SOLVING A PUZZLE OF CONCEPTION

BONE STRUCTURING REVEALED

UPDATE ON AGING

CONTINUING MEDICAL EDUCATION
"What’s the new look all about?"

"I thought it was called The Jewish Hospital of St. Louis. What’s this ‘At Washington University Medical Center’ business?"

“What is 216 magazine, anyway, and what was it doing in my mailbox?"

Those of you who have been receiving the official publication of Jewish Hospital on a regular basis are familiar with 216 magazine. Through it, we have kept our family of friends and supporters informed about the exceptional patient care, medical advances, technological improvements and research findings for which Jewish Hospital is known.

Anyone who reads or listens to the news knows that the nature of health care in America is changing in response to science and society. As understanding about the world within us and the world around us expands, it is becoming continually more important to be aware of the developments that affect our well-being. Because Jewish Hospital plays such a large role in the health of the St. Louis community, we want to go beyond our “family” to share with more people information about the significant work being done at our institution that would benefit them, or people they know. For this reason we are pleased to welcome to our audience those of you who are receiving 216 for the first time.

People frequently are baffled by the name that is actually a number. The “mysterious” digit represents the hospital’s address on South Kingshighway. In use as the banner for the publication since volume one, issue one, in 1952, the name actually goes back a decade further, when a newsletter was created for World War II servicemen who had connections with Jewish Hospital. The name provided a link to a location familiar to them.

We have incorporated that 40-year tradition in a newly redesigned book. Our goal is for the entire magazine—its story subjects, the photographs and overall graphics—to reflect what Jewish Hospital is: a dynamic, modern institution where the overriding concern is patient care through the most advanced medical arts and technologies and the most highly personalized attention available.

One of the reasons Jewish Hospital can provide the level of care it does is its position in a community of vast resources, the Washington University Medical Center. Enjoying an academic affiliation with the Washington University School of Medicine since 1963, it operates as a teaching hospital. It also benefits from the geographic connection and spirit of cooperation between the school, Barnes, Barnard Free Skin & Cancer, and Children’s Hospitals, and the Central Institute for the Deaf, all partners with Jewish Hospital in the medical center. Although we are still officially The Jewish Hospital of St. Louis, we have adopted the designation Jewish Hospital at Washington University Medical Center to better establish our identity with the public.

To our friends and supporters: we hope you have found the magazine to be interesting and valuable in the past, and that you will continue to do so with each issue.

To our new acquaintances: we hope that the magazine will be useful to you personally and professionally, in helping to keep you up-to-date in fields of interest and in providing a resource for referrals you might be asked to make. For the benefit of new readers, from time to time we will reprint from earlier issues articles that will help increase your understanding of what makes Jewish Hospital so special. An example is the feature in this issue on what it means to be a teaching hospital.

We will strive, as we have in the past, to present you with in-depth, timely, features on life and life-saving measures at Jewish Hospital. If you have any comments about 216, please feel free to call or write to our office at anytime. Your opinions are always welcome.

Sincerely,

Lesli K. Koppelman

PS: Good news should be shared. When you have finished reading the magazine, why not pass it along to a friend, relative, colleague or employee?
THE HOSPITAL AS INSTITUTION OF HIGHER EDUCATION
Being a teaching hospital means staff learning never ceases; neither does round-the-clock care of patients.

CHANGING THE AGE-OLD EFFECTS OF AGING
The Jewish Hospital/Washington University Geriatrics Assessment Program has begun its team approach to the multiple problems of the elderly.

FERTILIZATION UNDER GLASS
Jewish Hospital recently inaugurated the only program in the region to offer the procedure that made the birth of "miracle test tube baby" Louise Brown possible.

BARING THE SECRETS OF BONE GROWTH
By studying the mechanisms of bone cell development and replacement, Jewish Hospital researchers hope to discover remedies for diseases of the skeleton.

BEAUTY AT THE BEDSIDE
Presenting, straight from the Miss Universe Pageant... Miss Israel!

AUXILIARY PROGRAM: NEW MEDICATIONS AND A MYRIAD OF GADGETS
At the last two PEP talks, people who suffer from Parkinson's disease heard some encouraging words spoken to help them improve the quality of their lives.

ONE PEOPLE, ONE COMMUNITY, THOUSANDS OF HELPING HANDS
During Focus Week, the Jewish Federation member agencies will demonstrate an ancient belief.

THE ABCs OF DRGs
The new language of health care is not so hard to decipher—once you know its alphabet.

ON THE COVER: "It's a big puzzle—and we hope it makes a pretty picture at the end," says Cat Christianson, R.N., about the in vitro fertilization program. Genesis of the picture is an embryo, like the one at left; four cells in size and called a conceptus. The small cells surrounding it, the corona, provide nourishment. Read about how Jewish Hospital is offering new hope to infertile couples, starting on page 8.
The Hospital as Institution of Higher Education

The Jewish Hospital of St. Louis is a teaching hospital; this is common knowledge. But what does that mean? Why is it that those who work at Jewish Hospital are apt to say, "If I ever have to be hospitalized, I would want to be in a teaching hospital." Who is taught, what, when and by whom?

There are 7,000 hospitals in the United States; 1,000 of these have some form of teaching, but most medical education is concentrated in the 270 hospitals that are part of academic health centers. The Jewish Hospital of St. Louis is one such hospital, having sustained a major affiliation with Washington University School of Medicine since 1964.

The reason for the relatively small number of teaching hospitals, as explained by David A. Gee, Jewish Hospital president: "It takes a great deal of resources, equipment and a program which will fulfill high quality educational needs for undergraduate students and graduate physicians."

The teaching hospital program encompasses several factors, and "is an enormous enterprise, affecting many," says William Peck, M.D., chief of staff. Because of its teaching status, Jewish Hospital is a member of and participates in the Council of Teaching Hospitals of the Association of American Medical Colleges, the group that accredits medical schools.

Each Jewish Hospital medical staff member must maintain a Washington University School of Medicine appointment and participate in its teaching program. Each year, 60 to 70 third-year medical students study here under the instruction of Jewish Hospital physicians; 20 to 40 fourth-year medical students complete their sub-internship at Jewish Hospital, and still other medical students take electives here in their sub-specialties.

In addition, the physicians supervise and instruct members of the "house staff"—the interns, residents and fellows who are supported by the hospital, many of whom studied here as medical students. This past year, the hospital employed 151 interns and residents who work in the departments of medicine and surgery, pathology, obstetrics/gynecology, radiology, rehabilitation medicine and dentistry, with rotations through many other areas.

Constant Care

In most community hospitals, the nurses cover patient floors 24 hours a day and the
At left: Before making rounds, intern Stephen Mark, M.D., and Paula Davis, M.D., study the patient’s medical charts with medical students who will accompany them. Top: Following rounds four or five days a week, department of medicine residents attend a report session to discuss unusual cases and methods of treatment. William A. Peck, M.D., chief of staff (center), conducts the meeting. Above: House staff coordinator Sharon Morgan sifts through hundreds of applications each year for 22 residency positions in the department of medicine. The best medical school graduates from throughout the country are selected and invited for interviews. The hospital’s preferences for residents, and the candidate’s preferences for programs, are matched via a national computerized program to which the hospital subscribes.

Physicians are present only during some daytime hours unless an emergency arises. In comparison, at Jewish Hospital, the patient floors, emergency room, operating room, intensive care units and obstetrics/gynecology are all covered by house staff members 24 hours a day, seven days a week. Therefore, even when the private physicians are not in the hospital, the patients receive constant and immediate care throughout the day and night from specially trained intern and resident physicians. The private physicians are always available for consultation.

This constant care, ironically, represents both the most and least appealing aspects of being a patient in a teaching hospital. There are those who resent all the attention, who do not want to be attended by other physicians besides their own and who feel that in some way they are “learning subjects.” These patients may elect to be placed on an “uncovered” floor unattended by the residents, a request made by an average of only one patient each year.

**Patient Benefits**

But there is another side to the coin. “You must equate the advantages with the disadvantages,” says Mr. Gee. “Certainly being examined three times by three doctors at three different levels is an inconvenience. But think of the attention you receive. No stone gets unturned in the process.

“Residents are present round-the-clock. Although most medical illness is of the nature that the daily visit by the private physician is enough, when something goes
Furthermore, explains Stephen Lefrak, M.D., head of the department of medicine house staff program, the interns and residents offer unique strengths of their own. "What is the patient getting when attended by a resident? Someone who is very eager about being a physician. There's a newness, and a patient has someone very excited about him. The benefit of that is pretty obvious.

"The intern and the resident, being recent medical school graduates, may have more theoretical knowledge than physicians who have been practicing 30 years. They won't have nearly the same amount of practical experience or clinical experience, but when combined with the experienced practitioner, together the house staff member and private physician offer an input that would be missing without one or the other."

In the laboratories, the house staff assumes a different role than in the patient care areas, says Carl Pierce, M.D., Ph.D., director of pathology and laboratory medicine. "There is no direct patient contact here. But, what the patient gets is the alert, aware, inquisitive resident who sees something unusual and follows up. They (the house staff) always have physicians and staff members to check out their diagnoses. It comes back to the notion that the more eyes looking at a specimen, test result or culture, the greater the chance of seeing something abnormal or out of the ordinary if it is present. In a community hospital, usually one or two people handle all pathology work, and their primary responsibility is surgical pathology. Other work in the laboratories is often done by highly trained technicians, not full-time staff and physician residents as at Jewish Hospital."

**The Selection Process**

Between 30 and 40 new interns are selected from hundreds of applicants. Depending on the specialty/department, different selection criteria are employed, but all candidates demonstrate general criteria. The hospital looks for students who have demonstrated the most outstanding letters of recommendation and reference, who interview well, and whose personal medical schools are at Jewish Hospital.

"The house staff is a highly select group, really provide exceptional care— you could hope for nothing better. Care is always un
mate supervision of the private physician,” says Dr. Peck.

Physician Standards
Dr. Peck touches on yet another advantage of being a teaching hospital patient. The house staff member is under the constant supervision of the private physician—hence, that physician must be continually up-to-date on all new medicine to respond to the students’ questions. In addition, all Jewish Hospital physicians must satisfy and meet the standards of both the hospital and the Washington University School of Medicine. Consequently, the physician must demonstrate his/her excellence to receive the appointment, and must continue to exhibit ongoing high standards to serve as a role model for the house staff.

“Because of the intellectual process, the best physicians are likely to associate with a teaching hospital,” says Mr. Gee. “Their patients can be assured that these physicians are top-notch.”

And the physicians? “They are academic in orientation. The activities they enjoy and aspire to excellence in are patient care, research and teaching. A teaching hospital provides the support, environment and impetus to pursue these activities,” says Dr. Peck. “Furthermore, a teaching hospital provides patients and their physicians with a broad range of sophisticated diagnostic and therapeutic capabilities that are not as well represented in a non-university hospital.”

Jewish Hospital’s medical staff includes 622 doctors—90 fulltime, employed by the hospital and whose offices are here; 68 are consultants of the hospital, and 464 are voluntary or private physicians, whose offices are elsewhere, but who have admitting privileges here. The house staff helps care for both the fulltime and private physicians’ patients.

