Miss Scott Celebrates 50 Years Of Service

“A record of fifty years of service is impressive in any business, but if the employee has served in a hospital, helping people, it is even more special,” said Barnes President Robert E. Frank at a dinner May 30 honoring Miss Bernice Scott, who has been a full-time employee at Barnes since 1924.

A cocktail hour around Queeny Tower pool and dinner in the Tower dining room were held for Miss Scott’s fellow employees and friends. Following dinner, Mr. Frank presented the honored guest with a charm bracelet, a travel bag and tickets for a trip to Europe, her special “service award” for a half-century of service at Barnes.

Miss Scott started in the clinics as a page in May, 1924, as a summer relief employee. She was 14 years old. At the end of the summer, her work record was so good that her supervisor asked that she stay on permanently.

(Continued on page 2)

General Contract For Garage Awarded; Work Beginning

The general contract for the construction of an underground parking garage at Barnes Hospital, amounting to $7 million, has been awarded to G.L. Tarleton Contracting Co. of St. Louis.

Construction on the 1,150 car garage began following the end of the six-week construction union workers strike. The garage has received the approval of the Alliance for Regional Community Health, Inc. (ARCH).

Earlier, approval of the aldermen and city planning agencies had been obtained. The three-level garage is to be constructed underneath a section of Forest Park, south of the hospital, which was cut off from the main portion of the park when Kingshighway was widened and re-routed approximately ten years ago.

The garage will provide safer, more convenient parking for patients, families, visitors and employees of Barnes Hospital.

Kenneth Wischmeyer and Partners of St. Louis are general architects for the garage.

Officers Complete Aid Course

Nine members of the Barnes safety and security department have completed advanced first aid training and have met requirements of a new Missouri state law for ambulance drivers.

Red Cross instructors conducted classes at the hospital and a “final examination” was given June 12 with those enrolled in the class demonstrating first aid techniques on three “victims” from the Barnes School of Nursing. The graduates operate the Washington University Medical Center ambulance.

The new state law, which goes into effect July 1, requires that all ambulance drivers in the state have the advanced first aid skills so that proper medical care will be given at the scene of accidents. The new course includes a review of first aid techniques, CPR, and advanced first aid skills.

(Continued on page 2)
**Minibike Accidents Bring Serious Injuries**

A twelve-year old boy riding a minibike in a wooded area is suddenly knocked to the ground. A partially hidden wire has struck his neck with sufficient impact to jerk him from the bike.

He is rushed to a hospital emergency room. He is having trouble breathing and an emergency tracheotomy is performed. The boy's life is saved. However, long months of healing lie ahead along with surgical procedures and still his voice may be permanently affected.

Accidents involving the separation of trachea, the airway, and larynx, the voice box, are increasing and Dr. William A. Alonso, Barnes otolaryngologist, believes the increase in this type of injury is in proportion to the number of minibikes and small motorcycles in use, especially by children. In many cases, licenses are not required to operate the minibikes, which can reach speeds of 40 mph and more.

Dr. Alonso is co-author of a report on minibikes and accidents involving external, blunt laryngotracheal injuries published in a recent issue of Annals of Otology, Rhinology and Laryngology. The report concludes that injuries of this type are increasing and that immediate medical attention following an accident is essential to the life and satisfactory recovery of the victim.

In the report, Dr. Alonso cited four cases of patients between 10 and 16 years of age who suffered injuries of the trachea and larynx due to striking wires, or lines while riding minibikes or small motorcycles. Low tree limbs are also frequent culprits. Each case involved surgical procedures to repair damage to the neck.

In each case, the victim might have died if they had not received immediate emergency treatment. "In most cases there is only a bruise or burn on the neck," Dr. Alonso said. "The injuries generally are much more serious than they appear. A victim of this type of injury can die because of an inability to breathe or blood may choke the victim. Air can also seep around the windpipe and collapse a lung in the chest."

In cases cited in the report, victims later had surgical procedures and each suffered a loss in voice quality. "Many times the voice becomes very husky, of very poor quality," Dr. Alonso said.

Such accidents result in injuries similar to those which occur in some automobile accidents when the neck area hits the dashboard or when a person might strike a clothesline while running in a backyard. Similar injuries are being reported in northern states where many snowmobile drivers are becoming victims.

Dr. Alonso will report on his studies later this year during the American Academy of Orthopaedic Surgeons Course on Vehicular Injuries at Williamsburg, Va.

