Surgical Resident Barry Goldstein, M.D., on rotation in anesthesiology. See page 2.
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<td>The Anesthesia Decision</td>
<td>It’s not like the old days, when patients inhaled ether from a gauze sponge. Today there are many available pharmacological agents, and anesthetists must select the best combination for each patient.</td>
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<tr>
<td>A Year at the Zoo</td>
<td>Chief of Anesthesia James Jenkins, M.D., spent a year of his residency at the San Diego Zoo, anesthetizing such esteemed patients as elephants.</td>
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<td>Despite Record Snow Storm – 76 Graduate from School of Nursing</td>
<td>On Feb. 4, in the hospital’s Steinberg Amphitheatre, 76 students graduated from the Jewish Hospital School of Nursing with pride and joy—despite two feet of snow outside.</td>
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<td>Regarding Research: Decoding Blood</td>
<td>Five Jewish Hospital researchers are studying blood to learn more about the human body and how it functions.</td>
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<td>If you are experiencing hot flashes and other mid-life &quot;symptoms,&quot; the solution may or may not be hormone therapy, as Louis V. Avioli, M.D., explained at the Associates program.</td>
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<td>Contributions to Jewish Hospital Funds</td>
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<td>Medicine on Ice</td>
<td>Ice hockey is rough business, and ever since the club started in 1967, the St. Louis Blues have relied on a team of Jewish Hospital physicians to help keep their players in action.</td>
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<tr>
<td>Tribute Fund Drawing Account</td>
<td>With just a phone call, tribute fund drawing account holders can commemorate a special occasion with a tribute.</td>
</tr>
<tr>
<td>The Tribute Fund</td>
<td></td>
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<td>Calendar of Events</td>
<td></td>
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</tbody>
</table>
Every patient presents a new challenge to the anesthetist. Just as no two persons or operations or medical histories are alike, so, too, each anesthetic must be different.

“There is no cookbook recipe of anesthesia for a patient,” says Barbara Burner, CRNA, assistant chief nurse anesthetist. “Anesthesia is very much a personalized procedure. Take 10 patients and you wind up with 10 different anesthetics.”

Last year, 13,379 patients were anesthetized at Jewish Hospital, each requiring his or her own unique considerations. The elderly or overweight individual, the patient with heart disease, the heavy smoker requiring additional respiratory care and the athletic young man scheduled for knee surgery all receive a different anesthetic. The labor room anesthetist must decide what is safest for two patients, the mother and the infant.

To determine which anesthesia to recommend, an anesthetist visits each patient pre-operatively to assess the individual’s medical history, overall physical condition, age, weight, allergic reactions, prescribed surgery and feelings about anesthetic methods.

“It’s not like the old days when you dropped ether on a gauze sponge and the patient inhaled. There is a tremendous variety of pharmacological products that can be used and we pick the agents that are most appropriate for the patients,” Ms. Burner says.

**General or Regional Anesthetic**

The most fundamental decision is whether to use a general or regional anesthetic. General anesthesia, administered by inhalation or intravenously, results in total loss of sensation and consciousness. Three primary inhalation agents are used—Halothane®, Ethrane®, Forane®—all of which have similar components. Several narcotics
There is no cookbook recipe of anesthesia for a patient. Anesthesia is very much a personalized procedure. Take 10 patients and you wind up with 10 different anesthetics.

Barbara Burner, CRNA, administers a spinal block. Regional anesthesia is preferred over general anesthesia at Jewish Hospital because the patient is awake and able to breathe on his own.

which achieve the same effect can be used when given with nitrous oxide and oxygen.

Regional anesthetics block nerve impulse conduction at selected sites. The numbing is achieved by injecting a local anesthetic agent around a nerve that branches into the affected area, by injecting directly into the tissues to be numbed, or by applying the drugs topically to the skin surface for absorption into the nerve endings. There is no loss of consciousness with regional anesthetics.

According to James Jenkins, M.D., chief of anesthesiology, the Jewish Hospital Division of Anesthesia prefers to use a regional anesthetic whenever possible, and administers “more regionals than other St. Louis area hospitals.” Of the 13,379 patients anesthetized here in 1981, 5,024 received a regional anesthetic.

“It is much easier to put a patient to sleep than to give a regional block,” says Dr. Jenkins. “But there is more stress on the patient’s cardiovascular system; you have to breath for him every 10 seconds when he’s asleep. With a spinal, it’s injected once, you’re numb and able to take care of the heart and lungs by yourself.”

However, many patients prefer not to be conscious during surgery, and not all surgical procedures are conducive to regional blocks. Both of these factors are weighed heavily when deciding which method to employ.

The Safety Factor

Whichever the method—regional or general—anesthesiology today is safer than ever before. According to Dolores Biggins, CRNA, chief nurse anesthetist, the pharmacologic agents used now are non-flammable, more effective and have fewer side effects than in the past. Anesthetists also use adjunctive drugs, such as muscle relaxants, to help gain the desired effect without needing to give as much anesthetic agents.
Anesthesia

“In the old days with ether, you had to put the patient into a very deep sleep to relax the muscles enough to pull them away from the body. Now, with the use of muscle relaxants, you don’t have to put the brain as deeply asleep for the same effect,” says Dr. Jenkins.

The equipment, too, has improved tremendously. Each of Jewish Hospital’s 16 operating rooms contains approximately $20,000 worth of monitoring equipment with the capabilities of detecting the patient’s precise breathing patterns, oxygen intake, EKG, blood pressure, heartbeat and temperature. The anesthetist regulates the equipment throughout surgery, altering the anesthesia combinations as the patient’s response warrants.

Those patients with additional medical risks receive supplemental monitoring. The diabetic’s blood sugar level, for example, is closely watched during the procedure.

Jewish Hospital’s nine anesthesiologists and 21 certified registered nurse anesthetists (CRNAs) work daily, manning the operating rooms, the obstetrical labor and delivery rooms, psychiatric department and emergency calls. The operating room and obstetric area are covered by a nurse anesthetist 24 hours a day; an anesthesiologist is on call at all times.

The anesthetists also make a post-operative visit to patients to check on their conditions and ask about the anesthesia. “Many patients say Jewish Hospital is the first place they’ve ever been visited pre- and post-surgery by the anesthetist, and they really appreciate the visit,” Ms. Biggins says.

Stringent Requirements

Not surprisingly, the anesthetists’ educational and training requirements are thorough. Certified registered nurse anesthetists must graduate from an accredited school of nurse anesthesia, pass a national qualifying examination to gain certification, and they must be relicensed annually as registered nurses and recertified every two years as CRNAs. The nurse anesthetists are highly trained in the areas of respiratory and cardiopulmonary function, and able to assist in the management and resuscitation of critical patients in intensive care, coronary care and emergency room situations.

Each of Jewish Hospital’s 16 operating rooms contains approximately $20,000 worth of monitoring equipment.

Anesthesiologists are required to be M.D.s, having completed four years of medical school, before training in the three-year residency in anesthesiology. Then they are able to take exams to become board-certified.

Anesthesiology and the many complexities inherent to the field are learned “by experience, education, skill and knowledge,” says Dr. Jenkins. “It’s an art—trying to keep the patient asleep or anesthetized without allowing the blood pressure to get too high or too low and to keep the pain minimal.

“What we do is hire the best people, train them as well as medically possible, continue their education and get all the best possible medical equipment.”

Number of Anesthetics Rendered in 1981

<table>
<thead>
<tr>
<th>General Anesthesia</th>
<th>Inhalation</th>
<th>75</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inhalation and Intravenous</td>
<td>6,111</td>
</tr>
<tr>
<td>Spinal Anesthesia</td>
<td>Spinal</td>
<td>718</td>
</tr>
<tr>
<td></td>
<td>Spinal and General</td>
<td>24</td>
</tr>
<tr>
<td>Nerve Block Anesthesia</td>
<td>Nerve Block</td>
<td>163</td>
</tr>
<tr>
<td></td>
<td>Nerve Block and General</td>
<td>9</td>
</tr>
<tr>
<td>Local Anesthesia</td>
<td>Local</td>
<td>2,624</td>
</tr>
<tr>
<td></td>
<td>Local and General</td>
<td>—</td>
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<tr>
<td></td>
<td>I.V. Regional</td>
<td>4</td>
</tr>
<tr>
<td>Epidural Anesthesia</td>
<td>Epidural</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td>Epidural and General</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Caudal</td>
<td>—</td>
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<tr>
<td>Local Standby</td>
<td>822</td>
<td></td>
</tr>
<tr>
<td>Electric Shock Therapy</td>
<td>890</td>
<td></td>
</tr>
<tr>
<td>Resuscitation (Not included in total)</td>
<td>267</td>
<td></td>
</tr>
<tr>
<td>Obstetrical Anesthesia</td>
<td>General</td>
<td>364</td>
</tr>
<tr>
<td></td>
<td>Anesthesia standby</td>
<td>93</td>
</tr>
<tr>
<td></td>
<td>Epidural</td>
<td>156</td>
</tr>
<tr>
<td></td>
<td>Spinal</td>
<td>145</td>
</tr>
<tr>
<td></td>
<td>Local (obstetrics only)</td>
<td>1,127</td>
</tr>
<tr>
<td>Grand Total</td>
<td>Anesthetics Rendered</td>
<td>13,379</td>
</tr>
</tbody>
</table>
Left: the certified registered nurse anesthetist must be alert throughout surgery, carefully monitoring all anesthesia equipment and the patient response.

A Glossary of Anesthesia Terms

**Amnesia** Lack or loss of memory. Inability to remember past experience.

**Analgesia** Absence of sensibility to pain.

**Anesthesia** Loss of sensation with or without consciousness.

**Anesthesiologist** Physician trained in the art of administering an anesthetic agent.

**Anesthetist** A nurse specialist who administers anesthetics to patients.

**Anesthesiology** The art of administering anesthesia.

**General Anesthesia** Given by inhalation (mask or endotracheal tube) or intravenously, causing total loss of sensation and consciousness.

**Inhalation** Process of inhaling or breathing in.

**Intravenous** Administered directly into vein, fluid or medication.

**Narcosis** State of profound unconsciousness produced by a drug.

**Narcotic** A drug that produces sleep or stupor.

**Non-Flammable** Not capable of burning.

**Regional Anesthesia** Certain areas are without sensation by blocking nerve impulse conduction with injection of a drug at selected sites. There is no loss of consciousness.

