A Time For Reflection

The holiday season is a time of reflection and thanksgiving. Barnes employes can be proud of their accomplishments during the past year. Our employes have helped make this year a particularly successful one for Barnes.

But I am particularly grateful to our employes who have helped men and women of our society find new dignity and hope. Every day, there are quiet signs of our employes practicing brotherhood.

A good example is the way Barnes set records by contributing to this year’s United Fund campaign. During this holiday season, we should be grateful for our many blessings.

By contributing to the United Fund, we are sharing with people less fortunate, which is in keeping with the true meaning of the holiday season—"the spirit of giving."

It is through giving and sharing that we realize the full significance of the meaning of Christmas.

Thank you for all you have done this past year, and I would like to extend the warmest wishes to each of you and your families for a safe and happy holiday season.

Robert E. Frank
Director of Barnes Hospital

Touchdown! Barnes Hospital Scores for Needy People

Touchdowns—lots of them—make a winning football team like the Mizzou 'Tigers. And generosity—lots of it—has made Barnes Hospital a winning team in the 1969 United Fund Drive.

Barnes employes contributed a record $55,226 to the Fund Drive. In the St. Louis area, the record-breaking gift of Barnes employes will go to support nearly 110 health and welfare agencies in their daily battles against disease, poverty, ignorance and juvenile delinquency.

This year’s United Fund “fair-share” quota was $52,000. In 1968, Barnes employes contributed $47,263. United Fund helps one out of every four persons in the St. Louis area.

For example, United Fund contributions help score a victory for a destitute little girl who may need eye care in McMillan Hospital. United Fund contributions are winning for an elderly man who cannot afford treatment at Barnard Free Skin and Cancer Hospital.

Football players develop pride in accomplishments. And contributors to the United Fund have that same warm feeling because they have helped someone less fortunate.

89 Freshmen Recognized in Capping Ceremony
Marking Their Entrance Into Barnes’ Nursing School

Barnes’ Hospital School of Nursing recently recognized 87 young women and two men as freshmen at a capping ceremony in Graham Chapel at Washington University. After completing one month of study at the school, the student nurses were awarded their caps to commemorate their entrance into the nursing school. It takes three years to complete the formal training program offered by the School of Nursing.

Wearing their student uniforms for the first time, the girls were awarded their caps with pink bands designating them as freshmen. The boys in the class received a name pin with the pink band.

The program was opened with an invocation by Chaplain George Bowles followed by talks by Miss Helen McMurtry, associate director of nursing education, and Miss Ann Vose, director of nursing. Thomas C. Winston, assistant director of Barnes, gave the main address.

Miss Susan Pilcher, president of the student association, gave the welcoming address, emphasizing that study and learning are necessary to meet the challenges of the expanding nursing field.

Nursing not only provides effective service, but it is interesting and a source of personal satisfaction, she said.

Then, the Florence Nightingale pledge was recited by the group. The Rev. Robert M. Krawinkel closed the program with benediction.

Receiving caps were: Patricia Abernathy, Linda Aldridge, Glenda Allen, Kathleen Anthony, Patricia Ashburn, Jane Ann Bariether, Cheryl Batz, Mary Beine, Gery Bigler, Sharon Boatwright, Christine Burton, Caren Cates, Sharon Chasteen, (Continued on page 6)
Dr. DeBakey Visits Barnes’ New Coronary Care Unit; Discusses Plans to Install Similar Unit at Baylor College

Barnes Hospital’s new Coronary Care Unit, with its computer application for monitoring patient heartbeats and capability for monitoring other life-signs, is already becoming a showplace for advanced medical techniques.

The new unit was opened in early November by Dr. Michael E. DeBakey, president of the Baylor College of Medicine and chairman of the department of surgery at the institute which is located in Houston, and Dr. Willem Kolff of the University of Utah who is the pioneer of artificial kidney machines and a proponent of artificial hearts.

These men visited the Barnes unit between meetings of the Society of Engineering Sciences, Inc., at the Chase Hotel. Both men seemed favorably impressed by the unit and its computer system which was developed by the Washington University Biomedical Computer Laboratory, under the direction of Dr. Jerome R. Cox, Sc.D. Dr. DeBakey has a personal interest in the unit at Barnes, although this was the first time he had seen the unit.