Teaching Offshoots
Jewish Hospital’s teaching environment reflects a commitment to education that involves the patients, employees, community, house staff and physicians. The Jewish Hospital School of Nursing, School of Medical Technology, School of Enterostomal Therapy and Program for Specialists in Blood Banking are direct offshoots of this attitude. In addition, the Patient Education Committee, innumerable patient education programs, the Jewish Hospital Auxiliary and Associates in Medicine seminars, nursing education programs, and physicians, house staff and departmental conference group grand rounds all reflect the teaching priority.

The Jewish Hospital of St. Louis is a teaching hospital, committed to appropriately educating everyone involved. And how are they taught? To what means to achieve what goal? Dr. Lefrak summarizes the house staff teaching attitude, an attitude that pervades all forms of education at this hospital:

“You can’t learn medicine in one year, two years, 20 years—you can’t do everything. What you hope to do is instill habits that will be useful, teach them to teach themselves because they’ll have to do that all their lives. You can’t just teach the facts because the facts change. Get them to think and keep asking them questions. Teach them to learn their limits, and, at the same time, to expand their limits. Instruct confidence without being overconfident. It’s all a very delicate balance.”
CHANGING THE AGE-OLD EFFECTS OF AGING

by Sharon Zaring

It happens sooner or later to most of the elderly. As they move through the aging process, many fear they will be hampered by the effects of growing older. They are apprehensive about the possibility of a heart attack, a fractured hip, the loss of a family member or peer, or, in the most trying circumstances, a combination of several problems. Whatever difficulties they might encounter, many of the elderly recognize that aging may require a major change in lifestyle.

With the August 1 opening of the Geriatric Assessment Program (previewed in the May/June issue of 216 in "A Stopgap to the Fountain of Youth"), older adults in St. Louis are benefiting from a comprehensive evaluation of their problems. Based at Jewish Hospital as a clinical service of Washington University's Program on Aging, a team of professionals, whose interests and expertise are in the care of the elderly, evaluate and treat the special needs of older adults to help them lead more satisfying lives.

The development of the Program on Aging was originally prompted by the concern and interest of Harvey A. and Dorismae Friedman. Mr. Friedman is a member of the Jewish Hospital Board of Directors. The Friedmans, who had long recognized the need to improve medical care for the elderly and to develop research and educational programs on aging, interacted effectively with leaders of the St. Louis medical and lay communities to make them aware of these needs. They also established the St. Louis Geriatrics Award in collaboration with both Washington and St. Louis Universities. Dr. Franz U. Steinberg, Jewish Hospital physiatrist-in-chief, was the second recipient of the award.

In 1978 a subcommittee was formed by the executive faculty of Washington University School of Medicine in order to examine the place of the study of aging at the Medical Center. Chaired by William A. Peck, M.D., John E. and Adeline Simon Professor of Medicine at Washington University, physician-in-chief at Jewish Hospital, and director of the Program on Aging, the committee documented a definite lack of organized clinical programs in aging despite the fact that a near majority of the medical center's adult patient population was age 65 and over.

The committee's report recommended increasing the education of medical students in the biology, behavioral science and pathophysiology of aging, expanding educational programs for medical and graduate students in the care of the elderly, and developing an organized multidisciplinary clinical program to improve patient care.

After the subcommittee's report was submitted to the University, Mr. and Mrs. Friedman offered their encouragement and advice to help set the program in motion. Subsequently, they established the Harvey and Dorismae Friedman Lectureship on Aging, and the Friedman Program on Aging Endowment Fund for the overall support of the program.

Stanley Birge, M.D., clinical coordinator of the Program on Aging, directs the geriatric assessment team, consisting of a geriatric nurse specialist, a geriatric social worker and two staff physicians. Multidisciplinary specialists, such as neurologists, physiatrists, dietitians, psychiatrists, and urologists, also participate in the assessment program. In addition, an educational coordinator for the program will be developing seminars and lectures for students, house staff, and practicing physicians.

"The main goal of the Geriatric Assessment Program is to promote health and independence for the elderly," notes Dr. Birge.

Working toward that goal begins with the first day of comprehensive medical,
psychological and social assessments. Typically the initial assessment interview lasts for approximately two hours and is conducted primarily by the social worker and nurse specialist. A team physician then performs a comprehensive physical examination.

The needs of elderly individuals, in terms of psychological and environmental support, vary. They are defined for each patient when a geriatric social worker compiles a psychosocial profile, an evaluation which determines how well the patient is functioning in society, both psychologically and sociologically, and with consideration of both the present and past lifestyle.

“My assessment involves getting information regarding issues such as the patient’s background, family structure, living environment, financial considerations, as well as perceptions of the patient and family of the existing problem,” says Carol Wilner, ACSW. As part of the unit’s special team, Ms. Wilner must take into consideration the complexities of each individual who has accumulated a lifetime’s worth of experience.

“I spend a great deal of time focusing on family relationships,” Ms. Wilner points out. “Since the family is one of the most important resources for the elderly today, a consideration of the impact of intergenerational dynamics is crucial.”

All participants in the Geriatric Assessment Program also undergo an extensive functional assessment. Conducted by geriatric nurse specialist Marsha Deters, R.N., this evaluation focuses on how the patient feels physically and what he or she feels capable of doing. Says Ms. Deters, “My evaluation and the social worker’s really approach the same problem but from different perspectives: both of us are interested in examining what kinds of limitations are affecting this patient’s life. My questions are similar but from a slightly different perspective. I might start with a simple question like ‘How do you feel today?’ and then go on to specific areas: ‘How well are you sleeping, how many steps can you take without feeling fatigued?’ Sometimes I ask, ‘What is the most difficult thing for you to do during the course of a day?’ The answer could be as simple as preparing a meal or the question might elicit a host of general complaints.”

The team’s assessment not only gives indications of the patient’s physical limitations but can also provide insights on what patients want to do for themselves. For instance, a patient who tries to do his own laundry instead of sending it out, or prefers to do his own housework in lieu of hiring help, is not only indicating his physical capabilities but also providing a measure of his independence.

Often team specialists must do a little sleuthing to obtain the information they need. “Some patients are more gregarious,” notes Deters. “Others are just non-verbal or don’t feel comfortable talking about themselves.” Interviews with reticent patients are usually lengthier, but the team specialist can make assessments through observation. Close attention to the patient’s personal hygiene and grooming can give clues as to how the patient feels about himself; even the body movements of the patient, especially if they indicate restlessness, can help the specialist make evaluations.

When the assessment process is completed, Ms. Deters and Ms. Wilner meet with Dr. Birge and Paula Davis, M.D., educational coordinator for the program. Together they scrutinize the patient’s medical, psychological, and sociological background and a profile begins to emerge. “We all have a slice of expertise,” Ms. Deters observes. “It is here at our assessment meeting that we can combine our knowledge and begin to make recommendations.”

The team generates a plan for therapy and support which may include consultations with other specialists or recommendations for rehabilitation services. In each case, long-term follow-up care is planned. Through the entire process, being able to improve the quality of geriatric patient care is becoming a reality.

“Our sole objective, from the first interview, through our evaluations,” says Dr. Birge, “is the assessment of the care, treatment and progress of the elderly and to insure that their potentials and goals—both medically and socially—are being met.”

For further information on the Geriatric Assessment Program, contact Marsha Deters, R.N., at 454-8150 or through the Jewish Hospital Operator, 454-7000.
Five years ago, the birth of Louise Brown in England spawned new hope for the one in six couples in America who are infertile (defined as the inability to conceive after three years of frequent, unprotected coitus). Two months ago, a skilled team of scientists and physicians at Jewish Hospital, in association with the Washington University department of obstetrics/gynecology, began performing the procedural option that made baby Brown's birth possible: in vitro fertilization/embryo transfer (IVF/ET).

Literally fertilization under glass (in vitro in Latin), the process involves careful coordination of several disciplines, an adequate physical facility and a specialized staff. By August 1 of this year, all the pieces were in place for the start up of the program unique in St. Louis and this region. (The closest of the approximately 20 IVF/ET programs in the U.S. is at Vanderbilt University in Nashville, Tennessee.)

Shortly before the local media announced the program, the department of obstetrics/gynecology had a list of 30 couples who could possibly benefit from the procedure. Within a month after the news broke, the list had grown to 250 names. To minimize the variables and increase the probability that pregnancies would result from in vitro fertilization, it was decided that the first group of participants would include between 10 and 15 couples who met certain criteria which had been proven favorable in other IVF programs.

To eliminate the age factor associated with infertility, the wife had to be no older than 35 years. She had to have at least one ovary which would be accessible to the laparoscope (a periscope-like, lighted viewing instrument), which is used to remove eggs, and an intact uterus, to sustain the developing fetus. Her fallopian tubes, where fertilization normally takes place, had to be absent or blocked, indicating that a by-pass could result in fertilization. As a check against undue emotional strain, couples had to be legally married.

"Once we know we are putting the technology together properly, then we can help other groups," explained Ronald C. Strickler, M.D., Jewish Hospital director of gynecology, associate professor-Washington University School of Medicine division of reproductive endocrinology, and director of the IVF/ET program. By December, between 30 and 40 couples with tubal problems, all of whom have been already chosen, will be treated. It is expected that starting in January 1984 the program will accept women as old as 39 and couples with other diagnoses: low sperm counts (only one-quarter million sperm are needed to fertilize an egg in a culture dish—60 million must be present in vivo, or inside the mother), those with immunologic infertility (in which the mother's immune system prevents the sperm..."
program director. Above: Cat Ronald C. Strickler, M.D., coordinator. Knight, M.D., director of the program, patients must submit the body of the two gametes outside accomplished by the fusion affecting creation of an embryo separately, but which would not prevent fertilization from occurring naturally, by affecting the egg or sperm separately, but which would not affect creation of an embryo accomplished by the fusion of the two gametes outside the body.

To be accepted into the program, patients must submit complete records including a data sheet, wife's operative and medical records, past temperature charts, report of uterus and tube X-ray, proof of rubella immunity, husband's semen analysis done within 12 months, any records pertaining to the husband's infertility situation and additional information concerning prior infertility evaluations. Appropriate couples are contacted in the order of application, and given outpatient appointments as space in the program becomes available. Dr. Strickler indicates that a maximum number of couples to be accepted has not been determined; most IVF programs in full operation handle approximately 300 cases a year.

The Interconnections

"We're helping nature do what it hasn't been able to do," Dr. Strickler explains. "Instead of fertilization occurring in a dark fallopian tube, it occurs in a dish. We're not trying to improve on Mother Nature, we're simply providing an opportunity for the sperm and egg to unite. Either it happens or not. And if it happens, there's no way to make it grow. It has to grow on its own accord."

The procedure starts at the end of a menstrual flow, when the woman begins taking the fertility drug Pergonal® to stimulate the development of multiple eggs. It also allows the physician to accurately time their growth.

To check that the egg development is satisfactory, the patient undergoes daily ultrasound scans of her ovaries, conducted under the direction of James P. Crane, M.D., Jewish Hospital obstetrician/gynecologist-in-chief, Washington University associate professor, director of the ultrasound laboratory and division of genetics and codirector of the IVF/ET program. The patient's hormone levels are checked daily through pelvic examinations of the cervical mucus and blood samples. These are analyzed in the laboratory of Walter W. Weist, Ph.D. in biochemistry and professor in the Washington University School of Medicine department of obstetrics/gynecology. Based on the level of estrogen found in the blood, Dr. Weist can tell the physician when ovulation is likely to occur.