**Aid Course...**

(Continued from page 1) attention can be given prior to arrival at a hospital. The medical center ambulance does not respond to emergency calls but transports patients between hospitals and is used to transport persons from the helicopter landing area near the hospital.

Completing the course and meeting the new law requirements were Wayne Crume, William Ray, Greg Howell, Arlen Murphy, Archie Melvin, Ron Demanuele, Lavern Williams, Deleon Greer and Ray Belcher. Sgt. Betty Falkenberg also completed the course.
Doctor's Notes

Dr. Hugh Chaplin, a Barnes physician, recently spoke at a regional Red Cross meeting in Louisville, Ky., and at an annual meeting of the Heart of America Blood Banks Association in Wichita, Kan. He also recently served as an FDA consultant for developing standards for the manufacture of antiglobulin sera.

Dr. Jack Hartstein, Barnes ophthalmologist, recently attended the Third International Contact Lens Congress in Lyon, France, and presented papers on "The Status of Soft Contact Lenses in the USA" and "The Use of Soft Contact Lenses in Aphakia." Dr. Hartstein also was recently promoted to editor-in-chief of the Contact Lens Medical Bulletin.

Dr. Saul Boyarsky, Barnes surgeon, has been named to serve another year as a member of the urology committee of the American Fertility Society and has been reappointed for another three-year term as a representative of urology to the Committee for Forum on Fundamental Surgical Problems of the American College of Surgeons.

Dr. Robert E. Shank, chief of preventive medicine, recently spoke at the Quality of Life Congress sponsored by the American Medical Association in cooperation with other groups and held in Wheeling, Ill.

The 4th annual Thomas H. Burford Lecture in Thoracic Surgery was presented May 30 by Dr. Norman E. Shumway, a heart transplant authority from Stanford University. Dr. Burford was thoracic surgeon-in-chief at the hospital from 1951 to 1968, and still is an associate with the surgical staff. The lecture was in Clopton Auditorium.

A $16,033 grant from the National Cancer Institute has been awarded to Dr. Harvey R. Butcher, a Barnes surgeon, cancer coordinator and director of tumor services. Dr. Butcher is combining data related to breast cancer from his studies and from 35 other institutions.

Dr. John Holloszy, a Barnes physician, recently spoke on "Acute and Chronic Metabolic Responses to Exercise" at Lankenau Hospital in Philadelphia, Pa., and on "Acute and Chronic Biochemical Adaptations to Exercise in Skeletal Muscle" at Harvard University Medical School.

VNA Aids Discharged Patients

Patients expect and receive skilled, attentive nursing care while hospitalized but what happens when a patient is discharged and needs continued periodic care?

The Visiting Nurse Association of Greater St. Louis (VNA) is an answer for many people. VNA provides medical care, which may be needed on an intermittent basis, in the patient's home. As a result, many people remain at home who otherwise might have been admitted to nursing homes.

Barnes Hospital physicians and nursing personnel work closely with Mrs. Ellen Seymour, VNA's hospital coordinator for Barnes. Mrs. Seymour visits the majority of nursing divisions at Barnes each week, checking on possible referrals to VNA by physicians. When a referral is made she visits the patient prior to discharge from the hospital to make arrangements for VNA visits to the patient's home.

When a patient, who is in need of periodic medical attention, is discharged and has been referred to VNA, a nurse visits the person at home the next day. Mrs. Seymour brings carbon copies of the report of the initial home visit back to nursing personnel at Barnes. "This helps in the continuity of care," she said. The carbon later becomes a part of the former patient's medical record.

"We can help the patient who is well enough to leave the hospital but who needs continued care which cannot be provided by family or friends," Mrs. Seymour said. "Many times this will enable a person to stay at home for recuperation and we feel this is better for the person themselves."

A full spectrum of home care is available to those referred to VNA, a United Fund agency. The association is composed of registered nurses, home health aides, physical therapists, occupational therapists, speech therapists, nutritionists and social workers. The association recently added a person experienced in renal dialysis and an enterostomy therapist to its staff.

Whenever possible, VNA nurses also teach patients how to take care of themselves. "Teaching is an important element of the care we provide," Mrs. Seymour said. "If we can train the person to change a dressing, for instance, they may need our services for a shorter period of time."

