FORGING NEW FRONTIERS

the SNOW SCENE
Sandra Collins is this year's recipient of the Meritorious Service Award. Ms. Collins came to Jewish Hospital on August 8, 1977 and worked in the department of medicine and the department of education. During the time that she was in the education department, she began a program in alcoholism management training. In 1981, she completed a training program at Washington University and was certified as an employee assistance counselor. From these limited beginnings, Collins has created the Employee Assistance Program and counseled 550 Jewish Hospital employees for a variety of personal problems ranging from alcohol and drug dependency, marriage and family difficulties, financial problems and interpersonal relationship problems.

"The program that she created and has so successfully carried out has been important for three major reasons," remarked David A. Gee, president, at the service awards reception. "First, it has been an added benefit to Jewish Hospital employees, many of whom, in desperate personal circumstances, had nowhere to turn. Second, it has done a great deal to alleviate or moderate personal problems that can result in loss of job, breakup of marriage or a completely ruined life. Third, the program has benefited the hospital in stabilizing and retaining otherwise effective employees in whom the hospital has a substantial investment but who need to get over difficult times."

The Employee Assistance Program at Jewish Hospital has been a model for many other organizations seeking to establish similar activities. Collins' efforts have not only benefited Jewish Hospital, Mr. Gee noted, but other major firms in the area have established similar programs following the model of the program.
NEW HORIZONS . . .  
. . . NEW FRONTIERS
Developments at Jewish Hospital, in ophthalmology, genetic testing and kidney cell physiology research, are helping—or promise to help—many patients.

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Dan Dierdorf entertained the audience of the hospital’s ‘friend raising’ organization, following the installation of new officers.

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ON THE COVER: Jewish Hospital, in its role as a teaching institution, supports research in many areas. Not limited to the reading of dusty tomes or the sterility of laboratories, research, in many cases, addresses medical issues at clinical and direct care sites.
Research takes many forms, ranging from the traditionally thought-of ranks of test-tubes producing miracle drugs, to the development of techniques for operating protocols. New diagnostic tests and ways to use standard tests in new procedures, as well as the investigation of the interaction of body structural units are also in the realm of research teams.

Research is an important component of the mission of Jewish Hospital at Washington University Medical Center. International recognition has come to the hospital through discoveries made in the hospital’s laboratories, and through projects which have served to better the quality of life for several generations. Often however, unless the findings are particularly dramatic, research goes unrecognized outside of the medical community.

The following reports highlight areas that have not been well publicized, but are helping—or promise to help—many patients.

Testing The Future
by Jerry H. Sears

A birth is an occasion of joy for the parents and family of a healthy child. For the families of babies born with defects however, it can be a difficult and devastating time. Jewish Hospital’s prenatal diagnosis program allows early detection of many congenital abnormalities.

Housed at Jewish Hospital, the Washington University Genetics Division is now able to diagnose fetal chromosomal and biochemical abnormalities as early as 6-7 weeks following conception. Two prenatal diagnostic tests, amniocentesis and ultrasound imaging, form the core of the standard-testing protocol. Amniocentesis, used since the late 1960s, involves the removal of a small amount of fluid from the amniotic sac which surrounds the developing fetus. The procedure is performed on an outpatient basis, 15-16 weeks following the mother’s last normal menstrual period (LNMP). Genetic testing of the amniotic fluid allows prenatal diagnosis of a variety of hereditary diseases. Ultrasound imaging, adapted for obstetric application approximately 15 years ago, involves the use of high-frequency sound waves to produce a two-dimensional “picture” of the fetus. Ultrasound testing allows recognition of many structural birth defects. The major drawback of amniocentesis and ultrasound testing is that they cannot be performed until the middle trimester of pregnancy. New techniques now allow the diagnosis of fetal abnormalities much earlier.

CVB
Chorionic villus biopsy (CVB) is a technique for detection of many genetic abnormalities during the first trimester of pregnancy. Jewish Hospital is one of twenty-six approved U.S. centers investigating this technique. The procedure is offered to women who meet one or more of the following criteria: 1) reach or exceed 35 years of age at the time of delivery; 2) have previously given birth to a child or fetus with chromosome abnormality; 3) are, or whose spouses are, carriers of a chromosome translocation that can cause mental and physical handicaps in their offspring; 4) are carriers themselves of a sex-linked disease such as hemophilia or muscular dystrophy; or 5) are carriers for a biochemical disease such as Tay-Sachs disease.

CVB is performed on an outpatient basis and involves the removal of small fragments of placental tissue via the cervix under ultrasound guidance. “The villus tissue is in a state of rapid growth at the time of its removal,” according to Heidi Beaver, MPH, genetic associate/counselor. “Enough spontaneously dividing cells are available in the sample to allow immediate chromosome analysis, as opposed to having to grow cells in a culture as is done in amniocentesis.” While chromosome abnormalities can be detected at this early time, structural defects cannot be identified in the first trimester. CVB patients therefore return for a second ultrasound evaluation and maternal serum alpha-fetoprotein screening at 15-17 weeks gestation.

AFP
Ms. Beaver describes alpha-fetoprotein (AFP) as, “a unique protein produced in the fetal yolk sac and liver.” Thought by some researchers to be a naturally occurring immunosuppressive protein—that keeps a mother’s body from rejecting a fetus—elevated levels of AFP within the maternal bloodstream may indicate the presence of a neural tube defect, such as spina bifida (incompletely
The Eyes Have It

by Sharon E. Zaring

When eye diseases cannot be diagnosed through routine eye examinations, specialized, sophisticated tests may be needed. At Jewish Hospital, the ophthalmology department specializes in discerning these hard-to-detect eye disorders which otherwise might go undiagnosed for years. Part of the department’s battery of testing procedures is electrophysiological, using diagnostic tools that measure the electrical responses of the eye and brain and help define eye problems. According to Mitchel Wolf, M.D., director of the department of ophthalmology, Jewish Hospital was the first and is still one of the few hospitals in a 300-mile radius to offer this sophisticated technology. “The kind of people who need this type of testing are those who don’t have anything obviously wrong with their eyes,” emphasizes Dr. Wolf. “They are referred to us for these tests because they have visual complaints that their physicians have not been able to diagnose.”

The most common test, says Dr. Wolf, is the electroretinogram, which measures electricity produced in the retina, the sensory tissue of the eye. It helps ophthalmologists detect degenerative eye diseases such as retinitis pigmentosa (RP) which begins with deterioration of the rod and cone cells of the retina and eventually results in total blindness. The disease, which affects at least 250,000 people in the United States, usually attacks the rod cells, which are responsible for night and peripheral vision, before the cone cells, those responsible for color and central vision, are affected.

The electrical response of these cells is measured by inserting a wired contact lens on to the eye. Then, by flashing lights at the eye, ophthalmologists measure and analyze the characteristics of the lens’ electrical signals. “We can set up conditions for the test to measure either the rods or the cones or both,” says Dr. Wolf. “One method is to put patients in the dark and, once they are accustomed to it, we stimulate their eyes with dim lights. Or we can keep the lights on and stimulate the eyes with very bright or colored lights.”

The electroretinogram often detects certain diseases in their earliest stages. “When a degenerative eye disease first starts, a doctor can examine the back of the eye for the first few years and not see any signs of abnormality,” says Dr. Wolf. “It’s not unusual for degenerative eye diseases to go undiagnosed in school children during school eye examinations, even though they may already be having some vision problems. The child may even start having behavior problems because of the vision loss. Often, we will see people who have been treated for years as if there is nothing wrong with their eyes because the only way the disorder would show up is through these tests.”

Dr. Wolf emphasizes that the tests are for early diagnostic, not treatment, purposes. Presently, there is no cure or effective treatment for degenerative eye diseases. “The earlier a diagnosis is made, the easier it will be for patients in terms of arranging their lives,” says Dr. Wolf. “Since we’re optimistic that someone is going to develop some kind of treatment in the near future, we want to detect these diseases as early as possible.”

Detecting Electrical Differences

Although the electroretinogram is sensitive to problems in the back of the eye, to detect disease that affects the macula, the center and a very small part of the eye, Dr. Wolf uses an electrooculogram. “If there is a hole in the macula, the number of cells that is injured is small enough that doing a...
test like the electroretinogram wouldn't show anything at all," says Dr. Wolf. To diagnose macula abnormalities, electrodes are attached to the skin near the temple. The patient looks first in one and then the opposite direction and the electrodes transmit electrical impulses, which are proportional to the voltage difference between the front and back of the eye. The ophthalmologists conduct the test in both dark and light conditions, taking measurements in each. "The electric potential in the light is usually twice as much as that in the dark," says Dr. Wolf. "But that difference disappears if there is a disease."

According to Dr. Wolf, the electrooculogram is also used to monitor the effects of medications that can selectively damage the pigment epithelium, the part of the eye that provides nutrition to the retina. Common medications that are potentially damaging are Mellaril, often prescribed for psychosis, and Plaquenil, which is taken by people who suffer from collagen vascular disease, arthritis and lupus. "Some physicians use this type of test to monitor patients who are already on this type of medication for side effects," notes Dr. Wolf. "But it is also proving to be very useful on laboratory animals as a technique to test experimental drugs for potential side effects before they are commercially available."

**Research Applications**

Dr. Wolf is currently in the midst of research using a method of testing that analyzes electrical responses from the occipital cortex, the area of the brain that is responsible for vision. Called visual evoked response, the test, a form of measuring brain waves, is a non-specific means for detecting abnormalities that could be originating in the eye, optic nerve or brain. "It could be used for any kind of problem that would not show up in the electroretinogram, typically in the diagnosis of optic nerve problems, a common disorder in patients with multiple sclerosis," says Dr. Wolf.

Dr. Wolf hopes that the test will prove useful in making early and accurate diagnoses of glaucoma, a disease that is characterized by pressure in the eye that can affect the optic nerve. If the pressure builds to the point that the optic nerve is impaired, patients can lose both peripheral and central vision. "The dilemma is that some people have higher pressures than others and not all pressures will damage the optic nerve," explains Dr. Wolf. "Because it is difficult to diagnose when pressure causes damage, many people are being treated unnecessarily." Dr. Wolf hopes that through research in visual evoked response, ophthalmologists will be able to diagnose this disease with greater accuracy.

The researchers are also combining visual evoked response with contrast sensitivity tests, in which patients view alternating dark and white lines that allows the measurement of a patient's ability to discern contrasts. "People who have visual problems related to contrast judgment are often individuals with good peripheral and straight-ahead vision,"
says Dr. Wolf. “They will test with normal vision on a routine examination, but when they are outside in the sunshine and glare, their vision is diminished.”

Dr. Wolf thinks that contrast sensitivity testing combined with electrophysiology is an “up and coming” method of detecting problems that are undetected during routine tests. “Contrast sensitivity is abnormal in just about all diseases, certainly all the optic nerve diseases,” notes Dr. Wolf. “What we’re doing is using electrophysiology testing to see what’s happening in the brain when we’re testing contrast sensitivity.”

Currently, Dr. Wolf is studying a group of aged volunteers from the OASIS program who have normal vision for their age group. Contrast sensitivity patterns are projected onto a TV screen and the researchers measure electrical activity from the back of the brain while the volunteers are looking at these patterns. “Right now we’re measuring their contrast sensitivity and their visual evoked response to establish norms,” says Dr. Wolf. He hopes that the research will provide insight into the eyesight and what happens to it during the aging process.

For more information on the services of the Jewish Hospital department of ophthalmology, call 454-7885.

