Medicare
Health Insurance for the Aged
The 1965 social security amendments, signed into law by President Johnson on July 30, establish a broad based program for persons 65 years or older popularly known as “medicare.” This program is important for persons now working for they will have this protection in later years. If you are 65 or over you will receive notices from the Personnel Office before January 1, 1966, and who have never received social security benefits, should get in touch with their local social security office before March 1, 1966.

Study at Jewish Hospital
The initial implications of Medicare have recently been explored by a study committee at the hospital; their findings were released last month in a comprehensive report to a committee of the board of directors and the professional staff.

The basic hospital insurance and the voluntary supplementary health insurance plan of medicare will go into effect on July 1, 1966, is the effective date for coverage of extended care facilities, such as nursing homes.

The purpose of the Jewish Hospital report was to describe the impact medicare will have on the hospital’s experience in long-term care, pressures for admission may be more acute here than for other institutions that do not have established professional programs in this area.

A. Gee, executive director, summarized:

“...a significant number of patients who will be eligible for the plan. The exact increase of patients cannot be determined at the present time, but with Jewish Hospital’s experience in long-term care, pressures for admission may be more acute here than for other institutions that do not have established professional programs in this area.

Presumably, 21 percent of the patients at Jewish Hospital are age 66 and over, and use 36 percent of the days of care. From this data, the hospital already shows a remarkable number of patients who will be eligible for the plan.

Reorganization of Committee
The administration of medicare depends on the effectiveness of the hospital utilization committee. The present utilization committee, will be reorganized under the new program. It will have authority and responsibility in controlling the influx of patients. The physician-directed committee will be required, not only to meet the law, but to insure proper use of beds. This is essential in a hospital which

Blood Donors: New Program
A new voluntary blood donor program for employees has recently been launched at Jewish Hospital. This program will be brought to bear by those patients 65 and over. This will be generated to some degree from patients who need elective medical care now, but who postpone seeking this care until July, 1966, when they receive benefits from the new health program.

The purpose of establishing this program for employees is to have a continuing list of donors available on The Hospital premises for keeping a sustaining supply of fresh blood available, as well as for emergency conditions.

Jewish Hospital in memory of his wife, Selma K. Roos. The original grant of $100,000 from Mr. Roos, which was further enhanced by a contribution from Richard K. Weil, served as a "seed" fund from which the Jewish Hospital research program could continue to grow.

Yalem Research Building
Groundbreaking, December 15
Groundbreaking ceremonies for the new Yalem Research Building will be held at The Hospital, December 15, as recently announced by Joseph F. Ruswitz, president, board of directors.

Dr. Balin Lectures OB-GYN Sessions
Dr. Howard Balin, assistant professor of gynecology and obstetrics from the University of Pennsylvania School of Medicine was invited to speak at Jewish Hospital on Nov. 12 and 13.

The $2 million, nine story building scheduled for completion in 1967 will increase research space at The Hospital to 40,318 sq. ft. A recent grant of $450,000 from the Public Health Service has been received by The Hospital to aid in construction.

Jewish Hospital Active in United Fund Drive
The 1965 United Fund poster child, Debra Milster, is slated at the Team Captain’s meeting held at the Hospital. Carl Gottscho (second from left) assistant to the vice-president of Universal Match Corporation and United Fund ambassador, spoke to the group at the kickoff. Also pictured are (left) William H. Chiles, personnel director and co-chairman of the drive at the hospital, and David A. Gee, executive director. During the meeting Debra presented a cake in the shape of a United Fund Torch to Mr. Gee.

Jewish Hospital Research Prospects
Because of Selma K. Roos Fund
In 1954, Sol Roos, a retired executive of the American Metal Company, Ltd., established a much-needed research fund at Jewish Hospital.
Modern Hospital Magazine Keynotes Our Cost Cutting

Jewish Hospital was featured in an article, “Here Are 66 Ways Hospitals Cut Expenses,” in the Nov. 21 edition of the Modern Hospital magazine. No other hospital was mentioned as frequently.