When the ovaries reach a mature size—confirmed by the blood hormone levels and ultrasound scans—the patient receives an injection of a different drug that will cause ovulation to occur 38 hours later. At that time, the operation to pick up the egg is performed under general anesthesia by Dr. Strickler or another designated physician. A laparoscope inserted into a one-half-inch incision in the patient's abdomen enables the physician to visualize the ovary. With another instrument, inserted through another one-half-inch abdominal incision, he is able to perform follicular aspiration: an egg and a teaspoonful of fluid around it are sucked from each grape-size sac on the ovary's surface.

The expertise required to make the eggs develop (and later to support the transferred embryo), through hormone therapy, and to retrieve them through laparoscopy, are requisites to initiating an IVF/ET program. They are the domain of Dr. Strickler, a specialist in infertility and reproductive endocrinology. The other requisite expertise—nurturing the eggs properly in the laboratory and guarding against injury to the cells—comes in at the next step.

The egg, with its fluid, is sent to the culture laboratory. From this moment until it is returned back to the mother in the form of an embryo, the egg is the responsibility of Victoria Yang, M.S., chief technologist, under the direction of Sau W. Cheung, Ph.D., research assistant professor at Washington University School of Medicine department of obstetrics/gynecology and director of the cytogenetics laboratory.

After having gathered extensive experience from various tissue culture laboratories, Ms. Yang learned to handle her delicate cargo by working with animal models. "No matter how small the transfer catheter, it is like a sewer pipe with a diameter of
three feet around the egg. I practice every day." Whenever she encountered an aspect of the procedure she wanted to know more fully, Yang was encouraged by Dr. Cheung to find the expertise on campus to establish her techniques. The "laboratory hopping" to perfect her skills included a stay at Vanderbilt University to study embryo development.

Yang's responsibility extends to handling the sperm. While the egg is being monitored for maturation, a fresh semen sample from the husband is analyzed for sperm count and mobility. If any difficulties exist, such as the failure of the clot that normally traps the sperm at ejaculation to disperse, Kenneth Polakowski will be called upon for his expertise. A Ph.D. in biochemistry and Washington University School of Medicine associate professor, Dr. Polakowski directs the Washington University andrology lab, which studies male fertility and infertility. "There are close to 12 different problems that could occur," notes the researcher involved in the study of male contraceptives. "By manipulating the sample, using different ways of washing it, we can treat those problems."

Once the egg handling is mastered, "the tricky part is having a culture media in which to grow the embryo," says Dr. Cheung, who oversees 700 amniotic fluid and 200 blood and bone marrow tests for chromosome analysis in her lab each year, in addition to conducting research and managing the added responsibilities of IVF. Within three months of beginning work, Dr. Cheung saw mice embryos, the controls, consistently grow to the point where the cells began to differentiate and knew she had a viable solution.

When the egg and sperm are ready, they are placed together in the nourishing culture broth and put in a locked incubator for 16 hours to allow fertilization to occur. At regular intervals, the egg is examined under a microscope for fusion of the male and female chromosomes into an embryo. This beginning of a fetus is transferred to fresh broth and returned to the incubator. In another 24 hours, it should have divided into as many as six cells, the optimum size for embryo transfer. Embryos larger than eight cells cannot be supported in a laboratory dish. (The popular term "test tube baby," which implies complete gestation in a glass vessel, is a gross misnomer.) If the embryo has developed satisfactorily, having divided into at least four cells, Ms. Yang ends her 40 hours of critical monitoring by giving the signal for the medical team to reassemble, and the embryo is implanted.

In the meantime, the mother-to-be's hormone levels have been tested, by Dr. Weist's laboratory, to be sure the corpus luteum, the "crater" left by the ruptured egg follicle, is signalling the production of a sufficient amount of progesterone to support growth in her uterus. A deficiency can be treated to prepare her for pregnancy.

Similar to pelvic examinations done during regular check-ups, the embryo transfer procedure is simple and usually painless. A speculum inserted into the vagina allows visualization of the cervix. Through a small teflon tube, the embryo is injected into the uterus. During the process, followed by 24 hours of rest
before the patient returns home, all eggs fertilized are returned to the mother. This practice answers the ethical question "does in vitro fertilization result in early abortion by allowing eggs to be fertilized but not used?" Those eggs not fertilized are discarded, just as the body regularly discards eggs that are not fertilized in vivo.

The practice of implanting all embryos in the womb also enhances the chances that a pregnancy and live birth will occur. The probability of one embryo developing into a child born alive is about 15 percent. With two embryos, the chance of one child being born is 30 percent, and with three, about 50 percent. The likelihood of multiple births is extremely small. In general, about 30 percent of the tests done one week following ET to measure the serum B-hCG level in the mother’s blood, to confirm a pregnancy, are positive. Two-thirds of these will develop into liveborn children. The frequency of miscarriage is no different from that in pregnancies conceived "the old-fashioned way."

Four to six weeks following the transfer, ultrasound monitoring confirms a viable intrauterine pregnancy. At that point, pregnancy develops as any begun in the fallopian tube, with no greater or lesser risks than a given couple would experience through a "natural" pregnancy, and patients return to the care of their obstetricians. (Any participants in the Jewish Hospital program whose physicians are not affiliated with the hospital agree to provide follow-up information so that records maintained by the hospital team will be complete.)

A Key to the Puzzle

The tremendous job of organizing all of the interlocking pieces is that of the nurse coordinator, Catherine D. (Cat) Christianson, R.N. She is likely to be the first person patients come into contact with when they are referred to the program. She reviews all forms, makes appointments, explains procedures and answers questions. It is Ms. Christianson who instructs patients, conducts the pelvic exams and draws blood samples. The facilitator of communications between ultrasound assistants, anesthesiologists, lab technicians, physicians and patients, she is present when the woman is put to sleep and when she wakes up—and is the person to deliver the first piece of emotion-surrounded news as to whether or not an egg has been retrieved through laparoscopy.

"This is a crucial moment. For some, IVF is a last ditch effort and they can become very depressed if the result is negative. They will need counseling support." Its provision falls on Christianson’s shoulders. "If the sperm is added and doesn’t do anything, they need counseling. It is very hard, especially for career women who are used to being assertive because they have no control over the process." If the results are positive at each step, counseling is still warranted. It is to the patient liaison, who is at the center all the time, that patients look for the emotional support they need throughout the entire two-week process.

If a first attempt at IVF/ET does not work, patients can repeat the procedure, but the emotional, in addition to the financial and time, limitations cannot be minimized. Experiencing the loss of the possibility of a pregnancy as death, patients need time to emerge from a period of grief before subjecting themselves to the cycle again. One couple in Australia made six attempts, but even in artificial insemination, a much less complicated procedure, most couples have difficulty maintaining enthusiasm beyond the sixth try.

"You have to look at statistics," the nurse coordinator points out. "Each patient has a 15-30 percent chance of getting pregnant the natural way, and they need approximately four cycles. That’s four procedures for IVF.” Dr. Strickler expects that most people will try IVF/ET twice.

Understandably, patients frequently do not want to tell anyone of their involvement in the program. Jewish Hospital is going so far to protect the identities of the first participants that not even the total number of couples in the initial group has been released.
There is also a tremendous emotional burden on the staff, on Ms. Christianson most of all, some fear, because of her central role. "Others are more afraid of my burnout than me. Others in the program have more responsibility. They are involved with other job duties that can't be neglected. This is my only duty. I enjoy the work, giving the patients the hope of having a baby, being part of life-long dreams."

Drawing on her experience at Vanderbilt University, where she helped set up and run an in vitro fertilization program during a four-year period, she recognizes the pressures. "When you think the program is doing everything to ensure pregnancies and you don't get one, that's when emotions run very high and people get depressed."

"I want to prevent burnout by making people happy doing what they are doing," Dr. Cheung stresses. "Sometimes you don't realize how much anxiety you feel because you're anxious to succeed and you're dealing with human life. You wonder whether you did anything wrong. I must give the emotional support, particularly to Vicky (Yang). She's a very conscientious person—but that type sometimes worries too much.

"Yes, the responsibility is worrisome," admits Ms. Yang, who knows too well that timing is the most critical element, and the only one which the scientist can control. If done too early, laparoscopy will harvest an egg that will not develop properly; if done too late, it will lose the chance to retrieve the egg already released. The egg must be mature enough to receive the sperm, yet not so old as to have begun deterioration. And the embryo has to be at least four cells, but not more than eight cells, in size at the time of transfer.

There's no reason it shouldn't. We're very optimistic about expecting pregnancies. We have a right to be. Whether or not there will be depends on the patients."

IN VITRO FERTILIZATION

"No matter how small the catheter, it is like a three-foot sewer pipe around the egg."

"But I have a long experience of working with high risk patients and I learned to recognize when I am getting too tense. Good preparation gives me confidence and reduces anxiety."

"Maybe it comes from my Chinese background," notes Dr. Cheung, who was born in Shanghai, "but I want to make the team like an extended family. It is an apt sentiment considering the hours demanded of the members.

"It's a seven-day-a-week job, you can be on call 24 hours a day. You can't keep that up for more than six weeks," notes Christianson. For that reason, a group of couples is treated during a six-week period in which they each have the opportunity to go through the complete cycle from initial evaluation to laparoscopy and embryo transfer; then the program shuts down for two to three weeks before the next group of participants begins the procedure.

"Our team has a real advantage, though," points out Christianson. "We have a lot of know-how and the experience of other teams which have established the protocols, what works and what doesn't. We're following the established routine" used by approximately 30-40 IVF teams worldwide. "Hopefully it will work in our hands."

The Practical Side of the Picture

Patients must be prepared to spend a half day for the initial examination and orientation, one and half hours each morning for 10 days and two to three full days for the laparoscopy and recovery. The entire procedure will cost the patient approximately $4,500, $1,200 for medications to provoke and monitor egg development, $1,200 for surgical costs, $1,000 in lab fees and the rest for fertility studies that may be necessary to complete a couple's medical record. Despite the fact that insurance companies routinely cover the individual parts of the procedure for other conditions, most will not reimburse for IVF, claiming it is a voluntary procedure.

The price is about equal to what adoption through an agency costs ($5,000) and less than the cost of microscope-assisted repair of fallopian tubes ($6,000). The charges basically cover the hospital's costs.

Although IVF is no longer considered an experimental procedure, the research opportunities it presents to learn more about human reproduction—and to help thousands of couples—are phenomenal. Improving the efficiency of the techniques involved, by identifying optimum drugs and culture media, is just one aspect. The possibilities of recognizing and being able to treat the mechanisms of miscarriage and congenital disease exist as well.

Unfortunately, there is no source of on-going research and development outside of private funding. Through regulations imposed in 1975, the federal government essentially placed a moratorium on IVF research. Jewish Hospital, aided by the Jewish Hospital Auxiliary, which raised money for the purchase of some of the necessary equipment, and by two anonymous gifts of $15,000, has invested its own funds to realize the program. However, only through outside donations will further developments, and the ability to help greater numbers of people, be possible.

Dr. Strickler expresses the feelings of everyone connected with the IVF/ET program. "It's exciting because we will meet a need, and that's rewarding. It continues to capture people's imaginations. What captures my enthusiasm is we have within the hospital such good facilities and tremendous expertise. There are very few units which have the facilities we do. Jewish Hospital and the Washington University department of OB/GYN, and the back up, are strong suits we can draw from. If we can't put together an active program, and refine the procedure, I'm not sure anyone else in the country could do it."