OASIS is a Jewish Hospital-affiliated organization which develops and sponsors activities that afford opportunities for personal growth and social interaction for older adults. For further information, call 454-0113.
system becomes unbalanced, the calcium concentration (or burden, as it is known scientifically) is increased in certain soft tissues, among them kidney cells, and calcium is pulled from another tissue, bone. Researchers use a combination of sophisticated laboratory tests and technology to learn the normal relationship between the kidney cells, calcium and parathyroid hormone.

"We can't tell what is wrong unless we know what is right, or normal," explains Dr. Hruska. "We are discovering how parathyroid hormone works normally in the control of calcium distribution in the kidney. Once that is known, we can ask ourselves if this is an important factor in the development of kidney disease. Then, work on strategies to change the imbalance can begin. In the future, if we are working in the right direction, I can see the possibility of using these techniques to regulate cell calcium and prevent further deterioration of renal function for patients with certain disease."

The aging process is directly associated with an
increase in cell calcium, created by an increase in parathyroid hormone activity. Before a cell dies, it becomes overburdened with calcium, according to Dr. Hruska. One possibility is that abnormal kidney cells undergo a more rapid than normal aging process, brought on by increased levels of calcium in the cells. “We suggest that parathyroid hormone action may be important to the aging process, and also, an important factor in the progression of kidney cell death and kidney disease.”

**In the Lab**

The methods used by Dr. Hruska and his research team to determine the interrelationship between parathyroid hormone and cell calcium levels chart the amount of calcium present in a cell before and after the introduction of parathyroid hormone. Kidney cells are grown in a tissue culture and the concentration of calcium is measured with a spectrofluorometer, an instrument that measures the intensity of a fluorescent signal. A chemical that emits fluorescence and binds specifically with calcium is incorporated into the cultured cells and measured by the fluorometer. Then, parathyroid hormone is introduced and the measurement process is repeated.

An increase in cell calcium content has become evident in the research already done. The researchers are now working toward finding more evidence that calcium content is indeed the culprit in the progression of kidney disease.

“What we are working towards on our research is to arrest this progression,” explains Dr. Hruska.

The function of vitamin D in the cell absorption of calcium is another facet of the research activity underway by Dr. Hruska’s team. How well a cell is able to accept calcium depends on the amount of vitamin D present in the cell. Vitamin D increases the permeability of the fat molecules in the membrane of the cell wall, easing transit of calcium through the cell membrane. “In the absence of vitamin D, parathyroid hormone is less able to stimulate the transport of calcium across the cell membrane,” explains Dr. Hruska. “With vitamin D present, parathyroid hormone is more effective in affecting calcium transport. This is some of the information showing a direct effect of vitamin D on cell calcium.”

Together, these two interrelated research projects have helped to present a more understandable picture of the complexities of kidney function. The team has presented and published a number of papers on different facets of their work, most recently in the April 1985 issue of the Journal of Clinical Investigation and the July 1984 American Journal of Physiology. Concludes Dr. Hruska, “It is a matter of increasing our understanding of the individual components until the components organize themselves into a whole. I expect that this organization will take place within the next two years as we are rapidly learning more and more about the physiology of calcium in kidney cells.”
In the 1920s, bathtub gin was the rage; in the 1950s, the beat generation experimented with marijuana while the suburbanites of the Eisenhower years enjoyed their martinis; in the 1960s, "acid," along with marijuana, was an integral component of the counter-culture. Unquestionably, the drug of the 1980s—one which carries an aura of glamour, success and wealth—is cocaine, or "coke." While it remains the drug of choice of "yuppies" (young urban professionals), often served at parties as a status symbol despite the recent rash of cocaine-related deaths and arrests, cocaine use and abuse now permeates virtually every strata of society. In the entertainment industry, the litany of its victims is long and often tragic—Richard Pryor, John Belushi, Stacy Keach and Lauren Tewes—to name but a few. Outside of the entertainment industry, media attention on cocaine abuse has focused on national and local sports figures, St. Louis football Cardinal E.J. Junior and former baseball Cardinal Lonnie Smith, among others. Yet cocaine demographics have changed from the high-income, "conspicuous consumption" lifestyle often portrayed in the media, to blue collar workers, college students and ghetto youth.

"Drugs are available within every group in society," comments Lucas Van Orden, M.D., a Jewish Hospital psychiatry resident. "It isn't hard to buy drugs if you travel in the right circles. In fact, it's hard not to."

At Jewish Hospital, the upsurge in cocaine abuse is evident in the patient population of the Alcohol and Chemical Dependency Treatment Program. An unexpected percentage—approximately one third—of the patients who have entered the treatment program since its opening in the fall of 1984 have been involved in cocaine abuse. There, physicians and therapists have noted the national trend of cocaine crossing social, racial and economic lines.

With the increase in cocaine sales, the trafficking network controlled by the American and South American underworld has made more—and purer—cocaine available at significantly lowered prices. Today, a teenager could purchase enough cocaine for several "highs," with movie money of $10. Cocaine dealers are by no means confined to stereotypical drug supply outlets, yet they maintain ties to a deadly underworld connection.

While the price of a few highs may be relatively inexpensive—cheaper than a comparable amount of marijuana in some cities—a cocaine habit quickly becomes very expensive. "People soon find out that the most expedient way to finance their habit and to have cocaine available is to turn to some form of dealing, and there they come in contact with the underworld," notes Dr. Van Orden. Others may bankrupt themselves in a matter of months, as they constantly demand cocaine at the expense of their financial health—selling property and possessions with abandon and emptying savings and investment accounts on a moment's notice to finance their habit. A time like this may also bring a person to seek therapy.

Cocaine is one of the most dangerous drugs around," says Collins Lewis, M.D., director of the Jewish Hospital program. "It is harder to kick a cocaine habit than a heroin habit. There is a very strong addiction to the drug, and when abusers stop using it, a very dangerous depressive syndrome follows. That withdrawal syndrome, along with the rapid development of tolerance, indicates a physical addiction to the drug."

Although cocaine abuse has been widely publicized, it is still viewed by many as a "safe" drug, one with few physically addictive qualities. That label of safety, for years accepted by many in the medical community, is being discarded as more substantive information about the psychological and physiological addiction of cocaine has become available.

Dr. Van Orden comments, "The false assumption of safety is a big problem. Many cocaine users are 'social users—inhaling a 'line' of it once or twice a month at a party—and we don't see them until they become involved in heavier usage.'"

The Treatment Program

The Jewish Hospital
Alcohol and Chemical Dependency Treatment Program is designed to treat chemical dependencies in general, not a particular drug specifically, using a social learning model of therapy that helps people to identify the elements that go into the behavior of using drugs or alcohol. “I feel it is the kind of program that can be effective against cocaine abuse,” says Alice Noel, ACSW, program manager. “Our patients are usually dealing with multiple usage, using other drugs like alcohol or barbiturates to excess to soften the ‘crash’ of coming down from a cocaine high.

“Patients don’t tend to consider all the patterns that induce them to first abuse drugs and then to maintain their habits. We help them to restructure their time and teach them how to react in the various situations in which they may find themselves vulnerable to craving cocaine. If you know you are vulnerable to certain stimuli, you learn to brace yourself when you come in contact with them. The program is designed to teach people that there are alternatives to drug abuse.”

While alcoholics tend to be brought into a treatment program by others, typically family members, cocaine addicts frequently admit themselves to the Alcohol and Chemical Dependency Treatment Program. “They recognize that they have gotten themselves on a merry-go-round and it is a very frightening thing,” notes Ms. Noel. “Sometimes a probation officer orders them to enter a treatment program, but by and large, they enter because they realize that very bad things—even worse than what they have been experiencing—will start happening if they don’t get help. One of the things many patients say is that they are afraid they will be killed, due to the underworld contacts they have been forced to make to finance their habits.”

Group therapy is an important component of the Jewish Hospital program. The group members grow from the support and peer pressure that can emanate from a group brought together by a commonality of purpose. They help themselves and the other group members re-learn how to live a life free from the pain and obsession of addiction, a powerful force in overcoming the craving for cocaine.

“Aftercare,” a follow-up group therapy offered to patients once they leave the program, helps patients to maintain contact with the group after re-entering the world outside the hospital. The patients learn to recognize the other members’ warning signs—when they are vulnerable to cravings or are considering getting high—and they use the pressure of “one who has been there” to help their fellow members overcome those feelings.

“The main thing is to teach others alternatives to using and how to get through the periods of cravings,” explains Noel. “They help each other try to become free of all mood-altering substances as they recognize their vulnerabilities.”

The group also helps patients bridge the gap between their former social circles and the ones they intend to create after therapy. A great deal of the therapy modality used in the treatment unit revolves around helping the patient to leave the social group created by drug usage. This is an extremely difficult dance to sever, according to Noel. “The social aspect of cocaine use is very important. A cocaine abuser will develop a social group based on drugs—cocaine is a very social drug and its users tend to be very social people. One patient told us that to refuse cocaine within her group would be ‘rude,’ so she had never done it. The patients tend to feel that everyone uses drugs or alcohol the way they do,” she explains. “We try to restructure the patients’ lifestyles and to get people involved in relationships and associations with people who do not use drugs. If patients get into the behaviors of not using drugs, they will find they can no longer socialize with their old crowd, but this is a conclusion they must draw for themselves. We cannot dictate this to them.”

Another conclusion patients must accept on their own, albeit with the help of the physicians and therapists, is that their search for a drug-free yet euphoric existence is unrealistic. “They often say they are looking for
a euphoric sobriety, which is not what we can offer them,” comments Noel.

A Cocaine Primer

Cocaine is pharmaceutically classified as a stimulant, and like amphetamines, is known to increase alertness, inhibit fatigue and suppress appetite. In addition to those qualities, cocaine is a euphoriant, producing a powerful high which relieves feelings of depression, anxiety and dread. It activates the adrenergic system, the part of the autonomic nervous system that controls the “fight or flight” reaction to extreme stimulation, yet its effect goes far beyond non-drug-induced experiences. Senses become heightened and a powerful euphoria colors all perceptions. The eventual psychological addiction is to this euphoria, which can produce sensations of increased intellectual capabilities, social adeptness, increased energy and a greater ability to perform physical and mental tasks.

Cocaine is a very seductive drug, emphasizes Dr. Lewis. It has a relatively short period of effectiveness and becomes less and less effective with repeated use. Because the high lasts only 40-60 minutes, abusers tend to re-ingest the drug several times a day; and because the same dose produces less and less of a high, they tend to escalate the dose. These pharmacologic properties are dangerous in combination and can lead to serious overdoses.

Cocaine elevates the heart rate and blood pressure, may cause convulsions, and depresses the respiratory system, often to dangerously low levels. Many cocaine-related deaths and overdose reactions are characterized by tachycardia (a racing and uneven heart rate), cerebral hemorrhages (from the elevated blood pressure), muscle twitching and convulsions that do not respond to standard anti-convulsant medications.

The intensity of the reaction has a great deal to do with how the drug is ingested. The most common method—and the one most favored by recreational cocaine users—is to inhale the white powder formed when the coca leaves are reduced to an alkaloid. Heavier users soon move into intravenously injecting cocaine, often in startlingly high doses that amaze pharmacologists, as it is a lethal substance. Some abusers inject cocaine combined with heroin, which is known as “speedballing.” By decomposing the alkaloid substance with hot gases, a process known as “free-basing,” a person can inhale the potent vapors to induce an intense high. A relatively new form of cocaine, known as “rock,” is created by a crude form of freebasing. Rock is also a cheaper substance than freebased cocaine, and, where available, may only cost $10 for 125 milligrams, enough to induce a powerful high.