Dr. DeBakey has performed 11 heart transplants, with two of the patients living more than one year. Touring the unit with Dr. DeBakey was Dr. Gerald A. Wolff, director of the intensive care facility; Dr. Edward Massie, assistant physician in the department of medicine; and Dr. Cox.

Dr. DeBakey and Dr. Cox have been exchanging correspondence and information on computer-monitoring systems for about two years, because Baylor College is preparing to install a similar computer-monitoring unit in its post-operative intensive care unit.

Dr. DeBakey’s new unit will be directed by Dr. Don Glaeser, who was formerly on Dr. Cox’s staff in St. Louis. Dr. DeBakey’s unit should be operable within six months. Eventually the unit will monitor patient heartbeats, blood pressure, blood gases and other respiratory measurements.

The physicians paused during their tour to discuss methods of surgical treatment of patients with heart disease. But the main attraction was the Barnes heart unit itself.

Dr. DeBakey, mindful of how his new computer-monitoring equipment would soon be pinpointing and relating minute changes in the condition of post-operative surgical patients, asked many questions about the electronic data processing equipment.

Upon leaving the Barnes unit, DeBakey replied, “This is latest in sophisticated monitoring hardware; yet it is both practical and functional where it should be. I also like the color scheme.” DeBakey then left and addressed about 500 persons at the Society of Engineering Sciences banquet.

In his speech, DeBakey noted that artificial hearts and transplants were only temporary, short-range solutions until research discovers and refines
demonstrate the apparent feasibility of implanting an artificial heart.

One of the features of the Society of Engineering meetings was a display of an artificial heart pump system developed by the National Heart Institute. A similar pump had been implanted in six calves.

The calves could walk without assistance from an outside power source, according to Dr. Frank Hastings, director of the artificial heart program at the National Heart Institute, Bethesda, Md.

Hastings said the pump is a major step in the development of an artificial heart, although the unit must be miniaturized for humans.

“Such mechanical hearts should be ready for human use sometime in the 1970s,” he said.

“It all depends on how much money the government will invest in the effort. With a major effort, it could be only a couple of years,” he said.

George Cahill Delivers 6th Olmsted Lecture

Dr. George Cahill, associate professor of medicine at Harvard Medical School, who directs the Elliott P. Joslin Research Laboratory, was the guest lecturer at Barnes Hospital’s Sixth William H. Olmsted Lecture held recently in Wohl Auditorium. Dr. Cahill spoke on “Human Fuel Metabolism.”

Status Changes Announced

The following physicians have been added to the attending staff: Dr. Lewis Robert Chase, assistant physician in the metabolism division; Dr. Gustav Schroeder, assistant physician; Dr. Robert N. Miller, assistant, department of anesthesia, returning from leave of absence; Dr. Kenneth S. Shepard, assistant pediatrician; Dr. Mary Parker, assistant pediatrician to Children’s Hospital outpatient department only. Dr. Ercument Kopman was recently appointed a fellow, department of anesthesia.
First Pruitt-Igoe Grand-Round Session Held; Participants Discuss Anonymous Case Study

A case study of a 17-year-old Pruitt-Igoe girl with apparent pernicious anemia was presented at the first Pruitt-Igoe grand-round session held in early November at the Olin Residence Penthouse.

At the grand-round session, a complete physical description of the anemic patient’s condition was given. The patient was described “... as lacking daisical and without employment.” She initially went to the clinic seeking aid for her one-year-old nephew who was ill with a persistent cold.

“The girl’s family income, about $250 a month, included state aid for a dependent child, and the efforts of her sister engaged in prostitution. The patient’s diet consisted of hamburgers, potato chips and soda pop.”

Dr. Carl V. Moore, physician-in-chief in the department of medicine at Barnes, was one of the featured speakers. He described the anemic patient’s condition as “... as lacking daisical and without employment.” She initially went to the clinic seeking aid for her one-year-old nephew who was ill with a persistent cold.

The patient’s diet consisted of hamburgers, potato chips and soda pop.”

Featured speakers were Dr. Carl V. Moore, physician-in-chief in the department of medicine, and Miss Dorothy Stauffer, director of social work services for the St. Louis City hospital system.

Tentative plans are to hold monthly discussion meetings concerning anonymous medical cases and problems encountered by physicians at the Pruitt-Igoe Men’s Progressive Club Medical Action Center which was established in 1968 to provide medical care, education and training for the residents there.