Invention, cooperation and improved management techniques were listed as basic for cost cutting in hospitals. All reduce expenses while improving services.

In the second year of the editors of the magazine have taken a sampling of the advances made in this field.

Coordination among community agencies and professional persons caring for the chronically ill is a function of the “Extended Care Institute,” held October 25-26 at The Hospital.

The Regional Training Center associated with the Hospital’s Long Term Care Department drew on the experience of community agency leaders from the St. Louis Health and Welfare Council, Cardinal Ritter Institute, and The Visiting Nurse Association of St. Louis.

Although five are supported by the U.S. Public Health Service, all five are run by non-profit community agencies.

Three leaders provided a background for 30 representatives from general hospitals and state, and local health departments for the 5-day institute.

Observers included L. Detor, assistant director, Division of Long Term Care, American Hospital Assn., and Charles Donnelly, DDS, consultant for the Department of Health, Education and Welfare.

Doctors Morris Alex, Aaron Birnbaum, Benjamin Borowski, Arnold Goldman, Richard Sisson and Calvin Weiss of the Hospital attending staff were among the faculty for the Institute.

“Hospital Extended Care and Medical Care” was under attention during meetings with David A. Gee, executive director of The Hospital; and James O. Heper, Ph.D., associate director; and Samuel Zibit, executive director of the Jewish Care Center for the Aged. The former spoke on Monday; Mr. Zibit on Friday.

All participants of the Institute considered, selection and training of extended care personnel and development of proper out-of-hospital records required by the new legislation.

Dr. Franz U. Steinberg is director of The Training Center, one of five of its kind in the country. All five are supported by the U.S. Public Health Service.

Disposible Syringes

In 1962, Phillip Basnin, assistant director, found a technique for reusing disposable plastic irrigation syringes (40 cents each) in place of glass syringes ($3.55 each). This saves The Hospital $5,000 a year. An essential aspect of the system is the use of silicone as lubricant for the plunger.

Irwin Albrecht, assistant director and controller, and Mr. Basnin purchased its own offset printing press in 1962. N.C.R. paper is used for multiple copy forms. Only continuous, perforated and prenumbered forms are new purchased from commercial sources.

Rubber Gloves

Mr. Basnin also helped to save $2000 a year by reusing disposable rubber gloves: they are used first in the operating room, then processed in central supply and marked in black for use in the delivery rooms; then reprocessed and issued to nursing floors for use as examination gloves.

David A. Gee, executive director, initiated The Hospital’s participation in the group buying program of the Hospital Assn. of Metropolitan St. Louis in 1960-61.

The Hospital’s estimated savings of $15,688 in 1963, the largest in the cost cutting program here.

Employees’ Party

The annual holiday party for Jewish Hospital employees is scheduled from 3 p.m. to 5:30 p.m. on Dec. 6.

The party planning committee announced that the special meal will be followed by a sampling of decorations, costumes, and musical accompaniment. Members of the planning committee are Boris Axelrod, food service; Armand Jaquez, building services; Mrs. Bella Feddensch, housekeeping; Mrs. Bella Feddensch, payroll; Miss Maureen Shannon, personnel; and Raymond Wittcoff, director of nursing service.

Mr. Basnin emphasized the Sukkoth Booth with David A. Gee, executive director, as the harvest holiday is celebrated in the hospital. The booth was symbolic of one which is traditionally built outdoors.

MRS. CELESTE MARGOLUS sits at the Sukkah Booth with David A. Gee, executive director, as the harvest holiday is celebrated in the hospital. The booth was symbolic of one which is traditionally built outdoors.
Dr. Senturia Reports on Ear Symposium

Dr. Ben H. Senturia, Director, Department of Otolaryngology, Jewish Hospital, was program director of a symposium dealing with diseases of the hearing and balance apparatus. The meeting, held at the Armed Forces Institute of Pathology in Washington, D.C., early this fall, was under the auspices of the American Academy of Ophthalmology and Otolaryngology in collaboration with the A. F. I. P. It was supported, in part, by a grant from the National Institute of Neurological Diseases and Blindness.