**Resuscitation** Procedure of reviving a person. Such as one who has had a cardiac arrest.

**Sedative** Medication used to relax the patient and perhaps cause him to sleep.

**Topical** On surface.

---

**Anesthesia Machine and Monitoring Equipment**

This top-of-the-line anesthesia machinery costs $20,550 for just the visible hardware, excluding the costs of the supportive equipment necessary to provide effective and safe anesthesia delivery in the operating room. The equipment contains these safety features and sophisticated monitoring devices:

1. **Ventilator**: controls the patient’s breathing; contains a disconnect alarm that sounds if something outside the preset parameters is altered.
2. **Gas evacuation system**: controls the operating room contamination of anesthetic gases.
3. **Suction apparatus**: used to clean secretions out of the patient’s mouth.
4. **Oxygen analyzer**: a constant monitor of the percentage of oxygen being given to the patient; an alarm sounds when preset parameters are altered.
5. **Blood pressure monometer**
6. **Oxygen and nitrous oxide flow meters**: controls the percentage of oxygen and nitrous oxide given to the patient; contains safety feature that does not allow operator to give less than the patient’s physiological oxygen supply.
7. **Electrocardiogram monitor**: contains safety alarm.
8. **Non-invasive blood pressure/pulse monometer**: contains safety alarm.
9., 10., 11. **Anesthetic agent vaporizers**: turns liquid anesthetics into vapors so they can be inhaled by the patient; contains an interlock system that allows the operator to give only one anesthetic agent at one time.
12., 13. **Pressure gauges**: indicates the supply of oxygen and nitrous oxide; contains safety alarms that sound when pressure is less than normal.
14. **Storage drawers**: for miscellaneous equipment.
15. **Dry heat warmer**: used to warm intravenous fluids, blood and plasma; contains safety alarm.
16. **Breathing tubes**: for patient breathing.
17. **Breathing mask**: for patient breathing.
It is not uncommon for a physician to reflect on earlier years as a resident, recalling with fondness cases that were particularly challenging and successful. When Anesthesiologist James Jenkins, M.D., muses on his residency, one patient who comes to mind is a two-ton female he worked on in 1974.

This patient had a serious problem: her breathing was severely obstructed by a large tumor. Dr. Jenkins anesthetized the patient by shooting a dart into her leg muscle. A noted pediatric surgeon performed the surgery while Dr. Jenkins monitored the EKG, respiration and blood pressure. The operation lasted about one hour, after which a reversal drug was administered behind the patient’s ear to awaken her. The outcome: success. Her breathing capabilities were restored, her tumor removed.

Dr. Jenkins smiles as he recalls the case. She seems to have touched a soft spot in his heart. Her recovery is an obvious source of pride.

Elephants, Tigers, Gorillas

There are others who might not have survived without Dr. Jenkins’ skilful anesthetizations, but she is the only elephant he can boast about. The other patients include buffaloes, tigers, gorillas and various residents of the San Diego Zoo, where Dr. Jenkins trained for one year while stationed at the Navy Regional Medical Center, San Diego, Calif. Although he has since become chief of anesthesia at Jewish Hospital, the year-long residency at the zoo remains a high point in Dr. Jenkins’ professional past, representing a time of unique experiences, and some rather peculiar problems.

Animals cannot communicate to their physicians the way humans can. Dr. Jenkins says he often had to anesthetize an animal, and a surgeon had to operate to discover the medical problem. In the case of herd animals, where healthy members of the pack gather protectively around their sick, several had to be anesthetized in order to work on the patient.

Because some of the larger animals are at more risk if transported to a nearby zoo hospital than if left in their natural environment, many of Dr. Jenkins’ patients were treated in open fields—a far cry from the sterile conditions of a hospital.

To compound the matter, it is no easy task to put a 2,000-pound patient temporarily to sleep. The medical crew had to sneak up on the animal, trying not to frighten it, catch and anesthetize it and...
then prevent it from running away before the narcotic took effect. Dr. Jenkins says he would use a special air-powered dart, which is filled with the narcotic M-99, a drug 10,000 times more powerful than morphine. The medicine is placed in the barrel of the dart, which sets off a charge and rivets the anesthesia into the animal when it makes contact with the muscle.

There are several other considerations when anesthetizing animals. A Siberian tiger, for example, carries with it the price tag of $10,000. “You know the exact value of the animal you’re about to put to sleep. Some are so rare, a mistake could literally lead to the animal’s extinction. Some of these animals are priceless. Others, like rattlesnakes, are a dime a dozen.”

**Replacing an Eagle’s Elbow**

One of Dr. Jenkins’ favorite “priceless” success stories concerns a California golden eagle, an endangered species of the West Coast. This eagle broke its “elbow,” and could not squeeze its claws tightly enough to capture prey. It was reduced to a vulture, feeding off of dead animals. When searching for food by the side of the road, the eagle was hit by a car. It was brought into the zoo, barely alive.

Dr. Jenkins anesthetized the eagle with a shot of Ketamine™. He then put a tube down its throat and breathed for the eagle throughout surgery using an anesthesia machine, taking extra care because birds have extremely efficient respiratory systems and can be easily overdosed. The procedure involved replacing the broken elbow joint with a plastic silastic thumb joint, the same as those used for arthritic hand patients. Throughout the operation, Dr. Jenkins monitored the eagle’s EKG, temperature and blood pressure.

The surgery was a success. The eagle responded favorably to the prosthetic elbow and was able to resume its natural preying activities.

**Helping Gorillas Mate**

During his zoo tenure, Dr. Jenkins was also called upon to aid in the sexual dysfunctions of some of his patients. Gorillas raised in captivity since birth often do not breed very well. Consequently, when a fertile and “interested” male is found, he is in great demand by those zoos that wish to perpetuate the species on the premises.

The year of Dr. Jenkins’ residency, “the zoo was blessed with a male who knew what to do.” Five females from other zoos were brought in to mate. Before the females could be placed with the other gorillas, however, they had to be thoroughly examined for possible medical problems which could contaminate the entire herd. Dr. Jenkins anesthetized each of the females, and assisted in administering chest X-rays, blood works, dental check-ups and abdominal tests. Those gorillas given a clean bill of health were then slowly introduced to the herd and eventually became part of the group. They were mated with the male and sent back home impregnated.

Dr. Jenkins completed the rest of his three-year anesthesiology residency at the naval medical center, then joined the Jewish Hospital Division of Anesthesia in 1975. He has been chief of anesthesiology since 1977.

In retrospect, Dr. Jenkins considers his zoo experience “enriching. I saw a whole different aspect of medicine I had never before been exposed to.” As a life-long profession, he says, he would rather be working on humans than animals, in a hospital instead of a zoo. But that doesn’t prevent him from boasting about those patients—the four-legged ones—whose lives he helped to save.
Raymond Wittcoff stands with Edna Malen, R.N., who, this year, attended her 49th school of nursing graduation. The senior class surprised Susan Graves, R.N., director of the school of nursing, with a bouquet of roses. Wittcoff and Board Member Shirley Cohen (Mrs. Stanley) clap with appreciation.
Jubilation! From students to registered nurses.

Despite Record Snow Storm—
76 Graduate from
School of Nursing

A major winter storm dumped between 15 and 19 inches of snow on the St. Louis area Sunday, Jan. 31, paralyzing the city, closing businesses and canceling most activities. One victim of the snow was The Jewish Hospital School of Nursing graduation, which was postponed for four days.

On Thursday, Feb. 4, David A. Gee, hospital president, presented diplomas to the 1982 graduating class in the hospital’s Steinberg Amphitheater, as proud family members witnessed the event. Rabbi Lawrence Siegel performed the invocation and Raymond Wittcoff, chairman of the hospital’s board of directors, welcomed graduates and their guests.

Several students received scholarships and awards.

Margaret Alice Stack of St. Louis received the Jewish Hospital Auxiliary Scholarship presented to the student ranking highest in the graduating class. The scholarship is designated for advanced preparation in nursing.

Marie Bernice Sander of St. Ann received the Hattie Waldheim Scholarship for the second highest ranking student in the class. This scholarship also is for advanced preparation in nursing.

Kathleen Jane Henry Messner of St. Louis received the J.L. London Nursing Award for the third ranking student in the class.

Josephine Linhart of Granite City, Ill. received one of the Franc Honor Awards, a $200 bond and a gold key, given to a second level student who has demonstrated outstanding scholastic and clinical ability during the first year in school.

Karen Denise Miller Jefferson of St. Louis, a second Franc Honor awardee, was presented a $100 bond, for being voted by the faculty as outstanding for kindness and consideration shown to patients.