As with any high, a low follows on its heels. The higher a person becomes—or the longer he or she remains high—the lower and deeper the “crash.” The despondency and depression felt during the crash creates a need by the cocaine user to irrationally and compulsively seek more cocaine to break out of the depression and once again, ride the waves of intense euphoria. The feelings of depression and despondency also cause the cocaine abuser of contemplate or attempt suicide.

When habitual cocaine use goes out of control, the user is on a “run,” a frenetic use of cocaine for a prolonged period of time—perhaps as long as several days—which is followed by a crash of drastic proportions. “During the crash, addicts may become so depressed that they attempt suicide. This is the best time to intervene and convince them to seek help,” according to Dr. Van Orden. The period immediately following a devastating run, during which a person is able to accurately comprehend the destructive impact of his or her cocaine abuse, can be the turning point in seeking treatment.

While it is a good deal easier to get on cocaine than get off of it, treatment programs such as the one at Jewish Hospital are hoping to convince addicts and abusers of the value of a drug-free life. While an aura of glamour surrounded cocaine use—for a time, at least—perhaps publicizing the devastating effects of cocaine on careers and personal lives can prove an effective deterrent.
Registered Nurses + Nursing Research = Better Patient Care

by Sharon E. Zaring

Just weeks after her research was completed, Patti Eisenberg, R.N., MSN, was being inundated with queries and recognition for her work. Although the Jewish Hospital clinical specialist knew the studies she and Norma Metheny, Ph.D., St. Louis University School of Nursing, had done on tube feeding equipment were important, Ms. Eisenberg had never expected this kind of impact. Medical equipment and research and development companies were contacting her, the hospital had received awards from two professional nurse organizations, the Midwest Alliance in Nursing (MAIN) and the American Association Critical Care Nurses (AACCN), and a manufacturer in New York had called for advice on what type of feeding tubes to send to Ethiopia.

To help respond to public interest and explain the research, she and Dr. Metheny made two video tapes, which have been televised throughout the United States, Canada and Japan. Eisenberg is pleased about the project's impact not only for the recognition it brings to the hospital but also for the effect it will have on patient care. "When people begin asking my advice and opinion from all over the country, I begin thinking that maybe I do make a difference," says Eisenberg.

Important research like Eisenberg's and Dr. Metheny's often starts with questions about new equipment or procedures. Eisenberg was concerned about a recent proliferation of feeding tubes on the market and how that increase—approximately 25% a year—was affecting nursing care. According to Eisenberg, the increase is largely due to improvements in technology, particularly the development of prepackaged formula, and an expanding need for the equipment. The patient population that now uses tube feeding equipment to allow continuation of nutrition includes patients who are undergoing radiation therapy, post-operative head and neck surgery patients and those who need feeding supplements to compensate for an illness or type of surgery that depletes them nutritionally. Jewish Hospital now averages 30 patients a day who are tube fed. "The whole concept of artificially feeding patients dates back for centuries," says Eisenberg. "But it had never reached the magnitude that we're doing now. I think it's really come of age in the last 10 years."

In the course of their research, the team found that the most popular small bore (French unit of measurement for diameter) tubes were among the most difficult to monitor for displacement, although among the easiest to insert. As a result of the research, Jewish Hospital is now using a large bore seven-gram weight mercury tube, which Eisenberg believes will reduce complications and increase patient comfort in this treatment.

The tube-feeding research was Eisenberg's first major research undertaking, but she has been interested in nursing research since she was a graduate student at
St. Louis University. As part of her master’s thesis, she researched the cognitive learning ability of parents whose children were diagnosed with congenital heart defects. “Before that, my goal, which I completed, was to work as a general staff nurse for a year and then go into ICU,” she says. “But after I did my master’s thesis, I got interested in research.”

The satisfaction of doing research, says Eisenberg, results from the impact that a study can have on patient care. “When I spoke at the MAIN award presentation, a nurse from another state told me that her hospital had changed its nursing procedures on tube feeding after reading our research. That is the biggest reward,” she says. “I know that our research is affecting patient care.”

Eisenberg and Dr. Metheny’s research will no doubt continue to alter the way that nurses will care for these patients at Jewish Hospital and throughout the United States. But Eisenberg and the nursing staff at Jewish Hospital have another reason to feel good about their efforts. It marks a milestone for the Jewish Hospital nurses and a new direction for them.

“The nursing staff at Jewish Hospital has always been involved with research but usually in a collaborative and assisting role with physicians,” says Brenda Ernst, R.N., vice president, nursing. “Also, we have always supported graduate students from other schools of nursing if they requested and secured approval to do thesis projects here with our patient base or nursing staff. We have a large staff of professional nurses, and we’re surrounded by university M.D. and Ph.D. researchers. Doing research is just part of being a professional nurse and we believe it is crucial that we objectively monitor and quantify our professional practice. We not only want to contribute to the body of knowledge that is unique to nursing, but we also must examine our delivery systems and administrative practices. This has never been more important than in this rapidly changing health care environment.”

To streamline the nursing research activities, a new administrative position, director of nursing systems and research (see article, page 3) was created and a nursing research committee has been formed, headed by Cheryl Wa-Ndambi, R.N., MSN, employee health. According to Ms. Wa-Ndambi, the committee was formed primarily as a resource for nurses who are interested in research, to help implement research projects by developing procedures for article submission and, most importantly, to increase awareness among nurses of the importance of research. “Nurses can make a difference in improving patient care through research,” according to Wa-Ndambi. “They already have a lot of good ideas that come from day-to-day patient care, but if those ideas are never documented and publicized, few people are really benefitting.”

**“I know that our research is affecting patient care.”**
Investigating the Incidence of Infection

Mary Ann Jacobs, R.N., MSN, describes her work as a rehabilitation clinical nurse specialist as a natural avenue for executing nursing research. She is currently involved in a nursing research project on division 2200 with Don Rehkop, R.N., head nurse; Deborah Baker, R.N., assistant head nurse; and Jean Meredith, R.N., instructor, School of Nursing. Their study is designed to evaluate the effect of an extensive nursing inservice (teaching) program on the incidence of urinary tract infections (UTIs) in spinal cord-injured patients.

According to Jacobs, the rate of urinary tract infections is typically high in rehabilitation patients. Immobility increases their susceptibility to this type of infection which makes them vulnerable to kidney and bladder stones and subsequently, UTIs. Health care providers are especially concerned about UTIs because of the potential for the infection to develop into sepsis, an often fatal infection that encompasses the bloodstream.

“Any UTI increases the hospital cost to the patient...”

Director of Nursing Research

The recent addition of Martha “Myra” Mengwasser, R.N., MHA, to the nursing administrative staff gives additional support and impetus to nurses pursuing research. Ms. Mengwasser was hired as Director of Nursing Systems and Research, a newly-created position that will help streamline nursing administrative and financial activities, computer systems and nursing research.

Mengwasser, a former Jewish Hospital School of Nursing instructor, holds a B.S. degree in nursing from the University of Alabama and a masters degree in health administration from St. Louis University. She has worked in numerous staff and administration positions for health care institutions throughout the United States. Most recently, Mengwasser was employed as a health care consultant by the accounting firm Ernst and Whinney.

At Jewish Hospital, Mengwasser will evaluate methods for improving the efficiency and effectiveness of nursing practices through research projects. Mengwasser plans to implement an evaluation of nursing systems, including analysis of nursing cost effectiveness by DRG. She will also research modes of nursing care delivery and various clinical practices and their relationship to patient outcome and quality assurance.
and length of stay,” according to Jacobs. “In this cost-containment world, we not only want to make life better for the patient, we also want to decrease length of stay.”

Jacobs and her coworkers decided to focus on the nursing-care aspect of UTIs, starting with the premise that if nurses undergo intensive, repeated education, the incidence of UTIs will decrease. Before initiating the project, Jacobs conducted a literature review. “I could not find anything in the literature that had ever evaluated the role of nursing,” she says. “Everyone alludes to it, but no one had tested it.”

The researchers have already collected data from 15 spinal-cord injured patients and computed the current rate of infection. Each health care provider is now undergoing intense education on nursing procedures for spinal cord-injured patients. After six months, the team will re-evaluate the rate of UTIs in the hospital’s spinal cord patients. Six months later, another follow-up evaluation will be done. “We want to make sure that we do not get what we call the ‘Hawthorne Effect,’” says Jacobs. “With any research, if one pays attention to any problem for a time, behavior usually changes. We want to make sure that we maintain quality care. If new people are added to the staff, they will participate in the same intense education.”

Jacobs became interested in research as an undergraduate at the University of Illinois in Chicago where she worked on a study that evaluated methods of charting patients’ progress by a visiting nurse association. She has since worked on numerous research projects, including a study that established a life-saving procedure for removing halo equipment (chest and head device that supports patients with neck injuries) from neck-injured patients during cardiac resuscitation. Today, Jacobs describes nursing research as a way to improve nursing care and believes that it is the wave of the future at Jewish Hospital.

“Jewish Hospital is more progressive in nursing than most hospitals… largely because of the attitude of our administration. They support research 100 percent.”

Although Jacobs is a proponent of nursing research, she insists on working in direct patient care whenever possible. “I enjoy patient care. I need that contact,” she says. “Whenever I can, I work on holidays as a staff nurse. It gives me a better perspective of the day-to-day problems and helps me decide where the research needs are. I do not want to research something that does not make a difference to anyone.”

Focusing on Critical Care

“Conducting research...
gives me a more in-depth understanding about the work that I do in the intensive care unit,” says Rob St. John, R.N., RRT, respiratory care supervisor. “It allows me to validate conclusions drawn by others or to discover new ideas. And there’s a lot of professional and personal satisfaction.”

Mr. St. John recently completed a research project on the medical and surgical intensive care units with Stephen Lefrak, M.D., medical co-director, MICU; Pam Mathews, R.N., assistant head nurse; and Gene Ridolfi, R.N., assistant head nurse. Their research focused on critical care patients and equipment that is being used for their care. “The technological advances in ICU areas are expanding at phenomenal rates,” says St. John. “Nurses and therapists have to keep up with that technology by staying abreast of new ways to improve the quality of patient care.”

The researchers were looking at equipment used in treating critically ill patients who are receiving continuous tube feedings. They started by evaluating cuffed artificial airways, tubes which are inserted orally or nasally and passed into the trachea. The apparatus is used during mechanical ventilation of patients and the cuff helps maintain a seal to prevent aspiraton of secretions above the cuff. The study, similar to that done by Eisenberg, helped define and support the case for the use of weighted feeding tubes.

The researchers also explored the use of glucose oxidase reagent strips as a method for detecting aspiration. Typically, the strips are used to detect glucose in blood. In this study, they were used to detect the presence of glucose formula in the patients’ tracheobronchial secretions, which would signal the possibility of aspiration to the attending nurse. Based on the results of the research, the ICU now uses the oxidase reagent strips to detect aspiration.

St. John believes there is a tremendous opportunity for nursing research at Jewish Hospital. Research, he says, represents an aspect of the nursing profession that needs to be pursued. “Research is vital to the profession of nursing,” he says. “Nurses need to investigate the care that they give for its effectiveness and look for ways to improve.”

Established funds that support nursing research and related activities are the Gus W. Nations Pulmonary Fund and the Nursing Education Fund. Contributions can be made through the Jewish Hospital Tribute Fund, 454-7242, or the Development Office, 454-7250.
Handling emergencies in the home requires both training and wisdom: the training to properly handle many common life-threatening situations, and the wisdom of the untrained to know when to call for additional help.