To receive more information, contact Department of OB/GYN, Jewish Hospital, 216 S. Kingshighway, P.O. Box 14109, St. Louis, MO 63178. Please do not call the department as it is not set up to handle phone inquiries.
Baring the Secrets of Bone Growth

by Lesli K. Koppelman and Patti Smith

The devastating loss of bone that occurs through the disease osteoporosis, the most common malady of the skeleton, creates serious problems for many older adults. In it, the remodeling process, or the continual breakdown (resorption) and replacement (formation) of bone is distorted so that the resorbed bone is not reformed, resulting in brittle bones likely to break with little stress. It usually strikes women during menopause. The disease can be detected and treated with calcium supplements at a much earlier age, but it is still unclear why the bone degrading cells increase their activity after a woman reaches menopause.

Osteopetrosis, the marble bone disease, is the opposite of osteoporosis. Caused by an abnormality of the cells that resorb bone, the condition allows the bone to keep growing until it is solid. The serious condition often causes the skull and spinal column to close up, damaging the spinal cord and nerves, producing blindness, deafness and destroying the brain. Through the work done in Jewish Hospital laboratories in collaboration with researchers at the University of Minnesota, bone marrow transplants from healthy donors have been made possible. However, the reasons cells fail to resorb bone is still a puzzle.
Substances Under Investigation

It is known that bone degradation is caused by large multinuclear cells called osteoclasts. It is also known that in order for osteoclasts to work, they must somehow attach themselves to the bone.

Cortisone, an extract chiefly used as a therapy for certain chronic conditions, particularly arthritis, in some ways has an effect on osteoclasts. In the Jewish Hospital pathology laboratories, Steven L. Teitelbaum, M.D., and his group of researchers are investigating whether cortisone increases the activity of osteoclasts, causing them to attach themselves too rapidly to the bone.

Zvika Bar-Shavit, Ph.D., a member of this team, has found that cortisone enhances the capability of cells to bind to bone, causing greater bone degradation.

Dr. Bar-Shavit also is looking into the role vitamin D plays in the degradation of bone. Vitamin D, a hormone, is active with many different target cells. One of the important mechanisms of this metabolite is its ability to induce immature cells to mature into cells that degrade bone. This is an important mechanism because if the cells do not differentiate normally, bone degradation will not occur, leading to osteoporosis. On a clinical level, Dr. Bar-shavit has observed that vitamin D treatment has helped some patients with this disease. Dr. Teitelbaum’s team has also found that certain forms of vitamin D can cause leukemia cells to mature into normal cells.

Michael Perry, M.D., working in Dr. Teitelbaum’s laboratory, is studying the mechanisms by which the parathyroid hormone, produced and released from the parathyroid gland, affects osteoclasts. Parathyroid hormone, one of the most important hormones produced by the human body, is in charge of extracting calcium from bone and maintaining the blood/calcium level. An increase in the production of the parathyroid hormone causes an increase in bone loss. Dr. Perry is investigating the reason a gap exists between the time the parathyroid hormone is released and the time bone degrading activity begins. He believes another mechanism is involved.

If the process by which bone remodeling occurs could be determined, and if the elements which trigger the remodeling process could be identified, it might be possible to stimulate sluggish formation or inhibit overactive resorption to prevent the deleterious effects of these diseases, or others caused when something goes wrong in the course of bone growth.

That is what William A. Peck, M.D., Simon Professor of Medicine at Washington University and physician-in-chief at The Jewish Hospital of St. Louis, is working toward, although he stresses that such an application of this basic research is a theory at this point. The research team includes a cell biologist, Leonard Rifas, M.S., and a protein chemist, Victor Shen, Ph.D., working under the direction of Dr. Peck, who laid much of the groundwork for investigators doing bone cell research today. They are working to determine the mechanisms which regulate the growth of bone by looking at healthy cells.

It appears from their work thus far that, under normal circumstances, the continuously occurring processes of bone resorption and formation are balanced by chemical signals, called coupling mechanisms, which are locally produced (that is, produced at the site of bone growth). This balance is essential for the maintenance of the mass of bone. An imbalance, caused, for instance, by impaired formation, leads to bone loss and increased susceptibility to fracture, or osteoporosis.

“These balancing signals may be important in cartilage growth, fracture healing and the growth of bone tumors. We feel these mechanisms are locally-produced chemical factors that actually tell the bone forming cells it’s time to form bone, how many bone-forming cells are needed, where they should go, how much work each cell should do and when they should stop,” Dr. Peck explains. “Our current line of investigation is directed toward demonstrating the presence of these factors, determining where they come from and how they act.” While scientists throughout the world are
The Experimental Process

Rifas obtains macrophage cells (the precursor of the bone resorbing cell, the osteoclast) from rat peritoneum (the membrane lining the abdominal cavity) by pumping fluid into the animal’s abdomen, withdrawing it, placing the cells from the fluid into culture, and washing away all but the macrophage cells which preferentially stick to the culture dish. The macrophages flatten out on the dish in minutes, and within 19 hours in the culture, secrete a variety of protein factors. One (or more) of these factors, which is a protein, is capable of stimulating bone cells to grow. The bone cells tested are derived from fetal rat calvaria, or skull caps, each the size of a small fingernail expertly cut by lab technicians Gail Kohler and Anita Shen, Ph.D.

To isolate the protein (or proteins) which stimulates the bone cells to grow, the protein mixture from the macrophage culture is concentrated and processed to permit the separation of individual protein components. At every step in the isolation process, the proteins are retested to determine how the bone cells respond. The idea is to obtain pure samples of individual proteins, one or more of which is (are) responsible for stimulating bone growth.

“Once we isolate this protein, and we can see that it will stimulate bone cells, we will have progressed all the way to step one,” Rifas says. After working for a year and a half on the current investigation, the researchers believe they have isolated one particular protein factor which may be the most important chemical signal for bone formation during remodeling. They do not, however, have it purified to a homogeneous state, and have not identified it.

Other Lines of Questioning

At the same time, Dr. Shen is looking closely at the growth mechanisms of cartilage cells, which comprise the growth centers at long bones (endochondral ossification) and produce the skeletal superstructure—a scaffolding of sorts—to define the shape of more bone. In particular, he is trying to identify the factors that promote the growth of cartilage tissue. The ultimate aim is to be able to regenerate damaged cartilage tissue, and to treat patients with disorders of bone growth.

It has been found that the same factor involved in promoting growth of cartilage tissue stimulates bone cell growth. In endochondral ossification, osteoclasts, or groups of macrophages which have fused into giant cells with many nuclei, come into cartilage tissue to tear down part of the scaffolding. The process is followed by bone cell penetration, growth and bone formation. It is possible that the cartilage-secreted growth factor, in conjunction with the macrophage-secreted growth factor described previously, may play an important role in bone formation.

“By understanding how these factors work, we may be able to find other intermediate chemical signals caused by these growth factors that we can manipulate through existing drugs,” says Shen. “This will help us to devise an effective remedy for bone growth disorders using the best delivery system.”

The research could have some implications in the study of cancer cell growth. “It is reasonable to believe that similar chemical signals to those which stimulate normal bone resorption and formation may participate in the growth of cancer cells, in which case inhibition of their activity would be in order,” Dr. Peck notes. In addition, the fact that no cancer has been found in cartilage tissue poses an interesting question of whether this is due to the physical barrier of the scaffolding or whether cartilage tissue actually secretes anti-cancer materials. “Right now it is just speculation, but we would like to tackle this problem in the near future.”

The Application of Findings

“Obviously, we want to develop strategies to prevent or treat disorders of bone metabolism in humans,” Dr. Peck asserts. “If we can obtain proteins that have the capacity to stimulate bone growth selectively, it may be possible that certain kinds of diseases, such as osteoporosis, might be amenable to treatment.”

Eventually, the investigation will involve clinical screening to compare the amount of the growth factor present in normal bones with that in osteoporotic bones, bones of people who fracture easily—or of people who heal rapidly, indicating an abundance of the material. “We like to think we could have a clinical application and medical treatment as well. That’s the prime goal,” says Rifas. “But it’s four or five years away.”
There were a lot of smiles flashing at Jewish Hospital on July 12, most of them aimed at and returned by Shimona Hollender. The 17½-year-old Miss Israel visited several areas of the hospital the day after the close of the Miss Universe Pageant in which she competed with young women from 79 other countries. Although exhausted following a grueling three weeks of rehearsals, personal appearances, social events—and little sleep—Ms. Hollender graciously brightened the day for many patients.

She, and her mother, a cousin and neighbor who accompanied her, were amazed at the size of the hospital. Private rooms, and televisions for each one, are unheard of in Israeli hospitals. She also was impressed with the overall appearance. “This doesn’t look like a hospital, it looks like a hotel!” exclaimed Miss Israel, who speaks English fluently.

Marcia Shapiro, auxiliary president (right), acted as guide, explaining the history and services of the hospital to our Israeli guest. Former Cardinal hero Stan Musial (below left) missed out on his opportunity to judge the pageant misses at Kiel Auditorium because of his hospitalization—but ended up in a private audience. Miss Israel was able to tell him that she’d enjoyed a meal at his restaurant, Stan Musial & Biggies. In rehabilitation (below right), Ms. Hollender marched right up and offered her hand to several patients, and talked with them about their medical problems. Channel 2 News was there to cover it for a spot which aired during the evening’s broadcast.
Anxious to see young children in the hospital, Ms. Hollender was thrilled (below) to bump into baby Courtney, the daughter of visiting Melissa Shepard, a former Jewish Hospital physical therapist. Miss Israel, who has a 10-year-old brother and a one-and-a-half-year-old sister at home in Tel Aviv, spent several joyful minutes in the nursery area contentedly watching newborns in their bassinets. After visiting the labor and delivery suite and seeing a demonstration of the birthing bed, however, she decided that she is not quite ready for motherhood.

During a small reception in the Brown Room following her tour, Ms. Hollender met several hospital administrators, including President David A. Gee (above), and had a chance to rest following her last official function connected with the beauty pageant. Talking with her (left) are Don Levin, Jewish Hospital director of development, and, to her right, Sharon Stein, a member of the Jewish community who hosted Miss Israel during her stay in St. Louis. (Ms. Hollender’s mother and cousin have their backs to the camera.)

The beauty pageant which named Shimona Hollender Miss Israel in April was the first the recent high school graduate had ever entered. Following a month of travel in the U.S. with her cousin, Ms. Hollender was planning to enter the Israeli army, as is required of all high school graduates, and then to pursue a career in fashion design. She certainly displayed a certain flair during her visit here.
New Medications and a Myriad of Gadgets

Even though Parkinson’s disease can make daily tasks such as grooming, dressing and eating difficult and frustrating, individuals who have the neurological disorder can enjoy self-sufficiency. The prescription of drugs and the use of specialized equipment can help alleviate or compensate for the stiffness, loss in facial expression, rigidity (poor balance and posture), tremor (involuntary movement) and bradykinesia (slow movement) which characterize the condition.

