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Tablet

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Science at Sinai

MEET MOUNT SINAI'S NEW EXECUTIVE V-P DANIEL A. KANE



Continuing with the development of an institution that is recognized locally and nationally for the quality of its medical care and the excellence of its education and research activities is the goal of Mount Sinai Medical Center's newly appointed executive vice-president, Daniel A. Kane.

Mr. Kane assumed his new position on February 1, 1977. Before joining Mount Sinai, he was administrator and chief operating officer at Montefiore Hospital, a 500-bed institution affiliated with the University of Pittsburgh.

In a recent interview Mr. Kane capitalized for Tablet readers the key directions of growth he perceives for Mount Sinai. Maintaining a pleasant and highly professional environment in which Mount Sinai's voluntary staff can practice medicine is high on Mr. Kane's list of priorities. Also important, Mr. Kane said, is cementing Mount Sinai's existing affiliation with the University of Wisconsin-Madison Medical School and implementing the recently formalized affiliation with the Medical College of Wisconsin. Furthermore, it is his intention to broaden the Center's scope and quality of service in an aesthetic and humanistic way so that Milwaukeeans, and particularly members of the Jewish community, will identify Mount Sinai as their prime

health care provider.

Mr. Kane emphasized the importance of maintaining an atmosphere that will allow employees to work productively as members of the Mount Sinai family while meeting their personal career goals. Mr. Kane noted the importance of using Mount Sinai's resources effectively to meet the needs of patients, medical staff, and employees and of establishing harmonious relationships with governmental and public agencies to meet the health needs of the community. In addition he believes that establishing effective methods of working with the network of Jewish federated agencies in joint planning and program development will insure the continued growth and viability of the institution.

Daniel Kane was awarded a doctorate in Public Health from the University of Pittsburgh and a master's with a major in Hospital Administration from Columbia University. He did his undergraduate work at City College of New York. Mount Sinai's new chief executive officer is a Fellow of the American Public Health Association and the American College of Hospital Administrators. He has also served on the Council on the Elderly of the United Jewish Federation of Greater Pittsburgh and on the Federation's Urban Affairs Foundation Committee. ☆

Above: Daniel A. Kane was welcomed to the Medical Center and to the city at a series of receptions shortly after his arrival.

TUMOR REGISTRY: Statistics to Evaluate Therapy

"The Tumor Registry offers lifetime follow-up of all cancer patients treated at Mount Sinai," said Mrs. Audrey Miller, Mount Sinai Medical Center tumor registrar and a member of the Wisconsin Tumor Registrars Association.

According to Mrs. Miller, the registry was started at Mount Sinai in 1972 and includes the names of 2,000 patients. The information obtained from Mount Sinai patients becomes part of a state-wide follow-up program of cancer patients coordinated through the University of Wisconsin-Madison Cancer Review and Emendation (CaRE) program, which includes 18 Wisconsin hospitals. Using statistics accumulated by this agency, physicians and hospitals in Wisconsin and nationwide are trying to solve the riddle of malignancies by answering such questions as "who gets cancer?", "what kinds of treatment are cancer patients receiving?", "what is the incidence of recurrence?", and "what are the survival rates?"

Each month the Health Records Information Department receives a PAS (professional activity study) from a central recording center in Ann Arbor, Michigan, listing all cancer cases discharged from Mount Sinai that month.

From this report and the patient's medical records, Mrs. Miller abstracts demographic information, whether the cancer diagnosis was made clinically or was the result of x-ray or biopsy studies, a description of the disease treatment history, and the physician responsible for follow-up.

The first follow-up on a former patient occurs on the first anniversary of his or her discharge. A form letter asking when the patient was last seen, whether the disease was present at that time and if so, at what site is sent to the patient's physician. The letter also asks if metastases (spread of the tumor) has occurred and when this was diagnosed. The type of therapy (x-ray, chemotherapy, or surgery) is also elicited.

In some instances, the patient has not returned to his physician. In this case, Mrs. Miller tries to reach the patient at home. "I never send a form letter," Mrs. Miller said, "and I never mention the word 'cancer' because in some instances either the physician or the family has decided that the patient was not to know his diagnosis."

In the event the patient has moved, the job of tracking him down can

become challenging. "Sometimes I have to use the Bureau of Vital Statistics at city hall, sometimes I must go to the city directories or to the patient's closest relative," Mrs. Miller said. "In all cases we respect the privacy of the patient. I try to keep the registrar-to-patient letters as personal as possible while still being professional," Mrs. Miller said.

As replies are received, Mrs. Miller abstracts the information so it can be fed into the computer and tabulated. The data are, therefore, ripe for retrieval. Accurate statistics on cancer serve as an educational resource for scientific research and for clinical decisions.

Mount Sinai's Cancer Programs have been approved by the American College of Surgeons. The College gives its approval to institutions with a cancer program that emphasizes continuing education of the professional staff, multi-disciplinary conferences, pre-therapy consultations, lifetime follow-up examinations of cancer patients, self-evaluation of cancer experience in the hospital. The institution must also provide a system of quality-of-care evaluation. ☆



Left: Approximately 350 names are added to the tumor registry each year according to Mrs. Audrey Miller.

INSIDE MOUNT SINAI'S NEW INPATIENT PSYCHIATRIC UNIT



The Inpatient Psychiatric Unit at Mount Sinai Medical Center is designed to treat short-term psychiatric problems. "The unit functions as a therapeutic milieu, or community," said Rita Loberg, R.N., unit coordinator, "in which all patients and staff are very much involved in the daily living and treatment aspects of the programs."

In order to benefit from the therapeutic milieu, patients must have the potential of being able to relate well to each other and to their own problems. Prior to admission each patient is evaluated by a psychiatrist to determine if he or she is suited to this type of unit. Within 48 hours after admission, the patient is seen in a diagnostic conference. At this time, the multi-disciplinary team meets with the patient to discuss history, present problems, goals and expectations of hospitalization, and proposed modalities of treatment. The conference team consists of the primary therapist (either a registered nurse or

mental health counselor), psychiatric social worker, psychologists, occupational therapist, and the psychiatrist.

The unit has a capacity of 25 patients. Patients are housed in double bed rooms, furnished to create a comfortable, home-like atmosphere conducive to treatment in a milieu community. The patients are expected to participate in the decision-making and governmental processes of the unit; and to adhere to the program of treatment prescribed at their initial diagnostic conference. For instance, patients must participate in all group sessions to which they have been assigned and must attend to their own personal needs.

The reasons for this are quite clear-cut. Because the philosophy of the unit is one of a community with emphasis on group and family therapy, it is meant to be the setting for daily interaction with other human beings, and ultimately for conflict resolution.

Patients are encouraged to sort out their problems and are assisted in defining options available and alternative methods of dealing with them. "We provide the setting and supportive personnel to make their efforts successful," said Mrs. Loberg.

In addition to a large living center, the unit is equipped with full kitchen facilities for "activities of daily living" training and between-meal and late-night snacking, a music room with piano and stereo equipment, a recreation area with card tables and a ping-pong table, an occupational therapy room with kiln and craft equipment.

During unscheduled periods in the morning and afternoon and for family visits in the evening, patients are free to use any of the community living areas. A casual glance around the area might reveal a counselor involved in a lively game of rummy with two patients, a patient and her husband having coffee in the dining area, several patients

“The goal of hospitalization is to encourage patients to take responsibility for themselves and responsibility for the consequences of their actions, thereby giving the individual some control over himself.” — Marty Allen, Occupational Therapist, 6A.



watching television and another group in a discussion with one of the counselors. Meals are served from the hospital kitchen but patients eat at round tables in the kitchen-dining area. The staff sits with the patients to promote socialization during meal times and on special occasions, patients can prepare meals in the unit's kitchen.