This was the first time in which the Armed Forces and the American Academy of Ophthalmology and Otolaryngology have cooperated in investigating disease changes of the temporal bone. This vital bone contains the end organs of hearing and balance apparatus. The two-day symposium was attended by 100 representatives.

Over one hundred invited persons, including most of the medical schools in the country, the Armed Forces, and the National Institute of Health laboratories established for the study of hearing problems. The faculty consisted of 19 authorities in the field.

At the opening session, Dr. Senturia introduced Dr. Joseph M. Blumberg, director of the Armed Forces Institute of Pathology; Dr. Robert C. Ramsey, founder and president of the Deafness Research Foundation, and Professor Stacy R. Guild of Johns Hopkins School of Medicine. Dr. Guild served as permanent chairman of the symposium.

During morning sessions, instructors presented the newest techniques for study and interpretation of changes in the temporal bone. Afternoon meetings were devoted to discussion and interpretation of slides and specimens in the microscopic laboratory. The two-day symposium was attended by 500 doctors.

Jewish Hospital Medical Staff

Samuel Frankel, Ph.D., director of the division of biochemistry, is co-author of a recently published textbook, "Spectral Chemistry for Medical Technologists." This printer was for training medical technologists was published in September, and will be available nationally for use in hospitals, universities, doctors' offices and laboratories.

Facts demonstrate most hospital patients are not aware of dental problems during their hospital stay. This is particularly a severe problem with chronic cases and handicapped children. "While dental morbidity is not a fatal disease, it needs to be attacked with as much vigor. The portal of entry of the body is not to be ignored or given last consideration in the scope of medical care," Dr. Weiss said.

"Patients deserve better dental care, and we are being able to do a good deal for them here at The Hospital. We want to do more, and hope that the community will make an effort to extend their interest."

Jewish Hospital was selected for this demonstration project for a number of reasons: the excellent dental facilities, well-developed research program, dental internship program, variety of sources of patients, and strategic geographic location.

Team Members

Members of the Dental Care Demonstration Project team are dentists Simon L. Baumgartner, Israel Gladil, Julius Godwin, Slayden Harris, Earl L. Woerner, Leonard J. Rosen, Robert S. Simon, Milton Todes, Helen Oh Kang, and Rafael Laligs.

Other members include Miss Rebecca Lyes, L.P.N., Mrs. Rebecca Fine, A.B., and Mrs. Jeanne Tennenwirth.

Of all resources, the most crucial is Man's spirit. Not dulled, nor lulled, pensive, recur, replete does Man create, but out of stern challenge... —Nancy Newhall

Jewish Hospital Recognized For Research

"Doctors all over the world have heard about the research done on pancreatitis at Jewish Hospital," Dr. Jacob G. Probstein said on his return from a meeting of the International Society of Surgeons in Philadelphia, September 12-18.

Probstein, senior surgeon, delivered a paper at the meeting written in conjunction with Dr. Herman Blumenfeld on "A Ten Year Appraisal and Results of Acute Pancreatitis.

Pancreatitis Research

In discussing the history of the research done on pancreatitis at The Hospital, Dr. Probstein indicated that interest in this field began by Dr. Robert Elman, then professor of surgery at Washington University School of Medicine, and member of the Jewish Hospital staff.

Because of the difficulty in diagnosing this condition and the inadequacy of treatment, physicians were looking for some kind of help from the Laboratory in diagnosis.

Dr. Michael Somogyi

This need stimulated Dr. Michael Somogyi, biochemist at Jewish Hospital, to produce a blood test in 1953 which has been accepted internationally as the "Somogyi Method" of determining: any amylase (enzymatic activity), a test which is invaluable in diagnosing the disease.

