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Mount Sinai Medical Center Stethoscope, 1979 February

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CHAIM GROSS



AUXILIARY
MOUNT SINAI MEDICAL CENTER

75th ANNIVERSARY-1978

Happy Family by Chaim Gross
(Story on page 8.)

Breakthrough in healing broken bones

Applying electricity to heal broken bones sounds like science fiction straight out of *Star Wars*.

It is not science fiction, but science fact, and it is practiced by **Paul A. Jacobs, M.D.**, attending orthopaedic surgeon at Mount Sinai Medical Center, who is using the new procedure called the **Bio-Osteogen System**.

Dr. Jacobs explained the system, which was developed over a 20-year period by Dr. C.A. Bassett of Columbia University (N.Y.).

"Electrodes are applied onto an extremity to obtain union of bones which have not healed with conventional therapy," Dr. Jacobs said. "The procedure **does not** involve open surgery. The electricity stimulates bone cells to line up along the break and do their natural job of uniting the ends. Thus, the electricity serves as a biological stimulus."

The electrodes deliver a very small amount of electricity to the bones — "about 1/1000th the amount of electricity that is used in a cardiac pacemaker, for example," Dr. Jacobs said.

Tough Cases

Mount Sinai is the only institution in Wisconsin where the Bio-Osteogen System is being used. "At present, all of our patients are adults as children's bones tend to heal well," Dr. Jacobs said. "But there are some congenital conditions for which this system is applicable in children."

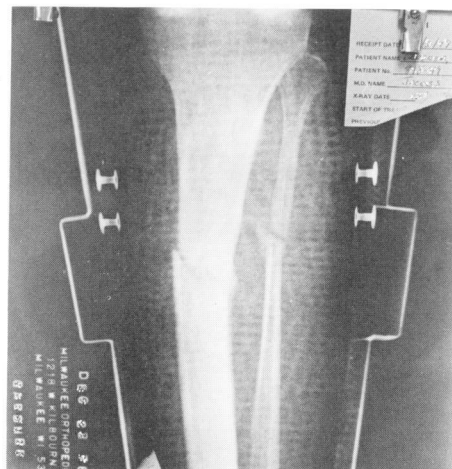
Most of the adult patients are 'tough' cases, he said. "These are people who have had 5, 8, and 15 years of difficulty, and from 5 to 10 operations each," Dr. Jacobs said. But, in one case, electrodes are being applied to a patient without a previous history of problems. After six months the bone had not healed properly. A bone graft operation had been advised elsewhere "but the patient elected to use our system," Dr. Jacobs said.

Evaluations

All prospective patients are evaluated to determine if their injury is applicable to treatment. Previous surgery, location and type of break, bone involved, and length of time from the injury are all taken into account. If the injury is applicable to treatment, a cast is applied to the extremity and precise measurements and x-rays are taken of the problem area.

"It takes hours to localize the electrodes properly along the break line," Dr. Jacobs said. Measurements and x-rays of the problem area are sent to New Jersey, where the electrodes are custom-made for each patient. The electrodes and record-keeping apparatus are then sent back to the physician for patient application and instruction.

To use the device, the patient simply slips the two electrode discs over his plaster cast, on each side of the designated area. The discs are 15-25 centimeters in size. The treatment, 12 to



The initial X-ray is for localization and measurements so that custom-made electrodes can be ordered.

16 hours daily, is carried out over an 8 to 12 week period.

"It really isn't as inconvenient as it sounds," Dr. Jacobs said, "because a patient can put the discs on late in the afternoon and continue the treatment straight through the nighttime sleeping period. It is painless, and the patient has no sensation of what is happening."