Drug therapy is only one modality of treatment on the unit. Initially, tranquilizers, muscle relaxants, or anti-depressants may be used to help stabilize a new admission so that he can assume his role in the therapeutic milieu. After that, the dynamics of the treatment program take hold. The patient's entire day is scheduled with various types of group sessions designed to help him better deal with the problems of living.

Patients attend regular exercise and relaxation groups several times a week. Some groups are structured with

specific themes, such as problem-solving, women's interests, men's interests. Assertive training is offered to help patients make their needs known without infringing on the rights of others. Unstructured group therapy, which is held bi-weekly, promotes an environment in which individual problems are dealt with in a group setting.

Leatherwork, jewelry and ceramic making, stitchery and sketching are some of the occupational therapy choices available to the patient. How the patient relates and functions when working alone and when working in a group is constantly evaluated as are the patient's responses to the human and non-human environment. Dance and drama therapy are modalities that will hopefully be offered in the near future.

Phillip L. Stein, M.D., and Norton Zarem, M.D., are co-medical directors of the Psychiatric Unit. ☆

Photos left to right:
Team members work with patients on a one-to-one basis. Conference meetings are held twice weekly to evaluate patient progress. Occupational therapy is as important to treatment as are the social activities offered in the unit.

Are You Going to Have a Heart Attack



The first reaction of a person being asked such a question might be, "How do I know?" Donald H. Schmidt, M.D., head of the Cardiovascular Diseases Section, Department of Medicine, believes that there are steps a person can take which, while not guaranteed to provide a definite answer, can certainly point out danger signs. These steps take only a small amount of time and, while involving hospital equipment, do not require that the person become a patient in a hospital.

Mount Sinai has an extensive array of equipment designed to aid in the early detection of coronary artery disease. All the equipment is "non-invasive," in that nothing enters the heart, as is the case in catheterization.

One of the most valuable methods of early detection of heart problems is stress testing, which is a way of measuring how well the heart and coronary arteries function during physical activity. "At Mount Sinai, we believe that anyone over the age of 40 should have a stress test at least every two years," said Dr. Schmidt. "For persons over 50 or who have recovered from a heart attack, such a test should be an annual occurrence."

Before a stress test begins, an electrocardiogram (EKG) is taken while the person being tested is lying down. An EKG is a record of the pattern of electrical currents produced by the heart. A normal heart shows a characteristic pattern of electrical responses. However, an EKG taken while a person is resting may not show a heart abnormality which becomes apparent when the patient is exerting himself. The purpose of stress testing is to find such abnormalities.

At Mount Sinai, a treadmill or bicycle is used. During either test, an EKG is being taken, so that the heart is monitored constantly. In addition, blood pressure is checked frequently. The stress test results are evaluated by comparing them to guidelines already determined for a normal person of the same size and age.

"There are several things we look for during a stress test that will tell us whether the person has indications of coronary artery disease," Dr. Schmidt explained. "The person may experience chest pain while performing the test. Abnormal changes may show up on the EKG, some of which are characteristic

of identifiable problems. A third thing we look for is a drop in blood pressure."

Unfavorable stress test results may require further study of the heart, and medical treatment to correct the ultimate problem. Like many other diseases, early detection increases the chances for successful treatment.

In some cases, a simple change in life style may be sufficient. This is sometimes true in persons described by Dr. Schmidt as "high risk." Among these are smokers, persons with high blood cholesterol, overweight people, those with uncontrolled diabetes or those with high blood pressure. "All of these are areas over which the individual can exercise control, and which involve no invasive treatment."

In more serious cases, surgery may be required.

Stress testing is not the only non-invasive technique for early detection of heart disease used at Mount Sinai. Others include:

Nuclear cardiology, which involves the use of radioactive material and a special camera to trace the movement of blood through the heart and its distribution within the heart muscle to pick up sick areas;

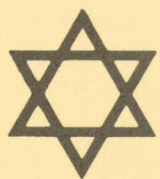
Fluoroscopy, or x-ray;

Echo cardiography, which follows movements of the heart muscle and valves by bouncing high-frequency sound waves (radar) off the heart.

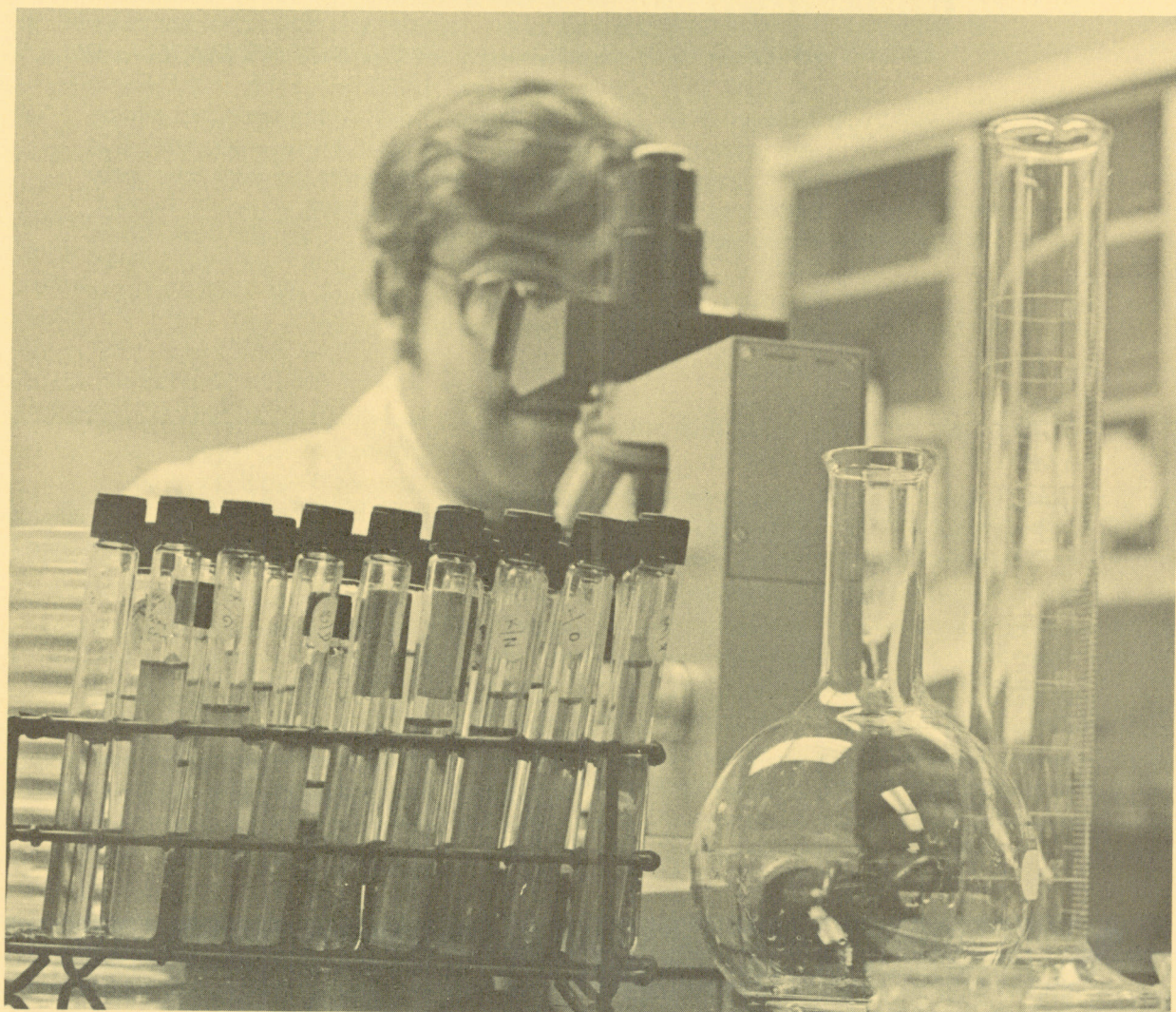
Dr. Schmidt suggested that persons over 40 or in one or more of the "high risk" groups outlined earlier request that their physician arrange for one of the early detection tests for coronary artery disease. "You can never be too early," said Dr. Schmidt. "Unfortunately, many people are too late." ☆



At right:
Dr. Schmidt monitors
a patient using
the treadmill.



