otoplogists 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 Schendel, 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 P. Pariaras, 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 microscope 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?

Dr. James O. Hepner, Ph.D., associate director, reviews a point with Ned (l) and Kelly Ann (r) after class.

The new Jewish Hospital personnel name tags are important in distinguishing Dan Wilford, a hospital administration student working with the Medical Care Research Center, from his identical twin Ned, six minutes his senior and also a student of hospital administration at Washington University.

As a research assistant to Dr. James O. Hepner, Dan is working on two hospital projects. The first concerns the name tags now worn by hospital employees. The second study is based on information from the hospital tumor registry.

The name tag, or identification study, now in its second phase, is actually an in-depth probe into the effects of change on people. Phase one took place before the name tags were issued. Hospital employees were asked to fill out forms with questions concerning the desire of personnel to know and be known by other employees and visitors. A full report of the findings will be issued when the research is completed.

The second project, which is just getting started, is a study of sociological data taken from the records of all cancer patients. A thorough study of age, sex, race, ethnic groups, and economic status of these patients will be made. By correlating this information, the Research Center hopes to determine future hospital needs for cancer patients; for example, types and number of beds.

Valentine's Day Party

A Valentine's Day party for the children in child psychiatry was given by the patient in adult psychiatry, February 12. After the presentation of "Rumpelstiltskin," the party continued with a ballet dance, piano music, and poetry reading by the hosts and hostesses; then dancing and singing for all.

Refreshments of cakes and punch made by the hosts and hostesses; then dancing and singing for all.

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Diagnosed in Special Nursery

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.

"Often," he continued, "it isn't possible to identify the specific elements of a child's complex communication disorder during a single examination or even a series of examinations spaced several months or even weeks apart.

"However," he added, "it's not possible to identify the specific elements of a child's complex communication disorder during a single examination or even a series of examinations spaced several months or even weeks apart."

"In the relaxed play atmosphere, the child is drawn into activities which have been structured to indirectly evaluate his sensory motor and psychological capability. Then, as the specially-trained teacher works with the child, he is observed through a two-way mirror by the other members of the professional team — an audiologist, a speech pathologist, a psychologist and a social worker. Often a child is taken out of the nursery for individual work with one of the staff.

"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 agency to refer the child for long-term education or rehabilitation.

"Most of the children who come to us for evaluation don't need the nursery," Dr. Shepherd added. "But we only place children there when they need extended evaluation."

WANTED: Used piano for the Ellen Steinberg Division of Child Psychiatry. Please call FO 7-8080, extension 492 for further information.

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