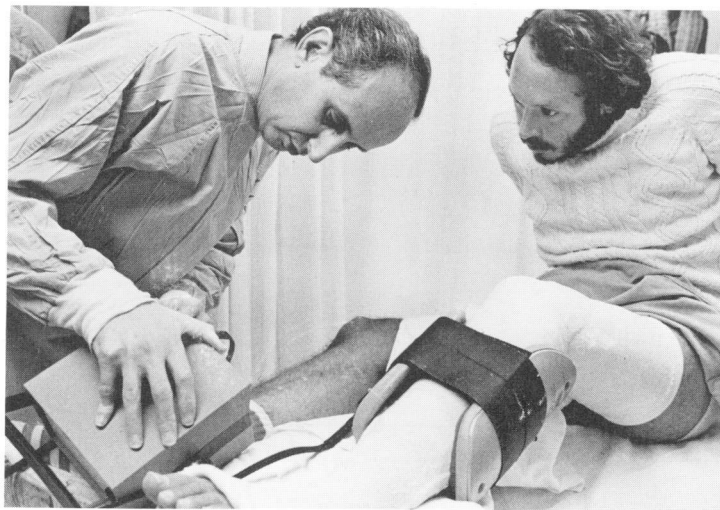
Each patient must keep a precise daily log of hours of treatment, and he or she must be willing to keep the cast on for three months.

The Bio-Osteogen System of healing broken bones is being enthusiastically

Continued on page 7.



Patient Dean Gardner and Claudia Suchecki, RT, Radiology, watch the Image Intensifier as Dr. Jacobs takes precise measurements to confirm the distance between the electrodes. The Image Intensifier shows the proper placement of the electrodes.



All set to go, Dr. Jacobs attaches the electrodes and instructs Dean in their use.



Daniel A. Kane (left), executive vice-president of Mount Sinai Medical Center, and Rabbi Tsvi Schur pause with well-wishers at the Welcome Tea for Rabbi Schur held January 15 in Doctors' Auditorium.

Welcome, Rabbi Schur

Wisconsin is a dramatic change of scenery for Mount Sinai's new chaplain, Rabbi Tsvi Schur. "But, not an unwelcome one," he says.

Wisconsin's record-breaking snowfall was a topic of conversation at a welcome tea for Rabbi Schur on January 15, 1979, in Doctors' Auditorium.

"Miami Beach is hot, and it can be difficult working in the heat every day," he said. "And, having lived in Chicago for several years, I'm used to the Midwest's weather."

Rabbi Schur was ordained at Ner Israel Rabbinical College of Baltimore in 1969. He holds undergraduate degrees in education and psychology and post-graduate equivalent in guidance counseling. He has served as the Jewish chaplain at the University of Pennsylvania Hospital and Senior Citizens Nursing Home and as teacher and lecturer at both Jewish day schools and community colleges in Chicago, Baltimore, Philadelphia, Rochester (N.Y.), and Miami Beach. In the latter three cities, he also served as congregational rabbi.

Rabbi Schur comes from a long line of rabbis. His father, Daniel, is a rabbi and clinical psychologist in Cleveland, and his grandfather, Rabbi Abraham Schur, was a leader of the Chicago community.

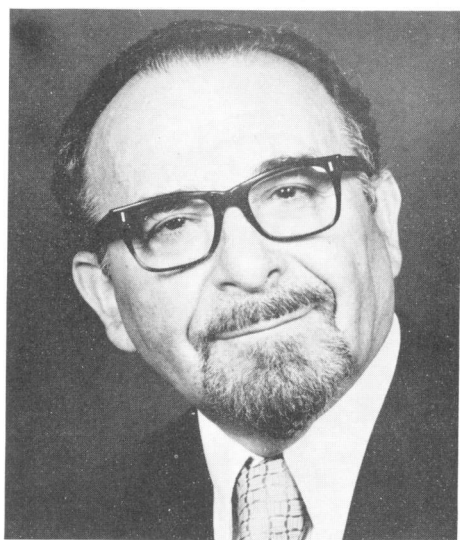
Rabbi Schur's office hours at Mount Sinai are from 9:30 a.m. to 4:30 p.m. on Mondays and Thursdays. He is on call at other times.

Rabbi Schur and his wife, Malke, have three children — Esther Brocha, 7, and 4-year-old twins, Betzalel and Basya.

Also representing Mount Sinai were Daniel A. Kane, executive vice president; Arthur S. Shorr, administrator; and Harriet Sorrin, assistant administrator.

Federation President Esther Leah Ritz presented Rabbi Lifschutz with an antique vase unearthed in Israel.

Chaplaincy changes hands



Rabbi Emanuel L. Lifschutz

Rabbi Lifschutz retired after 16 years as Milwaukee's first Jewish community chaplain. During that time, he maintained an office at Mount Sinai, in addition to visiting patients in other area hospitals, nursing homes, rehabilitation centers and other health-related institutions.