The medical center is staffed on a volunteer basis by the house staff from Barnes Hospital and faculty and students from Washington University School of Medicine.

When the session moderator concluded his remarks concerning findings of the case study patient, Dr. Moore was asked to comment. He went to a nearby blackboard and diagrammed iron input-output statistical ratios that are important to maintaining a proper chemical balance in women. He calculated the amount of iron needed by the 90-pound patient in the case study. He emphasized the girl’s poor eating habits as one of the main deterrents to good health.

“Anemia is a problem for millions of adult women, especially in the countries of the Middle East. Half of the women are suffering from anemia,” Dr. Moore said.

“We could probably cure the patient in the case study in two weeks, and she would have more energy to perform her daily responsibilities,” he said.

Concerning social and economic aspects of the case, Miss Stauffer said, “Too often our society stereotypes certain ethnic groups or individuals as being ‘lazy or unmotivated’ when there is actually an underlying mental or physical disease which is responsible for a listless outward appearance.”

Reunion Held for Doctors Who Served With Hospital ’21’ Overseas During World War II; 27 Still on Staff at Barnes

A reunion was held recently at the Chase Hotel for doctors who served with the military General Hospital No. 21, overseas during World War II. Local arrangements were directed by Dr. Sim F. Beam, assistant physician in the department of medicine at Barnes.

Toastmaster for the event was Dr. John Patton, an alumni of the Washington University School of Medicine who is now living in Columbia, Mo. Guest of honor was Dr. Lee Cadly of Houston, Tex., who commanded the hospital unit, which was first sponsored by Washington University and Barnes Hospital during service in World War II.

The staff of the hospital unit was so large that it was divided and units served in Italy, Ethiopia and England during the war.

General Hospital No. 21 was a proud heritage. It was first organized in the years between 1914-1917 by the American Red Cross. Fifty hospitals based on existing institutions, across the country were designated to serve for emergency purposes during World War I. General Hospital No. 21 was reactivated and a generation of doctors of 20 years younger served in the "new" General Hospital No. 21.

About twenty-seven doctors who are still on the staff at Barnes served with the medical hospital during World War II.
Christmas is a children's time—the celebration of birth, the wonder of a child, are the serious side of the season . . . and the joys of Santa, the tree, and the gifts are the sparkle which make it more special. When hospitals celebrate Christmas, it is usually with the accent on faith and thankfulness, for ill health and Christmas don't mix when Christmas means celebrating and merriment. But children are eternally hopeful, and their joy can't be contained at Christmas, even within the hospital walls.

Since Christmas is mainly for the little tots, the idea occurred to us to ask some of "our" children—offspring of employees, of patients, and children who were patients themselves, to draw and express themselves about Christmas. So that is what we did. We delved here and there, searching wherever we thought we might discover promising young artists with imaginative ideas about Christmas to help make your holiday more meaningful.

Several children were asked to name their favorite time of all the Christmas season. Some replied that they best like that moment when they open their gifts. Others said it was seeing and talking to Santa and still others said that decorating the Christmas tree was what they enjoyed most.

Some children also mentioned the religious aspects of the season—the Nativity and the three Wise Men which are displayed in many homes.

We soon found that there were many ideas about Christmas. Now we want to share the "masterpieces" with you. Perhaps the works of these future Van Goghs will make your holiday season just a little merrier . . . It's their and our way of wishing you: "...A 'Mary' Christmas!"

"...Tell me what is this innumerable throng
Singing in the heavens a loud angelic song?
These are they who come with swift and shining feet
From round about the throne of God the Lord of Light to greet..."

—Anna E. Lawson

"...Santa Claus
Is a Spirit of Love,
Love for the home folks,
Great love for the children,
Greatest love for the lonely ones,
And greatest love for those who grieve . . ."

"...if this were very long ago
And Bethlehem were here today.
And Mother held my hand and smiled—
I mean the lady would—and she
Would take the woollen blankets off
Her little boy so I could see.
His shut-up eyes would be asleep,
And he would look like our John,
And he would be all crumpled too,
And have a pinkish color on . . ."

—Elizabeth Roberts

"...The sheen of it all
Is a star silver and a pine green
For the heart of a child asking a story,
The red and hungry, red and hankering heart
Calling for cross-lights of silver and green . . ."