"Recognize the limits of your abilities," cautions Michael Lippmann, M.D. "If you've never splinted a leg before, don't try to learn on a critically-injured patient. If you've never given CPR (cardiopulmonary resuscitation) before, don't do it. I've seen people come in with fractured ribs and collapsed lungs because they fainted in a crowded office and someone gave CPR. The rescuer didn't know to check for a pulse. Just do what you can. Often, that's plenty."

Dr. Lippmann encouraged seminar participants to get training in first aid and CPR and emphasized the important role of the first person to come in contact with an injured or suddenly ill person. "You are a vital link in the emergency care of victims," he said. "It starts the minute the bystander recognizes that something is wrong, initiates first aid, calls In any emergency, the first matter a rescuer should consider is how to help without putting oneself in peril, especially in situations involving live electrical wires or physical skills such as swimming: "There's an immediate urge to help someone who is having trouble," Dr. Lippmann noted. "Take a few seconds, assess the situation, and don't make the next rescuer have to rescue you as well."

Once the decision is made that giving aid is possible, assuring that the victim for help and gets the paramedics, and then extends all the way through the hospital emergency room, hospitalization, and possibly intensive care.

"But any chain is only as strong as its weakest link, and bystanders who panic do more harm than good, severely weakening this chain of events and potentially leading to catastrophe," Dr. Lippmann said. "Don't panic and don't forget to get to the nearest phone and dial 911 for assistance."

Poisoning is another common household emergency, with one million incidents reported each year in the United States and three-fourths affecting children under age five. As with other emergencies, establishing breathing and a pulse is determined, treatment of bleeding is the next step. "There's a set sequence of techniques you should use in controlling bleeding: direct compression, elevation of the affected limb, pressure-point technique and tourniquets." The latter, he cautioned, is for use only in severe emergencies when a life-threatening hemorrhage cannot be controlled by other means.

"The decision to apply a tourniquet is really a decision to sacrifice a limb in order to save a life," Dr. Lippmann said. "It bothers me to see people whose limbs could have been saved lose one because someone applied a tourniquet when it wasn't necessary."

Poisoning is another common household emergency, with one million incidents reported each year in the United States and three-fourths affecting children under age five. As with other emergencies, establishing breathing and a pulse are first priorities. Then, try to determine what was ingested and call the Poison Control Center—772-5200—with that information. The Poison
Control Center can give quick advice on what to do—whether to induce vomiting with a substance like syrup of Ipecac or administer substances to counteract caustic poisons.

"There is no such thing as a non-toxic medicine. Tylenol is one of the deadliest drugs in an overdose that you can have," Dr. Lippmann said. He cautioned the audience that purses—a favorite place of exploration for children—often contain potential sources of harm and should be placed out of reach of children.

Chest pain, often spreading to the neck or arms, in many cases signals the onset of a heart attack, the leading cause of death in the U.S. According to Dr. Lippmann, the symptoms—which may include sweating, shortness of breath, nausea, weakness, dizziness and heart palpitations—are sometimes dismissed as indigestion or muscle pulls. However, said Dr. Lippmann, if the symptoms recur, worsen or occur after exercise, a doctor should be consulted immediately and a trip to the hospital via ambulance may be advisable.

"When you call an ambulance and you're really sick, go to the nearest hospital, not your favorite hospital if it is far away," he said. "By dialing 911, some ambulances will take you only to a local hospital. But they will stand by and stay with you if you want to call a private ambulance to take you elsewhere. Don't be emphatic about going to a different hospital if it is hazardous to you. Trust the paramedics' judgment on what you should do."

Dr. Lippmann advised everyone to prepare themselves for an emergency by taking courses in cardio-pulmonary resuscitation (CPR), which are offered through the St. Louis Heart Association and the American Red Cross.

For information on the Jewish Hospital Auxiliary and literature on home emergencies, call the Auxiliary office at 454-7130.
Mrs. Esther Blumoff began her two-year term as president of the Jewish Hospital Auxiliary saying, “We have grown because of the excellence of our predecessors and we’ll continue to grow because of the excellence of our successors.” Her remarks were made to the attendees of the Auxiliary’s Annual Spring Meeting, held on April 24 in the new wing of the Missouri Historical Society’s Jefferson Memorial in Forest Park.

In her report to the members and friends of the Auxiliary, out-going president Marcia Shapiro (Mrs. Robert E.) cited the year’s accomplishments of the organization, chief among them the decision to underwrite the radiation oncology floor of the hospital’s new Ambulatory Care Building. Presentation of the group’s annual gift to the hospital, totalling $327,577 and 55,671 hours of volunteer service, followed Mrs. Shapiro’s report to the more than 300 guests.

David A. Gee, hospital president, and Harold Blatt, Jewish Hospital’s board chairman, each recognized and congratulated the organization on its efforts in providing services to the hospital and its patients. Both presented Mrs. Shapiro with a gift before turning the podium over to Lillian Dickler (Mrs. Donald J.), who introduced the new officers.

Sheila Flom (Mrs. Richard) and Linda Yatkeman (Mrs. Donald) co-chaired the program committee, assisted by Barbara Bindler (Mrs. Daniel), Rosalie Chod (Mrs. Leonard), Joyce Carp (Mrs. Stephen), Pam Toder (Mrs. Craig A.), and Sharon Rosenblum (Mrs. Jeffrey A.). Together they organized the luncheon and its entertainment, a fashion show, “Dearie, Do You Remember When?,” a cavalcade of fashion from the permanent collection of the Missouri Historical Society and its Costumes Guild. Models, parading to a lively commentary, were members of the Guild.

For information on the Jewish Hospital Auxiliary and volunteer opportunities at the hospital, call 454-7130.

David A. Gee accepts a check from Eileen Hirsch (Mrs. Leon G.) as part of the Auxiliary’s annual gift to the hospital.
Below: Mrs. Donald J. (Lillian) Dickler, a past president of the Auxiliary, introduces the new officers by citing characteristics of their zodiacal signs. Right: Esther Blumoff, newly installed president, receives a congratulatory kiss and roses from Gert Blumoff at her installation. At the podium is Marcia Shapiro, outgoing president.

Prior to the program, Auxiliary members take the opportunity to socialize.

Officers of the Jewish Hospital Auxiliary are (from front row, left): Susan Levin (Mrs. Robert L.)*, director; Joanne Abell (Mrs. John P., Jr.), vice president, volunteer services; Mrs. Esther Blumoff*, president; Madeline Monat (Mrs. Seymour), director; Jane Stirin (Mrs. Harold B.)*, financial secretary; Karen Zorensky (Mrs. Mark H.)*, assistant financial secretary; and Cecelia Spivack (Mrs. Alan)*, director. Back row, from left: Letty Korn (Mrs. Jeffrey)*, vice president, fund-raising; Rosalie Chod (Mrs. Leonard), assistant treasurer; Donna Nussbaum (Mrs. William L.), director; Robyn Mintz (Mrs. Daniel S.), treasurer; Kay Loomstein (Mrs. Arthur)*, corresponding secretary; Bett Jasper (Mrs. Barry)*, assistant corresponding secretary; Ann Morris (Mrs. Alan)*, assistant recording secretary (to fill a one-year unexpired term); and Sharon Rosenblum (Mrs. Jeffrey A.), vice president, membership services. *newly installed officer.
The Associates in Medicine, the hospital's "friend raising" organization, once again gathered at the Top of the Sevens restaurant in Clayton for their annual dinner, installation of officers and presentation of the 1985 gift to the hospital. The evening's guest, KMOX radio sports broadcaster and former football Cardinal Dan Dierdorf entertained the audience with gridiron reminiscences and commentary on the St. Louis sports scene.

Following the dinner, Tom Lewin, 1983-85 AIM president, brought the meeting to order. Mr. Lewin individually thanked many of the people—including his wife and family—who had helped make his two terms successful. He especially noted the contributions of the Associates' program, project and membership committees whose efforts resulted in a marked increase in membership and program attendance. David W. Nations, hospital vice president, and Don Levin, director of development, were

Now a radio personality instead of a football player, Dan Dierdorf combined the aggressiveness of his gridiron game with the wit and quick reactions of his new persona as a talk-show host into a spirited after-dinner talk.
Former AIM president Tom Lewin introduces the newly-installed officers to the audience: (from left) Marvin Kasnetz, president; Terri Purviance, vice president; Linda Mantle, vice president; Randy Hammer, Ph.D., secretary; and Kenneth Cohen, treasurer. Left: Stephen LeFrak, M.D., demonstrates the capabilities of the AMI-donated bronchoscope to Susie Bunetta, CCRT, technician.

recognized for their contributions as hospital liaisons to the Associates.

Retiring board members Martin Bergmann, M.D.; Marion Eastman; Leonard Krane; Robert Lander, M.D.; and David Pasternak were recognized for their service to the Associates. Gene Pattiz, chairman of the nominating committee, presented the slate of new directors to the membership. Accepted by acclamation as directors of the Associates in Medicine were: Phil Brooks; Robert Burstein, M.D.; Gail Eisenkramer; Louis Glaser; Irving Goldstein; Joel Iskwich; Jeff Kopolow; Stanley Levy; Sidney Shear and Richard Weinstein. As outgoing Associates president, Lewin installed the officers for 1985-86: Ken Cohen, treasurer; Randy Hammer, Ph.D., secretary; Terri Purviance and Linda Mantle, vice presidents; and Marvin Kasnetz, president.

Walter Glaser, co-chairman of the project committee, announced the Associates' annual gift to the hospital. This year, a $16,000 check was presented to the respiratory and critical care division, department of medicine, for the purchase of a BF2TR bronchoscope with an attachable Polaroid Land camera. The bronchoscope will be used for the diagnosis and biopsy of pulmonary disorders. Accepting the gift were Stephen Lefrak, M.D., and Robert Senior, M.D., co-directors of the division.

Dr. Lefrak explained the function and attributes of the equipment, using a slide presentation. The bronchoscope will replace a 13-year-old piece of equipment and will be "far superior in terms of diagnostic abilities and patient comfort."

The BF2TR is one of the latest generation of fiber optic bronchoscopes. An innovation included in this instrument allows for complete submersion during sterilization. The bronchoscope's features make it possible for a physician to remove and clean a piece of lung tissue at the same time, while maintaining a clear field of vision.
The camera included in the Associates’ gift is a special design created for use with the bronchoscope. The high-resolution, color photographs provide documentation of the extent and severity of a lung lesion, a valuable aid for research, teaching and pathologic evaluation.

In his first acts as president, Mr. Kasnetz presented Lewin with the outgoing president’s award and introduced Dan Dierdorf, the after-dinner speaker.

Mr. Dierdorf lived up to his reputation as a pundit on sports and broadcasting, as he spoke on subjects ranging from the proposed West County stadium and the escapades of KMOX “Jetcopter - 1” pilot Don Miller to his diet competition with fellow broadcaster Bill Wilkerson and baseball Cardinal Ozzie Smith’s contract negotiations.

Responding to a number of questions about football Cardinal owner Bill Bidwill’s decision to keep the team in St. Louis for at least the next year, Dierdorf became pensive as he recalled the two months of controversy.

“If every night on the air for two months, I had to answer questions about the move. I always found myself defending St. Louis. The assumption is that something is wrong here, if the team is leaving. “If they had left, they would have taken a big part of my life—13 years—with them, but it wouldn’t have diminished our town one iota. This would have continued to be a nice place to live and raise our families.”

Also in a serious vein, Dierdorf praised the Associates for their dedication to Jewish Hospital. “The outstanding quality of health care in St. Louis improves the quality of life for all of us. You are part of a wonderful group of people who are associated with Jewish Hospital. I congratulate all of you on the good work you are doing for Jewish Hospital.”

