IN SEARCH OF SPECIAL AGENTS
MOOD SWINGS
ARTHРИTIS
Hospital operations revolve around thousands of details—a mind-boggling amount of data. It is part of what makes a hospital so complex, constantly evolving, and for the people who keep up with it all, very challenging.

With this year’s meritorious service award presentation, the importance of information coordination was recognized. On May 12, Helene Rogers was presented with the coveted award by David A. Gee, president, at the hospital’s 1986 service awards reception.

Ms. Rogers is the assistant director of medical records, a department described by Mr. Gee as responsible for documenting all activities involved in a patient’s illness, accumulating an information baseline for all subsequent medical treatment. "It is also used as a resource for medical research, proper classification of disease and often as the basis for information for suits and other legal actions," said Gee. "This is, of course, tremendously important but tends not to be very visible within the hospital. It is one of those essential functions which everyone takes for granted."

Rogers was hired by Jewish Hospital in 1981 as a record administrator. Since then, she has been an important influence in what Gee described as a “whole new way of life to medical staff members who have been most impacted by recent dramatic changes in healthcare.” With the new federal prospective pricing system, the medical records department has also had to cope with new forms of reimbursement, requirements for whole new classifications of disease and operative procedures, strategies for maximizing hospital reimbursement through proper classification of diagnoses, new dimensions of quality assurance and working with new federal and third party payor organizations. Helene Rogers was placed in a leadership position and asked to deal with the new demands,” said Gee. “She seized upon it with enthusiasm and energy. She organized and developed a team within the medical record department to effectively deal with this new way of life and to comply with regulatory matters.”

“In the process, she also became an effective spokesman for the hospital in interpreting these matters,” Gee added. “In dealing with outside agencies, she has represented the hospital in the most effective fashion, often under difficult, ambiguous, and frequently contradictory conditions.”

But the meritorious service award is based as much on an employee’s personal contribution as professional expertise. It is that extra human dimension that sets them apart. In closing, Gee touched on Rogers unique assets. “She has managed everything with good grace and an unfailing sense of humor,” he observed. “Her unrelenting perseverance will undoubtedly be rewarded in heaven. In the meantime, we are proud to present her with the 1986 Meritorious Service Award.”
### The Ups and Downs of Manic Depression

Mood swings, hyperactivity and delusions of grandeur are a few characteristics of manic depression, a mental illness that was once considered an extremely rare disorder. Although researchers estimate that manic depression is now diagnosed in at least one percent of the U.S. population, understanding of and prognosis for this illness is continuously improving.

### Arthritis

More than 100 variations of this disease have been defined and, in many cases, their progressions charted, but the causes of most remain mysteries. MaryBeth Pereira, M.D., a rheumatologist and Jewish Hospital director of rehabilitation medicine, and Steven A. Lauter, M.D., attending rheumatologist, provide insights into this family of diseases.

### In Search of Special Agents for Cancer Cures

Recent research technology has given doctors easier access to cancer-fighting agents which don’t involve radiation and in many cases don’t cause serious side effects. Researchers at Jewish Hospital have played a strong role in the search for more agents, as well as the most effective uses of these compounds.

### All the Right Ingredients

The Auxiliary’s Spring Luncheon was the occasion to announce the results of a record-breaking fundraising year. It also marked the publication of samples from the Auxiliary’s new cookbook, Cooking in Clover II, scheduled for release in fall, 1986. Peg Bracken, author of the “I Hate To Cook Cookbook” and keynote speaker, offered a few tips and quips about cookbooks.

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**On the Cover:** The search for special cancer-fighting agents continues. Jewish Hospital research reveals some likely candidates. While combatting bladder cancer with the bacterium BCG, researchers report that 70 percent of their patients experience no tumor recurrence. In addition, their search has documented the appearance of interleukin 2—another natural cancer-fighting agent—in urine specimens of patients receiving BCG. Examine the work of these cancer investigators beginning on page 8.
Dan Segal was 17 when he first realized that he had a mental disorder. Now, Mr. Segal, 46, thinks that the first symptoms probably appeared years earlier—maybe, he says, when he was a young child. Even in his first year in elementary school, Segal’s teacher could not understand why her student was struggling with his school work. He was obviously an unusually bright boy, but he could hardly concentrate on his lessons and he performed far below his scholastic ability. He seemed restless, at times hyperactive.

Segal’s problems continued throughout his elementary and high school education. Most of that time he was classified as a behavior or attitude problem. “The advice I usually heard in school, and throughout my life, was— ‘Why don’t you shape up?’ Or, ‘Pull yourself up by the bootstraps!’” recalls Segal. Segal managed to graduate from high school with a D grade average and was accepted at a small college. But he never made it through his first semester. That year, Segal had his first full-fledged episode of manic depressive illness, a form of depression—also referred to as bipolar affective disorder—that is characterized by extreme mood swings. This particular bout started with a severe depression, one that eventually incapacitated Segal. For weeks he was unable to attend classes or study for exams. By November, Segal’s parents decided to withdraw him from school and admit him to a psychiatric hospital. He stayed for 11 months, often in a ward with violent patients, and underwent 53 treatments of insulin/shock therapy over a three-month period. He was discharged with the diagnosis emotional disorder, probable schizophrenia.

It would be the first of several hospitalizations and continued problems over a period of nearly 20 years. It wasn’t until 1968 that Segal was actually diagnosed as having manic depression. Shortly after his diagnosis, lithium carbonate, a promising new drug that seemed effective in stabilizing the disorder, became available and Segal began to receive the much-needed medication.

Until the 1960s it was not uncommon for manic depression to be misdiagnosed. According to Theodore Reich, M.D., Jewish Hospital psychiatrist-in-chief, cases like Segal’s were typical because most psychiatrists in the 1950s thought that manic depression was an extremely rare disorder. “Many cases were misdiagnosed as schizophrenia and patients often spent years in institutions,” says Dr. Reich.

Largely as a result of efforts during the 1960s by Dr. Reich and other Washington University physicians, manic depression was studied and scientific guidelines for diagnosis were established. “It was an important step,” he says. Lithium was becoming available and we were able to provide criteria for diagnosis so that manic depression could be identified in a uniform fashion and treated effectively.”

Today, manic depression is recognized as a common disorder, affecting approximately 1 percent of the U.S. population. It is characterized chiefly by high and low mood disturbances, now classified as manic and depressive syndromes.

During manic periods, patients display a few or a
They are often intelligent, successful or famous people. They are often intelligent, successful or famous people. Typically, they feel elated or extremely irritable for sustained periods of time. Their manic episodes often become destructive, and patients may go off on buying sprees, drive recklessly, or get involved in unrealistic business investments. Many have inflated self-esteem, a decreased need for sleep, and show lack of concentration and hyperactivity. In more extreme cases, they have grandiose delusions, often believing that they have a special relationship with God or some well-known political, religious or celebrity figure. Manic episodes are followed by rapid shifts to depression, each lasting hours or even days.

"It's an extraordinary illness," says Dr. Reich. "We're not sure why but it seems to occur in the families of successful or famous people. They are often intelligent, even brilliant, but their success may have as much to do with the fact that they have high energy levels as their I.Q.s."

Such notable figures as Vincent Van Gogh, Edgar Allen Poe, and Abraham Lincoln probably suffered from manic depression or had severe depressive illness.

The illness has varying degrees of severity. In fact, the mildest form, hypomania—bipolar II—may not be very noticeable. "Hypomania won't declare itself so strikingly," says Dr. Reich. "The manias are milder but the depressions are still pretty deep. When someone is less manic, they may not seem to have a mental disorder. They might be overly optimistic or spend too much money. Or they may show some bad business judgment."

Although Dr. Reich and other psychiatrists have yet to pinpoint the cause of manic depression, their research indicates that manic depression runs in families, affects equal proportions of men and women, and is probably due, in part, to genetic factors.

In a multi-center 14-year follow-up and family study of depression, sponsored by the National Institute of Mental Health (NIMH), researchers are confirming some widely-held views on manic depression and discovering new, interesting trends. John Rice, Ph.D., psychiatry, the local principal investigator, and researchers from five other university medical centers have been analyzing 612 manic depressive patients and 2,226 of their relatives.

One of the most striking discoveries of the study is the relationship of age to manic depression. According to their findings, relatives with the greatest risk of developing manic depression are those related to manic depressives who had onset of the illness at young ages. Interestingly, the age of onset in manic depression is accelerated with what researchers call "birth cohort," or the time period of birth, meaning that manic depressives born recently have an earlier onset of the illness. For instance, the average age of onset for individuals born in 1930 is 34, while the average onset for individuals born in 1960 is 24. Today, manic depression is showing up as early as adolescence or even childhood. The manic episodes occur most frequently at young ages, but as manic depressives age, the proportion of depression increases.

For Segal, manic episodes occurred primarily during his 20s and 30s, and were characterized by irritability, depression and—during one manic episode—religious delusions. "I thought I was an instrument of God," he recalls.

In other episodes, Segal made plans to become elected president or pope. "I felt so important," he says. "I would look at television advertisements and think that they had been made for me. It was like a return to an infantile state. I thought I was the center of the universe."

Unable to hold jobs for any length of time because of his mood swings, Segal existed during that time in what he describes as extreme destitution; he was picked up once by the police for vagrancy while he was sleeping on a city sidewalk. The jobs he did have were menial and often ended with him quitting in a rage, or being fired.

"I worked one job as a short-order cook in a fast-food restaurant," Segal recalls. "One day I had about a dozen hamburgers cooking on the grill at the same time. My boss came up to me and said, 'can you hurry it up a little?' 'Sure, I said, I'll hurry it up.' I took off my apron, threw it on the grill and stalked out. Any pressure or stress would set me off."

In other jobs, Segal would feel so low that he could hardly function.