Margaret Ann Lammers of Florissant, the third Franc Honor Award recipient, was also presented a $100 bond for her outstanding interest and participation in student activities, as voted by the Student Association.
Earning their diplomas for completing the three-year nursing program were:

Cynthia Dawn Altman; Mr. & Mrs. Harvey Rosen; St. Louis, MO

Dale Rae Baldwin; Mr. & Mrs. Clarence Baldwin; Chesterfield, MO

Donna Marie Banken; Mr. & Mrs. Leonard Banken; New Haven, MO

Patricia Ann Becker; Mr. & Mrs. Earl George Becker; Webster Groves, MO

Katherine Marie Berra; Mrs. Virginia Berra Taff; St. Louis, MO

Mary Dean Braus; Mr. & Mrs. Julius Braun; Florissant, MO

Patricia Sue Brimmer; Mr. & Mrs. Herbert Franklin Brimmer; Carbondale, IL

Theresa Lynn Buesking; Mr. & Mrs. Forrest John Buesking; Belleville, IL

Lisa Kay Callen; Mr. & Mrs. John Elliot Callen; St. Louis, MO

Sandra Beth Coben; Husband—Lawrence A. Coben; University City, MO

Karen Ann Collins; Mr. & Mrs. John F. Collins; Wright City, MO

Denise Marie Coughlin; Mr. & Mrs. Thomas Coughlin; St. Louis, MO

Mary Louise Coultier; Mr. & Mrs. Charles Coultier; Washington, MO

Diane Ellen Daenzer; Mr. & Mrs. Donald W. Daenzer; Belleville, IL

Mary Ellen David; Mr. & Mrs. Ralph G. David; Belleville, IL

Michaela Ann Gaddis Dino; Husband—Joseph L. Dino; St. Louis, MO

Brenda Sue Dismuко; Melvin Dismuко; Bridgeport, MO; Mrs. Frances Dismuко; Jennings, MO

Marie Gueldy Duvalière; Mrs. Louise Duvalière; Haiti; West Indies

Silas Eason; Mrs. Renee Eason; St. Louis, MO

Cynthia Marie Filla; Mr. & Mrs. Ralph Filla; St. Louis, MO

Patricia Ann Foster; Husband—Thomas Foster; Jennings, MO

Terry Lynn Frank; Mr. & Mrs. Fred Frank; Belleville, IL

Joan Eileen Furlong; Mr. & Mrs. Arthur J. Furlong; St. Louis, MO

Marcia Ann Garavaglia; Mr. & Mrs. Thomas Garavaglia; St. Louis, MO

Timothy John Gearin; Mr. & Mrs. George Francis Gearin; St. Louis, MO

Mary Anne Graef; Mr. & Mrs. Henry Phillip Graef; St. Louis, MO

Freddie Laverne Green; Mrs. Nawasa Green; St. Louis, MO

Sallie Ann Gully; Husband—Randolph Gully; East St. Louis, IL

Kathleen Ann Knight Hackmann; Husband—Michael L. Hackmann; St. Louis, MO

Susan Leigh Hamilton; Robert N. Hamilton; St. Ann, MO; Mrs. Carol L. Hamilton; St. Louis, MO

Gina Marie Herllein; Mr. & Mrs. George Frederick Herllein; St. Louis, MO

Kathleen Jane Henry Messmer; Husband—Larry Messmer; St. Louis, MO

Elizabeth Susan Millia; Mr. & Mrs. Steven Millia; St. Louis, MO

Mary Catherine Murphy; Mr. & Mrs. Thomas Oliver Murphy; St. Louis, MO

Mary Theresa Obremski; Mr. & Mrs. Michael Steven Obremski; St. Louis, MO

Judith Marie Owens; Mrs. Dorothy Owens; St. Louis, MO

Anthony Farris Powell; Wife—Doreen Ann Powell; St. Louis, MO

Mary Susan Prost; Mr. & Mrs. Glennon Prost; St. Louis, MO

Marie Bernice Sander; Mr. & Mrs. Richard Lee Sander; St. Ann, MO

Lucille Rita Schimmerman Scheiter; Husband—Timothy Scheter; St. Louis, MO

Lee Alan Schmidt; Mr. & Mrs. Herbert Henry Schmidt; Alhambra, IL

Patricia Rene Smith; Mr. & Mrs. Donald H. Smith; Granite City, IL

Mary Jane Squires; Mr. & Mrs. Donald H. Squires; Mounds, IL

Margaret Alice Stack; Mr. & Mrs. Richard M. Stack; St. Louis, MO

Charlene Marie McKinney Starling; Mr. & Mrs. Charles Achor; Madison, IL

Mary Jane Starling; Mr. & Mrs. Francis C. Starling; Florissant, MO

Margaret Ann Hagnauer Tieman; Husband—Robert L. Tieman; Florissant, MO

Hessie Schreiber Topper; Mr. & Mrs. Louis Schreiber; Cleveland, OH

Jane Vellios; Mr. Spero Vellios; Creve Coeur, MO

Cheryl Rene Verdun; Mr. & Mrs. Ronald Marion Verdun; Fairview Heights, IL

Sheila Mae Powell Walker; Husband—Greenbaylum I. Walker; Olivette, MO

Debra Ann Walls; Mr. & Mrs. Johnnie B. Walls; St. Louis, MO

Dawn Ann Wenzlir; Mr. & Mrs. Robert Otto Wenzlir; Florissant, MO

Susan Patricia KananiNachtsheim Wilson; Husband—Ronald L. Wilson; St. Louis, MO

Mary Regina Winkelmann; Mr. & Mrs. George J. Winkelmann; St. Louis, MO

Karen Cecile Wolf; Mr. & Mrs. Joseph Robert Wolf; St. Louis, MO

Susan Marie Wolfe; Mr. & Mrs. James Richard Wolfe; Glendale, MO

Phyllis Angela Wooldridge; Mr. & Mrs. Jennings Dale Wooldridge; Sunset Hills, MO

Far left: Hospital President David A. Gee presents a diploma to Mary Murphy. Left: Director of the School of Nursing Susan Graves, R.N., pins graduate Estuko Mayville, marking the end of one goal and the beginning of another.
Regarding Research:
Decoding Blood

By Linda Krohne Nitchman

As seen magnified through a microscope, the large irregular shaped dark spot in the center of the photograph is a blood platelet. The line along its bottom edge is the vessel wall. This photo demonstrates how a blood platelet binds to a blood vessel wall at the site of an injury.

Mankind's fascination with blood spans recorded history.

- An ancient symbol of blood A has been found on cave walls that date back to 3000 B.C.
- Egyptians thought food in the stomach was turned into blood by the heart.
- According to ancient Hebrew thought, blood was the vital principle identical with the soul, and drinking blood was prohibited.

Drinking blood is not as far-fetched as it may sound. Pope Innocent VIII received one of the earliest blood transfusions—orally—in the early 1600s. Not only did he fail to improve, but his donors did not survive the ordeal either.

Early forms of blood research involved attempted transfusions from animals to humans, beginning in 1667. The patient always died. The first attempt to transfuse blood from one human to another occurred in 1818, and probably failed because of improper matching.

Around 1900, Karl Landsteiner discovered immunologic differences among red blood cells of various individuals. He found that blood of some individuals, when mixed with others, would cause clumping or agglutination, what we now know as incompatible blood type mixtures. Landsteiner and his associates also described the four major blood types, A, B, AB and O. This information was first used as a basis for donor selection in 1907.

Coded Messages

Initially, knowledge grew slowly, but it has accelerated at a rapid pace for the past 50 years and particularly since 1950. A modern-day hematologist calls blood the circulatory computer tape that carries coded messages about the intricacies of the body. Many of these messages have been decoded. Blood tests have been devised that can determine factors about the general health of a patient, detect certain diseases, such as anemia, and provide clues as to whether specific organs are functioning.

The quest to understand more about the blood's messages continues, exemplified in the laboratories at Jewish Hospital, where five investigators work on hematology research projects. Although each endeavor is unique, some of the hematology research here involves blood platelets. Platelets are a component of blood that cause it to clot and seal off wounds. Platelet activities are quite varied and not yet entirely understood. They were first described in 1882, after the development of the compound microscope. An early investigator, William Osler, observed that platelets were always present as separate elements in blood vessels, showing no tendency to adhere to one another. However, in a drop of blood removed from the body, the corpuscles were always found to be accumulated.
More recently, various proteins secreted from platelets involved in blood coagulation have been designated platelet factors and number 1 through 10. These platelet secretory factors are released by platelets during normal blood coagulation.

**Jewish Hospital Projects**

One investigator, Thomas Deuel, M.D., director of the division of hematology/oncology at Jewish Hospital, is working with platelet factor 4. This protein binds to the potent anticoagulant heparin and has been shown to be a powerful attractant for inflammatory cells, according to Dr. Deuel. Therefore, platelet factor 4 may serve as a link between circulatory platelets and the inflammation occurring at sites of blood vessel injury. Dr. Deuel has determined the complete amino acid sequence of platelet factor 4 and identified the part of it active in attracting inflammatory cells. This part has been chemically synthesized and shown to mediate the effects of intact platelet factor 4.

Another platelet secretory protein, also a subject of Dr. Deuel's research, may be a powerful tool for studying early events in normal cell growth and differences in growth between normal and malignant cells in culture. This factor is the platelet derived growth factor. It has been purified and is being used to compare early events in growth stimulated normal cells to identical events in malignant cells.

George Broze, M.D., another of Jewish Hospital's hematology researchers, is investigating plasma proteins (factors) involved in blood coagulation. Plasma proteins are groups of amino acids contained in the blood and are each assigned a Roman numeral, I through XIII. Dr. Broze was the first to purify one of these plasma proteins, factor VII, and is now investigating how it interacts with the blood cells. "If we can understand that, we'll have a handle on how various pathological processes can occur, such as thrombosis (blood clots) and..."
The quest to understand more about the blood's messages continues, exemplified in the laboratories at Jewish Hospital, where five investigators work on hematology research projects.

Vitamin K is required for production of many coagulation factors. In another facet of his work, Dr. Broze has isolated a previously undescribed vitamin K dependent plasma factor and is now attempting to determine its role in blood clotting. The American Heart Association is interested in his work and has provided funds for the projects because blood coagulation may play a significant role in the development of arteriosclerosis.

In another Jewish Hospital laboratory, Scot Hickman, M.D., has focused his research efforts on identifying a number of enzymes that regulate the synthesis of blood antibodies. Understanding the biochemical regulators of the immune response could be significant in comprehending the basic underlying molecular defects in various hereditary immunodeficiency diseases and in certain hematological malignancies, such as multiple myeloma (blood cancer).

In another Jewish Hospital laboratory, Nathan A. Berger, M.D., is conducting research that should be useful in making cancer chemotherapy more effective as well as preventing some types of environmental carcinogenesis (cancer-causing agents). His studies are directed at understanding the processes of chromosome damage and repair and, in particular, the role of poly (adenosine diphosphoribose) system in maintaining genetic integrity.

Dr. Berger studies normal and malignant cells from a variety of sources, including patients with genetic disorders of DNA repair who have a high predisposition to cancer. He determines the mechanism of the genetic defect, how it is predisposed to developing cancer and how the defect may relate to conditions in normal people that predispose them to environmental carcinogenesis.

Dr. Berger is conducting studies at the molecular level with an SV40 virus minichromosome model to reconstruct the DNA repair system with purified components derived from the aforementioned cells. In addition to defining the molecular and cellular mechanisms involved in the DNA repair processes and the maintenance of chromosomal integrity, Dr. Berger is conducting studies to develop agents capable of modulating these processes.