SCIENCE AT SINAI



1976 RESEARCH
AND PUBLICATIONS

RESEARCH

A systematic search into the cause and treatment of diseases. It is the foundation upon which all present and future medical progress rests. Mount Sinai has long recognized the importance of good laboratory and clinical studies, and has, since its founding in 1903, funded and enthusiastically supported such activities. Our affiliation with the University of Wisconsin Medical School in 1974 and our more recent affiliation with the Medical College of Wisconsin underscore our commitment to education and the acquisition of scientific knowledge. Here is a brief summary of some of the research projects currently underway at Mount Sinai. Some have been privately funded, others receive government support . . . all are undertaken with a dedication to scientific integrity and disciplined curiosity that can only serve to increase our understanding and improve the quality of our patient care.

Science at Sinai: Research Reports

DEPARTMENT of MEDICINE

SECTION OF CARDIOVASCULAR DISEASES

Studies of Digoxin Using Digoxin-Specific Antibodies

Donald H. Schmidt, M.D., *Head of Cardiovascular Diseases Section, Department of Medicine, Mount Sinai Medical Center; Associate Professor of Medicine, University of Wisconsin Medical School.*

Although digitalis, an important cardiac drug, has been used in medical practice since 1775, it is not completely understood as a medication. The mechanism by which it increases the force of contraction of overworked failing heart muscle and corrects certain disturbances in the rate or rhythm of the heart beat is not completely understood. Its proper use is difficult and may be accompanied by serious side effects for which no specific antidote is available.

Antibodies are substances produced by the body's immune system to combine with and inactivate undesirable foreign substances. Antibodies to digoxin, a form of digitalis, have been produced in our laboratory in rabbits vaccinated with small amounts of digoxin chemically linked with a protein. When these digoxin-specific antibodies are given to animals which have been given an excess of digitalis, they combine with and inactivate the digoxin.

We plan to study the way these antibodies reverse the undesirable effects of the lethal amount of digoxin in dogs with the ultimate aim of utilizing these antibodies in the reversal of digoxin toxicity in man. Anti-digoxin antibodies or active fragments thereof will be used to learn more about the mechanisms by which digoxin exerts its remarkable effects.

Ischemic Heart Disease Project

Cardiovascular diseases constitute the most important public health problem concerning the American people today. Collectively, these diseases account for more than one million deaths per year, approximately one-fourth occurring under the age of 65. Sudden, unexpected death may be the first evidence of heart disease. This proposal concerns itself with non-invasive screening for coronary artery disease. It is part of an ongoing Mount Sinai Medical Center ischemic heart disease project which consists of non-invasive screening for coronary artery disease, the measurement of perfusion of the heart during coronary arteriography along with accurate assessments of the function of the heart as a pump, and ultimately the study of the effect of open heart coronary bypass operations.

An additional aspect of this study program consists of cardiac rehabilitation. Inherent in the studies is the correlation of data obtained by many different approaches. The correlation of these data will aid in the validation of our techniques. The demonstration of the validity and usefulness of these techniques should lead to their wide clinical application in screening, evaluation of function, and selection of patients for medical and surgical treatment. The backbone of this entire project is our nuclear cardiology capability and a dedicated special camera called the Baird-Atomic System 77. It is very clear to our way of thinking that nuclear cardiology will play a very important role in cardiovascular diseases in the future. It will, hopefully, help us to detect coronary artery disease in its early stages, it will help us along with cardiac catheterization to assess the significance of the narrowings of the coronary arteries, and it will help us to follow the function of the heart in a very safe and nonpainful way.

SECTION OF GENERAL MEDICINE

Studies of Health Behavior

Thomas C. Jackson, M.D., *Head of the Section of General Medicine, Department of Medicine, Mount Sinai Medical Center; Assistant Professor of Medicine, University of Wisconsin Medical School.*

While medical technology has made great advances over the last two decades, relatively little impact has been seen on overall morbidity and mortality figures. Two reasons for this are the lack of appropriate utilization of health care resources and the lack of compliance with prescribed treatment regimens.

The Primary Care Clinic is the laboratory in which we propose to study and modify those factors central to appropriate utilization and compliance. Collaborating with social scientists from the University of Wisconsin-Madison, a series of investigations have begun looking at appointment failures, patient delay in seeking care, professional-patient interactions as they affect compliance, and health risk evaluation. From such studies will come the tools needed to translate technological advances into improved health care services.

SECTION OF HEMATOLOGY

Regulation of Growth in Cancer Cells

Edvardas Kaminskas, M.D., *Head of Hematology Section, Department of Medicine, Mount Sinai Medical Center; Associate Professor of Medicine, University of Wisconsin Medical School.*

An important difference between normal cells and cancer cells lies in their growth properties. In normal cells growth is subject to strict regulation.

Normally resting cells start proliferating only when a specific need arises and stop growing when that need is fulfilled. Normally proliferating cells (such as in the bone marrow and in the gastrointestinal tract) grow and differentiate in an orderly manner at a steady rate, unless a need for increase in the rate of production arises. The growth of cancer cells is not subject to such regulation. However, cancer cells are also subject to many influences, which retard or accelerate their growth. These influences are only partly understood, and to a great extent, they can be examined better under the well-defined environment of tissue culture than in the experimental animal. For this purpose, we have been studying factors controlling the growth of Ehrlich ascites tumor cells in culture. These cells grow with equally rapid growth rates in the peritoneal cavities of mice and in suspension cultures. Thus, our culture conditions meet the requirements of these cells for optimal growth.

Our studies have been concerned with the requirements of these cells for macromolecular growth factors present in serum, for glucose as the main source of energy metabolism, and for amino acids, necessary for protein synthesis and for products of intermediary metabolism. We have been investigating how deprivation of each type of nutrient affects the concentrations of important regulatory molecules (such as cyclic AMP and other adenylates) within cells, and the mechanisms by which these deprivation conditions affect the biosynthesis of macromolecules in cells. In parallel we have been studying the effects of anticancer agents on these cellular processes with the intention of establishing how anticancer agents used in combination may destroy cancer cells more effectively.