For more information about the Associates in Medicine, please contact Don Levin, director of development, at 454-7250.
On May 19 at the Parkinson's Education Program (PEP)-American Parkinson Disease Association Symposium, sufferers of Parkinson's Disease and their families heard some encouraging words. "Two to four years from now we will probably have a drug that will either prevent Parkinson's or arrest the disease," said Abraham Lieberman, M.D., neurologist, New York University Medical Center.

"I think we have reached the era that is equivalent to the time just before Salk discovered a vaccine for polio."

Dr. Lieberman and Roger C. Duvoisin, M.D., neurologist, Rutgers University, were the guest speakers at the Auxiliary-Washington University School of Medicine-supported program held at the Edison Theater on the Washington University campus. Both physicians are internationally-recognized experts on Parkinson's Disease, a brain disorder that develops because of damage to the part of the nervous system in the area of the brain that controls movement, posture, balance and walking. More than one million people in the United States suffer from the disease.

Dr. Lieberman led the symposium by discussing two recent landmark developments in the treatment of Parkinson's. The first, according to Dr. Lieberman, occurred on the island of Guam where researchers found that 10 percent of the population suffered from Parkinson's Disease. Studies have linked the phenomenon to that country's drinking water, which had been low in magnesium and high in aluminum. In the second development, as part of a California study, young heroin addicts who developed Parkinson's Disease after injecting a synthetic heroin containing the toxin MPTP were studied by researchers. Later, in animal laboratory studies, researchers injected monkeys with the same toxin and the monkeys have developed Parkinson's symptoms. According to Dr. Lieberman, through these studies researchers may find a way of blocking or preventing the disease. "This marks a revolutionary development in our understanding of Parkinson's Disease," said Dr. Lieberman.

During his presentation, Dr. Duvoisin discussed the effects of Parkinson's Disease on the patient's family. According to Dr. Duvoisin, both children and spouses of a Parkinson's patient can be affected by the disease. Dr. Duvoisin has observed numerous secondary reactions among family members. These manifestations include headaches, hypertension and obesity.

Part of the contemporary problem for families in dealing with Parkinson's Disease, said Dr. Duvoisin, has been the institutionalization of the sick. "Today, people are too removed from illness," he noted. "Our sick are institutionalized, and we're protected from seeing illness. When someone we love is diagnosed with Parkinson's Disease, we learn how terrible nature can be."

Dr. Duvoisin encouraged the patients and their families not to give up hope and to maintain independent lives in spite of their physical limitations. "I have seen many patients who live happy, successful lives. It is possible and I encourage you to pursue it. In a few years, we will begin drug trials for what seem to be promising new treatments," he said. "So don't give up. Hang in there."
On May 15, more than 350 employees and people from the Central West End community turned out for a lunchtime “Walk for Wellness,” a community event sponsored by the hospital’s LIFEGUARD Health Promotion Program.

Television anchorman Dick Ford, KSDK-TV, served as master of ceremonies. Leading the walks were several local sports celebrities—including Carl Rose, Tom Canney and Greg Zink of the St. Louis Steamers; Bernie Federko and Doug Gilmour both of the Hockey Blues; Fredbird of the baseball Cardinals—and Jewish Hospital physicians, orthopedic surgeons Jerome Gilden, M.D. and Jordan Ginsburg, M.D.; Mitchel Wolf, M.D., ophthalmologist; Rand Dankner, M.D., allergist; psychiatrists Collins Lewis, M.D., Edwin Wolfram, M.D., and Leonard Wiedershine, M.D.; and Randy Hammer, Ph.D., clinical psychologist and sex therapist. After a rally, warm-up exercises and donning specially-designed “I Walk for Wellness” tee shirts at the Jewish Hospital School of Nursing gymnasium, “Walk for Wellness” participants tried out one-half, one- and two-mile walking routes that had been charted prior to the walk by the hospital's community relations department.

According to Sunny Combs, the hospital program coordinator, the walk was held to promote healthy habits for hospital employees and the community. “We want to spread the word among the workforce of our hospital, in the Central West End and the community at large that walking is a valuable exercise that can promote better health and positive attitudes in the workplace,” says Ms. Combs.

After the walk, participants were encouraged to join walking groups to help them make walking a regular lunchtime habit. They were also treated to approximately 50 prizes donated by members of the Central West End Business Association which supported the Walk.

One of the purposes of the walk was to help dispel negative images of the Central West End. According to Kay Pitts, administrator, Central West End Business Association, the Walk helped people see what a great area the Central West End is. “I think people are beginning to change their perceptions of the Central West End,” she said. “This is a pedestrian area. It’s a nice, safe place to walk.”

The LIFEGUARD Health Promotion Program is a group of preventive medicine programs developed by the Jewish Hospital medical staff and offered to employees and corporations. Its programs include courses in smoking cessation, weight control, hypertension control, stress management, back pain management, women’s health issues and other components on health matters tailored to individual business needs.

For further information, contact Sunny Combs, program coordinator, 454-8225.
Steamer Carl Rose was on hand to lead a walk.

The walk attracted Jewish Hospital employees as well as families from the Central West End community.

Jerome Gilden, M.D., led the one-mile walk through Forest Park.
An important part of the Jewish Hospital wellness program, known by the umbrella title LIFEGUARD, is the ongoing series of lunchtime lectures. Addressing topics related to health and staying healthy, the series is open to employees, visitors and patients who are able to leave their floors. Each issue of 216 will bring you highlights of recent lectures.

**ALPHABET SOUP**—“With the current interest in nutrition and health, people no longer ask themselves or their pharmacists ‘should I take a multi-vitamin?,’ but rather ‘how many vitamins do I need to take and why?,’” commented Paul Milligan, R.Ph., at the LIFEGUARD Lunchtime Lecture “Alphabet Soup” May 8. People are much more interested in vitamins, not only as dietary supplements, but as self-prescribed medications. They take vitamin C for colds, vitamin B6 to counteract PMS (pre-menstrual syndrome) and vitamin A for skin disorders.”

Vitamins can not substitute for a balanced diet, Mr. Milligan emphasized, nor do they supply the body with energy, which can only come from calories. Rather, vitamin supplements are more “a bit of insurance that guarantees you receive your recommended daily allowance (RDA) of nutrients.” He classified vitamins into two categories—those that are stored by the body (fat soluble) regardless of dose and those in which any excess will be eliminated.

Vitamins, A,D,E and K are retained in the body, which can present a problem of toxicity if unneeded megadoses are taken. “Vitamin A, the most toxic of this group, can be stored in the body for up to a year,” noted Milligan. “The B vitamins and vitamin C, however, are immediately eliminated if they are not needed.” He warned that taking megadoses of vitamins—an amount ten times greater than the RDA—is using a vitamin as a drug to treat a specific condition and should be used accordingly.

According to Milligan, the need for extensive vitamin supplements is not indicated for most healthy people who eat a balanced diet. However, a number of people, among them the elderly, children, pregnant and nursing women, dieters and those with poor nutrition habits, should be certain to take multi-vitamins. “Many of us who believe we are under pressure think that we should take vitamin B-complex supplements,” said Milligan. “The symptoms of a vitamin B deficiency are fatigue, apathy and irritability, which we have probably all experienced recently in the course of our daily lives. It doesn’t necessarily mean we need to be taking megadoses of vitamin B complex.”

Reliable medical literature on vitamins is still somewhat incomplete, noted Milligan, although the Federal Drug Administration (FDA) is planning a review of vitamins and over-the-counter drugs. Popular literature often distorts the benefits of vitamins, especially in terms of megadoses. “We’ve all seen stories touting vitamins E, C and A as cancer cures. This has no basis in medical fact,” said Milligan. “Consumers are really on their own in this area. The health food stores and the drug stores are trying to sell a product. It is really a ‘let the buyer beware’ situation. It’s up to you to inform yourself about vitamins by asking your physician and reading reliable publications.”

Everyone has the potential to function very well sexually, but current statistics indicate that only a minority of ongoing sexual relations are without dysfunction. According to Randy Hammer, Ph.D., a clinical psychologist and sex therapist at Jewish Hospital and in private practice, between 50-60 percent of ongoing relationships have a significant sexual dysfunction. “That’s pretty high,” says Dr. Hammer. “We’re only talking about ongoing relationships. Secondly, we’re only aware of reported dysfunctions and we know that when there is a sexual problem with an individual, that individual is less likely to get involved in a relationship. Therefore, that figure is probably low and we’re talking about a potentially larger population.”

Dr. Hammer was the speaker at the April 24 Lunchtime Lecture, “Problems With Sex?”

According to Dr. Hammer, people develop these
LECTURES

problems are a result of many reasons, some of which are a lack of knowledge, their own “hang-ups” and when sex becomes routine in an exclusive relationship. “When sex becomes familiar, we start taking it for granted and we develop other cognitive processes,” Dr. Hammer said. “One of the major cognitive processes that is responsible for dysfunction is fear, particularly in the male. If the male becomes fearful, he may start to develop problems with erections and ejaculations. We call these performance anxieties.”

Dr. Hammer discussed two major sexual dysfunctions. In men, impotence is the primary problem. “Most men will experience transient episodes of impotence throughout the course of their lives, which is perfectly natural. These episodes usually start at mid-life,” said Dr. Hammer. “Problems begin when a man starts to worry about an episode. When that happens, chances are he’s not going to achieve the next erection.”

In women, the most common dysfunctions are orgasmic. “We’ve all grown up with the myth that females aren’t supposed to be as sexual as men. They are supposed to avoid it,” noted Dr. Hammer. “Many times that translates into the female’s unwillingness to allow herself to experience an orgasm.”

Treating sexual dysfunction revolves around sex education. “Basically, the only education most of us have had is in terms of myths,” said Dr. Hammer. “The myths that float around are dangerous because whether we understand or believe them consciously, they do operate on us. We have to educate people by dispelling some of the myths. We then have to learn open communication, both verbal and sexual.”

Dr. Hammer encouraged the audience to stop worrying about sex and try to have fun. “Be creative, use communication,” he urged. Dr. Hammer suggests that people do some experimenting. “Play, enjoy yourselves,” he urged. “The object of sex is to have some fun.”

On April 10, Michael Winer, M.D., was the featured Lunchtime Lecture speaker. Dr. Winer’s lecture, “Back Talk,” focused on one of the most common disabilities, back problems, and how to prevent them.

According to Dr. Winer, posture is important in preventing back problems. “Abnormalities in posture contribute to the deterioration of the back,” he said. “Try to stand so that the weight-bearing line falls vertically so there is no excessive sway or rounded back.”

Dr. Winer suggested that while standing at the bathroom basin or working at the kitchen sink at home, you put a foot up on a stool or, if possible, just open a cabinet door, and rest one foot on the cabinet floor to relieve pressure.

Dr. Winer detailed how body positions exert pressure on the back. “It’s important to understand how different positions affect your back,” said Dr. Winer. According to Dr. Winer, in a reclining position with knees bent, 100 pounds of pressure are exerted on the lower discs, 200 pounds while standing, but in a normal sitting position, the back is subjected to approximately 300 pounds of pressure. When a person moves from a prone to standing position, that pressure increases by 200 pounds. Also, lying flat with legs extended creates more pressure than lying flat with knees bent.

The most effective way to prevent back problems, said Dr. Winer, is through a back school, a formal exercise program supervised by a qualified therapist. “Exercise programs have become an important part of back care,” said Dr. Winer. “We should have not only patients but healthy people in these programs to help them begin healthy habits.” (For information on Jewish Hospital’s Back Program, call 454-7750.)