The two most recent Parkinson’s Educational Programs (PEP), sponsored by the Jewish Hospital Auxiliary, presented many of the options available to the nearly one-half million Americans who have the disease. The overriding message was that with continual medical research and a growing number of informational support groups, most patients can remain, and become increasingly more, productive and independent.

A major contribution to their self-sufficiency is being made by pharmaceutical companies, which are continuously developing new drugs. The medications and their interactions were discussed at the April 17 PEP meeting featuring guest speakers Pete Haynes, R.Ph., Paul Milligan, R.Ph., and Debra Skaar, R.Ph., all Jewish Hospital pharmacists.

There has been a great deal of progress since the first attempt to treat Parkinson’s, in 1867, with the drug group belladonna alkaloids, most of it during the past 10 to 15 years. The recent use of an antihistamine has improved treatment and today, Mr. Haynes noted, a physician might prescribe anticholinergics, Symmetrel®, Sinemet® or Parlodel®, depending on the stage or severity of the disease and the patient’s reaction to a drug.

The ideal drug, the panel told PEP attendees, does not exist. “But the search for this drug, one which acts for a long time and has only minimum side effects, continues,” said Skaar. At present, side effects cannot be totally eliminated.

“In order to get a high enough dosage for the drug to work, the patients often will have to experience some side effects,” Milligan explained. “The doctor tries to find the balance between effectiveness and adverse effects.” To accomplish this, physicians are constantly re-evaluating a pa-
Parkinson’s: A Patient’s View.

*by Sidney Dorros, in which the author outlines ten tips for coping with the disease. The book is available at public libraries or through the PEP organization.*

Janet Williamson, OTR, coordinator of occupational therapy at Jewish Hospital, presented many additional suggestions during her July 17 PEP presentation, “Practical Approaches to Daily Living.” Surrounded by tables full of special equipment and literature, Ms. Williamson demonstrated how the aids can make difficult, time-consuming tasks, like dressing or eating, more pleasurable. A plate guard, combination spoon and fork utensil, rubber place mat, neck apron and drinking straws can take some of the frustration out of meal time. Rubber bath mats, hand rails or a tub seat can prevent serious accidents in the bathtub and electric toothbrushes may be easier to handle than the hand-powered version.

According to Williamson, dressing can be the most difficult task for a Parkinson’s patient. “It may be much easier and safer to dress sitting in a chair or lying on a bed,” she suggested. Adaptive clothing, sold through both the Sears and Penney’s catalogues, has special features like velcro closures which are easier than snaps or buttons for Parkinson’s patients to handle.

Ms. Williamson also informed attendees that there are contractors who can remodel a patient’s home environment to fit daily needs.

Several of the displayed items, which attendees were invited to test following the presentation, were recreational in nature. Hand looms, craft kits, hobbies and games helped illustrate Williamson’s emphasis that a patient should lead an active, productive life. “He should remain involved in family and community affairs.”

Although it is important for the Parkinson’s patient to remain independent, he does need the support and understanding of family members. “It’s important for the family to let the patient do as much as he can regardless of the time required. When planning daily activities, the patient and family should seek a healthy balance. The family and patient must search for techniques and equipment available to facilitate the patient’s ability to perform tasks including feeding, dressing, writing, household activities and recreation,” noted Williamson.

Erwin B. Montgomery Jr., M.D., professor of neurology at Washington University School of Medicine and a specialist in Parkinson’s disease treatment, encouraged the group to maintain an interest in life. He said a patient’s rate of progression is critically dependent upon his attitude. “How well you put your shoes on, or how you put your shoes on is not nearly as important as what you do when you put your shoes on.”

PEP, sponsored by the Jewish Hospital Auxiliary and organized by Chairperson Susan Levin (Mrs. Robert), meets three times a year in the hospital’s Steinberg Amphitheater. Audrey Sullivan, a speech therapist at Jewish Hospital, will discuss speech problems at the next program, to be held November 6. For more information, call 454-7130. The National Parkinson Foundation provides a toll-free telephone number for patients who need answers to specific questions. It operates Monday through Friday, 8 a.m. to 4 p.m., at 1-800-327-4545.
FOCUS WEEK

The Jewish Federation of St. Louis, founded in 1901, has as its cornerstone the centuries-old belief that social justice is a community responsibility. In practice, this means each Jewish person has the duty to help other Jews. Since the time of Abraham, Jews have lived by this precept of *K’lal Yisroel*: one Jew responsible for the other—one people, one community, one family.

The Jewish Community through its member agencies: The Jewish Federation of St. Louis, which represents the 53,000 Jews of the city, was created as a result of this concept. It has become the center of the Jewish community through its member agencies: The Jewish Community Centers Association (JCCA), Jewish Family and Children’s Services (JF & CS), The Central Agency for Jewish Education (CAJE), The St. Louis Center for Holocaust Studies, *St. Louis Jewish Light*, Hillel Foundation, The Jewish Center for the Aged (JCA), The Jewish Employment and Vocational Services (JEVS), The Jewish Community Relations Council (JCRC), and The Jewish Hospital of St. Louis. Through the full range of services they offer, social, educational, health, cultural, and recreational needs are being met.

In order to bring these services to the attention of the entire St. Louis metropolitan population, Jewish and non-Jewish, the federation is sponsoring FOCUS Week October 1-6. FOCUS is an acronym for Federation Of Community Services. All the member agencies—including Jewish Hospital—will participate in this public awareness event.

On October 3, 4, and 5, the hospital will host a health and human services fair in the JCCA auditorium and Steve’s Room. According to Patti Gee, president of Jewish Hospital, “The triumphs and milestones are many, and the eye of the entire St. Louis population is the pinnacle of The Jewish Federation has given us our effort.” She adds, “To reach out to your community and make the kind of impact The Jewish Federation has given us a real sense of pride. And to go one step further by catching the message to the community is profound... *K’lal Yisroel.*"

The following topics will be covered at the times indicated during the FOCUS Week health and human services fair at the JCCA, 1101 Scheutz Road.

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<tr>
<td>Monday, October 3, 1983</td>
<td>Pulmonary</td>
<td>Cardiology</td>
<td>JF &amp; CS Surgery</td>
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<td>Infertility</td>
<td>Diabetes</td>
<td>Medical Oncology</td>
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<td>Hand &amp; Back</td>
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<td>Hand &amp; Back</td>
<td>Rehabilitation</td>
<td>Counseling</td>
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<td>Genetic</td>
<td>Cardiac Surgery</td>
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<td>Obstetrics</td>
<td>Program on Aging</td>
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<td>Tuesday, October 4, 1983</td>
<td>Obstetrics</td>
<td>Program on Aging</td>
<td>JEVS</td>
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<td>Wednesday, October 5, 1983</td>
<td>Rehabilitation</td>
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The experiences of 4,000 years of Jewish History, made more vivid by the lessons of the past 50 years, have taught the necessity of building strength through mutual support. The Jewish Federation of St. Louis, which represents the 53,000 Jews of the city, was created as a result of this concept. It has become the center of the Jewish community through its member agencies: The Jewish Community

Throughout the three days, physicians will lecture on selected topics of concern to the public. These half-hour talks will be repeated for the convenience of those visiting the health and human services fair.

Plans for the week began last year when Federation President Harris Frank suggested that a non-fundraising thrust be made to exhibit the agencies and their accomplishments in the metropolitan area. A steering committee was formed with Shirley Cohen and Wallace Ruwitch, members of the Jewish Hospital Board of Directors, appointed as Jewish Hospital representatives. Mrs. Cohen feels the FOCUS Week will be a “wonderful vehicle for Jewish Hospital to show the community the many services we perform on an on-going basis.” She adds, “To reach out to your community and make the kind of impact The Jewish Federation has given us a real sense of pride. And to go one step further by catching the eye of the entire St. Louis population is the pinnacle of our effort.”

“Every agency has its story to tell,” says David A. Gee, president of Jewish Hospital. “The triumphs and milestones are many, and the message to the community is profound... *K’lal Yisroel.*"
You may have heard snippets of the new language of health care and found it as incomprehensible as an unfamiliar foreign tongue. Since we're going to be seeing and hearing it—and many of us using it—with greater frequency, here's a translation of some of the basics.

The “language” is PPS (prospective price system) and the key term is DRG—diagnosis related group. This patient classification system is used to determine how much money a hospital will be reimbursed for Medicare claims. It is the newest step in the government’s efforts to control escalating health care costs, and, beginning at Jewish Hospital in January 1984, will drastically alter the means by which the hospital receives payments.

TEFRA (Tax Equity and Fiscal Responsibility Act), which went into effect in the fall of 1982, laid the foundation for the new method by placing a limit on total inpatient operating costs per patient discharge. In an effort to control all inpatient costs, to standardize the cost of procedures no matter where in the country they take place, and to provide incentives to hospitals for controlling the volume of ancillary services, HCFA (Health Care Financing Administration) went a step further by designing the system of 467 DRGs. Each one is assigned a non-negotiable dollar value (one additional category covers diagnoses which do not fit into any of the others). This price, established annually, is what the government pays the hospital for controlling the cost. Health care providers are inherently encouraged to keep costs down to the guideline. If they don’t, it will be difficult for them to continue to function, for their expenditures, at least in cases of Medicare patients, will outpace their reimbursemences.

When you consider that 46% of Jewish Hospital’s patient days, and 50% of our revenue, is derived from patients covered by Medicare, the connection between the viability of the hospital and the accuracy of diagnosis—or the correct correlation of what was done for a patient and what is claimed for reimbursement purposes—becomes evident.

At the basis of the claim process is the clinical information contained in a patient’s record, including a discharge summary and diagnosis, supplied by the attending physician. Medical record personnel code this information and input it into a computer system, using the ICD-9-CM (International Classification of Diseases-9th Revision-Clinical Modification), a system developed by a national team of researchers and physicians and already used by most U.S. hospitals to classify their patients by illness. Hospitals are required to use it to prepare discharge data for Medicare claims. With this coding, the condition is assigned to one of 23 MDCs (major diagnostic categories).

At this point, the computer assigns a DRG—which is where the money comes in: the hospital will receive the monetary amount specified for that DRG. In the past, the hospital received 100 percent reimbursement. Now it will receive the amount HCFA says the appropriate treatment for the specified condition is worth, according to its standard price, which will be set annually. Timely and complete patient discharge information takes on new significance in the hospital’s billing process.

The DRG program will be phased in during a three-year period, starting with a reimbursement blend of hospital specific payment and the DRG prospective rate. By January 1987, all hospitals in the nation will be reimbursed on the DRG common rate system.

Jewish Hospital has adopted strategies to make sure it fully adheres to the provisions of the new laws and adequately receives compensation for services provided to Medicare patients. A major element in the chain is the doctor, who is affected by the new system in use of hospital resources, and by method of documentation. Our physicians are being educated, through a series of special presentations, about the importance of submitting more complete discharge summaries, striving for specificity in use of diagnostic terminology and following established guidelines to identify principal diagnosis and procedure and secondary conditions.

To bring about the highest quality medical care at the best price, the hospital will be monitoring the ordering of tests, laboratory procedures, and so on. To increase our data base and institute internal cost-savings controls, all patient services, not merely those involving Medicare, will be classified according to the DRG system.