Physicians and hospitals are the largest groups referring persons to VNA and Barnes refers more of its patients than any other hospital. In 1973 a total of 425 persons were referred from Barnes. The 1973 total was an increase of 87 over the 1972 total. Preliminary figures for 1974 indicate this year's total will be the highest yet.

Other referring groups are nursing homes, community agencies, friends or neighbors, relatives or by the person himself. Although a majority of VNA referrals are persons 65 years of age or older, a person of any age may receive the nursing services, even newborn babies.

VNA is a non-profit organization founded in St. Louis in 1911. Services are available in the City of St. Louis, St. Louis County, St. Charles County and parts of Jefferson County. The local organization works closely with similar agencies in Illinois.
whatever it is...

Auxiliary, adenoids, ambulance, anesthesia, appointments, aches, appendixes, allergies, antibodies, aspirin Babies, Barnard, blood bank, budget, bones, bellybuttons, beepers, beds, bedpans, Bulletin Cardiology, cafeterias, chaplains, clinics, colds, codes, cataracts, computers, charts, coffee shop Dietary, diets, deliveries, data, dermatology, doctors, donors, drugs, diarrhea, donuts, dispatch, directories, dentists Emergencies, earaches, enzymology, eyes, East Pavilion, examinations, elevators, escalators Fingers, floors, forms, figures, feet, feelings, Fellows, food, fathers, feathers Gas, gastroenterology, gift shop, gallstones, gauze, glasses, gowns, gynecology Hearts, hematology, housekeeping, house staff, hives, husbands, hiccups, hands, hemostats, heliport Immunology, information, interns, infections, infertility, intensive care, isotopes, insurance Joints, jelly, jobs, jaundice, jaws, juice, jackets, jejunum Kidneys, kitchen, knees, knives, knuckles, kisses, kids, kymograph Laboratories, laundry, libraries, linens, lounges, livers, listeners, letters, lobbies Medicine, maintenance, metabolism, microbiology, mommas, maternity, mastoids, membranes.
The above is a salute to our hometown, St. Louis, which has it A to Z, and to the St. Louis Regional Commerce and Growth Association, who is responsible for the slogan we have here adapted in light of their inadvertent omission of Barnes under the B's on the original poster. (A proofreading error, no doubt.)
Any unusual symptom in a woman near her fifties usually brings a knowing look from her friends and relatives. It’s the menopause, that “change of life” that every woman has heard about, and dreads.

“Why blame every disruption on the menopause?” asks Dr. David Rothman, Barnes obstetrician-gynecologist. “I’m not sure there is any such thing. If ‘menopause’ is the lack of estrogen, then why is it that many women with low estrogen levels get along fine, and many with plenty of estrogen left have all the classic symptoms commonly referred to as the ‘menopause’?”

Dr. Rothman is a firm believer in treating his patients as people. “We can’t isolate the organic illness from the fact that the individual has feelings,” he said. He uses psychotherapy in his treatment of patients with the symptoms associated with “change of life”—hot flashes, irritability, excessive perspiration, interrupted sleep.

“Oh, of course, I prescribe estrogen, as most gynecologists do, for these symptoms. But I’m not really sure if the results are due to pharmacology of the drug, or to helping the patient cope with the problems of approaching middle age.

“If a woman can handle all the emotions of living for 40 years, she can get through the menopause with no new problems,” Dr. Rothman says. He said there are several emotional reasons why women have the traditional symptoms.

“First is the ‘empty nest’ syndrome. The woman’s children have gone away to school or to establish their own homes, and this woman may have a feeling of abandonment, and not belonging. Second is the woman who is troubled by the aging process. She may not have the personality structure to be able to cope with the changes in her appearance brought on by aging. Third is the person who has had goals she had hoped to achieve. Then, as she sees most of her life behind her, she feels that she has lost the chance to do some of these things.”

Dr. Rothman, who formerly was chief of obstetrics and gynecology at Jewish Hospital, gave up his obstetrical practice several years ago, and now spends at least eight hours daily in the office counseling patients, in addition to continuing his gynecological practice.

“‘First is the empty nest’ syndrome. The woman’s children have gone away to school or to establish their own homes, and this woman may have a feeling of abandonment, and not belonging. Second is the woman who is troubled by the aging process. She may not have the personality structure to be able to cope with the changes in her appearance brought on by aging. Third is the person who has had goals she had hoped to achieve. Then, as she sees most of her life behind her, she feels that she has lost the chance to do some of these things.”