The resolution, presented to the Rabbi by Mr. Harry J. Plous, immediate past chairman of the board of Mount Sinai, praised the chaplain for having "consistently shown the greatest measure of dedication and interest in the medical center" and that "he has placed the welfare" both of Mount Sinai and the community "at the foremost, with unselfish and faithful devotion to his prime concern, the welfare of all patients."

It further noted that he served with great distinction as president of the Association of Mental Health Chaplains.

The conclusion stated that the Board of Trustees expressed their pride and appreciation to Rabbi Lifschutz "for his generous and unstinting service to Mount Sinai Medical Center."

The resolution was signed by Board Chairman Ben D. Marcus and Board President Robert S. Weber.

Thank you, Rabbi Lifschutz

A Mount Sinai Medical Center resolution honoring Rabbi Emanuel L. Lifschutz "as a devoted and loyal chaplain, outstanding in his effectiveness and diligence" was presented to him December 21, 1978 at a special luncheon held at the Jewish Community Center in his honor.

CORRECTION

In the November 1978 issue of the *Stethoscope*, there was an inadvertent omission to the list of "Quarter Century Medical/Dental Staff Honorees." The list should have included J.B. Franklin, D.D.S.

Expanded Genetics Section opens at Mount Sinai

A new laboratory to carry out Mount Sinai's work in genetics is offering a three-pronged program of diagnosis, treatment and prevention. The reorganized service is reaching patients in a seven-county area.

Research programs are being developed and a teaching program involving rotation of residents from Obstetrics/Gynecology into the Clinical Genetics Section of the department has begun.

A full-time physician/clinical geneticist, **B. Rafael Elejalde, M.D.**, heads the laboratory with the help of **Maria M. Elejalde**, genetics assistant. Dr. Elejalde is an assistant professor of obstetrics/gynecology at the University of Wisconsin-Madison.

Serves All Departments

The laboratory serves all departments within the Center. At the present time, much of the work done in the Genetics Laboratory emanates from the Department of OB/Gyn and consists of pre-natal evaluation and diagnosis, treatment of newborns, and genetic counseling for the family. In addition, physicians refer adults and children afflicted by inherited and congenital diseases, and couples seeking to determine the risk of such afflictions to their offspring. Work done in this area might involve mental retardation, albinism, consanguineous couples, and physical malformations.

The Clinical Genetics Section estimates that as much as 50 percent of its work falls into the "clinical" category, with the remainder divided between laboratory, teaching, and research.

Clinical procedures include patient evaluation, diagnosis, and genetic counseling.

At the outset of a physician's referral, the clinical geneticist takes extensive family histories and physical examinations. Counseling on genetics is begun to state the facts of a certain condition and to advise the patients on how best to adapt to a situation. Information on organizations dealing with the problem is made available to the patients. Questions and misconceptions are cleared up and an explanation is given on the type of treatment and care available.

It is stressed that many of those patients receiving genetic counseling are healthy, normal people who may have a

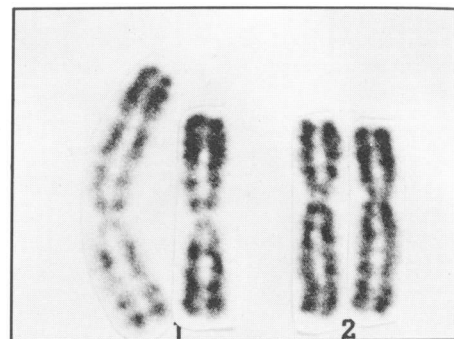
variety of questions on the prevention of genetic diseases. For example, a disease such as mongolism might show up in a family's genealogy and descendants might want to know the risk to their offspring and the steps to take to prevent it.

Diagnostic procedures are conducted in the laboratory *only* after the clinical groundwork has been completed. The diagnostic procedures might be in the area of *cytogenetics*, where the study of DNA and chromosomes can detect abnormalities such as Down syndrome (mongolism); or in *biochemistry*, to detect Tay-Sachs, sickle cell anemia and other diseases; or in *immunogenetics*, where study is undertaken of blood groups and the mechanism of immunity and its alterations, i.e., Rh disease.