"Once when I was working in a clerical position for a steel company I got so depressed I couldn't stay awake," he says. That job came to an abrupt end. One morning after falling asleep at his desk, Segal woke to find his paycheck and a pink slip left under his nose.

During that time, Segal married and had two children. The disease almost tore the marriage apart. "The first seven years were very difficult," says his wife, Delores. "It was hard to deal with his inconsistent moods, especial-
ly for the children. They used to stand at the window watching for Dan every evening when it was time for him to come home, wondering what kind of mood he would be in."

The worst, she says, was the financial stress on the family. "I was raised in an environment in which I always Down her role in Dan's recovery. "I'm no saint," she says. "I stayed during the worst times because I had two children and I didn't know where else to go. But I'm glad I did," she adds. "Seeing him recover has been like watching a new person unfold. If I had left, I would never have known the real Dan."

Manic depressives seldom have to deal with the kind of anguish confronted by the Segals. With treatment and family support, most, says Dr. Reich, lead normal, productive lives. "But definitive treatment and prevention still require discovery of the course of the disease," he adds. Presently, Dr. Reich and his associates are studying the white blood cells of manic depressives and their families because abnormalities in the white blood cell membranes may reflect genetic abnormalities in the nervous system. They think that brain cells' neurotransmitters and receptors, which transmit messages from one brain cell to another, play a fundamental part in manic depression. "We have found that manic depressives have a reduced number of a kind of receptor whose major function is in the nervous system," says Dr. Reich. "We think this discrepancy is deeply involved in the biology of manic depressive illness."

In August, Allan Wright, M.D., a noted molecular biologist from the University of Edinburgh, Scotland, will join Dr. Reich at Jewish Hospital. Drs. Wright and Reich are interested in a number of aspects of manic depression. "First, we would like to determine the extent to which differences on the receptors in the white cells is a marker for familial illness," says Dr. Reich. Once that is accomplished, they can focus on locating the genes—those basic units responsible for transmitting hereditary traits—that control the number of cell receptors.

If they do that, Dr. Reich and his associates may well be at the threshold of understanding this strange, but fascinating illness.

Manic Depressive Association

In 1980, Dan and Delores Segal founded the Manic Depressive Association of St. Louis, a support and educational organization for manic depressives and their families. "From all the experiences that we went through, we thought it was important that this type of organization was available for people who need it," says Ms. Segal, executive director. "We wanted to share what had happened to us and provide much-needed support.

The Manic Depressive Association holds six meetings monthly in four St. Louis locations. Presently, the organization is working with approximately 900 families. The primary focus of the meetings is to educate families on the illness and provide support. According to Ms. Segal, by increasing understanding of this disorder, misconceptions can be dispelled and the stigma—often still attached to manic depression—is eased.

If you or a friend or relative could benefit from the organization, please call the Manic Depressive Association, between 9 a.m. and 3 p.m., at 965-7007.
When people think about arthritis, the first things that come to their minds are aches and pains in joints. Arthritis is far more complex than this," says MaryBeth Pereira, M.D., Jewish Hospital director of rehabilitation medicine and rheumatologist. Inflammation, with pain, swelling and warmth in affected joints, is evident among sufferers of most kinds of arthritis. Deformities, such as knots on the knuckles and knee instability, which can result in the buckling of a limb while walking, also occur.

"Any one of the many kinds of arthritis is an expression of any of a variety of rheumatic diseases [various conditions with pain or other symptoms originating in joints or related to other elements of the muscle and skeletal system], each of which can have a host of symptoms."

While most symptoms are recognized, causes for their occurrence are relatively unknown. Although arthritis experts understand the progression of the diseases, specific causes are only hypothesized and are being investigated. Research has found, however, that the diseases that cause arthritis are not limited to the joints, but may manifest themselves in soft tissues around joints, as well as other organs of the body.

Whatever the symptoms evident at the time a patient is seen, it is not a specific, single complaint that leads to diagnosis and treatment. "The diagnosis of arthritis involves recognition of a pattern of signs and symptoms," says Dr. Pereira. "This pattern will suggest a particular disease." To arrive at an accurate diagnosis, a complete medical history is taken and studied. The physician performs a physical exam, checking for inflammation in joints and other tissues, and usually x-rays and laboratory tests of blood samples, urine and fluid removed from joints are among the procedures performed. The combined findings of the tests, x-rays and medical history reveal the patterns which lead to diagnosis of a specific type of arthritis which determines the appropriate treatment.

MaryBeth Pereira, M.D.

Steven A. Lauter, M.D., Jewish Hospital attending rheumatologist, notes that the sophisticated diagnosis procedures such as blood tests are only useful if symptoms are present. He urges people not to delay seeking diagnosis of pain or swelling in joints. "While many patients referred to rheumatologists have some symptoms that could be arthritic in nature, their discomfort may not be related to one of these diseases," he says.

Individualized treatment is based on the specific type of arthritis and the needs of the patient. In most cases, prescriptions include medication and rehabilitative therapy—the drugs selected and the amount of therapy depends upon the degree of the disease's progression at the time of diagnosis. Adaptive appliances such as canes and splints for affected joints may be utilized to provide stability to disease-weakened parts of the body.

"Advances made in the last 10 to 15 years have greatly aided the diagnosis and treatment of patients," notes Dr. Lauter. "The development of non-steroidal medications, new data from research on arthritis, the use of immunosuppressant drugs, new tests for classification and diagnosing specific kinds of arthritis in its early stages, and advances in orthopedic surgery each significantly improves the lives of arthritis patients."
Variations on a Theme

Of the many forms of arthritis, two illustrate the diversity within this group of conditions. Osteoarthritis and rheumatoid arthritis are commonly diagnosed rheumatic diseases. Osteoarthritis (degenerative joint disease) affects only the joint, whereas rheumatoid arthritis occurs when the immune system turns against various parts of the body (an autoimmune reaction), especially the joints.

Osteoarthritis involves the breakdown of the tissues that allow normal joint function. In healthy joints, cartilage, a cushiony substance that covers the end of each bone, acts as a shock absorber (see illustration 1). The bones in the joint are held together by ligaments, which act as flexible cables, allowing movement in the right directions.

All of these structures are enclosed in a capsule, lined with a membrane which secretes lubricating (synovial) fluid, that helps the joint function smoothly and easily. When osteoarthritis develops, the cartilage and other joint tissue break down, resulting in pain and difficulty in movement of the affected joint. Illustration 2 represents a joint affected by osteoarthritis.

Initially, the smooth cartilage surface softens, becomes pitted and frays. It loses its elasticity and is more easily damaged by stress. Eventually, large sections of cartilage may be worn away completely, baring the ends of the bones. Without the protection of the cartilage with its smooth surface and sponginess, added stress is applied to the ends of bones resulting in microscopic fractures and pain.

As the disease progresses, the joint may lose its shape because the bone-ends thicken, forming bony growths, or "spurs," where ligaments and the joint-enclosing capsule attach to the bone. Additional fraying of ligaments may result in a loosening of the joint. Each of these elements can create pain when the joint is moved.

While its particular causes are not absolutely understood, for years it was believed that osteoarthritis was solely the result of normal wear and tear of the body’s joints. Researchers now hypothesize that a wide spectrum of factors play key roles in the development of the disease. This spectrum encompasses genetic factors, as well as stresses on joints caused by injury or abnormal formation of bones at birth. Many patients with this disease have histories of fractures, or abnormal bone structure which results in joints that do not align properly. In addition, people who work "bone-jarring" equipment, such as jackhammers, continually stress joints, and are at higher risk of developing arthritis.

Once diagnosed, patients begin a treatment program which may include the use of drugs to control pain and inflammation, physical therapy to strengthen muscles that support the joints, as well as heat to relieve stiff muscles and cold compresses to relieve pain. In addition, if the case warrants, protective devises such as splints, canes and walkers are recommended to relieve pressure on affected joints. Education, regarding the effects of posture on joints and techniques to reduce unnecessary joint stress, is also employed.

In rheumatoid arthritis, the immune system which normally defends the body from disease, runs amok, turning the body’s natural anti-infection mechanisms against healthy tissue. The result can be devastating to joints and their surrounding soft tissues. Illustration 3 shows the inflammation of the joint capsule lining caused by this autoimmune reaction. While some scientists suspect that a virus-like element may trigger the inflammatory process in rheumatoid arthritis, research has not confirmed a specific cause.

Genetic factors known as HLA-types may predispose people to arthritis. HLA-DR4, a common genetic marker found in approximately one-quarter of the general population, is present in many rheumatoid arthritis patients. “However,” notes Dr. Pereira, “many people with HLA-DR4 will never develop rheumatoid arthritis, and since all patients with this disease do not have this marker, it is clearly not the only predisposing condition.”

The cardinal symptoms of rheumatoid arthritis are morning stiffness with swelling and tenderness in joints, often in the same joints on both sides of the body (i.e. both hands, both shoulders). Weight loss, anemia, lumps under the skin, inflammation
of the eyes and fever may also occur, indicating the multi-system nature of rheumatoid arthritis.

The disease may become evident following severe emotional events, emotional strain or shock. While most physicians do not believe that these stresses cause rheumatoid arthritis, they believe them to be aggravators of it. When patients find these emotional stresses are relieved, many find that their arthritis is alleviated.

Rest and exercise, protection of the affected joints, and medication are frequently prescribed in combination for victims of rheumatoid arthritis. Aspirin or non-steroidal anti-inflammatory drugs are often used, as are corticosteroids, a group of drugs related to cortisone, a natural hormone produced the body’s adrenal glands. Long-term relief is sometimes found in the use of gold salts, penicillamine or anti-malarial drugs.

Steven A. Lauter, M.D.

Surgery, an option for patients with significant disabilities, is often the last resort. According to Dr. Pereira, total replacement of damaged joints may provide selected patients with renewed independence, but it is not the answer for everyone.