Dr. Samuel Gray, then pathologist at Jewish Hospital, collaborated with Dr. Somogyi to create a pancreatitis research unit. In addition to these two scientists, the group included: Dr. Carl J. Heifetz, Dr. Leo Sachar, Dr. Morton D. Pareira, and Dr. Probstein.

(Continued on page 7, col. 1)
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 SEPTEMBER 1, 1965 TO OCTOBER 1, 1965. ANY CONTRIBUTION RECEIVED AFTER OCTOBER 1 WILL BE LISTED IN THE NEXT 216.

Any contributions to this fund may be made by sending checks, payable to THE JEWISH HOSPITAL TRIBUTE FUND, TO MRS. HENRY H. STERN, 6310 WATERMAN AVENUE, ST. LOUIS, 30 OF MRS. J. F. RUNTHICK, 102 LAKE FOREST, ST. LOUIS 17.

Dr. Leon Foster was a long-time member of the staff of Jewish Hospital after serving his internship and residency here. He was also appointed to the teaching staff of Barnard Skin and Cancer Hospital and was associated with the Washington University Medical School staff in 1954.

Contributions for the special memorial fund in honor of Dr. Foster are being received by The Hospital. Persons wishing to donate to this fund for ongoing education in obstetrics and gynecology should send a check to:

The Jewish Hospital of St. Louis
Dr. Leon Foster Fund
216 S. Kingshighway
St. Louis, Missouri 63110

PATIENTS ON one south watch a ball game on television, a brightener of the day. Televisions are located at the hospital, not only in patients' rooms, but lounge such as this where a program is more thoroughly enjoyed through its sharing with friends.

Dr. and Mrs. Robert A. Bernstein (Bonnie Bernstein Memorial Fund)
Mr. and Mrs. Isaac A. Cohen (Bernard Lieberman Memorial Fund)
Mr. and Mrs. Irv Johnson (Benjamin M. Loeb Memorial Fund)
Mr. and Mrs. Joseph A. Levy (Bernard Lieberman Memorial Fund)
Mr. and Mrs. Samuel M. Levy (Bernard Lieberman Memorial Fund)
Mr. and Mrs. William L. Levy (Scout Memorial Fund)
Auxiliary Holds Its Semi-Annual Meeting

Five hundred and sixty-nine volunteer awards were announced in late October at the Jewish Hospital Auxiliary Annual Fall Meeting at Westwood Country Club.

All but one of the many coveted honors were presented to women who serve in volunteer capacities in forty different areas of the hospital.

One award was given to a man, Roland E. Clark, a hospital volunteer for the past nine months, who received a pin designating more than 500 hours of service. Mr. Clark, 65, has spent most of the volunteer hours working on out-patient records in the hospital’s Aaron Waldheim Clinic. He is a retired trainmaster of the Wabash Railroad.

Mrs. Alfred Goldman received recognition as the volunteer with the most accumulated hours. Mrs. Goldman’s record number of hours totaled 19,625.

Mrs. Harvey Nathanson, with a total of 9,672 hours, was cited as the volunteer with the second highest record.

Some of the other leading volunteers recognized for their many hours of service included: Mrs. Ben Samuels, more than 7,400 hours; Mrs. Gordon Schereck, more than 6,500 hours; Mrs. Harry Galkin, more than 4,800 hours; Mrs. Samuel Agasteen, over 4,600 hours; Mrs. Carye Sang, over 4,500 hours; Mrs. Harry Spitzer and Mrs. Charles Jacob, over 4,000 hours each.

Mrs. Norman Drey is Auxiliary vice-president of volunteer services.

Co-chairmen for the volunteer committee are Mrs. John Abramson and Mrs. Arthur Bierman.

The semi-annual meeting was called to order by Auxiliary president, Mrs. Edwin G. Shrifrin. Stanley Richman, vice-president, board of directors, extended greetings from the hospital and David A. Goe, executive director, served as master of ceremonies for the awards presentation.