—Carl Sandburg

"...little silent Christmas tree
who found you in the green forest
and were you very sorry to come away?
see i will comfort you
because you smell so sweetly
i will kiss your cool bark
and hug you safe and tight
just as your mother would,
only don't be afraid
look the spangles
that sleep all the year in a dark box
dreaming of being taken out and allowed
to shine,
the balls the chains red and gold
the fluffy threads . . ."

—E. E. Cummings
1—Walter Day, 6, proudly displays a picture of that “jolly old elf” who will visit Walter’s home on Christmas Eve. Walter was a patient on 5 McMillan.

2—Kenneth Suiter, 14, a patient on 5 McMillan, showed amazing talent in drawing a Santa and Christmas train. Kenneth said that someday he wants to go to art school.

3—This young man, Clyde Carver, presents a character study of deep concentration as he decorates a Christmas tree while seated on a chair only two-feet high on 5 McMillan.

4—Christmas is a time of rebirth. Here, a new mother, Mrs. William Kintz, and her son, Michael Kintz, 8, admire Charles, a recent addition to the Kintz family who was born in Maternity Hospital. Michael created the drawings below as he anxiously awaited the arrival of his new brother.
Capping: (Continued from page 1)

Deborah Dalton,
Janeane Dwelliss, Nancy Dover, Wanda Drene,
Deborah Duncan, Brenda Edgar, Patricia Ellis, Cathy Emhors, Susan Farmer,
Barbara Fechter, Sandra Ferguson, Patricia Ferguson, Karen Frye, Marilee Funck, Jerry Furlong, Beverley Griffith, Marjorie Gross.

Ruth Hanes, Kathleen Hanifi, Connie Headlee,

Barnes 'Clean Room' On Magazine's Cover

The Barnes Hospital clean room was featured on the cover of the November issue of St. Louis Commerce magazine, the official publication of the St. Louis Chamber of Commerce. The full-page color photo illustrated the magazine's feature story, "Hospitals: Rx for Community Health," which dealt with one of St. Louis' outstanding assets—the city's medical institutions.

A five-page story on the inside of the magazine gave facts about the 59 licensed hospitals in the metropolitan area. (Sample fact: there are a total of 21,131 beds.) An architect's drawing of Barnes Hospital, as planners envision it will look in the future, is at the top of the story. There are two other Barnes photos, one of the cardio-thoracic operating room and another of a nurse in surgical scrub clothes.

Electronic Devices Disseminate Data On Patient Status

Communication plays a vital role in the successful operation of today's modern medical center. A new communication device has been installed in five sections at Barnes to receive patient information instantaneously from the nursing office.

The new system is based on a network of telephone lines emanating from the nursing office to the five outlying sections. When there is a change in a patient's status, ward clerks immediately call the nursing office by telephone to a dispatcher who writes the information to the computer.

The same information is written in long-hand at the five receiving Electronwriters located in both Barnes and McMillan admitting, patient information, housekeeping and dietary.

Information concerning a patient's name, discharge time, date, room, and other pertinent data is transmitted, via telephone lines, to the receiving units. As the data is received by the units, it is written on prepared forms.

Each receiving unit has a two-foot high light-beacon attachment that signifies that the electronic equipment is functioning properly.

In-Patient Costs Continue To Spiral in St. Louis Area

Hospital in-patient costs are continuing to increase annually, according to a uniform cost-finding survey conducted by the Hospital Assn. of Metropolitan St. Louis. The study covers 1968 reports from participating hospitals.

According to the survey, increased payroll expenses continued to be a major contributor to cost increases but they showed a slight decrease in 1968 as a percentage of overall hospital expenses.

Non-payroll expenses increased at a greater rate than salaries, possibly because of additional medical services offered by hospitals, increased cost of supplies, and an increase in the occupancy rate in 1968 to 86.7 per cent from 82.6 per cent in 1967, the survey concluded.