Other Causes, Other Forms

Another autoimmune disease, systemic lupus erythematosus, is somewhat selective in its victims. While not limited to women of child-bearing age, the incidence of lupus is highest in this group. The disease affects multiple parts of the body, with patients experiencing arthritis, muscle pain, blood abnormalities, kidney problems and skin rashes, among other ailments.

In this, as in other rheumatic conditions, prescriptions for treatment are individualized to the symptoms of the patient. The initial therapeutic approach is suppression of inflammation by medication such as corticosteroids. The judicious use of rehabilitative services such as heat and exercises may also provide significant relief.

Other forms of arthritis, known as crystalline diseases, have known causes. Crystals deposited in joints by the bloodstream are the instigators of the source of discomfort in gout and pseudo-gout, each a chronic disease, distinguished by the type of initiating crystal deposit.

Uric acid crystals, by-products of the breakdown of purines, a common element found in many foods, cause the irritation and inflammation in gout, and a deposit of calcium-containing crystals in the joints leads to pseudo-gout. “Contrary to popular belief,” says Dr. Lauter, “these are not diseases associated with ‘high living.’ ”

In either case, the crystals irritate the interior of the joint and cause inflammation. Both diseases are characterized by bursts of flaring pain which begin with little warning. In gout, the pain experienced in early episodes of crystalline diseases often dissipates in two weeks, but as the deposits built up, the periods of discomfort become protracted. New flare-ups can occur when deposits, resting beside a joint, are released into the interior of the joint. This release of crystals may be precipitated by trauma or rapid chemical changes in the body.

Each form of crystalline arthritis is considered a chronic disease, but through the appropriate use of medications, symptoms can be controlled. Acute attacks are treated with anti-inflammatory agents; prompt improvement is usually observed. Once the patient is stabilized, measures to prevent further occurrences are taken. In gout, this phase of treatment involves administering medications to control the formation of crystals and to stop the development of inflammation.

Patients diagnosed and being treated for arthritis can and should keep abreast of current, valid treatment procedures. “There are few groups of people as exploited by worthless or harmful treatments as arthritis victims,” notes Dr. Pereira. An advertised promise of a quick and permanent relief is often subscribed to by patients and their families, in spite of the fact that it sounds too good to be true. “People with these diseases should find a physician in whom they trust, and follow their doctor’s advice,” she counsels. “If a cure sounds too good to be true, it probably is.”

For a referral to a Jewish Hospital-affiliated rheumatologist, ask your physician or call the Doctors Choice physician referral service at 454-8180 (1-800-822-1201 outside of St. Louis or 1-800-233-3783 outside Missouri).
Recent findings in cancer research are allowing some victims of the disease to muster hope in what previously seemed like hopeless situations. Studies involving new forms of treatment have decreased the incidences of tumor recurrence and surgery. In some of the newer treatments, which don’t involve radiation, the side effects are often no harsher than a mild fever and chills.

“The reason treatment methods have blossomed so much in the past five years is the recombinant DNA technology,” says Timothy Ratliff, Ph.D., Jewish Hospital director of urologic research. Recombinant DNA technology allows researchers to extract genes from cells, which are then inserted into bacteria. The process enables doctors to produce and purify lymphokines, which are hormone-like substances, in great quantities.

These lymphokines, under certain circumstances, inhibit tumor growth. “Before, we had to work with very small quantities of crude preparations that contained all kinds of lymphokines, only some of which were known to us. We never knew what was causing the tumor responses that we were observing.”

Before harnessing recombinant DNA technology, researchers were unable to produce lymphokines in high enough concentrations to effectively combat tumor growth. “The normal cell doesn’t produce much. So the production problem was with us for a long time,” explains Dr. Ratliff. “When the recombinant DNA technology evolved, it eliminated some of those problems. At least it allowed us to produce enough to study and, where applicable, begin treating patients.”

Bacillus Calmette-Guerin (BCG), the most proven form of treatment included in the group known as immunotherapeutics, is actually a bacterium, rather than a lymphokine. BCG is also different from other forms of immunotherapeutic treatments because it was uncovered in the early 1900s, more than 50 years before researchers discovered interferon, the first immunological agent used to treat cancer patients.

BCG is a non-disease-producing strain of the bacterium that causes tuberculosis. Until recently it was used mainly for vaccination against the disease. While the bacterium has received approval from the Food and Drug Administration for tuberculosis immunization, like other forms of immunotherapy treatment agents, it hasn’t been approved for general use in the battle against cancer.

Investigative drug licenses enable Jewish Hospital doctors to administer immunotherapy treatments in specific cancer cases. William J. Catalonia, M.D., chief of the division of urology at Washington University School of Medicine, oversees Jewish Hospital’s urologic cancer human treatment studies. The use of BCG therapy at Jewish Hospital has focused on treatment of bladder cancer, which afflicts more than 38,000 people each year, making it the second most common urologic disease following cancer of the prostate.

BCG therapy was first used in the treatment of cancer 18 years ago, when a French oncologist discovered that leukemia patients responded favorably to the tuberculosis vaccine. After extensive research, but few positive results, BCG cancer treatment experienced a lull until 1976, when a Canadian urologist focused his studies on bladder cancer.

Since then, BCG has been credited with causing regression of established bladder tumors and prevention of tumor recurrence. Of the more than 100 patients treated in Jewish Hospital BCG studies, 70 percent have experienced no recurrence, and one of the hospital’s first BCG patients has not developed tumors since treatment four years ago.

“That’s a long-term response for this disease,” notes Dr. Ratliff. Before BCG therapy was used, many patients required removal of the bladder, which often resulted in impotence among males. Other treatment protocols required surgery through the urethra to periodically remove tumors as they appeared. “So BCG has eliminated some of the morbidity involved with treating these patients,” says Dr. Ratliff. “They greatly appreciate it.”
Transurethral removal of tumors is still required before administering BCG in most cases, but the need for bladder removal has been greatly reduced. Two weeks after surgery, the treatments begin, with BCG instilled through a catheter leading directly into the bladder. Patients receive from six to 18 weekly treatments on an outpatient basis and side effects are minimal—usually a mild fever and chills, or discomfort resembling a mild bladder infection, says Dr. Ratliff.

Activating Other Agents

While working with BCG, researchers have discovered that the bacterium activates the release of two other agents—interferon and interleukin-2—which also are used in cancer immunotherapy.

Interferon was discovered in 1957, but its use as a cancer-treating agent has become most valuable since it became the first lymphokine to be cloned in 1981. Three major classes of interferon have been identified since then: IFN-α, or alpha; IFN-β, beta; and IFN-γ, gamma. IFN-α includes 15 subtypes, but IFN-β and IFN-γ each have only one subtype. Jewish Hospital studies have shown that both interferon-beta and gamma inhibit bladder tumors in mice, with gamma being the most effective tumor-fighting agent.

Jewish Hospital has been involved in the pre-clinical animal studies on interferon. One such study demonstrated that IFN-α2, a subtype of IFN-α, inhibits tumor growth in certain kidney cancer cases and its effects were even stronger when combined with difluoromethylornithine (DFMO), a chemical compound. DFMO showed no significant effect when administered alone, but when combined with IFN-α2, the two agents inhibit tumor growth in tests conducted in vitro as well as in vivo, where tumors are implanted in mice. “In some areas, interferons are being combined with chemotherapy and there’s some indication that this may be effective,” explains Dr. Ratliff. “But we’re really still investigating that. It’s really very preliminary so I don’t know that its effect is uniform.”

Dr. Ratliff and his associates are presently studying the effects of IFN-α2 on human bladder cancer patients. In another study, Jewish Hospital researchers focused their attention on the effects of IFN-γ in treating human victims of kidney cancer, which claims 8,000 lives per year. For years, surgery has been the only means of effectively managing kidney cancer—the third most common urologic disease—with chemotherapy providing no significant increase in survival, says Dr. Ratliff.

In the kidney cancer study, interferon was administered intravenously to eight patients for five consecutive days—every other week—for one month, followed by treatments three times a week—every other week—for a minimum of six months. Two of the patients experienced partial responses.

Researchers here are preparing for another interferon study to be conducted this summer. Kidney cancer patients will be treated with IFN-α, IFN-γ, and a combination of both. “There have been numerous studies that show that the combination of alpha and gamma really is far superior to either alone,” says Dr. Ratliff.

Expensive Therapy

A very expensive form of immunotherapy involves the use of a lymphokine known as interleukin-2. Late last year, The New England Journal of Medicine released the results of the first experiment in which the treatment was used on humans.

The treatment was developed at the National Cancer Institute (NCI) and is so complex and time-consuming that it can be given to only four patients at a time. According to Dr. Ratliff, the elaborate monitoring equipment and the large amounts of interleukin-2 required for treatment are responsible for the expense, which can reach five-figure amounts for one patient.

In the treatment, doctors remove white blood cells from a cancer patient and incubate them in test tubes with interleukin-2, which primes the cells to kill cancerous cells. Doctors have labeled these cells lymphokine-activated killer, or LAK, cells. The cells are then put back into the patient’s bloodstream and are bolstered further with injections of interleukin-2. In previous tests, where patients received LAK cells alone and interleukin-2 alone, none of the test subjects experienced positive responses.

In the NCI study, researchers—led by Steven A. Rosenberg, M.D.—tested the technique on 25 patients with advanced, spreading cancer which had failed to respond to commonly-prescribed treatment methods. “There’s nothing else to offer, so a patient in that position is always the patient who is initially asked to participate in phase-one type studies,” says Dr. Ratliff. “In very few instances will phase-one toxicity-type studies actually result in significant tumor regression.”

In 11 people with four different types of cancer, the tumors shrank more than 50 percent. All three kidney cancer patients in the study experienced improvement. One patient’s kidney cancer had spread to his lungs, but after the treatment, dozens of tumors disappeared, and the...
remaining growths shrank dramatically.