In the future, it will not only be hospitals and hospital-based physicians who are involved: we can expect third-party payers, the private insurance companies, to jump into the DRG alphabet soup as well, which will affect the practices of private physicians. The initial reaction might be to ignore the whole confusing jumble of terms and letters, but to do so is to be cut off from communication with the source of reimbursement funds and continued healthy operations of the hospital.
Editor's Note: In this space, during the past few years, you have met many of the men and women who, with their professional knowledge and personal commitments, provide the expert and enthusiastic guidance Jewish Hospital enjoys. While we will continue to feature members of our board of directors, from time to time we will introduce some of the many other people without whom Jewish Hospital could not be as responsive to the needs of the community as it is.

Prime among them are the Jewish Hospital Auxiliaries. Responsible for donating to the hospital more than $800,000 in money, equipment and volunteer hours last year alone, the 3,000-strong, 31-year-old organization has remained active for many years, going from one position of responsibility to another and helping countless patients in the process. Meet two of them.

"I was a bride and looking for a volunteer job," recalls June Bierman (Mrs. Arthur) about her introduction to the auxiliary. Her first "job" was to help staff the information desk, then located at the Kingshighway entrance. "Actually, at that time, I was not as aware of the auxiliary as I was of the volunteer organization." It was not surprising, then, that one of her first board positions "years later," following her position as membership chairperson, was as co-chairperson of volunteers, an office she held between 1965 and 1967:

Except for a one-year hiatus immediately following that term, Mrs. Bierman has held an office or occupied a chair in the auxiliary ever since. One of those loyal people who recognizes that there is value in any job that needs to be done, she has taken on varied responsibilities. From assistant recording secretary she became recording secretary, vice president—membership services, vice president-volunteers, parliamentarian and director. For a brief period, she coordinated "clover projects," individual fund-raising efforts by members with special interests or talents. She also co-chaired the Clover Buffet (now the 216 Buffet), and Clover Coifs, before the beautician service became one taken directly to patient rooms so the ground floor salon could be converted to the Clover Creamery ice cream parlor.

In the mid-1970s, concurrent with her other responsibilities, Mrs. Bierman became co-buyer of books for the Gift Gallery, a job that actively brought her back into the hospital setting for the first time after the births of two sons, and which she maintains with co-chairperson Joyce Mohr today. Once a week, she orders 100-150 paperbacks to keep the shelves stocked, a duty she particularly enjoys. Since 1982, she has been co-chairperson of the Tribute Fund, which brings her into the hospital to write tributes, record donations, or do whatever else is necessary. "I like it very much because I have wonderful people to work with—they're congenial and caring. It's not always the easiest place, because the "in memories" can be very sad" — but also very rewarding, like her overall experience with the auxiliary.

"The good it does for patients, the monies it gives are so important. It's worth my time." A former PTA member, JCA (Jewish Center for Aged) auxiliary board member and volunteer, and once a member of the board of directors of the Associates in Medicine for six years, Mrs. Bierman attributes her continued interest in the auxiliary to the ability to do something new all the time. "The changing focus has kept me involved."

"I can't talk to you now. I'm down at the Jewish Hospital office mailing cookbooks. Have you seen Family Circle? They love it! (Please leave your name and number after the tone.)"

Nancy Wolfheim (Mrs. Richard) will use any attention-getting device to sell those books. In March of 1979, she became chairperson of the committee responsible for distribution of the highly-acclaimed Cooking in Clover, published in 1977.

"I'm a terrible cook," she insists. What she does know is sales and the value of personal contact. Upon taking the job, she immediately reviewed the work she'd done as chairperson for 12 years of the St. Louis Symphony's cookbook, and scoured the Yellow Pages and local newspapers for names of retail outlets. By January 1980, she had added 68 new stores, including Clayton Car Wash, to the 50 which had been carrying the book. And she hand-carried stock to each one.

She attributes her success—sales of $15,000 her first year in office—to her "little lady" system, begun when she started writing letters to Smith College classmates, camp friends, friends of her daughters. They, and others who find out about it, pass along the word of the book that's "so good it sells itself" and they write to her. She answers with hand-written notes in which she promises to send her favorite recipes along.
Memorial to Henry Rosenfeld, M.D.

Henry Rosenfeld, M.D., a member of the staff of Jewish Hospital since 1921, died of heart disease Sunday, June 26, at his Richmond Heights home. A specialist in the treatment of arthritis and rheumatic diseases, Dr. Rosenfeld graduated from St. Louis University School of Medicine in 1916, and was in private practice with a cousin, the late Dr. Herman Rosenfeld, from 1924 until World War II. During the war, Dr. Rosenfeld served as a major in the Army Medical Corps in the South Pacific. He established a University City practice with Dr. Robert Weinhaus following the war. In 1970, he retired from active practice but remained on the staff of Jewish Hospital. He and his wife, Hannah, would have celebrated their thirty-third wedding anniversary in December.

Charles B. Anderson, M.D., was elected president of the Missouri Chapter, American College of Surgeons, and will serve from June 1983-84.

Leslie Brandwin, M.D., was elected president of the St. Louis Rheumatological Society.


Dr. Dean was appointed membership chairperson of the National Academy of Neuropsychologists from 1983-1985.

Brenda Ernst, R.N., vice president, has been appointed by Governor Christopher Bond to the Missouri State Board of Nursing. The seven member Board is responsible for administering the Missouri Nursing Practice Act which includes accrediting all schools of professional and practical nursing in the State of Missouri, administering State Board licensing exams, and licensing all registered and licensed practical nurses.


Jerome Grosby, DDS, presented a speech to senior citizens under the auspices of the St. Louis Heart Association on June 22 titled “Cardiac Risk Factors of Dental Treatment.”

Jack Hartstein, M.D., was re-elected vice president of the American Society of Contemporary Ophthalmology at its annual meeting, March 6-11 in Miami, Florida. Dr. Hartstein was also chairman of the contact lens section held Thursday, March 10.

Joseph Hazan, M.D., attended the Cook County Post Graduate School of Medicine Ob/Gyn Seminar from May 20-25 in Chicago, Illinois.

Godofredo Herzog, M.D., was appointed medical director of the Frenomenal Syndrome Program, Inc., effective June 22.

Ronald Krone, M.D., co-authored a paper “Long-term Prognosis After First Wave (Transmural) or Non-Wave (Non-Transmural) Myocardial Infarction” with E. Friedman, S. Thanavar. J. P. Miller, M.D., R.J. Kleiger, M.D., and G. C. Oliver in the August 1983

Kenneth Bennett, M.D., director of surgical education at The Jewish Hospital of St. Louis and assistant professor of clinical surgery at Washington University School of Medicine, has become the fifth recipient of the Sydney S. Pearl, M.D., ‘32 Award for Inspirational Teaching. The award, which is determined by a vote of the graduating class of Washington University School of Medicine, is presented to a faculty member who is a practicing physician and a staff member at one of the Washington University Medical Center hospitals. A member of the part-time clinical faculty, Dr. Bennett received a monetary award and a plaque at recent commencement ceremonies of the medical school. His name will be added to a plaque located outside the university’s admissions office.

American Journal of Cardiology. He also participated in a panel discussion on “Clinical Aspects of Life Threatening Arrythmias” in an international conference in Florence, Italy, on June 17. Dr. Krone was elected vice president of the St. Louis Cardiac Club for the 1983-84 term.

Robert C. Lander, M.D., attended the American Academy of Orthopedic Surgeons/ American Association of Neurological Surgeons meeting on May
Steve Lauter, M.D., attended the American Rheumatism Association scientific meetings from May 31 to June 3 in San Antonio, Texas. He presented a speech to the St. Francis Hospital Continuing Medical Education group in Peoria, Illinois, on May 18 titled “Role of Prostaglandins in Arthritis,” and on April 30 presented a speech to the Southern Illinois University Medical Seminar on Rheumatic Diseases titled “Laboratory Diagnosis of Rheumatic Disease.”

Marvin E. Levin, M.D., was visiting professor at the International Diabetes Center, St. Louis Park Medical Center Research Foundation, in Minneapolis. His presentation was on diabetic neuropathy and vascular disease in the diabetic extremity. He also participated with the center on the development of protocols for saving the diabetic foot. Dr. Levin was on the faculty at the University of Kansas College of Health Sciences during its recent symposium, “What’s New in Diabetes.” At the June 1983 annual meeting held in San Antonio, Texas, Dr. Levin was elected to the Board of Directors of the National American Diabetes Association. On May 30, he appeared on the KSD-TV Channel 5 Noon Day Show discussing the camp for diabetic children and the Third Annual Diabetes Charity Golf Tournament. He did a TV show for Storer Cable Network Television Show held on June 2. Dr. Levin also appeared on KMOX radio, At Your Service, on June 18 discussing fad diets.

Sam Lugo, M.D., attended the Harvard Medical School Vascular Surgery convention from May 23-25.

Alan P. Lyss, M.D., presented a speech to SHARE Breast Cancer Support Group on June 11 at the Wohl Conference Center titled “Systemic Therapy for Early Breast Cancer.” He also attended the American Society of Clinical Oncology convention from May 21-24 in San Diego, California.

Charles Mannis, M.D., was appointed St. Louis Advisor-Sports Medicine Committee of Missouri State High School Activity Association in July 1983.

John A. McDonald, M.D., presented a speech to the FASEB titled “Role of Fibronectin in Pulmonary Fibrosis” in April in Chicago. He became a member of Cell Biology Study Section, National Institute of Health in Washington, D.C., from July 1985 to June 1987.


Rashmi Nakra, M.D., presented a paper to the St. Luke’s Residents at the Lutheran Medical Center on March 3. He also attended the Alzheimer’s Update convention on June 10 and 11 in California.

William A. Peck, M.D., was elected president of the American Society for Bone and Mineral Research.

Carlos A. Perez, M.D., presented the following speeches: to the American Society of Clinical Oncologists in San Diego, California, on May 22-24, “Preliminary Report on a Randomized Trial of Radiotherapy to the Thorax in Limited Small Cell Carcinoma of the Lung Treated with Multiagent Chemotherapy;” to the American Association of Medical Dosimetrists, in Seattle, Washington, on June 6-10, “Natural History of Carcinoma of the Lung and Rationale for
Above: Julie Graham, one of 55 Teenaider volunteers, delivers a magazine from the auxiliary’s book cart to patient Madelaine Brock. Ms. Graham donated 50 hours of her summer vacation time to the hospital through the youth volunteer program sponsored by the Jewish Hospital Auxiliary. The participants, aged 14 and up, assisted in 15 departments during July and August. Left: Jewish Hospital’s School of Medical Technology graduated 10 students this year in a June 17 ceremony in the Brown Room. The graduation marks the end of a year-long internship, usually the final year of study, for students seeking a degree in medical technology or one of the sciences. Graduates (front to back) Streller Hernandez, Sadigheh Mosheni, Linda Smith (behind), Lori Cunningham, Lori Law and Ellen Normansell (behind) get ready to enjoy their accomplishments. Mary Farbatt, Celeste Alyea, Carolyn Richmond Mathews and Nancy Miller also graduated.
Desktop Dynamics’ on May 26, at the University of Missouri. Dr. Russ participated in a panel discussion on June 11 at Washington University titled “Coping with the Stress of Cancer” at the Second Annual Breast Cancer Educational Conference.

Scott Sale, M.D., participated in a panel discussion titled “Allergies and Asthma” on the KMOX-TV show “Edge of Day” on June 27.