George Wilner, M.D., director of laboratory medicine, is studying blood coagulation, the ways in which it occurs and means of detecting clot fragments that travel to various parts of the body. He is chemically synthesizing small pieces of fibrin, a main element in clots, and is developing immune probes or antibodies to detect them.

A second aspect of Dr. Wilner's research involves finding what effect blood clotting enzymes have on cells and how this may influence wound healing. His goal is to develop better understanding of the cellular processes which influence clot formation, and to develop pharmacologic agents which will control undesirable clot formation that occurs as part of various disease states.

At Jewish Hospital as at other institutions, researchers strive to learn more about the 5000-year-old mystery, blood. Each small discovery provides a better understanding of the coded messages blood carries and more information toward eliminating many of the diseases that plague mankind.
Who Needs Hormones?

Americans are living longer. That fact creates a growing interest in the mid-life years, as evidenced by the large turnout at the Associates in Medicine wine and cheese program, “Mid-life Crisis and the Need(?) for Hormones.” More than 100 people, both men and women, braved below-zero weather and icy streets to hear Louis V. Avioli, M.D., director of Jewish Hospital’s division of endocrinology and metabolism, discuss signs and symptoms of hormonal deficiency, the value of appropriate treatment, and the need for hormonal replacement in males and females as they approach mid-life.

Augmenting his talk with statistical slides, Dr. Avioli said the average life expectancy by the year 2000 will be 74 years. He defined mid-life as the years between 45 and 90 for men and women, and described some of the problems inherent to the age group.

The Symptoms

Hot flashes, nervousness, irritability, depression, sleep disturbance, dizziness and headaches, symptoms commonly associated with menopause, are experienced by both sexes. Menopause, by definition, is the biological event of the last monthly menstrual period. Only a woman can experience menopause. Climacteric, however, is a term that relates to both men and women, describing the years between the onset of the decrease in sex hormone production to the end of sex hormone production. In women, according to Dr. Avioli, hormone production begins to decrease at menopause, but does not cease until about age 70.

Most men do not experience a significant reduction in hormone levels throughout their lifetimes. Therefore, hormonally
The amount that it takes to minimize your pain is just a tiny amount and nothing like the large pharmacological doses that you are taking. Women are terribly overdosed.

speaking, a male should never be impotent.

Because many of the same symptoms are displayed in both sexes, the problem may not be a hormonal deficiency, Dr. Avioli says. He prefers to give replacement hormones only when, in fact, there is a deficiency, but not as a cure-all for mid-life problems. Hormonal levels can be easily determined through blood testing.

About Hormones

In one study, post-menopausal women were tested for hormonal levels. Some were experiencing no symptoms, some were experiencing hot flashes, others disperunea (painful intercourse), and some experienced both symptoms. Only those who experienced both symptoms, hot flashes and disperunea, had a tendency toward “just slightly” lower hormonal levels, Dr. Avioli said. “The amount that it takes to minimize your pain is just a tiny amount and nothing like the large pharmacological doses that you are taking. Women are terribly overdosed. And some estrogens, like Premarin, are not naturally occurring for females. They are naturally occurring for horses. Premarin is a distillate of horse urine. Not only that, but it does not contain the specific female hormone that women lose, 17B estradiol,” Dr. Avioli said. Certain problems are to be expected because hormone therapy is not without problems, and it should be used with progesterone to diminish these risks.

Other Problems

Dr. Avioli pointed out that many of the problems both men and women experience are psychological in nature, brought on by certain aspects of aging which threaten the ego. Women experience a decrease in sexual capacity, loss of reproductive cycle, a shrinking circle of friends, departure of children from the home, and wrinkles. They feel a loss of sensuality reinforced by their husband’s decreasing sexual interests. Men’s mid-life problems are similar. They have either achieved success or feel that they never will by the age of 50, and their physical appearance has changed. Impotence can be caused by physical reasons as well; vascular or neurological problems, certain drugs and endocrine disorders are all possibilities—but not hormones. Hormone therapy will not help men, according to Dr. Avioli, because there is no essential deficiency.

He recommends a thorough check-up to see if any of these problems exist. When the particular problem is known, Dr. Avioli says, a couple should recognize it, talk about it and work it out together. Regular exercise is also helpful as is maintaining active lifestyles and avoiding alcohol overuse.
Rodolphe Ruffy, M.D., spoke to auxiliary members on the functions of the heart and the advanced care he will be able to offer as a result of the pledged diagnostic cardiac equipment, Wednesday, Dec. 9, at the home of Audrey Shanfeld (Mrs. Clifford). Dr. Ruffy, director of Jewish Hospital's arrhythmia service, was guest speaker at the second seminar of the auxiliary-sponsored Fall Seminar Series III.

He thanked the approximately 50 auxiliary members present for their donation of advanced diagnostic equipment—an electrophysiological mapping system and a mobile, semi-computerized echocardiograph—which have been pledged from the proceeds of the November 1982 Clover Ball.

"I would like to begin with the basics," Dr. Ruffy said, switching on the first of many slides to illustrate the anatomy of the heart. There are four primary components of the heart, he explained: the chambers (muscle) pump blood through the body; the valves control the directional flow of the blood; the coronary arteries feed the heart muscle with nutrients and supply the energy; the pacemakers and conduction system—the electrical generators—dictate the rate at which the muscle functions.

"The heart is a complicated structure made up of components which individually, or as a whole, can be diseased."

Heart disease can be congenital, a malformation in the heart, or acquired, resulting in these four groups of disorders:

Coronary artery disease—the progressive narrowing of the arteries to the heart, thus preventing sufficient blood flow;

Valvular disease—the valves are infected or undergo changes, and function is compromised;

Muscle disease (cardiomyopathy)—the heart muscle is weak and the heart enlarged;

Primary electrical instability—causing arrhythmias, the electrical derangements of the heart that cause rhythm disturbances and ineffective heartbeats. Arrhythmias are the least common singular heart disorder; most arrhythmias result from one of the other conditions which all may cause electrical instability.*

The cardinal manifestations of these heart diseases are:

heart failure—impairment of pumping function resulting in congestion, coughing, shortness of breath, fluid in lungs and swelling of ankles and legs; or low cardiac output resulting in weakness, fatigue, low blood pressure;

ischemia—impairment of the blood supply to muscle, can lead to infarction if coronary arteries are bad enough, manifested with pain on exercise or at rest;

infarction—a heart attack—if enough imbalance between blood requirement and blood supply exists for long enough, the muscle dies and a heart attack results; it is the irreversible damage of the heart muscle as a result of prolonged ischemia. The complications of a heart attack are directly proportional to the amount of muscle lost or diseased.

Of the four major heart diseases, Dr. Ruffy said, "Coronary artery disease is the leading cause of death in the United States, killing a large number of young or middle-aged persons, primarily men, often without warning." The disease causes chest pain (angina pectoris); heart attack (myocardial infarction) or sudden cardiac

*For more detailed information on arrhythmias, call the publications department, 454-7243, for a reprint of the article "Clinical Electrophysiology: Arresting Arrhythmias," which appeared in the July/August 1981 issue.
death. Some of the most common risk factors for the disease include cigarette smoking, high blood pressure, family history, elevated cholesterol and diabetes.

Electrical instability, arrhythmias, can be the end product of many conditions, but the majority are from coronary artery disease. The disorder results in a derangement in the regularity of the heart rhythm, causing palpitations, fainting, loss of consciousness, or sudden cardiac death. The most common irregularity is a skipped beat. It is also the most benign. Bradycardia (too slow a rate) is the easiest to take care of; it can be corrected with a pacemaker. Tachycardia, too rapid a beat, may create a life-threatening situation and can result in sudden cardiac death. These are the heart patients seen most frequently at Jewish Hospital.

“With the greater awareness of CPR (cardiopulmonary resuscitation), we are getting patients more and more now who are resuscitated immediately and who get to the hospital in time to be defibrillated instead of dying. Then they are sent to the Jewish Hospital Arrhythmia Center.”

The arrhythmia service has rapidly become a referral center throughout the region, noted for its technical excellence in the relatively new science of clinical cardiac electrophysiology, the study of the electrical properties of the heart. Pioneered in the early 1970s, the technique borrows much from cardiac catheterization and is bringing new precision and success to the diagnosis and treatment of arrhythmias.

Special electrode catheters are inserted at the femoral veins and guided into the heart chambers. Cardiologists record and manipulate the heart’s pacemaking system with an electronic control panel and can provoke a patient’s arrhythmia in the controlled environment of the operating room, objectively testing the effectiveness of anti-arrhythmic surgery and drugs. Often the technique leads to a satisfactory treatment.

The auxiliary-donated equipment further expands the capabilities of the service by providing a crucial aid for the elimination of the life-threatening arrhythmias without requiring drug therapy. The electrophysiological mapping system, a complex ensemble of electronic devices, scans the heart’s surface and reveals the precise location of abnormal electrical activity. A surgeon, guided by the test results, can then excise the tissue responsible for the errant rhythm with greater precision and effectiveness than other surgical means.

“Hundreds of patients are now treated in our laboratory. People are very apprehensive when they know there is something wrong with their heart, but we have very good results with our patients.”

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The Jewish Hospital of St. Louis Auxiliary has announced donor categories for its 1982 Clover Ball, the fourth in a series sponsored every five years since 1962 to raise funds for a special hospital project.

This year’s ball will be held in the Chase-Park Plaza’s Khorassan Room on Saturday, Nov. 20, and the auxiliary hopes to raise $200,000 for special new cardiac equipment.

The first donor category, Golden Clover, is for a donation of $1,200 per couple. The second is the Patron category, for $600 per couple, and lastly the Guest category, for $300.

The preliminary response has been excellent, says Auxiliary Clover Ball Chairman Marlene Isaacs (Mrs. John III). “I think the heart equipment itself is part of the reason for the marvelous response so far. There is no man, woman or child that cannot benefit from it, if needed, and to be able to have it at Jewish Hospital is wonderful.”

The cardiac machinery—an electrophysiological mapping system and a mobile, semi-computerized echocardiograph—will help ensure the division of cardiology’s continued national and regional prominence.