SECTION OF INFECTIOUS DISEASES

Immunologic Studies in Infectious Diseases

Thomas H. Dee, M.D., *Head of Section of Infectious Diseases, Department of Medicine, Mount Sinai Medical Center; Assistant Professor of Medicine, University of Wisconsin Medical School.*

Great advances have been made in the therapy of cancer and leukemia. Unfortunately, many of the medications used suppress patients' defense mechanisms in regards to resistance to infection. One microorganism often involved in these infections is the fungus candida. Because candida is frequently present in normal people, it is often difficult to determine whether the isolation of candida from a suppressed patient is significant or not. Our laboratory is studying the detection and quantification of specific antibodies to candida using the technique of counterimmunoelectro-

phoresis (CIE). The appearance of and increase in the amount of antibody detected by CIE may help us distinguish significant infection in suppressed patients and lead to earlier institution of appropriate therapy. In addition, we are attempting to develop an animal model using the guinea pig in order to gain further insight into this problem.

Despite the ready availability of effective antimicrobial agents (e.g. penicillin), many people continue to die from pneumococcal disease. Although the pneumococcus is the most common cause of bacterial pneumonia, it may also invade the blood stream, cause meningitis and endocarditis, and trigger potentially fatal blood coagulation disorders. Our laboratory is studying certain aspects of immunity in patients with this disease in order to delineate differences in response to this infection between survivors and fatal cases. An animal model using the chinchilla will be explored in an attempt to duplicate the disease process as seen in humans to help us better understand the pathophysiology.

SECTION OF NEPHROLOGY

Studies of Partial Ureteral Obstruction in Dogs

Frank D. Gutmann, M.D., *Head of Section of Nephrology, Department of Medicine, Mount Sinai Medical Center; Associate Professor of Medicine, University of Wisconsin Medical School.*

Obstruction of the urinary tract is a common disease in all age groups, particularly in older men with enlarged prostate glands. In order to more precisely characterize changes in kidney function associated with partial obstruction, we have developed a chronic dog model in the laboratory. This model permits us to carefully study the chronologic changes from day to day in kidney function following partial obstruction of only one kidney, comparing its function to that of the opposite unobstructed kidney. In addition, we can study the altered response of the partially obstructed kidney to drugs such as diuretics. The data derived from these experiments have direct application to our understanding of the altered physiology and the treatment of the partially obstructed kidney in man.

Studies of Uric Acid Excretion by the Chicken Kidney

Richard E. Rieselbach, M.D., *Physician-in-Chief, Department of Medicine, Mount Sinai Medical Center; Associate Chief, Department of Medicine, and Professor of Medicine, University of Wisconsin Medical School.*

It is now apparent that a substantial percentage of patients with gout are afflicted with this painful and crippling disease due to the inability of their

kidneys to normally excrete uric acid, the end product of purine metabolism. The sluggish excretion of uric acid by the kidneys of these patients has been shown to be caused by deficient secretion of uric acid by the kidney tubule cells, while remaining kidney function may be perfectly normal. The cause for this isolated defect in man is unclear. Furthermore, it is difficult to study this mechanism in man because of the complex manner in which the human kidney handles uric acid.

On the other hand, the kidney of the chicken possesses a much simpler mechanism for uric acid excretion. Tubular secretion of uric acid is the major process involved and can be studied very directly due to some unique characteristics of the chicken kidney. Our laboratory is studying the effect of drugs and hormones on uric acid secretion by the chicken kidney. We hope to learn more about the factors which control uric acid secretion in this setting and apply this information to man so as to be in a position to more adequately treat patients with gout, both by more effectively using drugs which cause the kidney to increase uric acid excretion as well as by possibly modifying those factors which cause the sluggish excretion of uric acid by the kidney.

SECTION OF RHEUMATOLOGY

Effects of D-Penicillamine on Lupus in New Zealand Mice

Mark A. Schrager, M.D., *Head of Section of Rheumatology, Department of Medicine, Mount Sinai Medical Center; Assistant Professor of Medicine, University of Wisconsin Medical School.*

While many individuals have never heard of systemic lupus erythematosus (SLE), it has become apparent that this unusual malady represents a significant health problem. SLE can affect anyone, but it usually strikes young women. While its cause remains a mystery, it is clear that an alteration in the body's immune system is important in its development. Frequently the symptoms are vague and non-specific and months may elapse before the correct diagnosis is reached. Major involvement of the kidneys or nervous system, which sometimes prove fatal despite heroic medical intervention, may occur. In the last two decades, the development of cortisone derivatives and other potent medications has permitted the control of most of the symptoms of this disorder and prolonged survival significantly. Unfortunately, all the drugs currently employed in the treatment of SLE are associated with untoward effects, and other effective but less toxic drugs are being sought. D-Penicillamine is a new drug which has been shown to be effective in rheumatoid arthritis,

another inflammatory illness associated with altered immunity. There is reason to believe that D-Penicillamine may alter the course of SLE. Although it is not possible to administer this drug to people with SLE at this point, our lab has begun preliminary tests with it in a strain of New Zealand mice which spontaneously develop an illness very similar to SLE. We are hopeful that this work will help us to understand the pathogenesis of SLE and provide an additional tool with which to treat it.

DEPARTMENT of PATHOLOGY

SECTION OF HEMOSTASIS AND THROMBOSIS

J. N. Shanberge, M.D., *Director, Department of Pathology Research Laboratories, Mount Sinai Medical Center; Clinical Professor of Pathology and Clinical Professor of Medicine, University of Wisconsin Medical School.*