In addition to the costliness and extensive time consumption, interleukin-2 treatment carries harsh side effects. Weight gain due to fluid retention tops the list, which includes malaise, fever, chills, nausea or vomiting, diarrhea, rash and anemia. Late in the course of inter-

Dr. Ratliff joins fellow researchers in his optimism toward the future of these lymphokines and other forms of immunotherapy, but patience is also a key ingredient in his work. “I feel that the introduction and use of these products produced by the body will lead to some significant treatments. It’s just going to be a matter of time and a matter of testing these compounds.”

leukin-2 administration, fluid retention often resulted in shortness of breath in 20 of the 26 NCI study participants, Dr. Ratliff notes.

In many patients, the administration of therapy was limited by the toxicity of interleukin-2, and researchers believe greater anti-tumor effects might occur if larger doses of interleukin-2 could be administered. Dr. Ratliff points out that the practicality and safety of administering the therapy to large numbers of patients is still the question. Fine tuning the treatment variables, including proper dosage and combinations of compounds, requires years of study.

“It just takes too long to determine that something is proven effective. It takes years of human study,” Dr. Ratliff explains. “A prime example is the Rosenberg research. It’s going to be 10 years before we know for sure that that’s a cure. Even then there will be some element of doubt because we’ll wonder whether we’re treating the patients appropriately.”

An important Jewish Hospital contribution to interleukin-2 research involved the detection of the lymphokine in the urine of bladder cancer patients receiving BCG therapy. Data showed that patients in whom BCG eliminated malignant cells, or who remained tumor-free after therapy, produced higher levels of interleukin-2 than patients who failed to respond to BCG therapy.

Researchers concluded that the presence of interleukin-2 during BCG injection into the bladder may be associated with the tumor-exhibiting action of the bacterium. “This finding is just sort of a marker that suggests that most of these lymphokines are produced in response to BCG,” explains Dr. Ratliff.

While interleukin-2 research offers another avenue of kidney cancer research, Dr. Ratliff foresees few chances that it will be effective for prostate cancer victims. “The problem with prostate cancer is that it spreads primarily to the bone. LAK cell anti-tumor activity is primarily soft tissue treatment,” he says.

SPECIAL AGENTS

researcher feels that much of immunotherapy’s future will involve the combination of lymphokines. “If you look at chemotherapeutic regimens, most of those involve multiple compounds. That’s the phase we’re getting into,” Dr. Ratliff says. “As we find more compounds to combine, hopefully that’s where we’re going to find the most effective cures.”

*Just before presstime for this issue of 216, the FDA approved the use of interferon for leukemia treatment.
All the Right Ingredients

This year’s Auxiliary Spring Meeting was the culmination of a year of record-breaking efforts by its members. The fund-raising and volunteer organization surpassed endeavors of past years with its presentation of checks totaling $455,990.52 and another representing 67,984 hours of volunteer service to the hospital. These contributions represented a 39 percent increase in fundraising and a 22 percent increase in volunteer hours during 1985.

The meeting, luncheon and fashion show, co-chaired by Phyllis Langsdorf (Mrs. Kenneth) and Barbara Weil (Mrs. Paul P.), was held on April 16 at the Adam’s Mark Hotel.

“With all the changes there have been in health care in recent years, there has been one constant: the steadfast support of the Auxiliary and all their services, especially the volunteers and the extra dimension of human warmth that they give to the hospital,” said David A. Gee, hospital president, as he accepted the donations. “Their dedication and caring help make Jewish Hospital a truly caring institution.”

Esther Blumoff, Auxiliary president, thanked the members for their help in fund raising and for their guidance. “The past year has been a time of learning for me and you have always been there for me,” she noted. “I am grateful for this opportunity to be involved in so many diversified programs.”

Peg Bracken, author of the I Hate To Cook Cookbook, was this year’s guest speaker. Ms. Bracken congratulated the Auxiliary on their own efforts in culinary publishing, referring to the success of the Auxiliary’s cookbook, Cooking In Clover, which is now in its fifth printing. Its sequel Cooking In Clover II, is scheduled for publication in fall, 1986. “It takes nerve to put out a cookbook now,” noted Bracken. “There have never been so many of them.”

At a recent trip to a bookstore Bracken said she was amazed by the variety of cookbooks. “Every type of food has its own book,” Bracken noted. “Whether it’s 1,001 Asparagus Tips, or Parsnips Around the World.”

Bracken pointed out that even with all the changes in women’s roles, cooking is here to stay. “Personally, my standard position on cooking is that it should be done lying on the sofa with your feet up,” she quipped, referring to her well-known preference for easy recipes.

“To a degree, I think women will always be responsible for life’s little comings and goings,” she added. “They will be responsible for getting meals on the table. That’s what civilization is all about. We who write cookbooks have an honest and important part in the scheme of things. I wish you continued success.”

Auxiliary officers and directors were also installed at the luncheon. They are Margie Horowitz (Mrs. Merle), vice president membership services; Robyn Loomstein-Mintz, vice president, volunteer services; Rosalie Chod (Mrs. Leonard), treasurer; Carol Jones (Mrs. Robert E.), assistant treasurer; Norma Cherry (Mrs. Robert E.), assistant recording secretary; and Esther Spitzer (Mrs. S. Barney), assistant recording secretary.

Directors installed were Joanne Abell (Mrs. John P., Jr.); Sharon Rosenblum (Mrs. Jeffrey A.); and Pam Toder (Mrs. Craig).
Symptoms can be divided into two categories—psychological or somatic, Dr. Gray said. Psychological symptoms include excessive fatigue, irritability, depression, aggressiveness and increased appetite. Somatic symptoms include bloating, headaches, constipation and breast swelling and tenderness. "You can see that it's a very significant problem," Dr. Gray said. "Unfortunately we don't have a cure at this time."

Theories as to the etiology of PMS involve psychogenic, hormonal or central nervous system causes. Many treatments have been advocated—including prescribing lithium for depression or diuretics for water retention—but the best treatment to date, according to Dr. Gray, seems to be altering diet and lifestyle.

These changes involve limiting salt, alcohol and caffeine intake in the premenstrual phase of the cycle, as well as eating smaller meals at more frequent intervals. Increased intake of vitamin B6 (pyridoxine), magnesium, zinc and vitamin E are sometimes prescribed, but Dr. Gray warned against beginning such treatments without consulting a physician. She also cited regular aerobic exercise as one of the most effective forms of treatment. Effective exercises include brisk walking, running, bicycling, swimming, dancing and cross-country skiing.

Another prominent women's health problem is osteoporosis, a reduction in the quality of bone or atrophy of skeletal tissue. In the United States, half of all women will suffer vertebral compression fractures by age 75. Hip fractures occur in 120,000 postmenopausal women yearly, and one-fifth of those victims will die within three months from complications resulting from the ailment, according to Dr. Gray. Such statistics illustrate the serious need for women to devote more attention to bone health practices early in life, she said.

Dr. Gray suggested a high intake of dairy products and green, leafy vegetables. Calcium supplements are important for women who experience lactose intolerance or don't care for dairy products, and vitamin D improves calcium absorption rates. Weight-bearing forms of exercise—such as walking, cycling and running—also increase bone density. "The more bone tissue you lay down at an early age, the lower the chances of having osteoporosis in the later years," Dr. Gray said.

Regular general physical examinations, including yearly pelvic cancer screening, also should be priorities for women. Dr. Gray said the pap smear, done on a routine basis during an annual pelvic exam, has contributed to the longer lifespan of today's women.

While cervical cancer rates for American women have declined to 15 of every 100,000 whites and 34 of every 100,000 blacks, Dr. Gray cautioned that breast and lung cancer remain prevalent.

For years breast cancer has been the most common cancer causing death among women in this country—striking one out of 11 today—but with more females smoking, lung cancer is close behind. "The outlook for breast cancer is not great at this time," Dr. Gray said. Later she added, "the one thing that you should do for yourself to improve your health status is quit smoking."

Regular breast examinations by a physician, as well as a monthly self-screening program, are important in breast cancer detection. The American Cancer Society suggests yearly mammograms after age 50 and a baseline mamogram sometime between age 35 and 50. Besides smoking, obesity and high dietary fat intake are prominent cancer risk factors. Dr. Gray warned against dining at fast-food restaurants frequently, which she described as "doing a disservice to ourselves."

She again cited exercise as a means of improving overall health. "I don't know if I can emphasize enough how much better you will feel if you undertake a program of regular exercise."
A GALA FETE—There were smiles galore, warm greetings and happy reunions as more than 150 members, past and present, of the Jewish Hospital Medical Staff were honored at a reception, on April 22, in the hospital’s Brown Room. A large floral arrangement (by the Clover Garden) placed in a medical bag, set the theme of the event. An international flavor was introduced by the buffet, which featured ethnic foods of seven countries, artistically presented by the catering division of the hospital’s food service.

The event provided recognition of 154 physicians who have served the hospital for 25 or more years. In the photo above, one of the physicians recognized, Raymond Charnas, M.D., receives a boutonniere from Dottie Nau- man, medical staff assistant. Hospital president David A. Gee announced the installation of a plaque, inscribed with all 154 names, hung near the Medical Staff Lounge on the first floor.

The evening’s activities also included the presentation to the medical staff of the annual Board of Directors’ gift, by Harold G. Blatt, chairman. Marvin Mishkin, M.D., president of the Medical Staff Association, accepted the gift, a check which provides fund- ing for continuing medical education seminars for the coming year.

Rose Boyarsky, Ph.D., was a panel presenter at a seminar on sexuality for the St. Louis Chapter of the Multiple Sclerosis Society, at Central Presbyterian Church, St. Louis, on April 20.


Murray Chinsky, M.D., attended the national convention of Phi Delta Epsilon Interna-
tion Medical Fraternity, April 15-20, in Louisville, Kentucky. He was appointed Secretary of the Board of Trustees, 1986-1987.