Mrs. Donald Quicksilver, program chairman, introduced the panel of medical experts who discussed “The Facts on Figures”, a summary of weight problems in women.

Dr. David Kipnis, professor of medicine, Washington University Medical School; Dr. Conrad Sonnure, psychoanalyst and Dr. Samuel D. Sotule, obstetrician-gynecologist, discussed the physiological and psychological problems of obesity. Dr. Stanford Wessler, physician-in-chief, Jewish Hospital, moderated the panel.

Roland Clark Earns 500-Hour Award

Roland E. Clark retired almost two years ago as train master for the Wabash Railroad (now Norfolk and Western); He worked there 50 years, beginning when he was 14 years old, working in the evening as a call boy (messenger).

Last month Mr. Clark was honored by the Jewish Hospital Auxiliary for giving more than 500 hours of service, since he contacted Mrs. Mordecai Brown, director of Volunteer Services in December, 1964. Last December Mr. Clark was telling two of his friends, Fred and Sam Cherick, about his retirement since the January before. Due to a disability from a fall, Mr. Clark had been spending a great deal of time at home. The Chericks suggested he contact the Auxiliary.

At first he helped out in the medical records department while the new system of micro-filming was being put into effect. Then he was sent to the Hospital Aaron Waldheim Clinic where he now spends approximately 4 hours per day on Monday, Tuesday, Wednesday and Friday. Mr. Clark keeps records for the 20,000 out-patient visits which are recorded annually; he also helps prepare charts.

Train master, a top position where Mr. Clark was in charge of both freight and passenger crews as well as the yard switching gave him a good background to work here. Mr. Clark’s territory extended from St. Charles, Mo., to Mitchell, Illinois.

In January, 1966, Mr. Clark and his wife Anastasia, will have been married 46 years. Mr. Clark was active in the past in the Masonic Lodge and the Scottish Rite.
MEDICARE (Cont. from page 1) already has a high occupancy rate. The needs of the medical state must be assessed periodically, at the time that the financial integrity of the hospital is maintained. The physicians will review admissions, length of stay, and medical necessity so every effort is made to move patients when appropriate, from in-hospital facilities to post-hospital service.

While many persons are concerned with the added influence of government intervention in health care areas, the final authority and control of Medicare actually rests in the hands of the individual physician. The needs of the medical community are concerned with the added influence of government intervention in the world.

This increased demand for services will not necessarily bring about a temporary influx of age 65 and over patients. These services which will feel the greatest impact are: medicine, surgery, ophthalmology, and chronic medicine. One example, 21 percent of patients must have an established relationship with an accredited hospital. In detailed review of Home Care activity of the hospital during 1964 a total of 103 patients were recipients of care through this program, 53 of them (51 percent) being age 65 and over. These patients received a total of 6,244 home visits by doctors, social workers, nurses, physical therapists and occupational therapists during 1964. Dr. Franz U. Probstein, director of Long Term Care, has indicated that the volume of patients could be expected to rise 50 percent by the present number. This would provide an average daily census of 500 patients. The additional income from the expansion will be offset by increased expense. The increased revenue has been primarily directed to indigent patients; plans are underway to provide expanded home care services to private patients.

Medicare will have a significant impact on financing hospital care. This will come about primarily in the ward service areas where the government will be paying for a large percentage of the cost of caring for indigent aged patients. A need for more nurses will be absorbed by the hospital with some aid received from the United Fund and charitable contributions.

To effect this new source of income, Medicare will only pay the usual and reasonable costs for private patients who previously paid billed charges.

Inservice Education Plan

It is anticipated that a large number of aged persons will elect to discontinue their Blue Cross and other hospital insurance coverage and depend entirely on the Federal Hospital Insurance Program. The study committee concluded from this that 90 percent of the cost for Medicare patients will be re-bursed on an adjusted cost basis. This will exclude many elements of cost relating to charity work and medical education and will substantially reduce the hospital's income from the expansion.