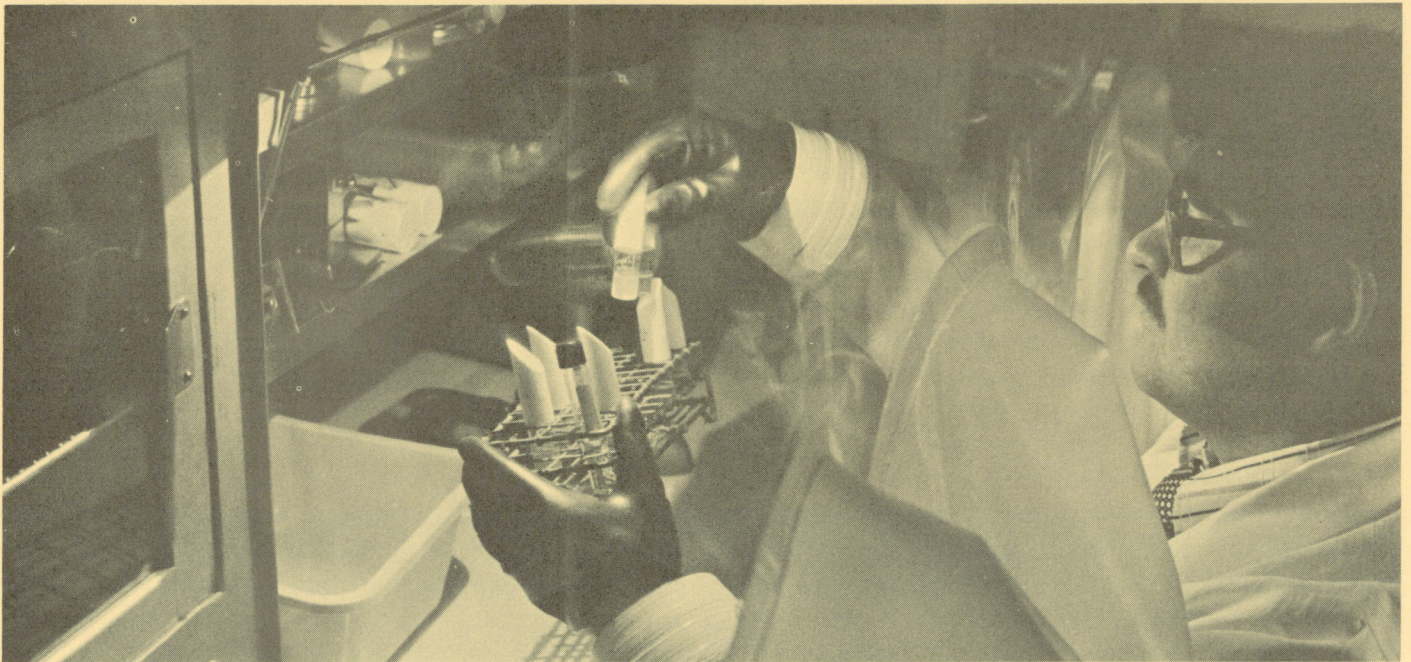
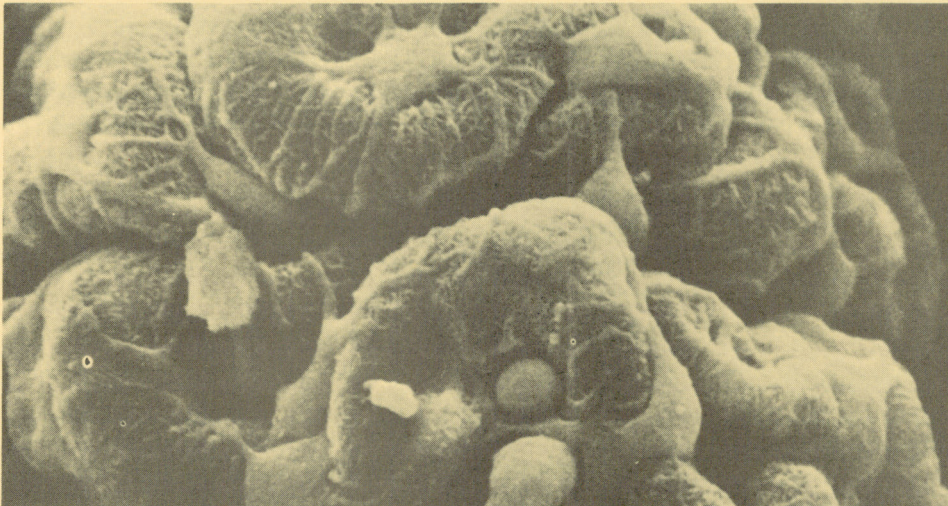
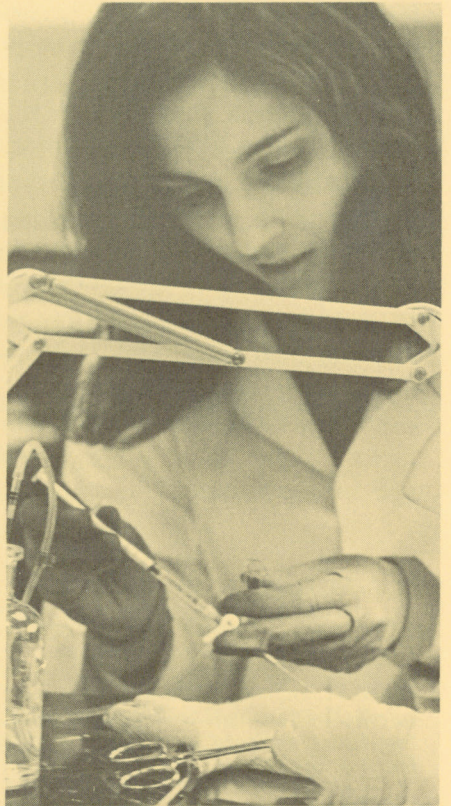
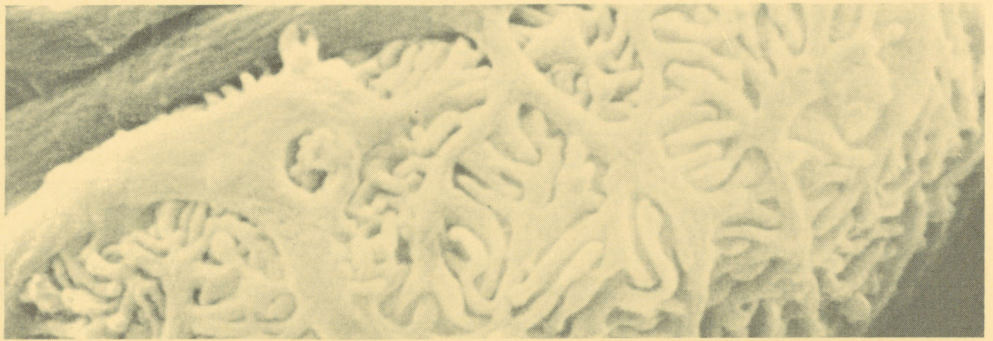
In the last two years, the main thrust of investigations by the Section of Hemostasis and Thrombosis has involved various studies of the action and metabolism of heparin. Heparin is a substance derived from pig intestine which activates a certain protein in the blood and so-called heparin cofactor to bring about a strong anticoagulant activity. The primary clinical use of heparin then is in the prevention or treatment of abnormal blood clots (thrombosis). At the present time in our studies in the laboratory we are utilizing a heparin which is tagged with a radioactive label so that we can detect its presence in blood or tissues without having to measure its anticoagulant activity. As a consequence we are studying what happens to the heparin when injected into experimental animals. For example, with what proteins other than the known cofactor does it combine? Into what tissues does it go if it leaves the blood stream? What variables affect the duration of its anticoagulant activity? How is it eventually destroyed and eliminated from the body?

The answers to these questions may help in the more efficient clinical use of heparin.

Microbiology Research Laboratory

Ronald J. Zabransky, Ph.D., *Director of Division of Microbiology, Department of Pathology-Research Laboratories, Mount Sinai Medical Center; Associate Professor of Microbiology, Medical College of Wisconsin.*

The Microbiology Research Laboratories carry out applied and developmental research in the area of clinical microbiology. Research projects involve procedures, methods, equipment and materials that are directed at improving procedures used in a clinical microbiology laboratory for the diagnosis of infectious diseases.



Antimicrobial Susceptibility Testing of Anaerobic Bacteria

The major project in this facility over the past six years has been an extensive investigation into the development of a standardized procedure for determining the activity of antibiotics on bacteria that grow in the absence of air (anaerobic bacteria). This investigation has been a cooperative effort with five other nationally recognized microbiology laboratories and are being carried out under the auspices of the Antibiotic Testing Subcommittee of the National Committee on Clinical Laboratory Sciences, a multisponsored, nonprofit organization involved with standardizing all laboratory procedures in clinical laboratories.

Those portions of the investigation that have been carried out in our laboratory in the past have involved bacterial growth rate studies, media formulation, inoculum size determinations, reproducibility studies, and dilution protocols. Investigation now includes shelf-life studies on various media preparations evaluating the reproducibility of results with specific antibiotic dilutions and bacterial reference strains.

Standardized procedures for antibiotic susceptibility testing are required in order that physicians may accurately predict the effect of specific antibiotics and, therefore, choose the proper one for the treatment of infectious diseases. Standard test procedures also provide results that are comparable between laboratories on a nation-wide basis. Such standardized susceptibility tests exist for antibiotics and organisms that grow in the presence of oxygen (aerobes), but anaerobic bacteria which more often involves infections in hospitalized patients cannot be tested by these standard methods. Recent publications of the collaborative group and by this laboratory have established many parameters that will be included in the final standardized procedure which will be the final recommendation of this Working Group.