These Barnes Hospital volunteers and auxiliaries are discussing various ways in which volunteers exhibit hospitality to patients. The auxiliaries pictured all took part in the third annual workshop for Barnes Hospital volunteers held Oct. 30 at the Kirkwood Methodist Church, Kirkwood. Checking the "courtesy cart" which was filled with candy and small store items are, left: Mrs. Raymond Meinenheimer, auxiliary president; Mrs. Arthur Nienmoeller and Mr. Nienmoeller; Mrs. Harry Holmes; and Mrs. Hilaire Haeker. As one of their services, volunteers push the courtesy cart to the patient's bedside. More than 100 volunteers, auxiliaries and prospective volunteer members attended the day-long session. Featured speaker was Dr. Gerald A. Wolf, director of a new $1 million coronary intensive care unit at Barnes Hospital which uses computers to continuously monitor patient heartbeats. Mrs. Meinenheimer and Mrs. Holmes, who is chairman of the volunteers, also addressed the group.
Barnes Physician Hails New Discovery Linking Au-Antigen to Serum Hepatitis

Medical scientists are making strides to prevent serum hepatitis and to find a way to determine if a blood donor is a carrier of the liver disease. Dr. Baruch Blumberg and his associates at the Institute for Cancer Research in Philadelphia, renewed the battle against hepatitis two years ago, discovering an agent that is tightly linked to hepatitis, but not found in every case. A world-wide search by Dr. Blumberg led to the discovery that this agent called the Australian antigen, or “Au” for short, likely resides in the virus causing hepatitis.

Dr. Blumberg originally found the antigen in the serum of an Australian aborigine by using the blood serum from a patient who had received many blood transfusions. An antigen is a protein that causes the body to form anti-bodies to fight it. Antibodies are a defensive system against invasion by bacteria or other elements not compatible with the body's functions. Antibodies were produced by repeated exposure to the antigen through numerous blood transfusions.

The most significant implication of Dr. Blumberg’s work is that someday tests may be widely used to screen blood donors to reduce the incidence of hepatitis transfusion. Soon physicians at blood banks may be taking blood samples of prospective donors, and by testing with sensitive tests now in the process of development, they may be able to check for severe hepatitis carriers by the presence of the Au-antigen. Dr. Blumberg’s staff “tagged” the antibody with a specially purified fluorescent solution.

Early Treatment Urged For Recluse Spider Bites

Dr. Falls B. Hershey, assistant surgeon at Barnes, is a co-author of an article, “Surgical Treatment of Brown Spider Bites,” which appeared recently in the Annals of Surgery. The article outlines the potential hazards resulting from the necrotic bite of the brown recluse spider.

“Please don’t cause undue alarm, because the brown recluse is just what his name states—a recluse. Captive recluse spiders bite the skin of animals only when teased. They will not bite unless threatened,” Dr. Hershey said.

When liver biopsies from hepatitis patients with Au-antigen in their blood were treated with the “tagged” antibody, fluorescent particles invariably could be seen in the nuclei of the liver cells. In those who did not have Au-antigen, the particles could not be seen.

Medical scientists have not linked the Au-antigen with infectious hepatitis as yet. One of the big problems in the research effort is that there is no laboratory production of the antigen. "Once the hepatitis virus is cultured, a vaccine and other methods of treatment become a possibil- ity," Dr. Aach said.

A number of tests to identify persons with Au-antigens are being tried, but no test as yet seems to be sensitive enough to pick up all the hepatitis carriers. Most tests detect only about 10 to 20 per cent of the carriers.

Each year, about 70,000 persons contract some form of hepatitis. Fortunately, not many die from the disease. There is nothing to prevent the disease, except temporarily by gamma globulin for persons known to have been recently exposed. Usually a nutritious diet and rest is the recommended treatment.

Characteristics of hepatitis are loss of appetite, fatigue, vomiting and an inflamed liver.

Dr. Charles Parker, an assistant physician in the department of medicine at Barnes, is working with Dr. Aach on this problem. He is also studying thorazine-induced hepatitis. Thorazine is a tranquilizer which is widely used in the treatment of psychiatric diseases. The drug causes hepatic inflammation which is often difficult to distinguish clinically from viral hepatitis and bile duct obstruction due to stones. The mechanism of hepatic damage due to thorazine is uncertain but certain features of the illness suggest that it may be allergic in origin.

The thorazine study is a continuing project which was started by Gerald Shatz, son of Dr. Burton Shatz, assistant physician in the department of medicine at Barnes. Prior to leaving Barnes to continue his studies at Northwestern University, Shatz studied thorazine metabolism in an effort to learn how an allergic response to thorazine might develop.

Dr. Parker said the study is beginning to show positive results. Using enzymes isolated from rat liver, the drug can be broken down to an active form, presumably capable of causing antibody formation.