Marshall L. Fay, M.D., attended a conference, Update on Obstetrical Anesthesia at the University of California, San Francisco, February 28-March 2.

Jack Hartstein, M.D., served on the faculty of the 22nd Annual Spring Meeting of the Pittsburgh Ophthalmology Society and the Department of Ophthalmology, University of Pittsburgh School of Medicine, April 11 and 12.


Michael J. Isserman, M.D., has been installed as President of the St. Louis Ophthalmological Society. He was interviewed on Channel 2 regarding the National Eye Care Project, designed by the American Academy of Ophthalmology.

Nicholas C. Kamakas, M.D., is a recipient of the American Academy of Pediatrics Fellowship Award.

Sidney Kasper, Ph.D., spoke to members of the St. Louis Psychological Association on February 14. His topic was “Ethical Dilemmas for the Practicing Psychologist.”


Kenneth E. Kram, DMD, addressed the West County Dental Society at the Sheraton Westport Hotel on March 18. His presentation was “Update on the Mandibular Staple Bone Plate.”


Paul Lowenstein, M.D., attended the American College of Angiology’s meeting at Hilton Head, South Carolina. The theme of the meeting was circulatory problems.

Barry Milder, M.D., spoke on “Muscle Surgery: Adjustable Sutures,” for the meeting of the American Society Ophthalmic Registered Nurses, April 5, in St. Louis.

William J. Powers, M.D., attended the Princeton Conference...
on Cerebrovascular Disease; March 14-16, in St. Louis. He has published two articles: "What Is the Significance of Hemodynamically Significant Carotid Stenosis in Symptomatic Patients?” and “The Role of Positron Emission Tomography in Detecting the Ischemic Penumbra.”

Arthur Preansky, M.D., presented "Neonatal Epilepsy” at the New England Medical Center, in Boston, Massachusetts, on April 5.

Gary Ratkin, M.D., spoke to the Illinois Society of Family Practice, in Belleville, Illinois, March 20. His topic was "Eco-
nomic Issues in Oncology.” He appeared on a panel for the National Convention of Make Today Count, addressing Physician Participation in Support Groups, at the Adams Mark Hotel, St. Louis, on April 26.


Jo-Ellen M. Ryall, M.D., has been appointed Vice-Speaker of the Missouri State Medical Association, effective April, 1986.

Jim Sebben, MSW, ACSW, and Laurene Walker, MSW, ACSW, were featured speakers at a regional conference on home health care presented April 9-11, at Tan-Tar-A, Osage Beach, Missouri.

Robert M. Senior, M.D., was elected to the Subspecialty Board on Pulmonary Disease of the American Board of Internal Medicine for two years beginning July 1. In addition, Dr. Senior was appointed to the American Thoracic Society Board of Directors, for a one-year term, effective in May.

Nathan Simon, M.D., was the guest presenter at the Greene County Medical Society Auxiliary’s March 25 meeting in Springfield, Missouri. He spoke on “Living With A ‘Type-A’ Personality.”

Bruce Walz, M.D., spoke at the Missouri Medical Society program on breast cancer, co-sponsored by the American Cancer Society and the Missouri Radiological Society, on March 5 at the Marriott Pavilion, St. Louis. His topic was “Radiation Therapy: Techniques and Results.”

“Carcinoma of the Prostate” was his topic at St. Joseph’s Health Center in St. Charles, Missouri, on March 8. On March 12, he addressed the American Cancer Society, Missouri Division meeting at Sikeston, Missouri, on “Radiotherapy—Complimentary, Adjuvant, Palliative.”

E. A. Wallach, M.D., attended a post-graduate course, “Advances in Dermatology,” at New York University Post-Graduate Medical School, April

### AVIOLI RECEIVES GRANT—
Louis V. Avioli, M.D., Shoenberg Professor of Medicine and director of the Washington University School of Medicine division of bone and mineral disease, has received a $1 million research grant from the National Institutes of Health. Dr. Avioli, director of Jewish Hospital’s Bone Health Program, has pursued the study of endocrinology and metabolic bone disease as a scientist, educator and clinician throughout his 27-year career.

Under the direction of his grant, “Diabetes, Kidney, Calcium Transport and Aging,” researchers will conduct studies in basic science relating to osteoporosis, bone metabolism and kidney transplant systems. Dr. Avioli’s efforts have resulted in numerous publications in scientific journals and honors from the national and international scientific community for his contributions to research and treatment in his field.

### OLD SCHOOL TIES—
On May 7, the Sheraton Plaza Westport was the scene of the annual Jewish Hospital Medical Staff Alumni Party. Approximately 170 members and guests attended the event, called by Alumni President Steven L. Teitelbaum, M.D. In his opening remarks, following a social hour and dinner, Dr. Teitelbaum lightheartedly noted that this and the occasional signing of paperwork, are really the only responsibilities the president has to perform—thanks to Dottie Nauman, medical staff assistant.

Following the brief business meeting, Dr. Teitelbaum introduced the incoming president, Dr. Phillip E. Korenblat. As his first, and self-admittedly favorite, duty as president, he introduced the recipient of the second annual Award of Appreciation, Charles Carroll, a 23-year veteran of the emergency room.

Mr. Carroll is credited with having, as Dr. Korenblat stated, “helped each of us make it through residency.” A former medical assistant, Carroll often stood shoulder-to-shoulder with residents performing emergency medical treatments. Currently a secretary in the emergency room, he was presented with a plaque and a pair of zoom binoculars from the alumni. Mr. Carroll and his wife, Alice, left the rostrum to a standing ovation.

Other awards were given following a surprise program by Robert Burstein, M.D. His program of slides, taken at the alumni meeting of 1949, provided an interlude between presentation of the Teacher of the Year awards by medical and surgical residents.

Tom Birkenmeir and Charlene Gottlieb, chief residents, presented their Teacher of the Year awards to a surprised Dr. Phillip E. Korenblat, and Alan Lys, M.D. Chief residents of surgery, Bill Casperson and Jim Fleshman, conveyed a special honor on retiring surgeon Leo A. Sachar, M.D., for outstanding service to their group.
Members of Jewish Hospital's 20-Plus Club took a stroll down memory lane May 5 when the club gathered for its 14th annual induction dinner held this year at the Omni International Hotel. A slide show, assembled and presented by the Jewish Hospital audio-visual service, made the event especially enjoyable for club members, who number 172 after the recent induction of 35 employees. The visual display included slides of the hospital's history as well as color slides taken and developed minutes before the presentation.

"This is always a very pleasant event, one I look forward to every year," said Jewish Hospital President David A. Gee. "It offers us a chance to welcome the new kids on the block, the ones who've only been here 20 years."

Mr. Gee reminded the audience that Medicare came into effect the same year that the latest club members began working at Jewish Hospital. "I don't think any of us had any idea what it would do to hospitals," he said, referring to the expansion made possible by Medicare. Other highlights of 1966 included the graduation of 55 students at the School of Nursing, the birth of the patient relations program and the beginning of plans for the hospital's first intensive care unit.

“We can reflect that we’ve had a pretty golden period over the past 20 years," Gee said. “I want to thank you all for the job you’ve done in making Jewish Hospital the fine institution that it is.”


The evening was doubly rewarding for Ms. Page, who works in nursing division 2200. In a drawing held after the plaque presentations, she won a free trip for two to Walt Disney World’s Epcot Center near Orlando, Florida. Darryl Belcher was another lucky 20-plus club member. He won an expenses-paid night at the Omni.


Peter D. Weiss, M.D., spoke on “Lymphomas: Diagnosis and Management” at the Medical Society meeting at St. Elizabeth’s Hospital in East St. Louis, Illinois, March 20. He addressed the American Society for Medical Technology on April 4 at the Clarion Hotel, St. Louis. His topic was, “Myelodysplastic Syndromes.” Dr. Weiss attended the American Society of Clinical Oncology convention in Los Angeles, California, May 5-6.

The Doctors Choice (Physician referral)
8180
OR
1-800-822-1201
(outside St. Louis, in Missouri)
1-800-233-3783
(outside Missouri)
OTHER HELPFUL NUMBERS
Jewish Hospital Home Care
* new referrals
454-7031
* follow-up
993-4600
* after hours
454-7000
OASIS
454-0113
In an effort to provide high-quality medical service, Jewish Hospital at Washington University Medical Center continually purchases new equipment. Because of the ever-increasing costs of medical supplies, gifts to the hospital, whether large or small, are greatly appreciated.

The Shopping List is a special feature presented to give the community an idea of the many different pieces of equipment every department requires to function efficiently. The list designates areas in which contributions are most necessary to help off-set the high cost of the items (cited with their approximate prices), and allows prospective donors to choose a specific gift if they so desire.

The need exists. Your generosity could help save a life.

For more information on the Shopping List, contact the development office, 454-7250.

Central Monitoring System

Quality emergency care depends on the efficiency of its service. Continuous improvements in medical technology are helping emergency room personnel provide the best possible care in emergency situations.

In April, 1986, the hospital purchased a Central Monitoring System for the emergency room to monitor patients who are admitted with chest pain. The system, which cost $17,000, resembles a large television screen and is located at the physicians' station in the emergency room where it can be viewed easily by the emergency room personnel. Its central computerized capability simultaneously tracks the conditions of as many as four patients who are hooked up to monitors in other treatment rooms. If a patient's heart rate drops below or rises above normal, an alarm goes off on the central monitor, alerting the emergency room staff. “The system is invaluable for emergency room personnel,” says Todd Hofmeister, R.N., head nurse of the emergency room.

“Now, they no longer need to be in the patients rooms constantly and can take care of other problems as well.”

According to Mr. Hofmeister, the average number of patients who are being monitored at the hospital's emergency room for lung or heart problems is two, although that number can be as high as four. “By the time we have three or four patients in emergency who need monitoring simultaneously, the staff definitely needs a central method to observe patients,” he says. Previously, the emergency room used a monitor with a much smaller screen with a capacity to track a maximum of two patients.