In Vitro Studies On Antibiotics

As newer antibiotics are developed by pharmaceutical firms, the Food and Drug Administration requires that they be evaluated under varying conditions in the field before they can be released for public use. In the past years our laboratory has been involved in the testing of new antibiotics produced by several pharmaceutical firms. These studies included the testing of different types of organisms to determine the range or spectrum of activity of the antibiotics and the determination of the amount of antibiotic that inhibits or kills these organisms. Tests also were done to determine the correct amount of antibiotic needed in stan-

dardized testing procedures as indicated above. Over 12 new antibiotic compounds from three different companies have been evaluated in this way. Several publications on these studies have produced information acceptable to the companies and the FDA permitting the release of these agents for use by physicians. Current investigations in this area of study in collaboration with the Department of Medicine involve the evaluation of a new antibiotic for the treatment of urinary tract infections.

Procedures for the Identification of Anaerobic Bacteria

Until recently anaerobic organisms have been ignored by physicians and laboratory scientists alike. In that they require an atmosphere devoid of oxygen and specific nutrients for their growth, very little work was performed. Newer techniques pioneered by the director of this laboratory in 1968 at the Mayo Clinic led to easier isolation of these peculiar organisms and as they were more easily isolated, requirements were developed for their identification. This laboratory has been involved in developing newer methods for the identification of anaerobic organisms using the technique of gas liquid chromatography, a procedure where volatile extracts of the organisms are identified and each organism has its own fingerprint of volatile substances. In addition, the classical biochemical techniques of fermentation or the utilization of specific compounds have also been evaluated. Publications from this laboratory have attested to the value of these procedures which are now being used in many laboratories across the country. Future plans in this area of investigation concern the use of the gas liquid chromatography technique for the identification of other types of organisms that are difficult to identify.

MAY and SIGMUND WINTER RESEARCH LABORATORY

Mortimer M. Bortin, M.D., *Director, May and Sigmund Winter Research Laboratory, Mount Sinai Medical Center.*

The basic research program of the May and Sigmund Winter Research Laboratory uses specially bred mice in experiments which have two main objectives: to discover means to improve the safety of bone marrow transplantation and to design and test innovative strategies which have the potential to be used for the treatment of incurable diseases in man. Since its inception in 1965, the achievements of the Laboratory have resulted in improved understanding of those factors which control success of bone marrow transplantation. These

discoveries have increased the ability of physicians to deal more effectively with diseases such as cancer, leukemia, sickle cell anemia, and certain childhood disorders of the immune system.

During 1976, using a unique approach, bone marrow was transplanted to attack a human-like leukemia in mice; the survival results are superior to those reported by any other research team in the world. Also in 1976, transplanted bone marrow cells were "programed" to specifically attack leukemia cells in mice. However, additional basic research is needed before either of these treatment strategies can be tested in human patients with leukemia.

Following surgical removal of a cancer, small clumps of cancer cells often remain scattered throughout the body and eventually cause death; using mice, in 1976 we showed for the first time that transplanted bone marrow cells were capable of eliminating these residual cancer cells. Finally, the risk of bone marrow transplantation was found to be markedly reduced if the recipients were rendered free of bacteria prior to transplantation, and then maintained in germfree isolation for a period of time after transplantation.

The International Bone Marrow Transplant Registry is located in the Winter Research Laboratory and is the main focus of the human research program. Fifty-five bone marrow transplant teams throughout the world report detailed data about their patients to the Registry. The Registry data bank contains a wealth of information and, as a result, Mount Sinai Medical Center has become a focal point for inquiries on a daily basis by physicians, research scientists, science writers, etc. in this country and abroad.

These research programs have attracted international interest and in 1976 the Board of Trustees of Mount Sinai, 18 local foundations, 9 national granting agencies and numerous individuals awarded \$295,000 in support. During 1976, 18 reports of original research conducted by the staff were presented at national and international meetings and 9 eminent blood and cancer specialists from the United States, Britain and France visited the Winter Research Laboratory to learn about this work. Lay friends of Mount Sinai are welcome to visit or call.

WALTER SCHROEDER RESEARCH

HYDRA HORMONE RESEARCH PROJECT

I. Franklin, M.D., *Director, Hydra-Hormone Research Laboratory, Mount Sinai Medical Center.*

Currently, this laboratory is concerned with broadening and further elucidating the role of sex hormones in cancer in relation to the sexualization of the renal process. Part of our present general hypothetical approach is that individual cells carry the same basic renal processes as the specialized renal organs in more complex, larger animals, i.e., regulation of electrolytes and water balance and elimination of metabolic products. However, these basic processes in the individual cell are not generally regarded or referred to as "renal processes."

Results from our previous investigation suggest that estrogens "promote" cell proliferation and that androgens tend to repress cell proliferation and promote cell differentiation. The elimination of neoblasts in hydra by nitrogen mustard and the re-proliferation of the neoblasts with subsequent estrogen treatment suggests that the neoblasts are indeed derived from normal body cells, the same as cancer cells are. It is our position that the neoblasts are the prototypes of epithelial cancer cells—that no "malignant transformation" is involved in formation of cancer cells. Our work with sarcomas suggests that "sarcomatous changes" are not significantly different from natural formation of muscle from reticular cells. (Our photomicrographs show complete de-differentiation of body cells back to reticular cells under estrogen treatment.)

We are devising appropriate experimental designs for testing the above hypotheses and re-evaluating previous experimental results.

CLINICAL CELL BIOLOGY LABORATORY

Burton A. Waisbren, M.D., *Internist and member of the Mount Sinai Medical Center voluntary staff; Associate Clinical Professor, Medical College of Wisconsin.*

The Clinical Cell Biology Laboratory, which became operative in July of 1976, has been established to study those aspects of cell biology applicable to management of patients. To date, protocols have been submitted to a steering committee of seven prominent physicians and scientists and work has begun on a variety of projects.

In addition to patient-related research, the Cell Biology Laboratory will make facilities available and offer guidance to investigators and trainees who may return to Milwaukee and wish to do research in clinical cell biology.