For individuals who have back pain, the most effective treatment is still bed rest, according to Dr. Winer. “Bed rest is the only thing that has been shown to shorten the length of recovery for a bad strain or disc problem,” he said. “Traction, medication, physical therapy and/or manipulation, for the most part, do not make that much difference in recovery time. The symptoms are made better but not the length of recovery.”
Nabil Abboud, M.D., attended the Society of Cardiovascular Anesthesiologists meeting April 28-May 1 in Phoenix, Arizona.

David Ban, M.D., spoke on “Self-Neglect in the Elderly” to the Missouri Association for Prevention of Abuse to the Elderly May 1. He was quoted extensively on the subject in the St. Louis Globe-Democrat “All in the Family” column of April 27.


C. Robert Cloninger, M.D., moderated a symposium on “Genetics and Predisposition to Alcoholism” and spoke on “Introduction to Familial Factors in Alcoholism” at the 16th Annual Medical-Scientific Conference of the National Alcoholism Forum.


Linda Fisher, M.D., spoke on “The Board of Healing Arts: Medicine’s Public Responsibility” as the 5th Michael F. Conky Memorial Lecture at St. Louis University April 19. Dr. Fisher also appeared on a Channel 4 “Newsmakers” segment, speaking on “AIDS—Epidemic of the 80s” March 30.

Robert Fry, M.D., authored a paper, “Anal Pain,” which appeared in the March 30 publication of Consultant—The Journal of Medical Consultation. He spoke on “New Surgical Treatment of Inflammatory Bowel Disease” to the March 29 meeting on “Current Concepts

COMING EVENT—
Finalization of plans are underway and invitations are being designed for the Fellows of Jewish Hospital Annual Meeting, slated for October 20 at the Washington University Wohl Center. The event marks the end of the second formal year of operation of the group which began with a charter membership of 165. The current roll of 345 members reflects the degree of commitment to the hospital among community leaders.

The Fellows of Jewish Hospital is an organization of benefactors who contribute $1,000 or more to the hospital during the course of a calendar year. According to Donald L. Levin, director of development, “The sum may be made as one gift, or as the accumulation of several donations, including those made through the Auxiliary-sponsored “Tribute Fund.” Major benefactors and those whose cumulative gifts to the hospital total $50,000 are honored as life members.

While the greatest benefit of joining the Fellows is the knowledge of being part of the hospital’s success in improving the quality of life for thousands of people, members enjoy other advantages as well. Hospital courtesies, such as pre-registration and expeditious discharge are provided to members, giving them the fastest possible service in the event of hospitalization. In addition, complimentary valet parking service and a special event, in the form of an annual meeting are provided to Fellows. The special event, scheduled each fall, last year included the address by the Honorable C. Everett Koop, M.D., Surgeon General of the United States, was the keynote speaker at last year’s special event.

For information about the Fellows, contact Donald L. Levin, director of development, 454-7250.
in Inflammatory Bowel Disease,” held at the St. Louis University School of Medicine. Dr. Fry attended the Program Directors Association Annual Meeting of Directors, Colon and Rectal Surgery Training Programs April 8-10 in Longboat Key, Florida.

**Jordan Ginsburg, M.D.,** attended the Rocky Mountain Orthopedic Society meeting on “Lower Limb Salvage” held March 17-20 in Steamboat Springs, Colorado.

**Randy Hammer, Ph.D.,** attended the American Association of Sex Educators, Counselors and Therapists May 8-12 in Chicago, Illinois. He was elected secretary of the Associates in Medicine at Jewish Hospital for the 1985-1986 term.


**Godofredo Herzog, M.D.,** was elected vice president of the St. Louis Ophthalmological Society.

**Sidney Kaspar, Ph.D.,** spoke on “Ethics in Psychology” to the psychology department at the Veteran’s Administration Hospital at Jefferson Barracks on March 29.

**Donald Krogstad, M.D.,** spoke on “Chloroquine Action in Malaria” to the International Congress on Infectious Disease April 19-24 in Cairo, Egypt. At the congress, he chaired a session on “Diagnosis of Parasitic Disease.”

**Robert Lander, M.D.,** attended a meeting on “Advances in Intramedullary Nail Fixation” in Snowmass, Colorado, on February 22.

**Ronald Krone, M.D.,** co-authored a paper, “Exercise Test: Stratifying the Risk after M.I.,” published in the April

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**A WINNING TICKET—**

General American Life Insurance Company’s PASSPORT program will provide subscribers with high quality, low-cost group health care plans beginning in mid-July. At a meeting in Jewish Hospital’s Brown Room on May 14, PASSPORT, a Preferred Provider Organization (PPO), was explained to hospital physicians.

Under the PASSPORT system, providers furnish services at negotiated rates. Physicians continue to be reimbursed on a fee-for-service basis with the fees set at a percentage of the usual customary and reasonable charge. The hospital is reimbursed on a prospective fixed-price payment system similar to Medicare’s DRG program. Stringent utilization review packages are incorporated in the plan to assure cost containment.

PASSPORT, the second PPO joined by the hospital, maintains quality by means of a provider advisory panel. This group is comprised of St. Louis area physicians and representatives of leading area hospitals.

Among the benefits to the hospital and medical staff is an ongoing promotional program by PASSPORT. This will include a directory of health care providers, made available to General American subscribers, and extensive media coverage.

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**COOKING IN CLAYTON—**

To publicize *Cooking In Clover,* the Auxiliary’s award-winning fund raising cookbook, its editors Charlene Baizer (Mrs. Richard) and Marlene Isaacs (Mrs. John) demonstrated a recipe from the cookbook on May 11, at the Pampered Pantry, in Clayton.

Mrs. Baizer and Mrs. Isaacs, editors and organizers of the cookbook’s first edition, created Almond Brittle, one of the organizers’ favorites from this best-selling cookbook, in the well-equipped kitchen of the cooking store and school.

*Cooking in Clover,* now in its fourth printing, has sold more than 25,000 copies to benefit the hospital. Listed among the nation’s outstanding community cookbooks in a *Family Circle* magazine survey two years ago, it also has been recognized because of several unusual features: each of its 350 tested recipes includes a ranking for difficulty of preparation, notations for the number of people it serves, and whether the dish can be prepared in advance or frozen for later use.

Because of the continued interest in the cookbook, a completely new companion cookbook is currently in production. Co-chairmen Patty Padawer (Mrs. Gerald) and Joan Goldstein (Mrs. Mark) are in charge of the new venture. Nancy Wolfheim (Mrs. Richard) is the Auxiliary cookbook chairman and Eleanor Brin (Mrs. Irving) and Shirley Librach (Mrs. Sidney) are co-chairs of the Auxiliary’s “Cooking in Clover” committee.

The cookbook has attracted publicity in newspapers and magazines throughout the United States. Mrs. Wolfheim has a compilation of favorite recipes from those articles, which is available to anyone who requests a copy.

Pictured above are Mrs. Isaacs (left), Mrs. Wolfheim and Mrs. Baizer.
**NEWS BRIEFS**

issue of *Cardiology World News.*

**Marvin Levin, M.D.,** has been appointed by the publication *Patient Care* to review diabetes cases for the monthly series of diabetes case histories. He was a visiting professor for Grand Rounds at the Stormont-Vail Regional Medical Center in Kansas City. Dr. Levin was on the faculty of the 32nd American Diabetes Association post-graduate course held in New Orleans. Dr. Levin recently spoke on: “Diabetes Update” to the Annual Winter Wonderland Seminar for the Missouri Society of American College of General Practitioners; “Diabetes” at the post-graduate seminar “Care of the Aging Patient” at Washington University School of Medicine; “Are You Doing All You Can for Your Diabetic Patients” at the Shawnee Mission Medical Center “Diabetes 1985” meeting; “Financing Quality Health Care for Persons with Diabetes” to the Missouri Division of Health; and “Diabetes” to the Missouri Division of Health Diabetes Advisory Board.

**Alan Lyss, M.D.,** attended an Association of Community Cancer Centers meeting on “Clinical Research in Oncology,” held March 14-18 in Washington, D.C.

**Charles Mannis, M.D.,** attended the Arthroscopy Association of North America meeting April 10-13 in Boston, Massachusetts. He also attended a meeting on “Chronic Injuries of the Knee” April 29-May 5 in Kiawah Island, South Carolina.

**Barry Milder, M.D.,** spoke on “Surgical Planning in Pediatric Ophthalmology” to an OSORN meeting April 16 at St. John’s Hospital. He attended

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**NEW RESIDENTS**—The Jewish Hospital department of pharmacy is now offering an intense training program in hospital work for pharmacy college graduates. Designed to train the students in all the aspects of a hospital pharmacy, the program augments their theoretical course work.

“Colleges do not offer much in the way of practical experience,” says David L. Bradley, Pharm.D., associate director of the Jewish Hospital pharmacy. “This program gives students an experiential sampling of everything a hospital pharmacy works with—from budgeting to filling unit dose requests and assisting with stock work. Hospital work is not the same thing as retail pharmacy work. Here, our job is in service to the patient and to provide information and education. We also work with specialized drugs, such as intravenous and chemotherapy preparations.”

A resident in the Jewish Hospital program will come in contact not only with specialized drug preparations but will also be included in other situations that are indigenous to hospitals, such as quality assurance work, drug utilization review, preparing background papers for the hospital pharmacy and therapeutics committee and assisting with teaching duties for the nursing staff and patients.

“Many directors of hospital pharmacies consider a one-year residency the equivalent of three to five years experience as a staff pharmacist,” comments Dr. Bradley. “The residency is structured so that the resident learns about every facet of our operation as well as the interrelationships between the pharmacy and other groups and committees at the hospital.”

The program was developed, according to Dr. Bradley, to augment Jewish Hospital’s commitment to teaching programs in the health care fields. Dr. Bradley envisions that in the not too distant future, the hospital will provide post-doctoral specialty programs and a teaching site for the upcoming St. Louis College of Pharmacy doctoral program.

“We’ve prepared some excellent pharmacy practitioners for the St. Louis market,” concludes Dr. Bradley. “We hope to continue that tradition of teaching at Jewish Hospital.”

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**WHERE THE HEART IS**—A new fund has been established for the Jewish Hospital Department of Home Care. The Hattie Wild Home Care and Companionship Fund will help fund complimentary services to Jewish Hospital Home Care patients. The fund was provided so that the necessary daily tasks of various non-medical services can be given to patients.

Home Care services have expanded with the implementation of the hospital’s BRIEF-STAY program. Visits by Home Care nurses, an option for enrollees in the program, are available after discharge to assist mothers and their new babies with adjustments to home-life.

New mother, Carrie Reck-Meyer, shown above with her daughter and Home Care nurse, Donna Agniel, R.N., is the first BRIEF-STAY participant to elect the optional visits.
the American Association of Pediatric Ophthalmology and Strabismus meeting on “Pediatric Ophthalmology” in Dorado, Puerto Rico, in April.

**Benjamin Milder, M.D.**, co-author of *The Lacrimal System*, published in 1983, received notification that the book has been released in a Spanish-language edition by Panamericana Press.

**Marvin Mishkin, M.D.**, as out-going president of the St. Louis Orthopedic Society, presided over a symposium April 3 at Jewish Hospital in conjunction with the society’s annual spring meeting.

**Alice Noel, MSW**, spoke on “Practical Implications for Education, Prevention and Treatment Programs” at the 16th Annual Medical-Scientific Conference of the National Alcoholism Forum.

**Gary Ratkin, M.D.**, was chairman and moderator of an American Cancer Society workshop for health care professionals, “Support Groups—Marketing Strategies,” held April 19 at Forest Park Community College. He attended the American Society of Clinical Oncology meeting in Houston, Texas, May 18-22. He is a member of the society’s Clinical Practice Committee.