Dr. Rothman, who formerly was chief of obstetrics and gynecology at Jewish Hospital, gave up his obstetrical practice several years ago, and now spends at least eight hours daily in the office counseling patients, in addition to continuing his gynecological practice.

“Each patient should be treated as an individual, the sum total of the lives experience evaluated, to determine the proper course of therapy.” Dr. Rothman said. “Of course, it is impractical to counsel each patient, and sometime one has to take the easy way out, but a doctor should understand that with emotional support patients can do better and sometimes can give up medication.”

Dr. Rothman pointed out that frequently a patient does not want the doctor to delve into their emotional problems. “They are threatened by this approach, and of course it seems much simpler to take a pill. Even when the patient pretends to cooperate they may hold back vital information.

“It’s important to pay close attention to the way a patient behaves, what they say, even their gestures may give you a clue.”

Dr. Rothman cited a double-blind study in Finland in which 81 middle aged women showing symptoms commonly associated with menopause were given the same colored pill. No one, including the researcher, knew which woman got estrogen and which got a placebo. After six months, there was no difference in relief of symptoms.

Dr. Rothman feels that all physicians should use the principles of psychotherapy in treating their patients’ organic illnesses. “One common misconception is that a symptom that is psychosomatic is imaginary. That’s nonsense. It’s just as real as any other symptom. If you’re embarrassed, you blush, and that is certainly not imaginary. Perspiration or muscle spasms caused by nerves are certainly not every imaginary. They are simply emotionally caused symptoms, and it is extremely difficult to separate the physical and emotional causes of illness.”

Dr. Rothman has been interested in the application of psychotherapy to patients’ symptoms for many years. “In 1945, a group started to meet with a psychoanalyst every Sunday morning. In addition to me, there were two internists and a pediatrician. We brought case material to the analyst and discussed the ways to treat various patients. It was extremely helpful.”

Psychotherapy can be applied to every specialty of medicine, Dr. Rothman believes. He is advocating training in this technique in all residency programs, with fellowships for this type of study in all specialties.

“Of course, I prescribe estrogen, as most gynecologists do, for these symptoms. But I’m not really sure if the results are due to pharmacology of the drug, or to helping the patient cope with the problems of approaching middle age.

“If a woman can handle all the emotions of living for 40 years, she can get through the menopause with no new problems,” Dr. Rothman says. He said there are several emotional reasons why women have the traditional symptoms.

“First is the ‘empty nest’ syndrome. The woman’s children have gone away to school or to establish their own homes, and this woman may have a feeling of abandonment, and not belonging. Second is the woman who is troubled by the aging process. She may not have the personality structure to be able to cope with the changes in her appearance brought on by aging. Third is the person who has had goals she had hoped to achieve. Then, as she sees most of her life behind her, she feels that she has lost the chance to do some of these things.”

Dr. Rothman, who formerly was chief of obstetrics and gynecology at Jewish Hospital, gave up his obstetrical practice several years ago, and now spends at least eight hours daily in the office counseling patients, in addition to continuing his gynecological practice.

“Each patient should be treated as an individual, the sum total of the life experience evaluated, to determine the proper course of therapy.” Dr. Rothman said. “Of course, it is impractical to counsel each patient, and sometime one has to take the easy way out, but a doctor should understand that with emotional support patients can do better and sometimes can give up medication.”

Dr. Rothman pointed out that frequently a patient does not want the doctor to delve into their emotional problems. “They are threatened by this approach, and of course it seems much simpler to take a pill. Even when the patient pretends to cooperate they may hold back vital information.

“It’s important to pay close attention to the way a patient behaves, what they say, even their gestures may give you a clue.”

Dr. Rothman cited a double-blind study in Finland in which 81 middle aged women showing symptoms commonly associated with menopause were given the same colored pill. No one, including the researcher, knew which woman got estrogen and which got a placebo. After six months, there was no difference in relief of symptoms.

Dr. Rothman feels that all physicians should use the principles of psychotherapy in treating their patients’ organic illnesses. “One common misconception is that a symptom that is psychosomatic is imaginary. That’s nonsense. It’s just as real as any other symptom. If you’re embarrassed, you blush, and that is certainly not imaginary. Perspiration or muscle spasms caused by nerves are certainly not every imaginary. They are simply emotionally caused symptoms, and it is extremely difficult to separate the physical and emotional causes of illness.”