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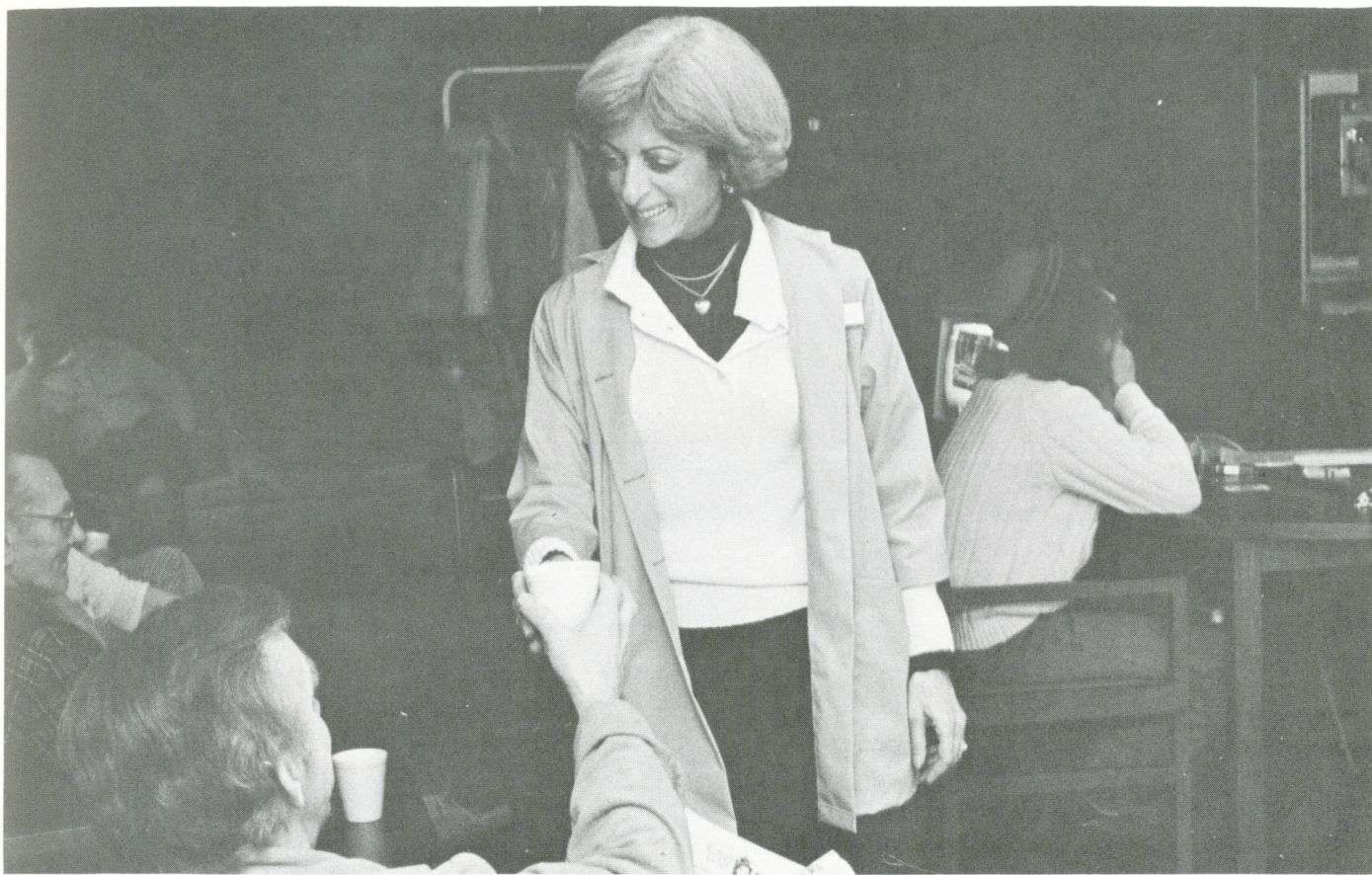
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There is no feeling that can replace the warmth and security of a closely knit family. Every patient entering Mount Sinai is part of a family. That family is concerned about his or her welfare. While the Medical Center's dedicated health professionals care for the patient, an equally dedicated group of voluntary "professionals" care for the patient's family. This group of mature, caring volunteers has been specially selected to staff Mount Sinai's Family Care Lounge.

Families and friends of patients who are undergoing surgery at Mount Sinai or who are patients in the special care units of the Medical Center use the lounge to "wait." The Family Care volunteer is the link between the family and the physician or the medical unit personnel. At regular intervals, the volunteer calls to follow the progress of completed cases.

"Everyone has been so cooperative and so willing to help the families," said Mrs. Burton M. Zimmermann, the organizer and co-chairman of the program, which is administered under the auspices of The Auxiliary of Mount Sinai. "They know that the

Caring

Runs in

the Family

Above: Mrs. Roger Y. Pokrass serves coffee to the husband of a critical care patient.



Above: Physicians are in contact with the volunteers by phone — here Dr. Robert P. Saichek calls to ask a volunteer to bring his patient's family to the conference room.

At right: The "wait" often seems interminable for some of the families — the volunteer plays a big part in helping to make them comfortable.

families are waiting, and that waiting can make minutes seem like hours." At the physician's request, the volunteer will take the family to the conference room to hear a direct report.

The philosophy of "family care" was conceived by Mrs. Lawrence P. Wolf, president of The Auxiliary, and Mrs. Zimmermann several years ago. Ironing out the "wrinkles" so the program could get going last fall took the combined efforts of many people, including the nursing and medical staffs, the hospital administration, and the food service department. "Without the help of Harriet Sorrin and Jean Greenwill, we could never have gotten it off the ground," Mrs. Zimmermann said. Mrs. Sorrin is an assistant administrator; Mrs. Greenwill is director of volunteers.

The Family Care Lounge is on the third floor of the building located on the west side of Twelfth Street. It is equipped with a TV set, telephones, coffee service, games, and puzzles. It's a very busy place Monday through Friday. Families come and go, patients, when ambulatory, wander in for a change of scene or a friendly chat. One morning recently, two patient wives were talking and watching a TV game show together, a cardiovascular patient was telling a volunteer his plans for avoiding all cholesterol foods in the future, another volunteer was on the phone to one of the surgical suites, and two teenagers were playing cards at the round table in the center of the room.

The "care" the volunteers render often extends beyond the hospital. A goodly number of cardiovascular patients come from out of state, many from foreign countries. The Family Care program at Sinai complements the role the Medical Center's patient relations representative, Toby Granof, R.N., plays in helping the families. While Mrs. Granof often secures hotel and motel accommodations for the families, the headquarters for the husband or wife of a patient, and sometimes other family members and friends, is the Family Care Lounge.

"Patients and their families are overwhelmed by the many kindnesses they receive from Family Care volunteers," Mrs. Granof said. In one recent case the wife of a cardiovascular patient from Yugoslavia spoke no English, so

Mrs. Granof arranged for Roy Zekavica in Mount Sinai's Pathology Department to translate for her. Mr. Zekavica is fluent in Slavic languages. "Not only did he translate for her, but he and his wife took her into their home where she was their house guest during her entire stay in Milwaukee," Mrs. Granof said.

The families also take each other under their wings, too. A Milwaukee family who was "waiting" in the Lounge became friendly with the wife of a New York patient. They offered to take her laundry home and do it for her. "This is fantastic—only in Milwaukee could people be so wonderful to other people," said the New Yorker.

There are twelve volunteers in the program in addition to Mrs. Zimmermann and her co-chairman, Mrs. Jay S. Goodman. They are Mrs. Samuel Black,



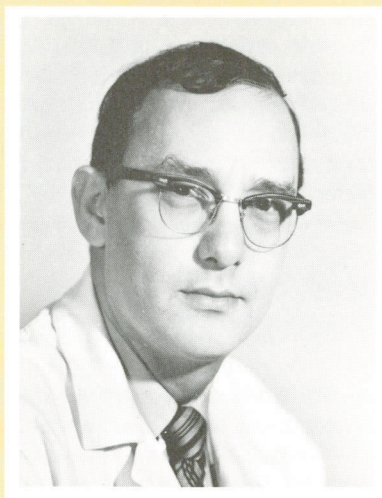
Mrs. Sidney M. Boxer, Mrs. James Buchbinder, Mrs. Sanford Fedderly, Mrs. Robert W. Mann, Mrs. Roger Y. Pokrass, Mrs. Richard E. Rieselbach, Mrs. Robert P. Saichek, Mrs. Louis W. Sennett, Mrs. Max Shevitz, Mrs. Myron Weinbach, Mrs. Marjorie A. Weinberg. Five of the Family Care Volunteers are registered nurses. All have completed special training prior to assignment. They were specifically chosen for their sensitivity and warmth; each has been oriented to rules of hospital and medical ethics and confidentiality.