It was stressed that Medicare is not a comprehensive program but a deductible participant participation plan. The first 60 days of in-hospital care are covered, with the hospital being liable to the patient, and 10 percent paid deductible for additional care to the patient for 102 days of care, called "spell of illness."

Consequently, the patient, the nurse, the insurance companies, or State welfare agencies will have to absorb the difference in costs. Availability of State funds for indigent patients in Missouri is limited. Therefore, the hospital will continue to absorb a portion of the cost for care of service patients.

The report submitted by the Jewish Hospital Medicare Committee will be followed up as more details become available from the Department of Health, Education and Welfare.

Members of the study group are: James O. Hopper, Ph.D., associate director, chairman; George F. Poland, associate director and controller; Phillip Bassin, assistant director; Mrs. Mabel K. Richman, president of the nursery;和 Mr. and Mrs. Frank H. Fineberg, M.D., director of Long Term Care.

Nursing Mixer Held Here

A mixer for student nurses at the Jewish Hospital was held from 6-8 p.m. on October 22 in the gymnasium of the Moses Shoen- berg School of Nursing. The Halloween theme included punch and pretzels and a band. The party was sponsored by The Hospital Auxiliary.

Not many persons are aware of an intensive care unit on the 4th floor of The Hospital, but in 1964 there were 904 patients released from the Premature Unit of the Nursery. In his first twenty-four hours of life, a child lives through his most dangerous period: the death rate is highest. If he is born prematurely, he has two strikes against him before he ever begins.

The low mortality rate in the Jewish Hospital Premature Unit attests to the competency and care given by the medical and nursing staffs, and to the improved techniques and equipment used in attending these babies. A state of emergency is normal operating procedure in this unit where the patient may weigh as little as 900 grams on admission. That weight is just a little less than eight sticks of butter. Even a large infant, one weighing as much as 1400 grams (12 sticks of butter) will be admitted in distress. His skin is blue, his respiration is gasping, or non-existent, his little eye is tightly closed, and the effort he is making to get enough oxygen into his lungs.

Immediate Needs

His immediate needs are for oxygen, heat and controlled humidity. These needs are met in the Isolette incubator. The Isolette is his home for many days, even many weeks; and a delicate sensor is taped to his abdomen. When the other end is plugged into the incubator, he becomes a thermostat, and the doctor sets him at optimum temperature in much the same way he sets his beverage. When his temperature rises, and is stable, the Isolette keeps it there. Oxygen is steadily run into the unit for as long as he needs it. Care must be taken to keep the concentration high enough for his needs, and low enough not to hurt him.

Oxygen

Oxygen is one good thing there can be too much of, and a small premature infant who receives large amounts of oxygen over a long period of time may live to be a blind child. The Isolette is fast about the amount of oxygen it admits; it must be set with a special red "danger arrow" before it will admit larger amounts. The humidity can be regulated to 100% if necessary. Once the infant control of the environment is established, monitoring by staff and by equipment becomes almost automatic. The baby's airway is kept clear, additional oxygen is administered as necessary, and frequent counts of his vital signs are recorded. It is then time for a different kind of monitoring. A few drops of blood are taken from the baby's heel by a laboratory technician. By the use of micro-techniques in the laboratory these minute quantities of blood yield information to help the physician in his treatment of the baby. Intravenous fluids are started, usually into the umbilical vein, and as the tests indicate they are needed, various chemicals are added by venoclysis to the baby, insulin injection into the vein.

After many hours, when it is time to feed the baby, he does not turn over a baby they have liter- ally breathed for. They not only care for his needs, and low enough not to hurt him.

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Many causes of prematurity are unknown, but a history of poor pre-natal care is frequently associated with a premature birth. If all mothers-to-be would follow an early and adequate program of pre-natal care, there might be fewer babies admitted to the premature units, and more babies to the newborn nurseries.