Dr. Rothman has been interested in the application of psychotherapy to patients’ symptoms for many years. “In 1945, a group started to meet with a psychoanalyst every Sunday morning. In addition to me, there were two internists and a pediatrician. We brought case material to the analyst and discussed the ways to treat various patients. It was extremely helpful.”

Psychotherapy can be applied to every specialty of medicine, Dr. Rothman believes. He is advocating training in this technique in all residency programs, with fellowships for this type of study in all specialties.

“Each patient should be treated as an individual, the sum total of the life experience evaluated, to determine the proper course of therapy.” Dr. Rothman said. “Of course, it is impractical to counsel each patient, and sometime one has to take the easy way out, but a doctor should understand that with emotional support patients can do better and sometimes can give up medication.”

Dr. Rothman pointed out that frequently a patient does not want the doctor to delve into their emotional problems. “They are threatened by this approach, and of course it seems much simpler to take a pill. Even when the patient pretends to cooperate they may hold back vital information.

“It’s important to pay close attention to the way a patient behaves, what they say, even their gestures may give you a clue.”

Staff Changes

The President’s Office reports the following doctors on staff effective July 1: Drs. Ronald C. Bilchik, Harry L. S. Knopf, Theodore Krupin, Mitchel L. Wolf, and James M. Gordon, assistant ophthalmologists.

Drs. William T. Shearer, Arnold Strauss, Robert S. Greenwood and William A. Farris, assistant pediatricians; Dr. John P. Murray, assistant otolaryngologist; and Dr. Steven P. Friedling, assistant physician.

Dr. James S. Nelson and Dr. Carl H. Smith, assistant pathologists, retroactive effective dates, and Dr. Bernard Jaffe, assistant surgeon, effective Aug. 1.
Research Grant Is Awarded To Dr. Jarett

Dr. Leonard Jarett, director of Barnes diagnostic laboratories and professor of pathology and medicine for Washington University School of Medicine, has received a $267,427 grant from the National Institutes of Health to research the effects of insulin on cells which are primarily involved in the storage of fat.

Dr. Jarett said, “The long-range goal of the study is to add to our knowledge of diabetes and obesity and give insight into some of the hormonal control mechanisms that are involved.”

Dr. Jarett explained that there is a great deal of knowledge of the process by which certain hormones cause the breakdown of triglycerides (fat) stored in adipocytes (fat cells). Insulin, however, triggers a buildup of fat, apparently by a different chain of reactions. “If we can find out something about the normal process of the buildup and breakdown of stored lipid, then we will know more about what we can do under disease conditions.”

The theory for a number of years has been that the buildup was simply the same mechanism as the breakdown, working in reverse. Dr. Jarett was one of the first to demonstrate that this is not the case; insulin had to be working through another system of enzymes and secondary messengers in the cell.

Since the first interaction of the hormone is with the cell membrane, Dr. Jarett developed a technique for separating the outer membrane from the fat cells to study by electron microscopy and biochemical techniques the point of interaction of the hormone with the membrane.

“We have developed a technique for joining insulin with an electron dense marker to see by electron microscopy where insulin interacts with the membrane. This should enable us to determine if insulin gets inside the cell, if indeed, the hormone needs to get inside the cell,” Dr. Jarett said.

“We also need to find out what happens biochemically when the hormone interacts with the cell membrane. If you take an intact cell and add insulin, then isolate enzymes, there are several whose activity has been changed. But if you start with isolated enzymes and add insulin, nothing happens. So it is not a direct action of insulin on these enzymes, but it is secondary to something else having been done earlier.”

“We have found a major enzyme system associated with the fat cell plasma membrane on which insulin can cause a direct effect. We can add insulin to an enzyme rich membrane preparation in the test tube and it increases the activity of the enzyme.

“When we completely understand the basic fundamentals of insulin action, we will start looking at the human condition and some medical problems such as obesity and diabetes.”

(Continued from page 1)

“...35 a month for a 48-hour week. That amount went pretty far in those days,” she said. “For example, a clinic visit was 25¢ and still many persons couldn’t afford it and received free care.”

When Miss Scott rode the Taylor streetcar up Euclid in those years of the mid-20’s, her salary was $35 a month for a 48-hour week. “That amount went pretty far in those days,” she said. “For example, a clinic visit was 25¢ and still many persons couldn’t afford it and received free care.”