Because it takes place only once every five years, the Clover Ball requires much advance planning. Since the summer of 1981, more than 35 auxiliary members in 19 Clover Ball Committee areas have worked to ensure its success. Says Mrs. Isaacs: “It’s really the only ball of its kind in St. Louis.”
Lee Liberman

Lee M. Liberman says he hopes that his many years of dedicated service have made Jewish Hospital a better place. “A great many things occur during anyone’s administration. When you serve in as many offices as I have, you certainly hope that you have made some contributions towards meeting the day-to-day and long-range goals.

Mr. Liberman joined the board of directors in 1962. He was elected assistant secretary in 1965, and then elected treasurer in 1968, an office he filled for several terms. He was named vice president of the board in 1972, and served in that capacity until appointed president in 1974. That year, during Mr. Liberman’s term, the title of “president” was changed to “chairman,” a position he filled until 1979. He is a life member of the board.

Why the extensive involvement? “I’ve always thought the provision of health care is very necessary and important, and Jewish Hospital does it well. I think if I can help the hospital meet its responsibilities to the community I should do so.”

Mr. Liberman says he stays informed and retains a keen interest in the hospital, but he also “purposely plays what I consider an appropriate role of past chairman. If asked for advice and counsel, I give it.”

Mr. Liberman’s corporate directorships include Laclede Gas Company, Boatmen’s Bancshares, Inc., and The Boatmen’s National Bank, Valley Industries, Inc., and Angelica Corporation. He is past president of Family and Children’s Service of St. Louis, vice chairman of the United Way, a member of Civic Progress, on the board of directors of Washington University, the Arts and Education Council, the YMCA, and is serving as treasurer of the St. Louis Symphony Society and chairman of its First Annual Fund-Raising Drive.

He also has served on the advisory board committee of the St. Louis County Hospital, and played a prominent role in negotiating the arrangement between St. Louis County and St. Louis University hospitals with Washington University Medical School.

Mr. Liberman’s favorite spare time activities include tennis, golf, bridge, listening to music and reading. He is the father of two daughters and one son.

Mahlon Rubin

In the past three years since joining the Jewish Hospital Board of Directors, Mahlon Rubin says he has attained “an understanding of the problems facing an institution such as Jewish Hospital.” From an accountant’s perspective, he adds, “I have read a lot about cost containment, but I now realize the difficulties of it. It is easy to sit outside and suggest ways to curb costs, but it is not easy to do.

It may not be easy, but it doesn’t prevent Mr. Rubin from trying. Since joining the board he has served as a member of the finance and budget committee and data processing subcommittee, and he is chairman of the audit committee.

As managing partner of Rubin, Brown, Gornstein & Co., Certified Public Accountants, Mr. Rubin says, “I think my financial experience through the years and my experience as a CPA have enabled me to give advice that has been helpful. In the years I have been chairman of the audit committee, we have made dramatic changes in the financial set-up at the hospital.”

Mr. Rubin’s background in finance is extensive and widely recognized. Most recently, he was named recipient of the 10th annual St. Louis University Distinguished Service Award. He is a former president of the Missouri Society of Certified Public Accountants; past chairman of the board of CPA Associates, an international organization of local independent firms of CPAs; a member of the Missouri and New York Societies of Certified Public Accountants; and is currently a member of the Management of an Accounting Practice Committee and Special Committee on Solicitation of the American Institute of Certified Public Accountants.

In addition to his many professional involvements, Mr. Rubin serves on the boards of Temple Israel and the Jewish Center for the Aged, where he is chairman of the audit committee. He is a member of the St. Louis Jewish Federation budget and finance committee and the endowment fund committee. He also is former commander of the Department of Missouri Jewish War Veterans.

“I have been very active in professional affairs nationally and in community affairs. It sounds kind of trite, but I believe the community and my profession have been good to me over the years and I believe I owe them something. It’s as simple as that.”

Mahlon and Maureen Rubin reside in Creve Coeur. They have three sons.

Wallace Ruwitch

The euphemism about the apple not falling far from the tree comes to mind when talking to Wallace Ruwitch about his commitment to Jewish Hospital. Son of long-standing board member Joseph Ruwitch and past auxiliary president Elizabeth Ruwitch, Wallace says he too thinks of his hospital involvement as “long term.”

Mr. Ruwitch says when he was asked to join the board of directors in 1972, he accepted with enthusiasm. “My father has been very active in the board for a long time and that’s what sparked my interest. I figured joining the board was a way to carry on the tradition my father started for my family.”

“With the hospital activities of all the people around me (his brother Joseph F. Jr. is a cardiologist on staff at Jewish Hospital), the hospital and health care obviously are subjects we’ve discussed often. This is a natural involvement for me.”

Since joining the board 10 years ago, Mr. Ruwitch has served on the professional policy committee and currently heads the community relations committee. He says because his business commitments as vice president of Alvey, Inc., have required much international travel—including one year in Europe—“my hospital involvement has not been as extensive as I would like it to be or as it will be.”

In addition to Jewish Hospital, Mr. Ruwitch also works with United Way, is a past president of the Jewish Family and Children’s Service, and a past member of the boards of the St. Louis Jewish Federation and the Jewish Community Center’s Association.

Mr. Ruwitch explains the motivating force behind these activities: “In my day-to-day business, I’m not doing a heck of a lot to improve the lot of people other than to provide jobs and benefits to my employees. I need the fulfillment of doing something to improve the general lot of others. Whether it’s contributing financially or my time—it’s all part of the same thing.”

Born in Chicago, Mr. Ruwitch grew up in St. Louis. He attended John Burroughs School, then was graduated from Yale. After serving in the U.S. Coast Guard, Mr. Ruwitch went to work for Alvey, Inc., manufacturers of materials handling equipment, where he has been employed for 20 years.

In his free time, Mr. Ruwitch enjoys photography, skiing and fishing. He and his wife Ann have two sons. The family resides in Ladue.
Jewish Hospital

News Briefs

Raymond H. Wittcoff, chairman of the board, has announced the appointments of the following to The Jewish Hospital of St. Louis Board of Directors: Joy Rice (Mrs. Charles), Nora Stern (Mrs. Walter) and Robert H. Shoenberg.

In addition to the new appointments, Mr. Wittcoff announced the elevation of Marge May (Mrs. Morton D.) and Eugene C. Weissman to life membership on the board. Election of officers included the re-election of Raymond Wittcoff as board chairman; Elliot H. Stein and Stanley Hollander, secretary, and Stanley Richman, vice chairman; Norman Bierman, secretary, and Robert H. Shoenberg.

Raymond S. Dean, Ph.D., has written a paper on "Personality and Lateral Preference Patterns," which appeared in the December 1981 issue of Clinical Neuropsychology. Dr. Dean also presented a paper on child neuropsychology at the Lights of Jewish Special Needs Society, Dec. 12, 1981, in Creve Coeur.

Robert D. Fry, M.D., participated in a panel discussion, "Surgical Management of Ucerative Colitis," at the scientific assembly of the Southern Medical Association, Nov. 17, 1981, in New Orleans, La. Dr. Fry is now vice chairman, division of colorectal surgery, for the Southern Medical Association.

Leonard D. Guam, M.D., attended the Eighth Annual Midwest Comprehensive Continuing Medical Education Program for Physician Assistants, where he presented a discussion on "Urodynamics and Interventional Radiography," Sept. 25, 1981, at St. Louis University.


Donald J. Krogsstad, M.D., spoke on “Genetic and Physiological Determinants of the Enercoccal Response to Antimicrobial Synergy” at the ASM International Conference on Streptococcal Genetics, in Sarasota, Fla.

Morton Levy, M.D., is serving as chairman of the service and rehabilitation committee of the Missouri Division of the American Cancer Society. Dr. Levy is also on the society’s board of directors.


Charles Mannis, M.D., spoke on sports medicine for the Perryville-St. Genevieve Medical Society on Dec. 12, 1981.


John A. McDonald, M.D., has been named an established investigator of the American Heart Association for the period July 1982 until June 1987. The association will award $150,000 in salary support during the five-year period.


Scott M. Nordlicht, M.D., has been elected to fellowship in the American College of Cardiology.

Carlos Perez, M.D., has been named president of the American Society of Therapeutic Radiologists.

Arthur L. Prensky, M.D., has co-authored with H.S. Palkes a book entitled Caring for the Neurologically Handicapped Child, published in November 1981. Dr. Prensky also attended the October 1981 Child Neurology Society Convention, in Minneapolis, Minn.

Timothy L. Ratliff, Ph.D., has co-authored a paper with W.J. Catalona and R.E. McCool on “Role of Antibody in Cytotoxicity by Lymphocytes Armed Against 253J Bladder Cancer Line,” published in the International Archives of Allergy and Applied Immunology.

Eli Robins, M.D., has been presented the Salmon Committee on Psychiatry and Mental Hygiene Medal. Dr. Robins, the award’s 36th recipient, received the medal for his distinguished service to the field of psychiatry and for his knowledge of mental disorders. Dr. Robins is the Wallace Renard professor in the psychiatry department of the Washington University School of Medicine.

Melvin Schwartz, M.D., is serving on the council of the St. Louis Gynecological Society and has been elected to the council of the St. Louis Metropolitan Medical Society. Dr. Schwartz is also vice president of the medical unit for the Moolah Shrine Temple.

Moisy Shopper, M.D., took part in a panel discussion Nov. 17, 1981, on “Using Experts” at the First National Juvenile Justice Litigative Advocacy Conference, in St. Louis. Dr. Shopper was a panelist speaking on “Competition and Stress in Musical Education” at the St. Louis Conservatory and Schools for the Arts, on Oct. 21, 1981. Dr. Shopper also presented a talk on the “Emotional Strains and Stresses of Having Your Kid at College” for the St. Louis Psychoanalytic Institute, Dec. 2, 1981.

Jules Snitzer, D.D.S., participated in a panel discussion on the “Role of the Hygienist in Treating a Periodontal Lesion” for the Mid-Continent Dental Congress, Nov. 21, 1981, in St. Louis. Dr. Snitzer joined the Pierre Fauchard Academy in August and was re-elected vice president of the Federation of Greater St. Louis Dental Society in December.

