tives, but Dr. Avery says that at present the best approach to RDS is to initiate other forms of treatment in the first few hours of life. She recommends a respirator or a small amount of positive end-expiratory pressure or continuous pressure for less severe cases, intravenous feeding, monitoring of blood gases, and an optimal thermal environment. She points out that "a difference of a few degrees in the ambient temperature of a small infant may affect oxygen consumption and hence caloric need by as much as 100 percent.

Harvard and Honors. In her twin posts in Boston, Dr. Avery teaches, confers with the hospital's 60 pediatric house officers, supervises patient care, promotes interdisciplinary studies, and is involved with the center's numerous projects. These include programs to correct learning disabilities, to prevent and treat child abuse, to identify and manage childhood precursors of adult disorders, such as chronic lung disease and hyperlipidemia. Noting that nutrition is the most "undertaught" subject in medical schools, Dr. Avery hopes to stimulate greater interest in this essential aspect of pediatrics, particularly in low birth weight infants.

Although Dr. Avery no longer works at the laboratory bench, she participates in planning experiments and applies research findings to bedside care. She said: "The pediatrician's task is to wed empiricism with physiologic and biochemical information." She also believes her colleagues should be aware of the effects of social changes on children and of the importance of planning cities with safe streets, play areas, and convenient health facilities.

The author or co-author of more than 100 lucid scientific publications, Dr. Avery is currently working on the fourth edition of *Diseases of the Newborn* with Dr. Alexander Schaffer and 11 contributors. She has also served on the editorial board of several journals, delivered the Alpha Omega Alpha lectures at the universities of Miami and Oklahoma, and was the Katherine McCormick distinguished lecturer at Stanford University last year. In 1973 Dr. Avery became a fellow of the American Academy of Arts and Sciences and in previous years she was president of the Society for Pediatric Research and the recipient of awards from Mead Johnson, the United Cerebral Palsy Associations, and Wheaton College.

Dr. Avery graciously ascribes a considerable part of her extensive output to the efficiency of her executive secretary and neighbor Dr. Florence Avitabile, who carefully budgets the pediatrics professor's time and outlines the day's schedule each morning as they drive from their homes in Wellesley to the hospital. When the schedule permits, Dr. Avery visits her cottage in Maine, where she enjoys fishing, golfing, and cross-country skiing.

MD REMEMBERS: Dr. Mitchell's Rest Cure

▪ In 1875 the noted Philadelphia neuropsychiatrist and novelist Dr. Silas Weir Mitchell introduced a new treatment for neurasthenic Victorian ladies. The father of American neurology ordered his patients with functional complaints to take to their beds and put an experienced and probably stern nurse in charge of the sickroom. The doctor banned all visitors and diversions, prescribed massage, electrical stimulation, and a boring, bland diet that consisted chiefly of milk.

When the patient began to improve Dr. Mitchell said this was "the precious chance . . . for moral medication." He advised the attending physician to remind the patient constantly "that she is getting better physically and is expected to accomplish more and more in the way of self-restraint. If she fails, you praise the effort. If she succeeds, you applaud the success. You are her whole audience, and this with a hysterical girl gives you great power."

The rationale for Dr. Mitchell's regimen was that, although it was all very well to lie abed half the day and sew a little, read a little, and be an interesting invalid, enforced bed rest for a month was rather bitter medicine and women were glad to accept the physician's mandate to rise and move about. He warned that "the man who resolved to send any nervous woman to bed must be quite sure that she will obey him when the time comes for her to get up."

Handsome, self-assured Dr. Mitchell usually had no problem persuading his patients to forsake their couches but on one occasion he resorted to drastic means. According to legend, he told a recalcitrant lady: "If you are not out of bed in five minutes—I'll get into it with you." Thereupon he removed his coat, then his vest, but when he started to take off his trousers the enraged woman promptly bolted out of bed.

It is believed that Mitchell developed the rest cure after two women who were confined to bed because of fractures showed a lessening of their emotional symptoms. Sir William Osler wrote that he "had the good fortune to be associated for five years with Weir Mitchell, and saw much of the workings of that mastermind . . . His extraordinary success, partly due to the rest treatment, was more largely the result of a personal factor—the deep faith the people had in his power to cure."

Dr. Mitchell frequently ascribed emotional symptoms to gynecologic problems and wrote: "Misplaced ovaries cause, in my experience, a great deal of trouble." He dismissed Freud s concepts of neuroses as "filthy things that should be consigned to the fire."

In his day* the famous physician and prolific author was known to be understanding and sympathetic to his patients but their great-granddaughters have come a long way since Dr. Mitchell wrote: "The woman's desire to be on a level of competition with man and to assume his duties is, I am sure, making mischief for it is my belief that no length of generations of change in her education and modes of activity will alter her characteristics."

* February 15, 1829 to January 4, 1914.