A particularly vivid memory for Miss Scott was the tornado of 1927. “I can remember them bringing the injured in from all over,” she said. “They carried them over to Barnes from the clinics (then located on the other side of Euclid) on slabs of board. There was a trail of blood across the street.”

Celebrates 50 Years...

Among the milestones of her career at Barnes, Miss Scott includes her tenth anniversary. “Dr. John Lawrence was head of the clinics at that time. He congratulated me on my ten-year record and asked me where I was going on my vacation. I told him I really couldn’t afford a trip. He said, ‘Where would you like to go?’ I said, ‘Well, I’d like to go to the 1934 World’s Fair in Chicago.’

“Well, Dr. Lawrence insisted that I should go. He made all the arrangements, and when the time came he gave me an envelope with my train ticket, spending money, and told me that I and a friend I’d invited along would be guests of him and his wife at their Chicago apartment. He rode up with us on the train, since his wife was living in Chicago at the time. And when he saw me having a sandwich before we left, he said, ‘Why are you eating? You’re going to have dinner on the dining car.’”

Plans for the future? The European trip this summer, of course. And summer, attractive Bernice Scott has no retire-
The following is a list of honorees (names in boldface) and contributors to the Barnes Hospital Tribute Fund from May 1 to June 19, 1974.

In Memory Of:
Rose Noto
Meyer Family (Bob, Larry, Mrs. Meyer)
John Huber
Betty Falkenberg
Clint Mobley
Arlen & Joann Murphy
Elizabeth Ebert
Mr. & Mrs. Fred Mueller
Dr. Kline M. Richardson
Mr. & Mrs. Robert Erickson
Bart Davitt
Mr. & Mrs. M. R. Chambers
Mrs. Doris Thomas
Dr. & Mrs. Leonard Berg
Dr. L. Wallace Dean
Mr. & Mrs. Philip L. Moss
Morris Davidson, M.D.
Dr. & Mrs. Robert E. Votaw
Frederic M. Peirce
Mr. & Mrs. M. R. Chambers
Mr. & Mrs. Charles E. Caggett
Mr. & Mrs. Raymond E. Rowland
Mr. Richmond C. Coburn
Mr. L. L. Browning, Jr.
Mr. Charles C. Allen
Mr. & Mrs. Charles E. Caggett
Mrs. J. Garneau Weid
Mr. & Mrs. Charles E. Caggett
Mr. Milton Fischmann
Mr. & Mrs. Stanley Kolker
Mr. & Mrs. Morris J. Mathis
Mr. & Mrs. Frank Middleman
Mrs. Judith Griesedieck
Barnes Board of Directors
Mr. & Mrs. William Phelan
Mr. & Mrs. Raymond E. Rowland
Juanita Wilson
Barnes Alumni Assn., School of Nursing
Jennie Huff Knot
Barnes Alumni Assn., School of Nursing
Miss Helen Bryant
Barnes Alumni Assn., School of Nursing
Kenneth B. Wackman
Mr. & Mrs. Raymond E. Rowland
Buri Wann
R. L. Bence
Edward Brandt
Peggy M. Southworth
Mary Agnes Weller
Mrs. Ed Hayward
Charles Singleton
Mr. & Mrs. James Weatherby
Mrs. Edna McCray
Harold & Margot Hastings
Maurice Goldberg
Frances & Bob Bence
Miss F. E. Fleishel
Mrs. Mary Hord Perry
Dena Lipsitz
Mr. & Mrs. Darwin Portman
Charles Catlett
Mrs. Terrye Balin
Mother of Phylis Bowser
Sam Dornier
In Honor Of:
Bar Mitzvah of Dr. & Mrs. Allan Kolker’s Daughter
Mr. & Mrs. Darwin Portman
Dr. Charles Roper’s Recovery
Mary P. Barr
A Contribution
Mr. & Mrs. James M. Nagle
40th Anniversary of parents of
Dr. Gustav Davis
Mr. & Mrs. Darwin Portman
Recovery of Burt Wenneker
Mr. & Mrs. Stanley Kolker
Marriage of Mr. & Mrs. Walter Schimmel
Mr. & Mrs. Phillip L. Moss

What's Inside?

BARNES HOSPITAL BULLETIN

Barnes Hospital
Barnes Hospital Plaza
St. Louis, Missouri 63110

The Wishing Well

Bring A Garden Inside