The Central Monitoring System was purchased with future possibilities in mind. This technology, says Hofmeister, has the capability for expansion to be used to monitor low blood pressure and other cardiac pressures. “If necessary, we will utilize it for these purposes, too,” he notes. “All aspects of medical care are changing so rapidly that there is no way of knowing what the future will bring. But we have to prepare for it.”

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<td>Neonatal Monitor</td>
<td>Hydraulic PACU Stretcher Bed</td>
<td>AVV Sequential Pulse Generator</td>
<td>Halogen Coolspot Portable Light</td>
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I. M. Kay was a giving man, known for his many successful endeavors for the benefit of others. Shortly before his death at 84, Mr. Kay, retired president of Berland Shoe Stores and life- and senior-member of the Jewish Hospital Board of Directors, was asked why so much of his time was spent helping others. His response, given without hesitation, was: "Man does not live alone, and I think we owe something to our fellow man."

He joined the board when he "retired" to an active life of serving many friends and business associates as a financial consultant, and advisor to the Jewish Community Centers Association and Jewish Center for Aged. His personal conviction that the hospital provided the best possible care and the latest medical treatments led to his involvement with the hospital. For two decades, Mr. Kay dedicated great energy to raising funds for Jewish Hospital.

His family, wife Ruth Kay, daughter Sherry and her husband Ben Miller, has chosen to memorialize his sharing philosophy with a significant pledge toward the construction of the Jewish Hospital Ambulatory Care Building.

Mrs. Miller, reflecting upon her father's belief that one could effect change says, "He taught us that we could make a difference." Mrs. Kay adds, "We chose this project because of his belief that outpatient care was the wave of the future, convenient for the public and important to the financial health of the hospital."

She remembers, "He always had strong convictions and was not afraid to champion unpopular causes." For years he questioned the logic of cigarette sales at the hospital, with its dedication to health care. "The decision to ban cigarette sales would have pleased him," says Mrs. Kay.

Involvement and commitment characterized all of his efforts in support of others, whether institutions or individuals, and he never sought recognition for his work. He was, according to his family, the man behind the scenes, the one who enlisted support from others, convincing them of a project's worthwhile objectives.

The family's memorial to Mr. Kay, however, will deviate from this no-name attached life-long service policy. Stating the reason for this departure, Mrs. Kay says, "We want his name attached to something permanent—something that will cause our grandchildren and future generations to remember his work, and the virtues for which he stood."
ommunity support of Jewish Hospital is evident at many levels. Volunteers provide added hands, helping to continue the tradition of caring for which the institution is known. Contributors to the Tribute Fund assist in supporting numerous educational and service programs at the hospital. Others show their support in giving to the building fund, establishing endowed professorial chairs for chiefs of medical departments and divisions or scholarships in support of research. Equipment gifts provide many of the tools essential to medical care.

In recognition of individuals who donate a minimum of $1,000 a year, the Fellows of Jewish Hospital was begun in 1984. Major benefactor designation is awarded to individuals who give $50,000 or more, or corporations that give $100,000 or more. Member contributions help make it possible for Jewish Hospital to provide the best in care.

The following people have expressed their commitment to continued achievement by becoming fellow contributors to the hospital’s success.

For information about how you can become one of the growing number of Fellows of Jewish Hospital, contact Don Levin, Director of Development. Call (314) 454-7250, or write, c/o Jewish Hospital, 216 South Kingshighway Boulevard, St. Louis, Missouri 63110.

The Annual Meeting of the Fellows of Jewish Hospital

Dr. and Mrs. Morris Abrams
Mr. and Mrs. Jake Altman
Mr. and Mrs. Arthur Anshell
Mr. Jack Anshell
*Mrs. Louise M. Aronberg
Mr. and Mrs. Douglas Austin
*Mrs. Freda Axelbaum
Mr. and Mrs. S. Charles Baer
*Mrs. David Baron
Mr. and Mrs. Philip H. Barron
Mr. and Mrs. Joseph Berger II
Mr. Burton Bernard
*Mrs. Irvin Bettman, Jr.
Mr. and Mrs. Arthur Bierman
Mr. and Mrs. Norman Bierman
Mr. and Mrs. Kenneth A. Birenbaum
Mr. and Mrs. Stanley J. Birge
Dr. and Mrs. Daniel Bisno
*Mrs. and Mrs. Harold G. Blatt
Mrs. Henry Blatt
Mr. and Mrs. Martin J. Bloom
Mr. and Mrs. Daniel Bogard
Mr. and Mrs. Kenneth S. Brand
*Mrs. Martin L. Brand
Mrs. Eleanor Brin
Mr. and Mrs. Harold J. Brod
*Mrs. and Mrs. Saul Brodsky
Mr. and Mrs. Harlin Brown
Mr. Melvin F. Brown
*Mrs. and Mrs. M. Erwin Bry, Jr.
*Mrs. Nancy D. Bry
Mr. and Mrs. Robert L. Buell
Dr. and Mrs. Robert Burstein
Mr. and Mrs. Paul R. Cahn
Mr. George Callhoun
Mr. and Mrs. Keith Callahan
Mrs. Virginia L. Carlstead
*Mrs. and Mrs. Norman B. Champ, Jr.
Mr. and Mrs. Jerry Chod
Mr. and Mrs. Charles D. Cohen
*Mrs. Daniel R. Cohen
*Mrs. Dudley J. Cohen
Dr. and Mrs. Frank Cohen
Mrs. Isadore Cohen
Mrs. Jacob Cohen
*Mrs. Julius Cohen
Dr. and Mrs. Robert Cohen
Mrs. Rubin Cohen
*Mrs. and Mrs. Stanley M. Cohen
Ms. Mary Joan Collett
Dr. and Mrs. James Crane
*Mrs. Hermann Deutsch
Mr. and Mrs. Jack Deutsch
Mr. and Mrs. Michael Drazen
*Mrs. and Mrs. Leo A. Drey
Mr. and Mrs. John P. Dubinsky
Mr. and Mrs. Wilbur Eckstein
Mr. and Mrs. Bernard Edson
*Mrs. and Mrs. Irving Edson
*Mrs. Harry Edison
*Mrs. Simon Edison
Mr. and Mrs. Jack E. Edlin
Mr. and Mrs. William B. Eisenman, Jr.
Mr. and Mrs. Charles Eisenkramer II
Mr. and Mrs. Harold Elbert
Mrs. Raymond Epstein
*Mrs. Morris Erlich
Mr. and Mrs. Mike Ernst
*Mrs. Marcus A. Feldman
Mr. and Mrs. Milton Ferman
Mr. and Mrs. Aaron Fischer
Mr. and Mrs. Eugene Fishgoll
*Mrs. and Mrs. Ben Fixman
Mr. and Mrs. Alfred Fleischer
Mr. and Mrs. Richard Flom
Dr. and Mrs. Joseph Forand
Mr. and Mrs. Sam Fox
*Mrs. Harry L. Franc, Jr.
Mr. and Mrs. Terry Franc
Dr. and Mrs. Alvin Frank
Mr. and Mrs. David M. Frank
*Mrs. and Mrs. Harris J. Frank
*Mrs. Herbert Frank
*Mrs. Milton Frank
Mr. and Mrs. Arnold Freed
Mr. and Mrs. Bennett Freligh
Mr. and Mrs. Milton Frenkel
Mrs. Eugene A. Freund
Mr. and Mrs. S. E. Freund
Mr. and Mrs. Robert Frey
Mr. and Mrs. Barry Friedman
*Mrs. and Mrs. Harvey A. Friedman
Mr. and Mrs. Melvin Friedman
Mr. and Mrs. Norman Friedman
Dr. and Mrs. Robert Fry
Dr. and Mrs. Ira Gall
Mr. and Mrs. Donald Gallop
Dr. and Mrs. Bernard Garfinkel
Mr. and Mrs. Burton Garland
*Mrs. and Mrs. David A. Gee
Mr. and Mrs. Bernard Gerchen
Mr. and Mrs. Solon Gershman
Mr. and Mrs. Elmer Gidlow
Mr. and Mrs. Hymen Goldberg
Mr. and Mrs. Israel Goldberg
*Mrs. and Mrs. Alvin Goldfarb
Mr. and Mrs. Alfred Goldman
Mr. and Mrs. Irving M. Goldstein
Mr. and Mrs. Jack Goldstein
*Mrs. Samuel R. Goldstein
Mrs. Joseph G. Goldstein
*Mr. Sam J. Golman
Mr. and Mrs. Harold Goodman
Mrs. Hortense Goodman
*Mrs. and Mrs. Courtney A. Gould
Dr. and Mrs. Morton Green
Mr. and Mrs. Thomas R. Green
Mr. and Mrs. Ronald Greenberg
Mr. and Mrs. Lawrence H. Greenberg
*Mrs. and Mrs. Edward B. Greensfelder
Dr. Edward J. Griffith
Mr. Bernard Gross
Mr. and Mrs. Henry Grossberg
Mr. and Mrs. Thomas Guilfoil
Mr. and Mrs. David Gutman
Mr. and Mrs. Siegmund Halpern
Mr. and Mrs. Albert Halsband
Mr. Harry Hammerman
Mr. and Mrs. Gary Handelman
Mr. and Mrs. Howard Handelman
Mr. and Mrs. Lester Handelman
Mr. and Mrs. Neil Handelman
*Mrs. Gustav L. Harris
Mr. Harvey A. Harris
*Mrs. and Mr. Irwin L. Harris
Mrs. Leon Harris
Mr. and Mrs. Robert Harris
Mr. and Mrs. Whitney R. Harris
*Mrs. Noel Messing Hefty
Mrs. Ruth A. Heiman
Dr. and Mrs. John D. Hirsh
Mr. and Mrs. Gerald Hirsh
Mrs. Maurice L. Hirsh
Pearl Hitt
Mr. and Mrs. Allan R. Hoffman
Mr. Theodore H. Hoffman
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Mr. and Mrs. Stanley Hollander
Mrs. Edward Hopper
Mrs. Bess S. Horwitz
*Mrs. Henrietta Horwitz
Mildred Horwitz
Mr. and Mrs. John A. Isaacs III
Mr. and Mrs. Louis Jablonow
*Ms. Jennie Jackman
*Mr. and Mrs. Franklin Jacobs
Mr. and Mrs. Sydney Jacobs
Mr. and Mrs. Erwin S. Jaffe
Dr. and Mrs. James J. Jenkins
Mr. and Mrs. Burt L. Karney
*Mrs. I. M. Kay
Mr. and Mrs. Harry Kessler
Mrs. Samuel R. Kessler
Mr. and Mrs. Rodney D. Klein
Mr. and Mrs. S. Lee Kling
Dr. and Mrs. Ira J. Kodner
Mr. and Mrs. Martin Kodner
Mr. and Mrs. Irvin Koplar
*Mr. and Mrs. Al Kopolow
*Mr. and Mrs. Jack Kopolow
*Mr. and Mrs. Meyer Kopolow
Mr. and Mrs. Jeffrey Korn
Harvey Kornblum
Mr. and Mrs. Eugene Koscher
Dr. and Mrs. Nicholas Kouchoukos
*Mr. and Mrs. Joseph Kutten
*Mr. and Mrs. Sam Langsdorf, Jr.
Dr. and Mrs. Herman Lansan
Mr. and Mrs. Allen S. Lasky
Mr. and Mrs. Manuel Lasky
Dr. and Mrs. Robert Lebow
Dr. and Mrs. Sherman LeMaster
Mr. Scott Levin
Mrs. Sally Lesser
Mr. and Mrs. Donald L. Levin
Mr. and Mrs. Zelie Levin
Mr. and Mrs. Richard W. Levinson
Mr. and Mrs. William S. Levinson
*Mr. and Mrs. Jerry Levitt
*Mr. and Mrs. John D. Levy
Mr. and Mrs. Marvin Levy
*Mr. and Mrs. William L. Levy
Mr. and Mrs. Bram J. Lewin
Mr. Tobias Lewin
Mr. and Mrs. Lee Liber
Mr. Alan Liber
Mr. and Mrs. Harold Liber
Mr. and Mrs. Donn H. Lipton
Mr. and Mrs. William Livingston
Mr. and Mrs. Al Loeb
Mrs. Benjamin Loeb
Mrs. Harry W. Loeb
Mr. and Mrs. Jerome T. Loeb
Mrs. Ann Loomstein
Ms. Robyn Loomstein-Mintz
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Mr. Jack Ansehl has become a member of the Fellows of Jewish Hospital and made a contribution to the Research Endowment Fund.