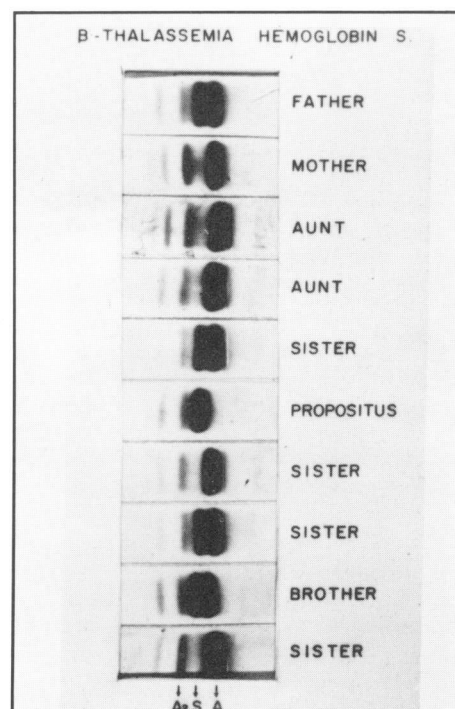
Once the diagnostic procedure has been completed, the geneticist prepares a written report for the referring physician. Included in the report is some of the following information:

- Introduction, reason for consultation
- Main concerns of the family
- Family history and physical exam
- Laboratory results and diagnosis
- Recommended tests and comments
- Risk for the patient, family
- Genetic counseling, recommendations
- Referrals

Special care is exercised in the way the report is presented to the patients. Findings are first discussed with the referring physician; then a presentation is made to the patients. Follow-up procedures are always initiated by the referring physician.



Pictured above are chromosomes of a patient with multiple congenital malformations, probably caused by the abnormally long chromosome #1. Note the difference with the other chromosome in the #1 position.



In this family, two genetic diseases concurred: Sickle cell anemia and Beta-thalassemia both were produced by the abnormalities in the hemoglobin, as illustrated in this picture.

NEWSMAKERS

William Wenerowicz, Nephrology Social Worker, has received notice that two manuscripts which he has written have been accepted for publication in the *Journal of Dialysis*.

The manuscripts are entitled "The Use of Behavior Modification Techniques for the Treatment of Hemodialysis," and "Locus of Control and Degree of Compliance in Hemodialysis Patients."

Earl Rosen, D.D.S., has presented a paper on "Cranial Metaphyseal Dysplasia"

at the American Academy of Maxillo-facial Prothetics. The paper has been submitted for publication.

Burton A. Waisbren, M.D., S.C., has been appointed consultant on infections and chemotherapy for *The Medical Letter*, a national newsletter sent to physicians on the use of drugs.

Paul A. Jacobs, M.D., has been named president-elect of the Baseball Physicians' Association.

Joe's right at home on peritoneal dialysis

"Kissing a man without a moustache is like eating an egg without salt."

The above is but one of the many aphorisms adorning the walls of Joe Rappel's comfortable home located near Milwaukee's airport.

Joe is Mount Sinai's first patient on home peritoneal dialysis, and his medical treatment is carried out entirely within his home, three times a week for 10 hours' duration.

He is assisted by his wife, Myrtle, who carefully oversees the treatment.

"At first, I was very nervous about learning the method, but I just made up my mind to see exactly how it is done," she said.

Mimi Herrick, R.N., conducts dialysis training sessions at Mount Sinai Medical Center and they last an average of one to two months. She instructed both Myrtle and Joe in the peritoneal procedure while Joe was a MSMC outpatient on hemodialysis between February and July of 1978.

The director of Mount Sinai's Dialysis Unit, Nephrologist Paul Jenkins, M.D., follows Joe's progress monthly. He explained the new peritoneal procedure.

Peritoneal dialysis uses the patient's abdominal cavity (the peritoneal cavity) as a substitute kidney to cleanse the blood of body wastes. Two liters of a special liquid (about 2 quarts) containing the same concentration of water, salt and other minerals as found in the blood stream are pumped into the peritoneal cavity. This is done through the use of a sophisticated dialysis machine called the Physio-Control PDSIRO300, and a semi-permanent tube or catheter which has been implanted in the patient's abdomen. When not on dialysis, the patient's catheter is capped and detached from the system.