**Theodore Reich, M.D.**, spoke on “Risk for Psychopathology in Adult Relatives of Alcoholics” at the 16th Annual Medical-Scientific Conference of the National Alcoholism Forum.

**Rob St. John, R.N., RRT**, presented his nursing research study entitled “Pulmonary Aspiration of Continuous Tube Feedings during Mechanical Ventilation” at the American Thoracic Society meeting in Anaheim, California.

**Scott Sale, M.D.**, spoke on “Spring Allergies” during a segment of the April 23 Channel 4 news.

**ALUMNI ASSEMBLE—**

Members of the Medical Staff Alumni Association gathered for their annual dinner April 23 to present gifts to the hospital and to honor several individuals who have provided special assistance to the staff. In attendance were past and present members of the Jewish Hospital house staff, including a number of alumni who traveled from as far away as Baltimore, Maryland, to attend.

Kept as a surprise to the honoree, the medical staff recognized the contributions of Ruth Kelly, head librarian of the Sidney L. Rothschild Medical Staff Library, for her dedication and resourcefulness. Phillip Korenblat, M.D., vice president of the association, awarded Mrs. Kelly with the first special recognition by the organization of someone other than a medical staff member. Kelly, an award-winning amateur photographer, was presented with a lens filter and a gift certificate to St. Louis Photo.

Medical Chief Residents Micki Klearman, M.D., and Eric Schlepphorst, M.D., presented Robert Taxman, M.D., with the voluntary staff Teacher of the Year Award, and Michael Rich, M.D., with the full-time staff Teacher of Year Award.

Steven Teitelbaum, M.D., president of the association, made special mention of the Jewish Hospital Auxiliary’s contributions to the hospital and thanked the membership for its ongoing support of the medical staff through gifts of equipment and research grants.

A tradition at these annual dinners is the friendly competition between medical and surgical department residents as they present skits about their experiences as students at Jewish Hospital. The medical staff provided a mock “post-mortem” of the dinner and its former state of being, while the surgical staff rolled a film in the style of the “60 Minutes” television show that depicted an in-depth investigation of the surgical residency program.
Ben A'Kiba Aid Society announced its annual gift to the hospital. The charitable contribution of $4,000 is designated for four funds, rehabilitation medicine, and cancer, diabetes and heart research. The Society, which was founded 93 years ago, has traditionally contributed to the hospital's department of rehabilitation medicine. "Now the Ben A'Kiba Aid Society is expanding its role," commented Donald Levin, director of development. "It is providing financial support for research as well as patient care."

Adele Kelman, president of the Ben A'Kiba Aid Society, presented the check to Mr. Levin and Thomas Deuel, M.D., director, hematology/oncology, Jewish Hospital. "It is especially important for us to receive this kind of support from the community now," said Dr. Deuel. "With recent federal cutbacks in funds for research, community support is crucial. The donation also tells us that the community appreciates all the effort we are making."

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Gunter Schmidt, DDS, attended the Missouri Dental Association State meeting April 25-27 in Kansas City, Missouri, where he was awarded the Distinguished Service Award.

Melvin Schwartz, M.D., attended the American College of Ob/Gyn section of the Missouri State Medical Association meeting on "Litigation in Ob/Gyn" April 13 in Kansas City, Missouri.

Moisy Shopper, M.D., spoke on "Working with Parents of Children who are in Analysis" to the Association for Child Psychoanalysis March 30 in Chapel Hill, North Carolina.

Jules Snitzer, DDS, was elected chairman of the American Association of Periodontology Student Loan Committee for 1985.

Samuel Soule, M.D., has continued to publish his ongoing series, "Our Medical Ancestors," in the Bulletin of the St. Louis Metropolitan Medical Society. In the last four issues of the publication, he profiled Pierre Laclede, the St. Louis Medical and Surgical Journal (1843-1907), Dr. Abram Litton, and the Drs. O'Reilly.

Franz Steinberg, M.D., spoke on "Aging of the Musculoskeletal System" and "Drug Therapy for Neck and Low Back Pain" at a Continuing Education Course at the University of Kansas Medical Center March 26 in Kansas City, Kansas.

Lawrence Waldbaum, M.D., attended the third annual Symposium on Anesthesia for Ambulatory Surgery April 12-14 in Williamsburg, Virginia.

Todd Wasserman, M.D., spoke on "Radiation Therapy and You" at the Cancer Expo, held June 1-2 at Washington University.

Bruce White, M.D., attended the annual meeting of the American Society for Aesthetic Plastic Surgeons April 14-19 in Boston, Massachusetts.
A BINDING TRADITION—Marcia Shapiro (Mrs. Robert E.), former president of the Jewish Hospital Auxiliary, presented Marvin Mishkin, M.D., president of the medical staff association, with a check for $1,000 for the Rothschild Medical Library. According to Mrs. Shapiro, the contribution is an annual tradition to commemorate Doctor’s Day. “It is the Auxiliary’s way of recognizing the physicians by contributing money for publications that will help them in their practices and research endeavors,” said Mrs. Shapiro.

THE ART OF LONGEVITY—This year, the hospital’s 20+ Club dinner was held at the St. Louis Art Museum. The annual event is held for employees who have worked for the hospital 20 years or longer. Following cocktails and a buffet dinner, guests were treated to a video tape made five years ago that gave 20+ Club members a nostalgic look back at the hospital’s history. Later, new members were welcomed and presented with commemorative plaques by David A. Gee, hospital president. Thirty-three new members were inducted, bringing the total membership to 171.

Capping the evening’s events were drawings for prizes donated by local businesses. Fay Schneider, recovery room, received a brunch for two at Plaza Frontenac; Linda Kalkbrenner, division 8300, won a roundtrip—airfare and weekend accommodations—to New Orleans; Katherine DeHart, food service, won a dinner at the Pasta House Company; and Samella Butler, delivery room, won a certificate to Calico’s Restaurant.

SELF CONTROL—A new application of computer technology allows patients to administer their own doses of pain-killing drugs without calling for a nurse. A small microcomputer, labeled PCA (for Patient Controlled Analgesics), is connected to a patient’s intravenous tubes which, when activated, releases a pre-set amount of pain-killing drug.

“This is an accepted procedure that we are currently evaluating,” explains David L. Bradley, Pharm.D., associate director of the Jewish Hospital pharmacy. “We obtained several of these machines in December 1984 and we think the system is working out very well for all concerned. If a patient can receive an analgesic at the onset of pain, it takes less analgesic overall to control the pain and keeps the patient more comfortable. Calling for a nurse to request an analgesic delays the dosage and increases the patient’s anxiety by having to wait until the pain is substantial.”

The pump is set to deliver only a specific amount of drug with set intervals between possible dosages. If the patient is not experiencing pain, he or she does not tend to request additional dosages. Those physicians and pharmacists studying the operation of the PCA system find that lesser amounts of drugs are needed if they are administered at the onset of pain.

One sickle-cell anemia patient was receiving 100 milligrams of Demerol each hour, although she was requesting the injection every 45 minutes. The day she began using the PCA system, she used half of her normal amount of Demerol.

“From the patient’s point of view, I think it is a wonderful device,” comments Dr. Bradley. “Nurses are also finding the PCA system beneficial. It is a real labor-saving device and they have come to trust its safety features. Patients cannot administer more than the preset amount, and without a key and the code, cannot break into the PCA.”

Jewish Hospital physicians are evaluating the device on specific patient groups to ascertain its overall benefits. Kenneth Bennett, M.D., department of surgery and assistant professor of surgery at Washington University School of Medicine, and Jim Clanahan, M.D., surgical resident, are testing its effectiveness on gall bladder patients. Michael Winer, M.D., attending orthopedic surgeon, is monitoring his patients’ analgesic usage by the PCA system.
HELPING HAND—The hospital’s data processing learning center is not a traditional site for an occupational therapy session, but the department and Cherry Hense, supervisor, were eager to cooperate with a recent request by Jeff Cowdry, OTR, occupational therapy, to help a patient acquire the skills necessary to return to work.

Ms. Hense spent an hour each day for two weeks with Marjorie Borgmann, a secretary at a local utility company who suffered a stroke and a hip fracture during the past year, instructing her in word processing on an IBM-PC computer.

Cowdry had worked with the data processing department once before when a patient who had a computer science degree needed unsupervised practice time before returning to work. As Borgmann had never used a computer, her case presented a particular challenge to Cowdry and Hense.

“It was really a case of one department at the hospital being willing and able to lend another department—and a patient—a helping hand,” notes Cowdry. “It’s gratifying to see that other people in the hospital are ready to assist when a patient needs some specialized help.”

WHO’S NEW AT THE MARKET On June 1, Richard Cavanagh joined the Jewish Hospital staff as marketing director. Mr. Cavanagh was previously the director of planning and marketing for St. Mary’s Health Center in Clayton. Cavanagh worked at St. Mary’s for nine years, starting as director of community health and social services. According the Cavanagh, his efforts will center on marketing new and existing hospital programs and working with the hospital’s physicians. “I want to help our physicians solidify and expand their practices,” says Cavanagh. “This is a difficult time for them. Most of them are worried that their practices are being eroded by alternative health care providers like HMOs and PPOs. I think we can help them turn that around.”

Cavanagh is a native of Detroit, Michigan. He holds a B.A. degree in social psychology from Concordia Seminary in Fort Wayne, Indiana, and a master’s degree in Human Services Planning from St. Louis University. He serves on the Board of Consolidated Neighborhood Services, Incorporated. Cavanagh is also an instructor at Webster University, where he teaches courses in health care management.

PLAQUE POSTED—When the plaque commemorating the bequest of George W.S. and Juanita Way to the Nursing Scholarship fund was hung next to the library in the School of Nursing on April 24, those involved in both the giving and receiving of the gift gathered to mark the occasion.

Jacob G. Probstein, M.D., and Harry Kramer, attorney for the Way family, both of whom are trustees of the living trust (David A. Gee, Jewish Hospital president, is the third trustee) explained to the assembled group how the unexpected gift was made. Both Mr. and Mrs. Way were patients of Dr. Probstein, and the care they received from him and the staff of Jewish Hospital impressed them sufficiently to include the hospital in their wills. The gift benefitted both the School of Nursing and the department of rehabilitation medicine. Although Mr. Kramer was aware of the provision, Dr. Probstein remained unaware until Mrs. Way’s funeral last March.

On hand to celebrate both the gift and the hanging of the plaque were David A. Gee, president; Brenda Ernst, vice president and director of nursing; Don Levin, director of development; Franz Steinberg, M.D., director of the division of rehabilitation medicine; Susan Graves, director of the School of Nursing; Shirley Cohen, hospital board member and chairman of the nursing committee; and members of the nursing school staff and the rehabilitation division.
CONTRIBUTIONS TO
JEWISH HOSPITAL FUNDS

SUSTAINING GIFTS

Mr. and Mrs. S. Charles Baer have made a contribution to the Research Endowment Fund.

The Beatrice Company, Inc. has made a contribution to the Research Endowment Fund through their Matching Gift Program.

The Ben A’Kiba Aid Society has made a contribution to Cancer Research, Heart Research, Diabetes Research and the Department of Rehabilitation Medicine.

Aaron Fischer has made a contribution to the Dr. Ralph Graff Cancer Research Fund.

Mr. and Mrs. Harvey A. Friedman have made contributions to the Harvey A. and Dorismae Friedman Program on Aging in memory of Sam Kessler, Ed Hopper, Rose Cantor, Elaine Kornblum, I. M. Kay, Otis Garland and Harold Koplar; and in honor of the recovery of Patty and John Wolff.