Currently the activated thorazine is being used in an attempt to produce thorazine allergy in experimental animals. The study could result in improved techniques for detecting patients with thorazine-induced hepatitis.
Penicillin Tests Being Evaluated for Usage
In Clinics to Prevent Allergic Reactions

Penicillin, branded as “one of the wonder drugs,” because of its amazing power to cure patients where other remedies fail, causes violent reactions in some individuals.

For example, an 11-year-old boy with a sore throat and a soaring temperature recently went to his family doctor in Southeast Missouri for treatment. The busy doctor hurriedly wrote a prescription for oral penicillin and sent the youth on his way.

The boy had been to the doctor with other sore throats and penicillin had always done the trick. However, within 15 minutes after taking the drug, the boy and his parents were back in the doctor’s office. The boy’s face was swollen and he was gasping for breath. He was having an adverse reaction to the drug.

Luckily, the doctor was within a short distance of the boy when the reaction occurred. Fortunately, the doctor had a bottle of epinephrine handy for such an emergency.

Although penicillin is almost 25 years old, there is no reliable means of telling who will have violent reactions to the drug. Physicians rely on a ready bottle of epinephrine, a prayer and luck.

There is a need for a safe and reliable test for all patients.

Many medical authorities believe there is a definite need for a safe and reliable test to be used on all patients who receive penicillin—especially in public health clinics.

A number of tests are being evaluated and none are currently available to private practitioners. One such test is the penicilloyloxylyl-polylysine (PPL) skin test which was developed seven years ago by Dr. Charles Parker, assistant physician at Barnes Hospital and head of the division of immunology at Washington University School of Medicine; Dr. Herman Eisen, chairman of the department of microbiology at Washington University; and their colleagues.

The PPL skin test is based on the finding that one of the metabolic products of penicillin, penicilloyloxylyl, is capable of binding with body protein to form potent antigens which provide the stimulus for penicillin hypersensitivity, Dr. Parker said.

An antigen is a substance which causes antibody formations. Antibodies are a defensive system against infections by bacteria and viruses. But antibodies can also be harmful and cause allergic symptoms.

“When PPL and other penicillin products are injected locally in the skin of patients with penicillin allergy, a small area of swelling and redness much like a hive develops.

“This local reaction in skin comprises a convenient rapid, and (if performed with appropriate precautions) safe technique for the demonstration of allergy,” Dr. Parker said.

PPL is a factor that helped reduce the incidence of allergic reactions to penicillin.

In studies conducted at a local public health clinic, Dr. Parker and Dr. Eisen found that routine testing with PPL and elimination of patients with positive tests for the penicillin treatment markedly reduced the incidence of allergic reactions to penicillin.

Dr. Parker has continued his studies with PPL and other penicillin products. He is particularly concerned with the predictive value of skin tests in patients with a history of penicillin allergy who urgently require the drug because of life-threatening blood stream infections.

In the face of negative skin tests, penicillin has been given to more than 60 such patients. Only three developed allergic symptoms. Dr. Parker believes that considering that these patients have potentially-fatal infections, it is often desirable to go ahead and treat these patients with penicillin, provided the family is made aware that no test can guarantee absolute safety.

“The main purpose of the tests is to exclude serious and immediate reactions. Also, rare, but serious late complications might not be predicted by the tests,” he said.

In patients with positive skin tests, he is much more reluctant to use the drug. “However, if the patient desperately needs penicillin it can sometimes be used. The penicillin should be administered cautiously, beginning with small doses, under the continuous supervision of a physician,” Dr. Parker said.

Investigators at other medical centers are also evaluating penicillin skin test procedures. “While much of this work is still in progress, there is little doubt that in the hands of an experienced specialist, the tests are of considerable value.

Santa’s Helper Locates ‘the Perfect’ Gift
To Put in Someone’s Christmas Stocking

Planning a shopping list for Santa is Mandy Berry, 3½, who looks over toys for sale in the Barnes Hospital Nearly New Shop. Helping Mandy make her selections is Mrs. Kurt Bemberg, chairman of the shop, which is operated by the Barnes Hospital Auxiliary. Mandy’s mother, Mrs. George E. Berry Jr., 7201 Cornell, had stopped to look over the Christmas displays in the Nearly New Shop after completing a visit at Barnes. The Wishing Well, the hospital’s gift shop, also offers a wide array of gift possibilities for the Christmas shopper. Proceeds from The Nearly New Shop and the Wishing Well are turned over to the hospital.