Richard G. Sisson, M.D., attended a Boston, Massachusetts, convention June 5-9 of the American Society of Colon and Rectal Surgeons.

Peter G. Smith, M.D., co-authored a paper with S. L. Collins, M.D., titled “Thin & Skin-Grafted Pectoralis Myocutaneous Flaps,” and presented it to the 4th International Symposium of Plastic & Reconstructive Surgery of the Head and Neck held in Los Angeles, California, in June.

Samuel D. Soule, M.D., presented a speech titled “Cancer in Women” to the Festus Chapter of Missouri Licensed Practical Nurses and the public, at the Jefferson Memorial Hospital on April 14.

Franz U. Steinberg, M.D., wrote a paper “Contributions of Rehabilitation to the Care of Geriatric Patients” presented to the American Geriatrics Society in New York on May 13. He also presented a speech titled “Prevention of Unnecessary Decline with Aging, An Overview” to the Texas Medical Association Annual Meeting held in Houston, Texas, on May 18.

Herman Turner, DDS, attended a course on “Dental Implants” at the University of Missouri Dental School April 30 and May 1. He also attended the annual meeting of the American Academy of Oral Pathology in Orlando, Florida, May 14-17 and participated in a course on ulcerative and erosive lesions of the oral cavity.

Todd H. Wasserman, M.D., presented to conference “Gastrointestinal Lymphomas” at the University of California at San Francisco course on current approaches to radiation oncology, San Francisco, California, on March 10; “Prospectives in Radiation Therapy-The Promise of Sensitizers” at the St. Luke’s West Tumor Conference in St. Louis on March 18; “Cancer” at the American Cancer Society Volunteer Program in St. Louis on April 7. He received a travel award from the Radiation Research Society to attend the VII International Congress of Radiation Research July 3-8 in Amsterdam, The Netherlands. Dr. Wasserman was named chief of radiation therapy at The Jewish Hospital of St. Louis, Mallinckrodt Institute of Radiology, Washington University School of Medicine, St. Louis.


Dr. Butler, director of the St. Louis Drug Information Center at Jewish Hospital, was featured on the news segments of June 9 and 17.

While a heart transplant candidate waited for a donor to be found, KSDK-TV’s Alec Serkin interviewed Rudolph Ruffy, M.D., about the problem of locating donor organs for transplant. The interview aired on June 10.

St. Louis Jewish Light announced on June 15 that Laurence A. Levine, DDS, M.D., addressed the recent 12th Annual Juilliard Symposium. An expert on voice therapy, Dr. Levine spoke on “Establishing a Voice Laboratory” and gave a case report on “Head Trauma with Voice Chance on Lifting Arms.”

Diana Davis interviewed genetics specialist Barbara Rohland, M.S., on June 16. The topic of fetal alcohol syndrome was discussed on the 6 p.m. news on KTVI-TV.

The June 27 issue of St. Louis Globe-Democrat featured a photograph of Sandi Spilker, elected vice president of the St. Louis Hospital Public Relations Society.

Scott Sale, M.D., Lawrence Samuels, M.D., and Alan Morris, M.D., were featured on separate segments of “The Edge of Day,” a new morning program on KMOX-TV. Talking about their various specialties, the physicians made their appearances during the week of June 29.

Milk, potatoes and bread are not fattening in and of themselves, said Jewish Hospital dieters in an article appearing in the June 29 edition of the Clayon and West County Citizens. The article explained that these foods are only fattening when eaten with cheeses or butter or fried in oil.

KTVI-TV medical reporter

Genetics Specialist, Barbara Rohland, M.S., was featured on “Briefing Sessions,” a news and information program which aired on May 22 on KSDK-TV. Phyllis Armstrong, who hosted the program, questioned Ms. Rohland on the chromosomal information which can be obtained through this new procedure.

The May 25 edition of the St. Louis Jewish Light announced that the auxiliary contributed 60,225 volunteer hours to the hospital and $590,752 through the Clover Ball, Tribute Fund, gift shop, bake shop, flower shop and ice cream parlor.

Celebrity visits to the hospital made the news when former Cardinal Stan Musial was hospitalized and again when Ann-Margaret came to the emergency room for treatment of a racing pulse. Mr. Musial was written up on July 7 in the Post-Dispatch, July 7 and 8 in the Globe-Democrat and in the July 7 and 8 issues of USA Today.

Ann-Margaret’s visit was mentioned in the Post-Dispatch and Globe-Democrat on July 28. On June 6, Ronald Stricker, M.D., made the news when he announced the opening of Jewish Hospital’s in vitro fertilization program. Interviews and reports were carried in the St. Louis Post-Dispatch, St. Louis Globe-Democrat, St. Louis Jewish Light, radio stations KSD-AM/FM, KHTR-FM and KMOS-AM and television stations KMOX, KTVI and KSDK. He was the subject of a feature article in the August issue of St. Louis Magazine.

When the Food and Drug Administration cautioned the public about the drug Bendectin, Al Wiman of KMOX-TV and Diana Davis of KTVI-TV called upon David Butler, Pharm.D., to explain the reasons for the voluntary recall of the substance and why physicians prescribe it.

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KTVI-TV medical reporter
Diana Davis aired a story about Jewish Hospital’s Shalom program. Volunteer Director Elaine Levinsohn and Al Bleiweiss participated in the story which was seen on June 30.

On July 3, Harvey Liebhaber, M.D., appeared on KTVI-TV with Jane Akre. Their 30-minute discussion on AIDS has prompted interest in the disease and Dr. Liebhaber’s expertise was further demonstrated on July 22 when he appeared with hematology laboratory supervisor Jim Perdue on the KSDK-TV News to address the risks involved for laboratory personnel who handles AIDS specimens. Dr. Liebhaber had appeared with a panel on KSDK-TV on May 21.

As part of the “Morning Magazine,” a seven-part series on having babies past age 30 was aired on KMOX radio July 5, 6, 7, 8, 11, 12 and 13. All interviews were obtained at the auxiliary-sponsored “Special Delivery: Postponing Pregnancy and Parenting Past 30” which was held in May. Interviewed on the series narrated by Anne Keefe was author Elisabeth Bing, social worker Judith Ross Goodman, genetics specialist Barbara Rohland, M.S., and physicians James Crane, M.D., Ronald Strickler, M.D., and Alfred Knight, M.D.

The summer issue of Heart to Heart, a publication of the St. Louis Heart Association, featured an article on pacemakers by Rudolphe Ruffy, M.D.

When the nurses in division 8900 replaced a bicycle stolen from Ahmed Nazari, the afternoon newsboy, the St. Louis Post-Dispatch made a feature out of the kindness. The article appeared in the July 10 edition, complete with a photo.

On July 14, Lawrence Samuels, M.D., joined Armand Brodeur, M.D., on KMOX radio’s “Doctor to Doctor.” During the hour-long interview on July 14, listeners asked many questions about the effects of sun and summer heat on the skin.

Cat Christianson, R.N., was a guest on the KDNL-TV public affairs program “Community Views.” She was interviewed on the subject of in vitro Fertilization which aired on July 17.

Obesity was the subject of the July 23 edition of “Briefing Sessions” on KSDK-TV. Metabolism expert Marvin Levin, M.D., appeared with host Chris Condon to discuss the proper ways to lose weight.

“Women Need More Calcium.” That’s the headline on a UPI story out of San Diego.

Louis V. Avioli, M.D., made the news in an article appearing in the St. Louis-Post-Dispatch July 25. Dr. Avioli was quoted in the July 27 St. Louis Weekly too.

Prompted by an article in the May/June issue of 216, Al Wiman interviewed Alan Morris, M.D., about stress fractures. The news story was seen on KMOX-TV on July 27.

Kevin McCuske, M.D., and respiratory therapist Ruth Vidakis were part of a news story about Nicarettes, nicotine gum which, when FDA approved, is hoped to wean cigarette smokers of their habit. Al Wiman and the KMOX-TV news crews presented the story on July 28.
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.

**SARA**

A warning alarm indicating a problem in the patient’s respiratory system sounded midway through a recent operation at Jewish Hospital. A quick glance at the SARA display terminal told attending doctors that a sudden drop in the patient’s end-tidal carbon dioxide level had been detected. Suspecting a pulmonary embolus, or blood clot to the lungs, the doctors sent the patient for an emergency lung scan after the operation was completed. The scan confirmed their diagnosis and the patient was returned to surgery to have a clip placed on her vena cava (a vein that empties into the right atrium of the heart), thereby preventing the passing of another embolus to her lungs.

SARA, which stands for System for Anesthetic and Respiratory Analysis, has been increasing the speed and accuracy of detection and diagnosis of respiratory problems in the operating room since its installation in May. According to Lawrence Waldbaum, M.D., an attending anesthesiologist at Jewish Hospital, this patient’s difficulty would have been detected by the doctors without the new system, but because SARA was monitoring the patient’s breathing, the problem was spotted and checked before the patient began to experience noticeable discomfort.

Basically, the system serves as a constant monitor of the patient’s respiratory gases. A sampling port, available in each of the operating suite’s 14 rooms, draws both an inspiratory and an expiratory air sample from the patient. The sample is then fed into a mass spectrophotometer, where it is vaporized and ionized. The emitted wavelengths are then analyzed as SARA looks for the different specific readings to calculate the concentration of each gas. This data is relayed back to the operating room where it appears digitally on the monitor. The entire process takes approximately 15-20 seconds, according to Dr. Waldbaum.

A patient is connected into the system by attaching a small sampling coupler to the respiration tube. The coupler is then attached to the monitor with a thin, flexible nylon tube. Inspiratory and expiratory levels of oxygen, nitrogen, nitrous oxide, carbon dioxide, and the potent inhalation anesthetic agents halo-
thane, ethrane, and forane are identified and analyzed for percentage of content. The system can calibrate itself, turn itself on in the morning, and produce a print-out of a patient's read-out.

Functional as the equipment can be for doctors, the most important benefit of employing the system is increased safety for the patients. The system sounds an alarm to alert doctors when a gas concentration becomes too high or too low. The system identifies which anesthetic the patient is receiving, and its concentration, which practically eliminates any problem in the functioning or calibration of the vaporizer.

"The system allows us to fine-tune anesthetics to a degree not possible before," Dr. Waldbaum states. A sufficient or insufficient concentration of an anesthetic for the patient can be the difference between being asleep during an operation and remembering parts of the procedure. Problems like these, though rare, are the type that SARA can help avoid. Its adaptability has also increased the respiratory monitoring capabilities in pediatrics as well.

Two years ago, when Dr. Waldbaum first saw the respiratory analysis system, he knew it was the "wave of the future" and something Jewish Hospital should have. "It offered capabilities unlike any system I'd ever seen," he said. Thanks to his enthusiasm, the equipment, which cost $80,132, was installed eighteen months later. Currently, Dr. Waldbaum says, there are 27 SARA units in use throughout the nation, and he predicts that many more will soon be installed. "Within five years," he says, "these capabilities will be a standard of care expected in most facilities."