In the Lounge is a registry book that families are invited to sign, with comments if they wish. "God bless you" leads the list of comments, followed closely by "You're wonderful gals," "I've never seen anything like this, anywhere," and one almost illegible childish scrawl, "Thank you for making my mommy well." ☆



Dr. Fred Rosner

Recipient of 1977 Wisconsin Maimonides Award



A New York physician and medical educator has been named to receive the third Wisconsin Maimonides Award. Fred Rosner, M.D., F.A.C.P., will accept his award at a public ceremony in Milwaukee on Tuesday, April 19. The award is presented by Mount Sinai Medical Center and the Wisconsin Society for Jewish Learning.

Dr. Rosner is director of hematology of the Queens Hospital Center, which is affiliated with the Long Island Jewish-Hillside Medical Center. He is also an associate professor of medicine at the State University of New York College of Medicine at Stony Brook.

The Wisconsin Maimonides Award is presented to a Jewish physician who has also made significant intellectual contributions in other fields, such as humanities, philosophy or religion. The presentation ceremony will take place at 8 p.m. on April 19 in the Synagogue of the Milwaukee Jewish Home at 1414 N. Prospect Ave.

Burton C. Zucker, moderator of the program, and chairman of the Maimonides Committee, called Dr. Rosner

"a truly worthy recipient of the Wisconsin Maimonides Award. He has already been recognized elsewhere by other organizations for his many achievements. We are proud to add his name to the list of distinguished individuals who have already received our award."

Harry J. Plous, chairman of the board of Mount Sinai Medical Center, will deliver the greeting for the Medical Center. Prior to the presentation of Dr. Rosner's award, which will be done by Sidney M. Boxer, M.D., chief of staff of Mount Sinai, Jack Lerman, President of the Wisconsin Society for Jewish Learning, will present a scholarship to a student of Hebrew.

Dr. Rosner will present a paper entitled, "If Maimonides, the Physician, Were Alive Today." He is the author of **Modern Medicine & Jewish Law** as well as translator and editor of **Maimonides' Treatise on Hemorrhoids and Responsa, The Medical Aphorisms of Moses Maimonides, Sex Ethics in the Writings of Moses Maimonides and Maimonides' Introduction to the Mishnah**. He recently completed an English translation of **Biblich-Talmudische Medizin**. ☆

Sinai again hosts Jewish Home for Aged Phonathon

Fourteen volunteers from the Jewish Home for the Aged membership drive committee took over Mount Sinai Medical Center's business office telephones on Sunday, February 6, 1977 to solicit memberships. Mrs. Charlotte Sherkow again organized the effort, the most successful ever conducted by the Home. One hundred and forty-four women and 140 men became members. Canvassers were supplied with snacks and coffee during the efforts at the hospital. Mount Sinai was happy to share in this important and very successful communal effort.

Mount Sinai joins Project MERIT

MERIT is an acronym for "Medical Education . . . Research Into Tomorrow," the Medical College of Wisconsin's largest medical education and research project.

Members of Mount Sinai Medical Center's Board of Trustees and Corporate Body, medical staff, and officers of the Wisconsin Jewish Federation learned of MERIT's goals and purposes at a dinner meeting recently at the Marc Plaza. Over 70 attended the meeting at which Ben D. Marcus, MSMC president, Dr. David Carley,

MCW president, and Robert T. Foote, Milwaukee executive and member of Project MERIT steering committee, outlined the project in detail.

The Auxiliary hosts "Life and Death: A Jewish Approach" program

A discussion of the religious and personal implications of issues such as euthanasia, suicide and abortion was the topic of a program hosted by The Auxiliary of Mount Sinai Medical Center last fall. Rabbi Michael Twerski of Congregation Beth Jehuda, presented the background of Jewish tradition. Jules Levin, M.D., section of neurosurgery, Department of Surgery at Mount Sinai; Norton Zarem, M.D., section of psychiatry in the Department of Medicine and co-director of the Medical Center's inpatient psychiatric unit; and Elliot Lubar, therapist, Jewish Family and Children's Service, formed the reactor panel. The session concluded with a tour of the Medical Center facilities.

Mount Sinai symposia and seminars draw record attendances

In September of last year, the Medical Center sponsored a very successful conference titled "Dynamic Approach to Nuclear Cardiology." The conference, which dealt with techniques and limitations in nuclear

Below left: Mount Sinai President Ben D. Marcus was one of the keynote speakers at Project MERIT. Bottom right: Dr. Richard E. Reiselbach compared notes with Seattle's Northwest Kidney Center Director Dr. Christopher Blagg at the Self-Dialysis symposium.



cardiology and cardiovascular radiology attracted an internationally renowned faculty. Donald H. Schmidt, M.D., head of the cardiovascular disease section of the Department of Medicine and associate professor of medicine at the University of Wisconsin Medical School, was program chairman.

Last fall, over 300 Milwaukee area coaches, trainers, athletic directors, and runners attended Mount Sinai's annual Sports Medicine Seminar. The subject of this year's seminar was "Medical Aspects of Running." Gary N. Guten, M.D., head of the section of orthopaedic surgery in the Department of Surgery and founder of the program at the Center, coordinated the seminar.

Distinguished speakers from the ranks of government, law, medicine, and industry contributed their expertise to a day-long symposium dealing with "Current Problems in Worker's Compensation," the subject of the Medical Center's 15th annual Medical-Legal-Industrial symposium. Sidney K. Wynn, M.D., chief of the section of plastic surgery in the Department of Surgery and clinical professor of plastic surgery at the Medical College of Wisconsin, chaired the meeting which drew record attendance.

The 2nd annual Edith Rosenberg memorial cancer symposium held at the Medical Center in early January dealt with "Contributions of Radiation Therapy in the Treatment of Cancer." Edward C. Saltzstein, M.D., chairman of the Cancer Committee and chairman of the Department of Surgery, delivered the introductory remarks.

"Self-Dialysis Today: Approaches, Methods, Problems, and Results," a two-day symposium chaired by Paul G. Jenkins, M.D., attracted over 300 registrants from throughout the United States and received widespread coverage. Dr. Jenkins is the director of Mount Sinai's Self-Dialysis Training Unit and assistant professor of medicine at the University of Wisconsin Medical School.

UW alumni award to Dr. Lustok

Mischa Lustok, M.D., physician in the section of cardiovascular diseases, Department of Medicine, Mount Sinai Medical Center, and clinical professor of medicine, University of Wisconsin Medical School, received the 1976 Dr. Max Fox Preceptorship Award of the University of Wisconsin Medical Alumni Association on February 11.

Dr. Fox was a UW preceptor in Milwaukee for many years prior to his death in 1969; the Award was established to honor Wisconsin physicians who have contributed exceptional time and talent to the medical profession by serving as preceptors to UW medical students. Dr. Lustok trained approximately 100 students following his appointment as a preceptor in 1966.

Dr. Lustok is editor of the Wisconsin Medical Alumni Magazine, "QUARTERLY," and has been an officer and active member of the medical alumni association for more than 20 years.

Bottom left: Dr. Juan A. Del Regato from the University of Southern Florida shared the speakers' platform with MCW's Dr. James D. Cox and Sinai's Dr. Alberto Lopes DaConceicao at the Rosenberg symposium. Bottom right: Medical-Legal-Industrial symposium committee members and speakers included: (seated) Dr. Sharon Guten, Atty. Robert L. Habush, Norman J. Taugher, Dr. Meyer S. Fox, Alfred S. Goldberg (standing) Dr. Joseph R. Stone, Dr. Sidney K. Wynn, Virginia Hart, Atty. Donald L. Bach, Edward M. Rubin, and Dr. Norton Zarem.



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