While on dialysis, wastes diffuse from the blood, through the peritoneal membrane lining the peritoneal cavity and into the two liters of fluid that have been pumped into the area. The waste-containing fluid is drained and replaced by another two liters and the process is repeated twice each hour during the 10-hour period.



Joe and Myrtle Rappel work together as a team while Joe is on peritoneal dialysis in his home. During the 10 hours' dialyzing time, three times a week, he has the good company of his wife and familiar, comfortable surroundings. Mr. Rappel is Mount Sinai's first patient on home peritoneal dialysis.

"The peritoneal method is more gentle than hemodialysis, but both cause very little discomfort," Dr. Jenkins said. "The patient can eat, read, watch television, even sleep without difficulty."

The main problem encountered with peritoneal dialysis is a higher risk of infection in patients using this method. Since the patient self-administers the treatment, special care must be taken to ensure that conditions are sterile.

"Sterile technique is the key to my training sessions," Mimi Herrick said, adding that if the sterile technique is not followed, patients cannot dialyze at home. "It's as important as that," she said.

At the present time, Joe Rappel is MSMC's only patient on home peritoneal dialysis; however, another patient is being trained and eight others are on home dialysis.

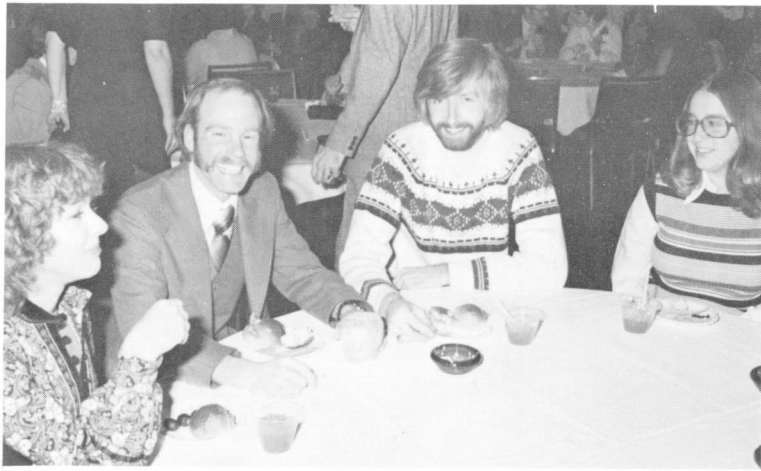
Medical Staff Appointments

The Board of Trustees of Mount Sinai Medical Center, acting upon recommendations of the Medical Executive Committee of the Board, has appointed the following physicians to the Active Medical Staff.

Department of Medicine: Thomas L. Holbrook, M.D., and Melish A. Thompson, Jr., M.D., Section of Cardiovascular Disease; George M. Lange, M.D., and Marshal J. Mirviss, M.D., Section of General Medicine; and Albert A. Fisk, M.D., Section of Geriatrics.

Department of Surgery: Freddy S. Racadio, M.D., Section of General Surgery.

Appointed to the rank of Specified Professional Personnel in the Department of Medicine, Section of Cardiovascular Disease, are Michael L. Pollock, Ph.D., and Carl C. Foster, Ph.D.



The Holiday Spirit— MSMC Style





Highest honors at the annual Volunteer Awards presentation, held during the annual meeting of the Auxiliary of Mount Sinai Medical Center, went to Mrs. Jay (Fanny) Goodman, left, who contributed 5,500 hours of volunteer work. Mrs. Goodman, shown here with Arthur S. Shorr, administrator of Mount Sinai, and Jean Greenwill, Director of Volunteers, received the Auxiliary's gold "The Hand That Serves" pin with a diamond imbedded in it. The annual meeting, held Tuesday, January 23, 1979, at Brynwood County Club, honored 57 men and women for reaching new plateaus in hours of service. Mrs. Greenwill reported that, during 1978, a total of 118 volunteers donated 35,506 hours — an increase of 526 from the preceding year.