### Respiratory Therapy
- Infant croupette: $800
- Otolaryngology
  - Language board: $1,500
- Occupational Therapy
  - Personal computer: $2,340
- Gastroenterology
  - Pediatric fibercolonscope: $7,800
- Dentistry
  - Mobil x-ray unit: $3,295
- Emergency Room
  - Intravenous pumps: 12 at $1200 each
- Operating Room
  - Cast cutters: 2 at $950 each
- Cardiovascular Surgery
  - Sodium-potassium analyzer: $13,000
CONTRIBUTIONS TO JEWISH HOSPITAL FUNDS

GENTLE CONTRIBUTIONS
Mr. Harold J. Brod, Brod-Dugan Company, has made a contribution to the Building Fund.

City Investing Company has made a contribution to the Tribute Fund in memory of Mary Ann Stein for the Mary Ann and Elliot Stein Endowment Fund.

James L. Combs has made a contribution to the Tribute Fund in honor of the Behavioral Medicine Clinic.

The Henry Crown and Company has made a contribution to the Tribute Fund in memory of Mary Ann Stein for the Mary Ann and Elliot Stein Endowment Fund.

Raymond Epstein has made a contribution to the Tribute Fund for the Edna Malen Scholarship Fund and the Dr. and Mrs. Herman Meyer Scholarship Fund.

A friend of The Jewish Hospital of St. Louis has made a contribution to the Tribute Fund in honor of Dr. Bernard T. Garfinkel for the Edna Malen Scholarship Fund.

General Dynamics Corporation has made a contribution to the Tribute Fund in memory of Mary Ann Stein to the Mary Ann and Elliot Stein Endowment Fund.

Mr. and Mrs. Sidney Goldberg have made a contribution in memory of Hortense Lewin to the Hortense Lewin Scholarship Fund.

Mr. and Mrs. Sidney Jick have made a contribution to the Building Fund.

Mr. John L. Lawler, Jr., has contributed to the Heart Research Fund in honor of the Nursing Staff of Division 8800 for Dr. Rudolph Ruffy’s work in Heart Research.

Mr. and Mrs. Willard L. Levy have made a contribution to the Tribute Fund in memory of Mary Ann Stein (for the Mary Ann and Elliot Stein Endowment Fund) and in memory of A. J. Cervantes (for the Directors’ Fund).

Mr. and Mrs. Harold G. Lieberman have given a special instrument for measuring blood flow and pressures, in Memory of Mary Ann Stein.

Mr. Roswell Messing, Jr. has made a contribution to the Director’s Fund.

Evelyn B. Olin has made a contribution for the Endocrine Research Center, under the direction of Dr. Louis V. Avioli.

Mr. Wallace R. Persons has made a contribution to the Tribute Fund in memory of Mary Ann Stein for the Mary Ann and Elliot Stein Endowment Fund.

Scherck, Stein and Franc, Inc. have made a contribution to the Tribute Fund in memory of Mary Ann Stein for the Mary Ann and Elliot Stein Endowment Fund.

Michael M. Starr has made a contribution to the Building Fund.

Leon R. Strauss has made a contribution to the Building Fund.

B. H. Tucen has made a contribution for use by Dr. Robert M. Senior, Director of Pulmonary Disease / Respiratory Care Division.

Mr. and Mrs. Eugene C. Weissman have made a contribution to the Building Fund.

Mrs. Harvey Wittcoff has made a contribution to the Harvey Wittcoff Endowment Fund.
SPECIAL GIFTS

DONATIONS
Dr. and Mrs. Ira J. Kodner
Ms. Isabelle Werber
Rupert Turnbull Memorial Lectureship Fund
Mary McKeever Fund

SPECIAL GIFTS
IN HONOR OF
Harold G. Blatt becoming Chairman of Jewish Hospital Board of Directors

DONOR
Dallas Urology Associates:
David D. Reisman, M.D.
Samuel G. Reisman, M.D.
Frank A. Reisman, DDS
Alexander Reisman, LLD
James Harry Reisman, DDS
Michael Reisman, M.D.
(Tribute Fund)

(Hermann & Erna Deutsch Cardiovascular Research Fund)

Special Birthday of Mr. Hermann Deutsch

Edna Malen, R.N.

Golden Wedding Anniversary of Mr. and Mrs. Julian Meyer

Mommy being “ON HOLD”

Special Birthday of Clifford Shanfeld

IN MEMORY OF
Howard Bennett

DONOR
Mr. and Mrs. Terry Franc
(Harry L. Franc Jr. Fund for Study of Depression)

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Bertrand Hopper Memorial Foundation
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Larry Stern
Christian Yegan
(Marilyn Fixman Cancer Center)
Mr. and Mrs. Roswell Messing Jr.
(Messing Chair in Pathology)

A. J. Cervantes
Julia Charnas

DONOR
Mr. and Mrs. Irving Edison
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Mr. and Mrs. Michael Kagan
(Ruth W. Portnoy Memorial Cancer Fund)

Mr. and Mrs. Jeffrey Korn
(Breast Cancer Research Fund)

Mr. and Mrs. Roswell Messing Jr.
(Messing Chair in Pathology)

Mr. and Mrs. Carroll Shelton
(Tribute Fund)
### CONTRIBUTIONS

#### SPECIAL GIFTS

**IN MEMORY OF**

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Leona and Jake Altman (Milton E. Kravitz Memorial Heart Fund)  Special Birthday of MR. AND MRS. PAUL WEISHAN
Mr. and Mrs. Irwin Gittelsohn (Bithil & Meyer K. Weil Fund)  Anniversary of MR. AND MRS. MEYER K. WEIL
Mrs. Bernice Grossman (Shirley W. Cohen School of Nursing Fund)  Special Anniversary Mr. AND MRS. FRED WEINSTEN
Paul Blank (Jerry Kaiser-Irma Blank Cancer Fund)  Bar Miztvah of granddaughter of JUDGE AND MISS NOAH WEINSTEN
Mrs. Ann Loemstein (Edna Malen Scholarship Fund)  Special Anniversary of MR. AND MRS. HERMAN WEINTHUB
Mr. and Mrs. William Schoenfeld (Natalie Wald Scholarship Fund)  Special Birthday of MRS. TED WAXMAN
Ben and Sylvia Shafnfeld
Mr. and Mrs. Samuel R. Cohen  All the happy events of MR. AND MRS. JAKE WEISS
Birth of Benjamin to MR. AND MRS. JOAN WEISS
Fred and Jon Bornman (Saul & Rebecca Rubin Cancer Fund)  Robert, Denise and Danny Bogart (Dorothy Bagot Memorial Fund)
Sam and Yetta Fleischmann  Birthday of GOLDA WEITZMAN
Mr. H.E. Lieberman (Bernard Lieberman Parkinson Fund)  Special Birthday and Recovery of MRS. RITA WELLS
Ed and Barbara Bucholtz (Breast Cancer Research Fund)  Recovery of LOUIS WELLS
Ted and Pegnna Smith  Engagement of daughter of MR. AND MRS. HURTON WENNECKER
Dr. and Mrs. Herman Turner (Dorothy Jasper-Rita Polinsky Memorial Fund)  Recovery of MR. MORTON WERNER
Dr. and Mrs. Ben Borowsky (Llewellyn Sale, Sr. Memorial Fund)  Mr. and Mrs. Frank Dellman  Recovery of father of MRS. HENRY WINER
Mrs. Ann Loemstein (Edna Malen Scholarship Fund)  Recovery of MRS. WILEY WINDHAM
Mr. and Mrs. Lee Blumoff (Ralph Hersch Cancer Fund)  Angie and Barbra - Patient Relations Dept.
Mr. and Mrs. Rand Goldstein  Thank you to MR. AND MRS. SUEY WOLF
Barbara and Angie-Patient Relations (Dorothy Bagot Memorial Research)
Mr. and Mrs. Donald Comblee (Lisa Bly James Dreyer Memorial Fund)  Mr. and Mrs. Clarence T. Robert (Hurry L. Price, Jr. Fund)
Mr. and Mrs. Harry Rosenbog (Lisa Bly-James Dreyer Memorial Fund)  Mr. and Mrs. Willard L. Levy
Mr. and Mrs. Edward Silverman (Helen & Walter Wolff Cardiovascular Fund)  Recovery of BARRY YOFFIE
Mr. and Mrs. Alvin Muggins (Jackie Sue Muggins Liver Research Fund)  Special Birthday of JOSEPH ZAHLER
Mr. and Mrs. William Nussbaum (Langsford Fund for New Americans)  Special Birthday of JUDY ZAMLER
Jan Kornblit and the Kids (Marilyn Fixman Cancer Research Fund)  Birthday of BEMIE ZOHNNIS
Marjorie H. Greer  Marriage of daughter Irene of MR. AND MRS. LOUIS ZORENSKY
Beatie and Joseph Rottberg
October 4
I Can Cope eight-week educational course and support group for cancer patients and their families; 7 to 9 p.m., Brown Room; open to the public, reservations required, call 454-7040 or 454-7463.

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

October 5 & 6
Jewish Hospital Auxiliary Activity Cart Production Meeting for volunteers who want to help assemble activity cart packets for patient distribution; 9:30 a.m. to 4 p.m., Brown Room; all volunteers welcome, call 454-7130 for information.

October 6
“Hormone Treatment of Breast Cancer” sponsored by The Marilyn Fixman Cancer Center, Jewish Hospital at Washington University, and the Office of Continuing Medical Education-Washington University Medical Center, featuring speakers Joseph C. Allegra, M.D., chief of medical oncology, University of Louisville School of Medicine, and Aman Buzdar, M.D., associate professor of medicine, M.D. Anderson Hospital and Tumor Institute; 12 noon, Steinberg Auditorium; open to the public at no charge; reservations required, call 454-7463 for information.

October 10
Super Sibling Program for children ages 2½ 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 13
Mended Hearts support group for persons having had or needing open heart surgery; 7:30 p.m., Brown Room; open to the public at no charge; call 454-7175.

October 18
School of Nursing Open House tour of school and hospital for those interested in a nursing career; 7 to 9 p.m. in the school residence; open to the public at no charge; call 454-7057.

October 26
Jewish Hospital Auxiliary Seminar on menopause, featuring Ronald Strickler, M.D., director of gynecology at Jewish Hospital; 10 a.m.; call 454-7130 for details.

November 2 & 3
Jewish Hospital Auxiliary Activity Cart Production Meeting for volunteers who want to help assemble activity cart packets for patient distribution; 9:30 a.m. to 4 p.m., Brown Room; all volunteers welcome, call 454-7130.

November 10
Mended Hearts support group for persons having had or needing open heart surgery; 7:30 p.m., Brown Room; open to the public at no charge, call 454-7175.

November 14
Super Sibling Program for children ages 2½ 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 17
Jewish Hospital Auxiliary Seminar on rehabilitative medicine, featuring Franz U. Steinberg, M.D., Jewish Hospital physiatrist-in-chief; 10 a.m.; call 454-7130 for details.

November 17
Associates In Medicine Wine & Cheese Program: 7:30 p.m., Brown Room; open to the public, complimentary refreshments; reservations required, call 454-7239.

November 19
Nurse for a Day sponsored by School of Nursing and the Committee on Nursing, tour of nursing school and hospital with student and faculty presentations of displays and activities that take place in the day of a student nurse, parents may accompany the student; no children under 14 years permitted; 11:30 a.m., lunch served at 12 noon; open to the public at no charge; reservations required by November 11, call 454-7057.
The Jewish Hospital publications department provides a reprint service for any article appearing in this magazine. It is offered free of charge as a community and physicians' service. Call 454-7239 for more information or a reprint of your choice.