And the most poignant aspect in premature care . . . ? It happens the day the parents must turn over a baby they have literally breathed for. They not only give him up, but show his mother how to take care of him . . . and that is what the hospital is supposed to be doing.

Premature Nursery: Special Intensive Care Unit

For more information on the intensive care nursery of the Jewish Hospital, call the nursery, Mrs. Elizabeth Cornell, R.N., head nurse of the newborn nurseries; and Mrs. Louise Davis, R.N., head nurse, premature nurseries, super- vised the area.

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Dr. Gruenfeld Writes Biographies
Of Men in Jewish Hospital Past
Portraits of Past Members of the Medical Staff

The Memorial Committee of the Medical Staff will contribute a column dedicated to the memory of physicians formerly active on the staff. While this is meant to be a family album, the 100th-anniversary celebration of the city has inspired a biographical sketch of a physician whose productive years, from 1845 to 1900, somewhat preceded the establishment of the Jewish Hospital. The career of Dr. Simon Pollak not only reflects a growing world, but is remarkable because he was probably the first physician of Jewish extraction to settle in St. Louis, and, at least, the first to leave an impressive professional and literary legacy.

—Dr. G.E. Gruenfeld

Arrival in St. Louis
On the 16th of March of the year 1846, another of the many paddle wheelers plying the river from New Orleans was approaching the crowded wharf on Front Street in St. Louis. Among the passengers was an anxious young man intent to seek his fortune in this very not too progressing, but rapidly growing, town. During the course of the pleasant journey, he had ample time to contemplate his rather adventurous career, and to inventory the remarkable ups and downs of his thirty-one years. He had started out a most promising young man in life, then was several times plunged into circumstances not before so pleasant. But simply by a good-natured, and a winning smile, he was never to be daunted by the doldrums. His landing in St. Louis coincided with one of the low periods in the history of St. Louis, and, at the scene of his future endeavors, he was wondering whether his good fortune would ever resume once more.

Simon Pollak, our passenger, had just arrived in St. Louis one year before the battle of Waterloo. The small community of Taus nestled against a heavily wooded mountain range which separates Bohemia from Bavaria. Its population was Czechoslovakian with a small sprinkling of German-speaking Jews and Austrian officials. (It is still in the map under the Czechoslovakian name of Domanizle, and supports 7,000 inhabitants, exactly as many as 65 years ago.)

His father was Jacob Pollak, a merchant who had prospered during the reconstruction years following the Napoleonic Wars. His new merchant venture was bought from Hungarian estates, and trucked in huge carts drawn by large teams of horses through Bohemia to the Leipziger Fair. Simon had gotten the early education of the privileged boy in a rural environment: private tutors.

When 17 years of age, he had decided to study philosophy and medicine in Prague and Vienna. This expedition entailed endless travels, and was an adventure of the student years in Bohemia one year before the invasion of the privileged boy in a rural environment: private tutors.

Simon, however, pursued his education goals undaunted. One of the professors selected him to accompany a group of six medical authorities on a journey to Glauchau; and was a member of the Jewish Hospital Board of Directors.

RABBINER LAWRENCE SIEGEL, the Jewish Federation Community chaplain, officiated during the Jewish High Holy Day Services held in the chapel. Patients and visitors also attended the Sukkoth and Yom Kippur Services.

Chapel Receives New Donations
A new majestic wine-colored carpet in the hospital chapel was made possible by a $1,000 contribution from Mr. Leon J. Leonson in honor of his wife, Frieda.

An additional $1,000 was given to the fund for the adornment of torahs in memory of Nat Koplar by Dr. J. Grofstein, who serves as a trustee of the Koplar estate. Mr. Koplar's will designated a portion of the funds to be used for charitable purposes.

A plaque will be placed at the chapel entrance to be inscribed: "This chapel has been graced by friends of the Jewish Hospital."