Alex Sonnenwirth, Ph.D., delivered a paper on “Evaluation of the AutoMicrobic System” in the seminar on A Decade of Automation at the Third International Symposium on Rapid Methods and Automation in Microbiology, Washington, D.C., May 1981. In June, Dr. Sonnenwirth was invited to present the keynote address on “Automation in Microbiology” at the National Congress of the Canadian Society of Laboratory Technology in London, Ontario, Canada.

During September 1981 Dr. Sonnenwirth, by invitation, traveled to Bruges, Belgium, to chair a session of the International Symposium on Enteric Diseases and to speak on “Newer Aspects of Yersinia enterocolitica Infections.” From Belgium he continued to Dusseldorf, West Germany, where he participated in the Symposium on Newer Antibiotics, and from there he traveled to Israel to fulfill two more invitations.

As visiting professor at the Technion School of Medicine and Rambam Hospital in Haifa, Israel, Dr. Sonnenwirth lectured for one week on various topics in medical microbiology and also presided at the Symposium on Etiology of Diarrheal Diseases. Continuing from Haifa to Jerusalem, Israel, Dr. Sonnenwirth then attended the Triennial World Congress of Pathology at the World Association of Societies of Pathology. There he chaired, together with Dr. Theodore Sacks, chairman of the department of medical microbiology at Hadassah Hebrew University Medical School, the seminar on Unusual and New Bacterial Diseases and delivered the keynote address on “Yersinia enterocolitica—An overview.”

At the course on “Recent Advances in Microbiology” in New York City (October) Dr. Sonnenwirth presented a paper on “Clinical Relevance of Fecal Cultures.” He then participated in the annual meeting of the Infectious Diseases Society of America and the consecutive meetings of the International Conference on Antimicrobial Agents and Chemotherapy, in Chicago (November 1981). Finally, in December, Dr. Sonnenwirth took part in the Symposium on The New Generation of Beta-Lactam Antibiotics, in New Orleans, La.

Dr. Sonnenwirth is the author, with Alice Weissfield, Ph.D., of a publication on “Rapid Detection and Identification of Bacteroides fragilis and B. melaninogenicus by Immunofluorescence,” which appeared in the April issue of the Journal of Clinical Microbiology. He is also author of a chapter on Yersinia, published in Feigin and Cherry’s new textbook, Pediatric Infectious Diseases (1981). In addition, Dr. Sonnenwirth has recently been re-appointed for a second three-year term as a member of the editorial board of the Journal of Clinical Microbiology.
Michael Suden, D.D.S., spoke on “Relaxation Techniques in Dentistry” before the Alpha Omega Dental Fraternity, Nov. 10, in St. Louis.

Stanley Thawley, M.D., spoke on “The Use of Sclera in Reconstruction of the Ear-drum in Children” before the Society for Ear, Nose and Throat Advances in Children, in Orlando, Fla. Dr. Thawley also participated in a panel discussion at a post-graduate course at the American College of Surgeons entitled “Cancer of the Tongue,” in San Francisco, Ca.


Paul Weeks, M.D., has been named board examiner-director, effective May 1981 until spring 1987, of the American Board of Plastic Surgery.

Raymond Charnas, M.D., president of The Jewish Hospital Medical Staff Alumni Association, presents $1,500 checks from the organization to Susan Graves, director of the school of nursing, above, and Librarians Ruth Kelly (center) and Martha Porth, ART, below. The group donated money to establish a nursing scholarship and to purchase continuing education tapes for the hospital medical library. The Medical Staff Alumni Association is composed of physicians, dentists and medical administrators who have had at least one year post-graduate training exclusively at The Jewish Hospital of St. Louis.

The Jewish Hospital of St. Louis Department of Medicine hosted a Feb. 22 research seminar and a Feb. 23 grand rounds with Claus Christiansen, M.D., visiting professor and chairman of the department of clinical chemistry at the University of Copenhagen’s Glostrup Hospital. During a break in his schedule, he spoke with Ronald Strickler, M.D., (left) infertility specialist.
Holter Scanner

Expedience can be crucial to a hospital. How quickly a blood test is made, for instance, can affect how soon physicians confirm or rule out a disease and start treatment. How fast personnel react to emergency cases can mean the difference between life and death. Speed in other areas, while not so paramount, also can affect the quality of patient care. In the hospital's holter laboratory, a new high-speed, computerized holter scanner is providing cardiologists with information much faster than before, reducing patient backlogs and making services available to more patients sooner.

The new scanner reads impulses recorded by holter monitors, portable EKG devices with reel-to-reel tape and electric leads that many cardiac patients wear to keep a 24-hour record of their heart activity. Often during a normal day cardiac disturbances occur that the holter records for later playback and analysis in the holter lab. The results can offer cardiologists important insight into the subtleties of a patient's heart, especially the abnormal workings, like rhythm disturbances.

When replayed by holter technicians in the fourth-floor holter laboratory, the tapes produce a flurry of graphic images on the $44,000 scanner's screen, and technicians must be constantly alert to note any abnormalities on the tapes. They must also scrutinize the audio portion of the tapes, which can tell as much about cardiac activity as the visual track.

The biggest advantage of the new scanner is its speed. It can read tapes twice as fast as the older unit—240 times the holter's recording speed—and it can be programmed to stop upon encountering specific deviant heart rhythms and print those errant portions on a graph for
The new scanner also allows five- to 10-minute pre-scans to quickly check for dangerous heart rhythms that might require immediate treatment. A complete scan takes 30 to 45 minutes, and the results are forwarded to cardiologists and referring physicians.

The new scanner, by virtue of its increased speed, is giving cardiologists information much faster in an easily understood form, and by increasing the holter lab’s capacity by allowing more patients to be tested and analyzed sooner, it is speeding patient treatment in a medical specialty where time often is of the essence.

In an effort to provide high-quality medical services, The Jewish Hospital of St. Louis continually purchases new equipment. Because of the ever-increasing costs of medical supplies, gifts to the hospital, whether large or small, are greatly appreciated.

The Shopping List is a special feature citing particular items and their approximate costs, for which various hospital departments have indicated a need. The list specifies areas in which contributions are most necessary to help offset the high costs.

This list offers the community an idea of the many different pieces of equipment every department requires to function efficiently, and also to allow prospective donors to choose a specific gift if they so desire.

Remember, the need is there. Your generosity could help save a life.

For more information on The Shopping List, contact the development office, 454-7251.

**Anesthesiology**
- Blood Warmers (2 needed) $700 each
- Ventilators (9 needed) $2,000 each

**Cardiac Catheterization Lab**
- Doppler $700

**Graphics Lab**
- Holter Monitor (2 needed) $2,500 each

**Nursing Department**
- Hypothermia Blanket $4,000
- Geriatric Chairs (5 needed) $400 each
- Emergency Cart $500

**Nursery**
- Bassinet (10 needed) $450 each

**Labor Room**
- Labor Bed (2 needed) $2,500 each
- Doppler $900 each

**Operating Room**
- Instrument Table (2 needed) $650 each
- Laparoscope $1,500
- Bronchoscope $5,850
- CO₂ Insufflator $1,200

**School of Nursing**
- Video Tape Recorder $1,500

**Pulmonary**
- Spirometer $1,700
- Tomometer $3,000

**Physical Therapy**
- Leg Brace $1,500
- Arm/Hip Whirlpool $2,150

**G.I. Endoscopy**
- Endoscope $7,500
- Camera $950
Jewish Hospital School of Nursing students held their traditional halfway party for 86 students who had completed the first half of the 27-month program. The evening’s festivities included a skit and choral group performance by nursing students who took the opportunity to aim some humor at their instructors.

Mary Jane Meyer (right), second level coordinator who was leaving the school, was an honored guest for the evening. She received a gift, presented by nursing student Cindy Lefton during the affair held at the Sheraton West Port.
Contributions to Jewish Hospital Funds

Generous Contributions

Mr. and Mrs. Harold G. Blatt have made a contribution to the Building Fund/Directors Fund.

Mr. Charles D. Cohen, JDC Foundation, has made a contribution to the Building Fund.

Mr. and Mrs. Dudley J. Cohen have made a contribution to the Building Fund.

Mrs. Harry L. Franc, Jr. has made a contribution to the Directors Fund for the Department of Rehabilitation Medicine.

Mrs. Herbert Frank has made a contribution to the Marjorie Frank Lesser Psychiatry Fellowship.

Mr. Harvey A. Friedman has made a contribution to the Directors Fund.

Mr. David A. Gee has made a contribution to the Directors Fund.

Mr. I. E. Goldstein has made a contribution to the Mary Goldstein Scholarship Fund.

Mr. and Mrs. Edward B. Greensfelder have made a contribution to the Directors Fund for research of Robert M. Senior, M.D.

Mr. and Mrs. Philip N. Hirsch have made a contribution to the Ralph Hirsch Memorial Fund for Cancer Research.

Mr. Stanley Hollander has made a contribution to the Directors Fund.

Mr. Meyer Kopolow has made a contribution to the Alene and Meyer Kopolow Endowment Fund for Education/Directors Fund.

Mr. and Mrs. Kenneth R. Langsdorf have made a contribution to the Langsdorf New Americans Fund (Tribute Fund).

The estate of Harry Lewis has made a contribution to the Research Endowment Fund.

Mrs. Morton D. May has made a contribution to the Building Fund/Directors Fund.

The Medical Staff Association Alumni Association of the Jewish Hospital has established a new Nursing Scholarship Fund, and has also made a contribution to the Sidney I. Rothschild Medical Library Fund for teaching cassettes (Tribute Fund).

Mr. Roswell Messing Jr. has made a contribution to the Messing Chair in Pathology Fund/Directors Fund.

Mr. James R. Moog has made a contribution to the Hubert P. Moog Endowment Fund.

Mr. and Mrs. William L. Nussbaum have made a contribution to the Hubert P. Moog Endowment Fund and the Florence and Bernie A. Ross Fund (Tribute Fund).

Mrs. Birdie F. Oberman has made a contribution to the Renal Dialysis Unit for equipment, in memory of her husband, Maurice A. Oberman.

The W. R. Persons Foundation has made a contribution to the Building Fund in honor of Dr. Theodore Reich and Mr. Elliot H. Stein.