Mr. and Mrs. Harvey A. Friedman have funded a Fellowship on Aging for 1985-1986.

The Clifford Willard Gaylord Foundation has made a contribution to the Clifford Willard Gaylord Foundation Endowment Fund.

Dr. Ralph Graff has made a contribution to the Dr. Ralph Graff Cancer Research Fund.

Dr. Edward J. Griffith has made a gift to the JH Cardiothoracic Surgery Fund—a gift which will be matched in full by Monsanto Company’s Matching Gift Program.

Mr. Harvey A. Harris has made a contribution to the Research Endowment Fund.

Mrs. Ruth A. Heiman has made a contribution to the Dr. Ralph Graff Cancer Research Fund.

The Interco Incorporated Charitable Trust has made a contribution to the Building Fund.

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

The Jewish Hospital Medical Staff Alumni Association has made a contribution to the Sidney Rothschild Medical Library/Jewish Hospital Medical Staff Alumni Fund.

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

The Mary Rankin Jordan and Ellie A. Jordan Charitable Fund has made a contribution to the Research Endowment Fund.

Mr. Sandor Korein has made a contribution to the Dr. Ralph Graff Cancer Research Fund.

Andy, John, and Kathy Kornblum have made a contribution to the Department of Home Care in memory of their mother, Mrs. Elaine Seldin Kornblum.

Mr. Joseph H. Levinson has established and endowed the Alma Levinson Nursing Scholarship Fund.

Mr. and Mrs. Richard W. Levinson have made a contribution to the Alma Levinson Nursing Scholarship Fund.
SUSTAINING GIFTS

Mr. and Mrs. William S. Levinson have made a contribution to the Alma Levinson Nursing Scholarship Fund.

Mrs. Edna Mathes has made a contribution to the Robert and Edna Mathes Nursing Scholarship Fund in memory of Robert Mathes.

Mrs. Mildred Neuman has made a contribution to the Neuman/Horwitz Cardiology Research Fund.

Mrs. Kathleen Parriott has made a contribution to bone disease research.

Mrs. T. De Vries Petrie has made a contribution to the Mr. and Mrs. I. M. Kay Endowment Fund in memory of Mr. I. M. Kay.

The Pipefitters Local #562 has made a contribution to the Research Endowment Fund.

The Ralston Purina Company has made a contribution to the Building Fund through their Matching Gift Program.

The Scherck Charitable Foundation has made a contribution to the Scherck Charitable Foundation Nursing Scholarship Fund.

Mr. and Mrs. Martin Seidel have made a contribution to the Minnette and Martin L. Seidel Nursing Fund.

Mrs. Selma G. Seldin, Mr. Harvey Kornblum and Mr. Marc A. Seldin have established an endowment for the Department of Home Care at Jewish Hospital in memory of Mrs. Elaine Seldin Kornblum.

Mr. and Mrs. John E. Simon have made a contribution to the John E. Simon Fund for Research.

Mr. and Mrs. Alvin Siteman have made a contribution to the Research Endowment Fund.

Mrs. Malcolm Steiner has established the Malcolm Steiner Research Fund in memory of Mr. Malcolm Steiner.

Mrs. Earl Sussman has established the Earl Sussman Fund.

Mr. and Mrs. David A. Yawitz have made a contribution to the Thelma S. Seltzer Psychiatric Research Fund in appreciation of her mother’s recovery.

The Suzanne Feld Zalk Charitable Trust has made a contribution to the Building Fund which will be used to dedicate an area within the Ambulatory Care Building.
SUPPORTING GIFTS

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Leo Alberson
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Esther W. Collinger
Otis Garland
Dr. Jerome Grosby
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Mr. Mark Margolies
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## CONTRIBUTIONS

### SUPPORTING GIFTS

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IN HONOR OF
Judge Robert S. Cohen
Mr. Ray Eder

DONOR
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(Tribute Fund)
Mr. and Mrs. Robert Wolfson
(Tribute Fund)

IN HONOR OF
Recovery of Mrs. Sheila Flom
and in appreciation to
Dr. Ira Kodner, Dr. Carl
Lyss, Dr. Rodolphe Ruffy
and Dr. Andrew Galakatos.

Mr. and Mrs. Harvey
Friedman

Mr. Irwin Gittleman

In appreciation of Dr. Ira
Kodner, Dr. Carl Lyss,
Dr. Rudolphe Ruffy and
Dr. Andrew Galakatos

Recovery of Mr. Hubert Moog

Nursing Staff of
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Birthday of Mrs. Edwina Baum
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<td>Ed and Barbara Buchholz (Cancer Research Fund)</td>
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<td>Mr. and Mrs. Lawton Levy (Jacqueline Hirsch Brown Memorial Fund)</td>
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Mr. and Mrs. Siegmund Halpern
--- Speedy Recovery of IRWIN GITTELMAN
Mr. and Mrs. M. Erwin Bry (Lisa Bry James Dreyer Memorial Fund)
Mr. and Mrs. Samuel R. Cohen (Jackie Sue Margulis Liver Research Fund)
Panny and Roger Katz (Edna Malen Scholarship Fund)
Mr. and Mrs. Willard L. Levy (Jacqueline Hirsch Brown Memorial Fund)
Mrs. A.M. Manlin (Ralph Hirsch Cancer Research Fund)
Mrs. Samuel Sobo (Louie & Sara Sobo Memorial Fund)
--- Special Birthday of IRWIN GITTELMAN
Mr. and Mrs. Howard Hurwitz (Ralph Hirsch Cancer Research Fund)
Phyllis Leizpiger (Ralph Hirsch Cancer Fund)
Gussie Reynolds Dr. and Mrs. Helman Wasserman (Jacqueline Hirsch Brown Memorial Fund)
--- Recovery of HELEN GLASSBERG
Mrs. Dena Cohen (Dena Cohen Endowment Fund)
Mr. and Mrs. Sam Klein Dr. and Mrs. Llewellyn Sale, Jr. (Dr. Llewellyn Sale, Sr. Memorial Fund)
--- Special Anniversary of MR. AND MRS. JACK GLAZER
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Mr. and Mrs. Isadore Pass (Carl Pass Diabetic Research Fund)
--- Special Birthday of SAM GOLDBLATT
Mr. and Mrs. Don Soffer
--- Special Birthday of DONALD GOLDBLUM
Selma and Elmer Oldow
--- Speedy Recovery of JUDGE JOSEPH GOLDHORSH
Leona and Jacob Altman (Milton E. Kravitz Heart Research Fund)
--- Graduation of LUCY GOLDHORSH
Marlyn Yalem
--- Speedy Recovery of MILLIE GOLDHORSH
Frieda Lawton (Edward J. Lawton Dialysis Fund)
--- Speedy Recovery of SONNY GOLDHORSH
Mr. and Mrs. Joe Berg (Cancer Research Fund)
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Leigh and Robert Batt (Cancer Research Fund)
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--- Special Birthday of MRS. RALPH GOLDSICKER
Ken and Geri Rothman (Geri Jaffe Rothman Fund for Breast Cancer Research)
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<td>Happy Occasions of MR. AND MRS. RICHARD KLINE</td>
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<td>Special Anniversary of MR. AND MRS. MILTON KOLKER</td>
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<td>Special Birthday of ANDREW KORNBLUM</td>
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<td>Mrs. Shirley Layoh Dubinsky (Elaine Kornblum Fund for Research &amp; Education)</td>
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<td>New Graduation of C. CLAIRE LANDER</td>
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<td>Mr. and Mrs. J. Toder (Cari Pass Diabetic Research Fund)</td>
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Irene Margulis (Carl Kaufman Cancer Research Fund)

Anne Schimel (Cancer Research Fund)

Mrs. Harry Schneider (Carol Kaufman Cancer Research Fund)

Bernard and Elizabeth Ross (Jackie Sue Margulis Liver Research Fund)

Mr. and Mrs. Clifford Shanfeld (Jackie Sue Margulis Liver Research Fund)

Anne Schimel (Cancer Research Fund)

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Lillian Litt (Jerry Kaiser-Irma Blank Cancer Fund)

Rose Wilen

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<td>Joyce and Harold Talem (Jerry Kaiser-Irma Blank Cancer Fund)</td>
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<td>Mr. and Mrs. Harvey Frohlichstein (Ruth W. Fronyov Cancer Research Fund)</td>
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<td>Mr. and Mrs. Sanford Wax (Frieda &amp; Lester Handelman Cardiology Fund)</td>
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<td>Mr. and Mrs. Sandy Tamm (Emil Tamm Memorial Fund)</td>
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<td>Birth of Granddaughter of FLORENCE WALK</td>
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AUGUST 3, 10, 17, 24, 31
Smoking Cessation Classes to help smokers kick the habit through the use of nicotine gum and behavior modification techniques begin each Saturday, and meet on six more weeknights; call 454-8188.

AUGUST 7, 14, 21, 28
The Rehabilitation Support Group for patients going through rehabilitation for stroke, head and neck, and back injuries, and their families; 4 to 5 p.m. in the Rehabilitation Conference Room; call Jean Hamlin, 454-7759 for more information.

AUGUST 12
Super Sibling Program for children ages 2-1/2 to six and their parents during the third trimester of pregnancy to help the family adjust to the expected baby; 10 to 11:30 a.m.; by reservation only, call 454-7130.

AUGUST 28
Sugar Babies, an educational and support meeting for persons interested in diabetes and pregnancy. Open to the public; participants need not be pregnant; guests welcome. Reservations are preferred; 7-9 p.m.; Stix Room, call 454-7040 or 454-8128.

SEPTEMBER 4, 11, 18, 25
The Rehabilitation Support Group for patients going through rehabilitation for stroke, head and neck, and back injuries, and their families; 4 to 5 p.m. in the Rehabilitation Conference Room; call Jean Hamlin, 454-7759 for more information.

SEPTEMBER 7, 14, 21, 28
Smoking Cessation Classes to help smokers kick the habit through the use of nicotine gum and behavior modification techniques begin each Saturday, and meet on six more weeknights, call 454-8188.

SEPTEMBER 9
Super Sibling Program for children ages 2-1/2 to six and their parents during the third trimester of pregnancy to help the family adjust to the expected baby; 10 to 11:30 a.m.; by reservation only, call 454-7130.

SEPTEMBER 11
Grandparents Refresher Course for expectant grandparents to learn the newest techniques in infant care; 10 a.m. to noon; by reservation only, call 454-7130.

SEPTEMBER 12
 Associates In Medicine Lecture Series: 7:30 p.m., Brown Room; open to the public, no charge; complimentary refreshments; reservations required; call 454-8088.

SEPTEMBER 18
Sugar Babies, an educational and support meeting for persons interested in diabetes and pregnancy. Open to the public; participants need not be pregnant; guests welcome. Reservations are preferred; 7-9 p.m.; Stix Room, call 454-7040 or 454-8128.

Mark your calendar for

OCTOBER 20
Fellows of Jewish Hospital Annual meeting; Fellows members only; by reservation.
The Jewish Hospital of St. Louis is a 600-bed acute care teaching hospital affiliated with Washington University School of Medicine. Located in the Central West End of St. Louis, it is dedicated to distinctive patient care and medically advanced research. The medical staff of 650 physicians and dentists comprise a group of full-time academic faculty and private physicians. These professionals are reinforced by a house staff of 150 residents and interns, along with nurses and technicians, service and support personnel to deliver 24-hour high-quality patient care. The Jewish Hospital of St. Louis is fully accredited by the Joint Commission on Accreditation of Hospitals.

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 physician’s service. Call 454-7239 for more information or a reprint of your choice.

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