Some of the guest speakers for the 17th Annual Medical-Legal-Industrial Symposium entitled "Reducing Costs in Industry" assembled for a photograph with Sidney K. Wynn, M.D. (far right), Chief of Plastic Surgery at MSMC and program chairman for the symposium. Pictured here are (l. to r.) Robert C. Haskins, Vice President, Professional Relations, Blue Cross of Wisconsin; Paul A. Jacobs, M.D., orthopaedic surgeon at MSMC and Assistant Clinical Professor of Orthopaedic Surgery at the Medical College of Wisconsin; Mildred Bartko, R.N., Occupational Health Nursing Consultant with the Wisconsin Division of Health; and Leonard S. Markson, M.D., S.C., Clinical Professor of Dermatology at the Medical College of Wisconsin. Symposium planners have already selected next year's topic which will be "Cancer in Industry."

Healing broken bones Continued from page 2.

received by physicians and patients alike. The major advantages are:

- Eighty-five to ninety-five percent success rate in healing fractures, established in the 500 cases performed to date. These figures are obtained from the dozen clinical centers around the U.S. using the system, of which we are one.
- There is no open surgery and no chance of infection or osteomyelitis.
- The procedure is painless.
- Money is saved, because repeated surgery and hospitalization become unnecessary.

Dr. Bassett, under whom Dr. Jacobs served part of his residency, reviews every case throughout the U.S. to be certain that his method is being used properly.

The Bio-Osteogen System is being used at such other prestigious institutions as Stanford University (Palo Alto, California); Johns Hopkins University School of Medicine (Baltimore, Md.); University of Southern California, (Los Angeles); University of Texas (San Antonio); Alfred I. Dupont Institute (Wilmington, Del.); and the Campbell Clinic (Memphis, Tenn.). The cost of the device is \$1,250.

A call for runners

Local members of the American Medical Joggers Association, Inc. are invited to contact Gary N. Guten, M.D., orthopaedic surgeon at Mount Sinai, if they are interested in forming a Milwaukee Chapter of the Association.

In a letter to Dr. Guten, Ronald M. Lawrence, M.D., president and founder of the national group, said that at least ten runners, who also are members of the AMJA, are needed to begin a chapter.

Dr. Guten can be reached at his office, at 276-6000.

Snow, snow and more snow has played havoc with headway on Mount Sinai's parking facility. Three weeks of work on the ramp were lost because of the snow, said Mr. Marvin Hersh, construction coordinator at MSMC. Getting rid of the snow is a major project. Before work can begin on the ramp, the snow is manually shoveled into big containers which are picked up by a crane and deposited in trucks to be carted away. Because of the unpredictable weather Mr. Hersh is, at this time, unable to provide a timetable for completion.



THE BIG STORMS OF JANUARY, 1979. – At Mount Sinai Medical Center, the team spirit was never more evident. Double shifts were worked and car pools were organized. Above, a hazy, snow-filled approach to Mount Sinai.

Poster given at Annual Ball

Anniversary dates played an important part in Mount Sinai's Annual Ball, held November 18, 1978, and sponsored by the Auxiliary of the Center. It was the 25th annual ball and the 75th anniversary for both the Auxiliary and the Medical Center.

A silver and white theme which began with the invitations was repeated in the shimmering silver decor of the Grand Ballroom of the Pfister Hotel.

Mrs. Sheldon (Beverly) Segal, president of the Auxiliary, welcomed guests to the black-tie gala and then introduced co-chairmen Mrs. Howard (Judy) Gordon and Mrs. Kenneth (Donna) Cooper.

A poster of artist Chaim Gross's painting entitled *Happy Family* was presented to the party-goers on behalf of the Auxiliary. Chaim Gross was selected by the Auxiliary "because of his skillful expression and empathetic appreciation of the animated worlds of the circus, of mothers and children at play, and of the human body in action. It has been said that he is among the select few who have made a net addition to the sum of the joy in the world." His works exemplify the goals and purpose towards which Mount Sinai Medical Center and its Auxiliary dedicate themselves.

Chaim Gross, one of the most prominent of Jewish artists of today, was born in East Austria in 1904. World War I prompted his family to flee from the area in 1916.

Chaim made his way to Vienna in 1919 in search of his eldest brother, whom he located in Budapest. It was in Budapest that his art career was born.

In 1921, at the age of 17, he arrived in New York. His first one-man show was in 1932. He has gained wide acceptance as an artist and teacher and his works can be found in many private and public collections.

The original poster can be seen in the Doctors' Auditorium.

MOUNT SINAI MEDICAL CENTER

 **STETHOSCOPE**

SUMMER 1978

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