Mr. and Mrs. Douglas Austin have become members of the Fellows of Jewish Hospital and established the Rilda Austin Fund for Cancer Research.

Mr. and Mrs. S. Charles Baer have renewed their membership in the Fellows of Jewish Hospital and made a contribution to the Research Endowment Fund.

The Ben A'Kiba Aid Society has made contributions to the Ben A'Kiba Fund for Rehabilitation Medicine and the Bone Biopsy Research Fund.

Mrs. Erna Deutsch has established the Hermann and Erna Deutsch Cancer Research Fund in memory of Hermann Deutsch.

Mr. and Mrs. Milton Frenkel have renewed their membership in the Fellows of Jewish Hospital and made a contribution to the Research & Education Fund.

Mr. and Mrs. Harvey A. Friedman have made a contribution to the DorisMaie and Harvey A. Friedman Program on Aging.

Mr. and Mrs. Irving M. Goldstein have become members of the Fellows of Jewish Hospital and made a contribution to the Hematology Oncology Research and Education Fund.

Mr. and Mrs. Edward B. Greensfelder have made a contribution to the Directors Fund of Jewish Hospital.

Mr. and Mrs. Gary Handelman have renewed their membership in The Fellows of Jewish Hospital and made a contribution to the Frieda and Lester Handelman Cardiology Fund.

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

The Mary Ranken Jordan and Ettie A. Jordan Charitable Foundation has made a contribution to the Jewish Hospital Research Endowment Fund.

Mrs. Harry W. Loeb has become a member of the Fellows of Jewish Hospital and made a contribution to the Research Endowment Fund.

Mr. and Mrs. Maurice Manesberg have joined the Fellows of Jewish Hospital and made a contribution to the Research Endowment Fund.

Mr. and Mrs. Roswell Messing, Jr. have made a contribution to the Directors Fund.

Mr. and Mrs. Harry T. Schukar have renewed their membership in the Fellows of Jewish Hospital and made a contribution to the Henry Levin Fund for Cancer Research.

Mrs. Irma Silberman has become a major benefactor, and a life member of the Fellows of Jewish Hospital. She has established a research endowment fund in memory of her husband, Mr. Fritz Silberman.

Mr. and Mrs. Robert D. Spevak have renewed their membership in the Fellows of Jewish Hospital and made a contribution to the Building Fund.

Mr. Elliot Stein has made a contribution to the Mary Ann & Elliot Stein Endowment Fund.

Mr. and Mrs. Malcolm L. Strauss have become members of the Fellows of Jewish Hospital and made a contribution to the Research Endowment Fund.

Dr. and Mrs. Noah Susman have renewed their membership in The Fellows of Jewish Hospital and made a contribution to the Radiology Department Research Fund.
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The Tribute Fund, initiated by the Jewish Hospital Auxiliary in 1952, receives approximately $195,000 a year for research and aid to the needy. To make the donation process convenient, drawing accounts have been established. 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. Once the account is open, the donor can call 454-7242 anytime he or she wishes to make a tribute. Tributes can commemorate any occasion—birthday, promotion, birth, Bar Mitzvah or marriage. They can also be used to express appreciation or sympathy. The sender may specify that the money be put into a special fund. A notice is immediately sent to the recipient and the amount, a minimum of $3, is deducted from the balance of the account. So that all the money can be used for the purpose intended, the drawing account holder will not be sent a thank you acknowledgement.

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The following contributions were received from April 1, 1986 to May 16, 1986. Any contributions received after May 16 will be listed in the next issue of 216.