Mrs. Betty Rabin has made a contribution to The Marilyn Fixman Cancer Research Center.
The stork is going to be flying a bit longer because the nine-month garage is going to be overdue. Due to severe winter weather, Jewish Hospital’s garage addition will not be completed until late summer. Parkview Place will remain closed until completion of the garage for safety reasons. Cement is being poured, the street sealed and construction taking place, and the hospital does not want to risk injury to a passing or parked car or passenger.

Generous Contributions

Mr. Lawrence K. Roos has made a contribution to the Selma K. Roos Fund/Directors Fund.

Mr. Joseph F. Ruwitch has made a contribution to the Directors Fund.

Mr. Wallace R. Ruwitch has made a contribution to the Directors Fund.

Mr. Edward R. Samuels has made a contribution to the Directors Fund.

Mr. and Mrs. Harry T. Schukar have made a contribution to the Directors Fund.

Mr. Morris A. Shenker has made a contribution to the Building Fund.

Mrs. Herbert Simon has made a contribution to the Ira and Herbert Simon Research Fund and the Julian Simon Research Fund (Tribute Fund).

Mr. John E. Simon has made a contribution to the Simon Faculty Development Fund.

Mr. and Mrs. Elliot H. Stein have made a contribution to the Directors Fund and the Mary Ann and Elliot Stein Endowment Fund.

Mr. Harlan Steinbaum has made a contribution of medical supplies to the Hospital.

The Estate of Eva Weishaar has made a contribution to the Research Endowment Fund.

Mr. Raymond H. Wittcoff has made a contribution to the Directors Fund.
### Special Gifts

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- **Tribute Fund**: Extra donations for special occasions.
- **Messing Chair in Pathology Fund**: A donation that supports research in pathology.
- **Missouri Research Laboratories, Inc.**: Retirement fund for a research center.
- **Dr. Milton Meyerhardt Scholarship Fund**: A scholarship fund for medical students.
- **The Marilyn Fixman Cancer Center**: A fund dedicated to cancer research.
- **Betty Rabin**: In memory of a distinguished medical professional.
- **Jacob G. Probststein Chapel**: A memorial fund for a religious institution.
- **Natalie Wald Memorial Scholarship Fund**: A scholarship fund for medical students.
- **Shale and Annette Bronson**: Honoring the contributions of two doctors.
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Oil painting entitled “Le Moulin” by Elisee Maclet
Nursing Continuing Education Fund
Mrs. Chase Doll for student nurse training
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Long stemmed red roses for distribution to patients throughout the Hospital
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Artwork donations for School of Nursing
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Herbert Weinstock Memorial Fund (Tribute Fund)
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Ice hockey is a game of tremendous physical force, where 200-pound men on thin blades of steel menacingly circle a rink fortified by hard wood and plexiglas. It's no wonder they sometimes get hurt.

The St. Louis Blues have always relied on the restorative talents of Jewish Hospital physicians, the current staff headed by Orthopedic Surgeon Jerome Gilden. With Internist Aaron Birenbaum, General Surgeon Ron Gaskin, Physician Emeritus Jacob Probstein, Dentist Leslie Rich and a panel of Jewish Hospital specialists, the physicians work with players and management first to prevent injuries, and failing that, to minimize the effect of injuries when they do happen.

"As hard as it is, ice actually does have its advantages," says Dr. Gilden. "Usually the player's feet are knocked out from under him. They don't stay planted as in football. Consequently, we have fewer knee injuries of the type you'll find in football."

Serious hockey wounds include shoulder separations and the ever-present knee problems, almost unavoidable in contact sports. Even more severe, while rare, are

Defenseman Gerry Hart was another casualty of the 1981-1982 season. Torn knee ligaments required arthroscopic knee surgery by Dr. Gilden's associate, Robert Lander, M.D. The morning before surgery, Dr. Gilden has a final consultation. Just a few days later, Hart was a spectator at the Checkerdome.
bone fractures. Less serious and more common are the cuts around the face and head, sprains and bruises. Players usually are hurt more seriously when they lose their balance and fly uncontrolled into the boards. “Our worst injuries occur when players are knocked off their feet when they’re skating fast, so that they’re sliding out of control along the ice into the boards. We had a Colorado player go into them unrestricted after he lost his balance, and he had a severely fractured leg.

“There are also unusual ways in which they’re struck or pushed so that they lose their balance and their control. A hockey player soon becomes keenly aware, if he’s going to survive in hockey, that when he gets close to the boards and there’s someone behind him, he may be hit immediately, so he develops a sixth sense of avoiding that contact with a dodging effect. But injuries do occur. It’s a contact sport.”

The Violence Question

The label “contact sport” brings with it a connotation of violence, and ice hockey has its share, but to Dr. Gilden it’s relative.
Intimidation and assertion, subtle or invisible to casual spectators, are important parts of the psychology of winning hockey. Like frustration, though, their effects can become explosively apparent when tempers flare, gloves drop and fists fly.

Physicians assemble in the locker room before and after each home game and between periods. There is almost always some minor injury to attend to. Team Orthopedist Jerome Gilden manipulates Defenseman Joe Mullen's broken nose. A consultation with Ear, Nose and Throat Specialist Norman Druck, M.D., a member of the physician panel, followed.

“Although I may be prejudiced, I think it's a less violent sport than football. What happens with stick injuries is accidental most of the time, and the fighting that comes out of this sport is frequently a manifestation of the frustration of the game. You cannot be in a game for two and a half hours in constant contact with an opponent who is frustrating your moves physically and not get angry. The fighting seldom results in serious injury, although it looks bad to the public. The players really see this as asserting themselves.”

Blues General Manager Emile Francis has gone on record as opposing any “no-fight” rule for professional hockey because he believes fighting provides an important safety valve. Lacking the freedom to fight without fear of ejection, players might blow up and use their sticks, and that can do real damage. “I agree,” says Dr. Gilden. “I don’t think fighting, as such, is a bad thing, as long as it doesn’t extend to the fans or into a team riot. Nobody wants to see a team riot.”

With the release of the film North Dallas Forty and a number of books and magazine articles, former professional football players began to tell about what they considered abuses by sports management. Management, they argued, is only interested in profits, not in players' long-term health and productivity. Players, the argument goes, are expendable. Such a cold managerial attitude is lacking with the Blues. “Management here is very much concerned with the future health of players,” says Dr. Gilden. “They know that it isn’t just the immediate that we have to be concerned with. Yes, part of being a sports doctor is that you want early rehabilitation, but you don’t do it at the expense of the player.”

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This healthy attitude shows in statistics. The Blues have consistently had one of...
Taking care of the hockey team demands teamwork in itself. As Assistant Trainer Dave Smith looks on, Internist Aaron Birenbaum assists Dr. Gilden in suturing Perry Turnbull’s nose. More serious injuries of this type come to the attention of Plastic Surgery Consultant Joseph Eades, M.D., another member of the physician panel.

the best records in the league in terms of few player-hours lost due to injuries, and for this the team and medical staff have been commended by National Hockey League officials. Dr. Gilden credits the record to a cooperative effort between management, trainers, players and the medical staff. “We maintain a close relationship with management on player status, but we don’t treat an injured player as if he were incidental. You have a patient-doctor relationship that still is the most important part.”

The Importance of Confidence

Player confidence, even with the medical team, can do much to help a team achieve its purpose—winning. Good self-confidence can spell the difference between winning and losing, and just as important as a player’s confidence in his ability is his confidence in his body—a feeling that he is at his maximum health so he can play to his optimum level. That confidence largely depends on the medical team and the trainer. If a player thinks the team’s physicians are incompetent or don’t have his best interests in mind, that player will likely not be playing at his best level of confidence. His mental game—that important psychological component—will be off.

Player confidence, even with the medical team, can do much to help a team achieve its purpose—winning.

When medical problems arise, he might even seek outside help, and the ensuing battle may undermine the player-physician relationship for the entire team.

Physicians for the Blues say they have an unusually good rapport with the players. Players almost always greet members of the medical team with a “Hi, Doc,” or “How you doing, Doc?” While that may seem a little disrespectful, it doesn’t bother the medical team at all. Says Dr. Gilden: “That’s just an air of informality. In fact, that tells us that we have a nice, friendly relationship. It makes us feel good that they’re friendly and we have a feeling of professional friendship.”
Medicine on Ice

Jacob Probstein, M.D., now prefers the solitude of the trainer's office during hockey games. "Over the years I began to enjoy listening to the game on the radio. You get a better idea of what is happening than you can from my seats."

From the Beginning

Jacob Probstein, M.D., was there at the start, in 1967 when the Blues emerged as one of several National Hockey League expansion teams, giving talented older players an exciting alternative to fading out in the minor leagues. From the best teams they came to form an amalgam called the St. Louis Blues, a surprising club that in its first season battled into the Stanley Cup Finals against Minnesota.

Dr. Probstein was the team's first physician, and he tended to all the players from the early years, some of them now NHL coaches, including Al Arbour, Doug Harvey, Jimmy Roberts, Dickie Moore, Goalties Glenn Hall and Jacques Plante, Red Berenson and the Plager brothers—Bill, Bob and Barclay.

As surprising as the team's early success was how Dr. Probstein, a general surgeon who had just retired after 30 years as medical chief of the May Company, landed a job with a professional hockey team. "I had never seen a hockey game or a hockey player," he admits. "The Solomons (club owners) were patients of mine, and they asked me if I wanted the job. I was reluctant at first, and they said, 'Why don't you come down and just look at one.' So I went down to the Arena and looked at one game. I really liked it, and over the years hockey has become a part of me." It has become so much a part that Dr. Probstein has missed only five home games in the Blues' 15-year history.

Because Dr. Probstein was on staff at Jewish Hospital, it became the logical place to take injured players. "Things have changed since then with the way we work," says Dr. Probstein. "Then we did it all. We took care of the audience, our team and the visiting team. It was Tommy Woodcock (trainer) and I alone. One year we did pre-season physicals on 63 players with just the two of us. I think Tommy and I are the only relics left from the original group."

At first Dr. Probstein assembled a staff of specialists that he could call in as needed. In 1977, those specialists began attending all home games. The team has an internist (Aaron Birenbaum), an orthopedist (Jerome Gilden) and a general surgeon for the visiting team (Ronald Gaskin)—all on the Jewish Hospital staff. The Blues also rely on Dentist Leslie Rich.