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<td><strong>New Arrival of Son of MRS. RHODA FIEBER</strong></td>
<td><strong>Mr. and Mrs. Arthur Loomstein (Frieda and Lester Handelman Cardiology Fund)</strong></td>
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<td>Nita Pass (Carl Pass Diabetic Research Fund)</td>
<td><strong>Recovery of MRS. DON GELLMAN</strong></td>
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<td><strong>Recovery of RUTH FENN</strong></td>
<td><strong>Mr. and Mrs. Harold Levy (Robert A. Rosenbaum Fund for Ophthalmology)</strong></td>
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<td>Emily Huber (LaVera Ryder Nurses Loan Fund)</td>
<td><strong>Ruth Berger (Heart Research Fund)</strong></td>
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<td><strong>Mr. and Mrs. Leonard Wiedershine (Heart Research Fund)</strong></td>
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<td>Mr. and Mrs. Marvin Cherry (Marilyn Fixman Cancer Center)</td>
<td><strong>Recovery of MRS. DOROTHY GELLMAN</strong></td>
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<td>Mr. and Mrs. Irving Goldstein (Cancer Research Fund)</td>
<td><strong>Mr. and Mrs. Arthur Loomstein (Frieda and Lester Handelman Cardiology Fund)</strong></td>
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<td><strong>Special Anniversary of MR. and MRS. ELI FLUSSER</strong></td>
<td><strong>New Office of JEFF GERSHMAN</strong></td>
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<td>Mr. and Mrs. Joseph Blath</td>
<td><strong>Dr. and Mrs. Steven Lauter (Arthritis Fund)</strong></td>
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<td>Mrs. Jeanette Gould (Harold Zager Blood Research Fund)</td>
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<td>Trude and Walter Heiman (Cancer Research Fund)</td>
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<td>Ruth Berger (Heart Research Fund)</td>
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<td>Mr. and Mrs. Gustav Vittett (Dr. Sam Schneider Enterostomy Fund)</td>
<td><strong>Leonard and Hortense Gove (Irving Brin Cancer Research Fund)</strong></td>
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<td><strong>Charlotte Spielberg (Irving Brin Cancer Research Fund)</strong></td>
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<td><strong>Special Birthday of SARAH GINSBERG</strong></td>
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<td>Bernard and Irma Gerschen</td>
<td><strong>Col. and Mrs. Murray Kleinfeld (Julius &amp; Sara Ginsberg Cancer Research Fund)</strong></td>
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<td>Zelma Steinbaum</td>
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<td>Mr. and Mrs. Harris Frank (Marjorie Frank Lesser Fellowship)</td>
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<td>Mrs. Eugene Schewig, Jr. (Eugene Schewig, Jr. Fund)</td>
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<td>Lois and Marshall Greenman</td>
<td>Speedy Recovery of BOBBY GOLDE</td>
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<td>Mrs. Reggie Klein (Carl Pass Diabetic Research Fund)</td>
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<td>Jan Kornblet and Children (Marilyn Fixman Cancer Center)</td>
<td>Marriage of Dr. AND MRS. BEN GOLDSTEIN</td>
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<td>Dottie Nauman (Dr. Sidney Goldenberg Nursing Scholarship Fund)</td>
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<td>Mrs. Harold Yalem (Jerry Kaiser-Irma Blank Cancer Fund)</td>
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<td>Engagement of Son of MRS. WILLIAM GORDON</td>
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<td>Dan and Sylvia Zussman (Cancer Research Fund)</td>
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<td>Birthday of CORINNE GREENBERG</td>
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<td>Dr. and Mrs. Larry Aronberg (Aronberg Lectureship in Urology Fund)</td>
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<td>Esther Blumoff</td>
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<td>Ruth Kessler (Samuel Kessler Hematology Research Fund)</td>
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<td>Kathy and Dick Kline</td>
<td>Young Lawyer’s Award of GARY GROWE</td>
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<td>Mr. and Mrs. Jeffrey Korn (Letty Korn Breast Cancer Fund)</td>
<td>Recovery of ABEL GREENBERG</td>
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<td>Ivan and Adrienne Lysa</td>
<td>New Arrival of Son of THE GUCCIONE’S</td>
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<td>Birthday of ELAINE HAMBURG</td>
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<td>Beatrice Davis Feinstein (Heart Research Fund)</td>
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<td>E.L. Grossberg (Edna Malen Scholarship Fund)</td>
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<td>In Appreciation of JEWISH HOSPITAL NURSES - 5200</td>
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<td>Mr. and Mrs. Newton Frankel</td>
<td>Lynne, Michael, Jay, and Adam Luck (Joseph Abrams Memorial Fund)</td>
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<td>Mr. and Mrs. David Hayman (Carl Pass Diabetic Research Fund)</td>
<td>Greg, Mary Jane and Erin Baker (Invitro Perilibration Program)</td>
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<td>Mr. and Mrs. Isadore Pass (Carl Pass Diabetic Research Fund)</td>
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<td>Special Birthday of SARA KAGAN</td>
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<td>Mr. and Mrs. Charles Sigoloff</td>
<td>Special Birthday of BELLE KAISER</td>
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<td>Mr. and Mrs. Meyer Weil (Meyer &amp; Ethel Weil Equipment Fund)</td>
<td>Mr. and Mrs. Joseph Bluth</td>
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<td>Mr. and Mrs. Paul Wolf (Edna Malen Scholarship Fund)</td>
<td>Mary Friedman (Cancer Research Fund)</td>
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<td>Mr. and Mrs. Jacob Sigoloff</td>
<td>Mrs. Saul Rubin (Saul &amp; Rebecca Rubin Cancer Research Fund)</td>
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<td>Mr. and Mrs. Yehuda Belz (Eugene Schewig, Jr. Fund)</td>
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<td>Speedy Recovery of MORRIE KALMAN</td>
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<td>Mr. and Mrs. Stephen Kaminsky</td>
<td>Speedy Recovery of KAY LEVIN</td>
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<td>Mr. and Mrs. Jeffrey Korn (Letty Korn Breast Cancer Fund)</td>
<td>Birth of son of MR. AND MRS. ALLAN KAUFMAN</td>
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<td>Mrs. Tama Bushan (Dr. Milton H. Meyerhardt Memorial Scholarship Fund)</td>
<td>Special Birthday of RUTH KAY</td>
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<td>Mr. and Mrs. Samuel Cohen (Jackie Sue Margulis Liver Research Fund)</td>
<td>Birthday of HARRY KESSLER</td>
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<td>Mrs. Bernice Grossman (Shirley W. Cohen School of Nursing Fund)</td>
<td>Graduation of AL KOPLOLOW</td>
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<td>Sea Roufa</td>
<td>Birthday of HELEN KLEIN</td>
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<td>Mr. and Mrs. Andy Rochman (Cancer Research Fund)</td>
<td>Special Birthday of SANDY KRACHMALNICK</td>
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<td>Mr. and Mrs. Robert E. Shapiro (Harry &amp; Nancy Shapiro Scholarship Fund)</td>
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<td>Mr. and Mrs. Charles Tober</td>
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<td>Mr. and Mrs. Jerry Hirsch (Jacqueline Hirsch Brown Memorial Fund)</td>
<td>Survival of DAVID L. KIRSHNITZ</td>
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<td>Mr. and Mrs. Lester Handelman (Frieda &amp; Lester Handelman Cardiology Fund)</td>
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<td>Mr. and Mrs. Robert Byers</td>
<td>Special Birthday of JUDY LIPSITZ</td>
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<td>Special Anniversary of MR. AND MRS. HENRY LOWENHAUPT</td>
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<td>Joyce and Frank Jacobs (Benjamin Loeb Endowment Fund)</td>
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<td>Mr. and Mrs. F. Rosenthal (Jack Aaron Lyss Cancer Research Fund)</td>
<td>Gedi Rothman (Geri Jaffe Rothman Breast Cancer Fund)</td>
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<td>Mr. and Mrs. Karen Levy</td>
<td>Linda and Harvey Wallace (Marilyn Fixman Cancer Center)</td>
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<td>Edna Malen (Edna Malen Scholarship Fund)</td>
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<td>The Perlmutters: Les, Edyce, Neal and Ed (Abie and Lottie Schneider Cancer Research Fund)</td>
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<td>Special Birthday of RUTH MARGET</td>
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<td>Mrs. Grace Schneider (Carol Kaufman Cancer Research Fund)</td>
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<td>Frances and Maurice Seidel</td>
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Speedy Recovery of BORIS MARTIN
Judge and Mrs. Robert Cohen (Irving Brin Cancer Research Fund)

Birthday of STEVE MATIES
Robyn Loomstein-Mintz & Zachary (Edna Malen Scholarship Fund)

Marriage of Daughter of MR. and MRS. MONROE MATIES
Ruth Kessler (Samuel Kessler Hematology Research Fund)

Birthday of JUDITH MEYERS and STEVEN GORIN
Mr. and Mrs. Larry Heyman (Dr. & Mrs. Herman Meyer Scholarship Fund)

Birthday & Recovery of IRENE MINKOFF
Ethyle Weinstein (Shirley W. Cohen School of Nursing Fund)

Marriage of Son of MR. and MRS. MORTON MITCHELL
Mr. and Mrs. Marvin Cherry (Marilyn Fixman Cancer Center)

Mr. and Mrs. Jack Sposok (Mayer-Mitchell Heart Fund)
Chaim and Marilyn Zimbalist

Birthday of IRWIN MOHR
Bertram Mohr (Rubin and Mary Cohen Endowment Fund)

Marriage of MR. and MRS. JAMES MOOG
Dr. and Mrs. Edward Cohen (Hubert & Irma Moog Endowment Fund)
Mr. and Mrs. M. J. Kramer

Mr. and Mrs. Ken Langesdorf (Langesdorf Fund for New Americans)
Mr. and Mrs. Sam Langesdorf (Hubert F. and Irma C. Moog Endowment Fund)
Mrs. A. L. Netter (Hubert & Irma Moog Endowment Fund)
Mrs. and Mr. Edward Turner

Recovery of HERMAN MOSTOW
Mr. and Mrs. Sidney Librach (Evelyn Treumann Stroke Registry)

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Recovery of MRS. BEN MUCNICK
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Special Birthday of MRS. SOL NADLIMAN
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In Appreciation of DR. D. MICHAEL NELSON
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Dedication of Pokross Chair of MR. and MRS. DAVID PORROSS
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Elliott Stein (Mary Ann & Elliott Stein Endowment Fund)

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Betsy Abeles

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Bernie Grossman (Letty Korn Breast Cancer Fund)

Recovery of FAY REISS
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Medical School Graduation of LAWRENCE EVAN REITMAN
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Mr. and Mrs. Robert Abrams & Family (Joseph Abrams Memorial Fund)
Mr. and Mrs. Lester Handelman (Frieda & Lester Handelman Cardiology Fund)

---  Special Birthday of NANCY WEINSTEIN

Ethyle Weinstein (Shirley W. Cohen School of Nursing Fund)
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---  Special Anniversary of MR. AND MRS. E. R. WEINSTEIN

Birthday of ETHYLE WEINSTEIN
Irene Minkoff (Shirley W. Cohen School of Nursing Fund)
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---  Speedy Recovery of GAIL WEINSTEIN

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---  Anniversary of MR. AND MRS. ROBERT WEINSTOCK

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---  Special Birthday of SAM WOOL

Mr. and Mrs. Jacob Altman (Milton Kravitz Heart Research Fund)

---  Birthday of DR. KENNETH WOOLSEY

Edna Malen (Edna Malen Scholarship Fund)

---  Happy Mother’s Day to MRS. LUBA WOOLSEY

Edna Malen (Edna Malen Scholarship Fund)

---  Woman of the Year Award of MAVIS WRIGHT

Eloise DeLap (LaVera Ryder Nurses Loan Fund)

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Nancy Bry and Richard Lewin (Lisa Bry-James Dreyer Memorial Fund)

---  Special Birthday of MRS. IRWIN YARE

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---  New Openings of MR. AND MRS. MARK ZORENSKY

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---  Birth of Son of DR. AND MRS. JEFF ZUKE

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---  Award Received by VIVIAN ZWICK

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---  DONATIONS

Ida Glazer
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Rena Rudy
CALENDAR OF EVENTS

AUGUST 2, 9, 16, 23, 30
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 3
Parkinson’s Education Program (PEP) features Ruth Oakes, Ph.D., to present “Caregiver Burnout”. 2-4 p.m. Jewish Hospital Steinberg Amphitheater; open to the public at no charge. Call 454-7130.

AUGUST 6, 13, 20, 27
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 7
Cancer Support Group for patients and their families; each session will focus on the current concerns and questions of the participants; open to the public at no charge, 7 p.m., Oncology Lounge—4th Floor; call 454-7463 or 454-7040 for more information.

AUGUST 11
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 13
Grandparents Refresher Course for expectant grandparents to learn the newest techniques in infant care; 10 a.m. to 12 noon; by reservation only, call 454-7130.

SEPTEMBER 3, 10, 17, 24
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 4
Cancer Support Group for patients and their families; each session will focus on the current concerns and questions of the participants; open to the public at no charge, 7 p.m., Oncology Lounge—4th Floor; call 454-7463 or 454-7040 for more information.

SEPTEMBER 6, 13, 20, 27
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SEPTEMBER 8
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.
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.

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