During the early years, when professional hockey was even more brutal than it is today, Dr. Probstein had many occasion to visit an injured player on the ice in front of thousands of spectators, a difficult task without skates. "A couple of our players would always come over and lift me from under my shoulders a little and just skate me out there. Sometimes they'd forget to take me back. It's hard as heck walking out there. You can break your neck."

The story of Dr. Probstein's first Blues patient has become a sports medicine classic. Defenseman Noel Picard, nicknamed one of the team's "Policemen" because of the punishing way he kept order and protected Blues' forwards, comes off the ice one night with a cut forehead, the work of an opposing player's stick. Dr. Probstein, following standard practice, scrubs up, asks for some surgical gloves and prepares a hypodermic syringe. Seeing this, Picard says, "What are you gonna do?" Dr. Probstein replies, "I want to use some anesthetic before I stitch you up," "Throw that away," Picard barks, slapping the syringe to the floor. "Just close this. I want you to get out of here." So Dr. Probstein sutures the wound without the anesthetic, and Picard gets up to leave and says," Are you gonna be around in five or 10 minutes?" "Yes," Dr. Probstein says. "What is it you need?" Says Picard: "I want you to be here, cause the guy that did this is coming in." Sure enough, in about five minutes, he did—with gashed forehead—and Dr. Probstein stitched him up, too.
Deborah Watson, OTR, guides Sabitha Shattuck, a stroke patient, as she lifts the dowel rod onto the shoulder ladder to help build up her endurance. Jewish Hospital's nine registered occupational therapists see nearly 60 patients each day, working to make them more functional once they leave the hospital.

Tribute Fund Drawing Accounts

In 1952, the Jewish Hospital Auxiliary initiated the tribute fund, which now brings into the hospital approximately $100,000 a year for research and aid to the needy. For the convenience of those making donations, tribute fund drawing accounts were created in 1955.

Drawing account holders may phone in their tributes, thus eliminating mailing costs. The account also reduces check-writing costs because account holders need only to write a check periodically to maintain a balance.

Anyone can open a drawing account by mailing a deposit of at least $25 to the Tribute Fund, 216 South Kingshighway, P.O. Box 14109, St. Louis, MO 63178. When the account is established the donor can call 454-7242 with a tribute. A notice is immediately sent to the recipient and the amount is deducted from the balance of the account. The minimum tribute is $3. The drawing account holder will not be sent a “thank you,” therefore, all the money goes for the purpose intended.

The sender may specify the money goes into a special fund when he phones in the tribute. Any occasion can be commemorated by a tribute—birthday, promotion, birth of a baby, Bar Mitzvah or “thank you.” Tributes can also be used in an expression of sympathy, in the case of a death.

All contributions are tax deductible.
The Tribute Fund provides research funds and appliances for patients in need.

Donations to this fund may be made by sending checks payable to The Jewish Hospital Tribute Fund, 216 South Kingshighway, P. O. Box 14109, St. Louis, Missouri 63178.

When a tribute is made, both the sender and the recipient receive an acknowledgement of the donation.

The following memorial and honorial contributions were received from November 30, 1981 through January 29, 1982. Any contributions received after January 29, 1982 will be listed in the next 216.

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Mrs. Bernice Grossman
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Mr. and Mrs. Edwin Shifrin
Anniversary of Parents of Mr. and Mrs. Harold Levin
Mr. and Mrs. Phil Rashbaum (Mabel and Simon Frank Memorial Research Fund)
Mr. and Mrs. Robert C. Loeb (Benjamin M. Loeb Unrestricted Endowment Fund)
Birthday of Mr. and Mrs. Meyer L. Kohn
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In Honor of

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Happy Hanukkah and New Year to

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<td>Happy Holidays to MR. AND MRS. HARRY SHAPIRO, JR.</td>
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--- Recovery of MRS. CHARLES SIGOLOFF
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Mrs. Louis Elber (Jonathan and Edith Mathes Special Fund)

--- Birthday of MR. DONALD ROSS
Mrs. Donald Ross (Edna Malen Scholarship Fund)

--- Birthday of MR. RAYMOND WITTCOFF
Mr. and Mrs. Nathan B. Friedlob (Cancer Research Fund)

--- Recovery of MR. ALVIN WOLFF
Mr. and Mrs. Jerry Hirsch (Jacqueline Hirsch Brown Memorial Fund)

--- Birthday of MR. FRANK WOLFF
Mr. and Mrs. J. A. Baer II (Arthur B. Baer Memorial Fund)

--- Anniversary of MR. AND MRS. HARVEY WOLFF
Mrs. Florence Stern (Milton E. Kriswitz Memorial Heart Fund)

--- Anniversary of MR. AND MRS. JOHN WOLFF
Mr. and Mrs. Daniel Breckenridge

--- Happy Holidays to MR. AND MRS. JOHN WOLFF
Mrs. A. Schweizer (Helen and Walter Wolff Cardiovascular Research Fund)

--- Happy Holidays to MRS. WALTER WOLFF
Mrs. A. Schweizer (Helen and Walter Wolff Cardiovascular Research Fund)

--- Birthday of MRS. CHARLES WASSERBERG
Mr. and Mrs. Harry Acterman

--- Recovery of MRS. SELMA STEINER
Mr. and Mrs. Harry Smith

--- Anniversary of MR. AND MRS. HENRY STEINHAUS
Mr. and Mrs. Alex Bachek (Milton E. Kriswitz Memorial Heart Fund)

--- Recovery of MRS. SARAH STEINMAN
Mrs. Lawrence and Edith Levine

--- Anniversary of MR. AND MRS. JESS SERN
Mrs. David Cohen (Herman Lewin Scholarship Fund)

--- Birthday of MR. CLIFFORD STRAUSE
Mr. and Mrs. Siara Frankel

--- Birth of Peggy Strauss
Judge and Mrs. Robert Cohen (Loving Oz Cancer Research Fund)

--- Birth of Eva Lynn to DR. AND MRS. RONALD C. STRICKLER
Mr. and Mrs. Edward Bucsholz

--- Birthday and Anniversary of MR. AND MRS. IRVIN SUSMAN
Miss Pearl Goldstein (Mary Goldstein Nursing Scholarship Fund)

--- As Woman of Achievement—MRS. MARILYN SUSMAN
Mr. and Mrs. Richard Baizer (Mary McKeever Fund)

--- Happy Chanukah to MR. AND MRS. HOWARD SWANSON AND FAMILY
Mr. and Mrs. John A. Isaacs, Jr. (Eleanor M. and John A. Isaacs, Jr. Research Fund)

--- Recovery of MRS. JOYCE YALEM
Mrs. Letty Korn

--- Birthday of MRS. EVA YALEM
Mrs. Ruth Portnoy

--- Birthday of MRS. J. ZIMMERMAN
Mr. and Mrs. John A. Isaacs, Jr. (Eleanor M. and John A. Isaacs, Jr. Research Fund)

--- Recovery of MRS. MARGIT RAKUS
Mr. and Mrs. Eugene Kraus

--- Anniversary of MR. AND MRS. J. ZIMMERMAN
Mr. and Mrs. John A. Isaacs, Jr. (Eleanor M. and John A. Isaacs, Jr. Research Fund)

--- Recovery of MRS. BESSIE ZONNIS
Mrs. Marjorie H. Greer
## Calendar of Events

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tr>
<td>April 6</td>
<td><strong>I Can Cope Program</strong>: Eight-week educational course and support group begins for cancer patients and their families. 7 to 9 p.m., Brown Room. Open to the public, reservations required by March 23. Call 454-7463 or 454-8685.</td>
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<tr>
<td>April 8</td>
<td><strong>Mended Hearts</strong>: Support group for persons needing or having had open heart surgery. Guest speaker and refreshments. 7:30 p.m., Brown Room. Open to the public. For more information, call 454-7176.</td>
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<tr>
<td>April 12</td>
<td><strong>Super Sibling Program</strong>: For children ages 2½ to six and their parents, during the third trimester of pregnancy, to help the family adjust to the expected baby. 10 to 11:30 a.m., by reservation only. Call 454-7130.</td>
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<td>April 16-17</td>
<td><strong>J.G. Probstein Visiting Professor</strong>: Samuel Wells, M.D., will speak in the Steinberg Amphitheater and conduct rounds during his two-day visit. For more information, call 454-7180.</td>
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<tr>
<td>April 22</td>
<td><strong>Health Fair</strong>: Jewish Hospital will offer variety of screening tests and educational materials as part of a city-wide health fair. 8:30 a.m. to 4 p.m. Jewish Hospital School of Nursing Gym. Open to public. For more information, call 454-7120.</td>
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<tr>
<td>April 26-30</td>
<td><strong>Volunteer Week at Jewish Hospital</strong>: Luncheons and awards honoring volunteers for their contributions to the hospital. For volunteers only. Call 454-7130 for reservations.</td>
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<tr>
<td>April 28</td>
<td><strong>Auxiliary Annual Spring Luncheon</strong>: Luncheon, Guest Speaker Judith Crist, noted movie critic, and installation of officers for the coming year. Noon, Westwood Country Club. Members only, reservations required. Call 454-7130.</td>
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<tr>
<td>May 5</td>
<td><strong>Associates in Medicine Annual Dinner Meeting</strong>: Dinner, cocktails, Guest Speaker Milton Rubin, Ph.D., and election of officers for coming year. 6:45 p.m., Top of the Sevens restaurant. Members only, reservations required by April 30. Call 454-7245.</td>
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<tr>
<td>May 13</td>
<td><strong>Mended Hearts</strong>: Support group for persons needing or having had open heart surgery. Guest speaker and refreshments. 7:30 p.m., Brown Room. Open to the public. For more information call 454-7176.</td>
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</table>
On Dec. 20, the first night of Hanukkah, employees and patients of Jewish Hospital gathered in the Roswell Messing Jr. Lobby of the Shoenberg Pavilion to participate in the lighting and blessing of the Hanukkah candles. At right, Rabbi Lawrence Siegel, hospital chaplain, lights the first candle with patient Sarah Steinman.