

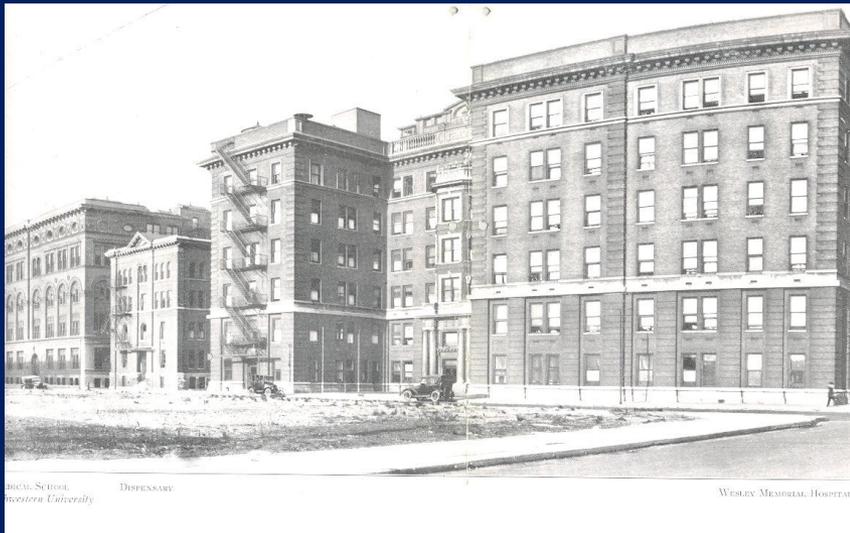
Breathing life into a comatose
collection:

Transforming an image-based
collection into *Photographing Pediatrics*



Mothers and children wait in the Davis Hall amphitheater to be admitted to N.U. Medical School's Pediatric Dispensary, undated.

NU Medical School and Wesley Memorial Hospital campus, South Dearborn Street between 24th and 25th Street



Dispensary



MILK DISPENSARY—N. W. MEDICAL SCHOOL

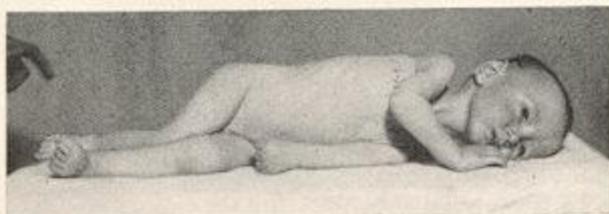


PEDIATRICS DISPENSARY—RUSH DAY



Baby O'B. May 12, 1908. Age 14 months.
Recovery.

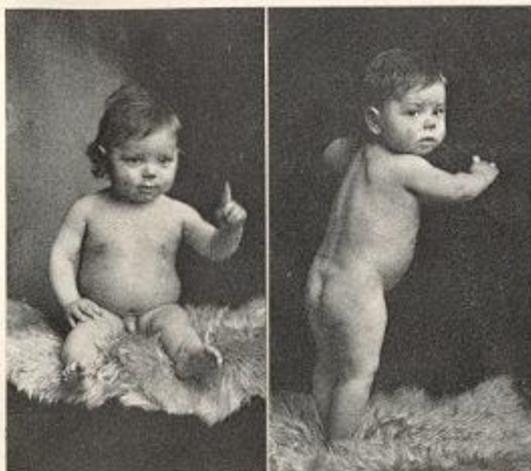
tered for similar reasons against the too current practice of administering fats for their supposed laxative effects. The large white stool, which is usually very constipated, is a certain sign of the exhibition of excessive fat—of fat administered in excess



Baby C. Intoxication (fatal).

of the individual's tolerance. Fat intolerance tends to reduce the temperature and it is usual to find the temperature below 97.5 degs. The disintegrating effect of fat on the body tissue in conditions of fat intolerance is very marked. The relation of fat to acidosis and of acidosis to disintegration may suggest an explanation.

Sugars are next to fats in causing the food disorders of infancy. In food disorders caused by milk mixtures the tolerance of fat is first effected and soon follows the lowering of sugar tolerance. Usually the intolerance for sugar does not fall so low as does that for fat, and under appropriate management the tol-



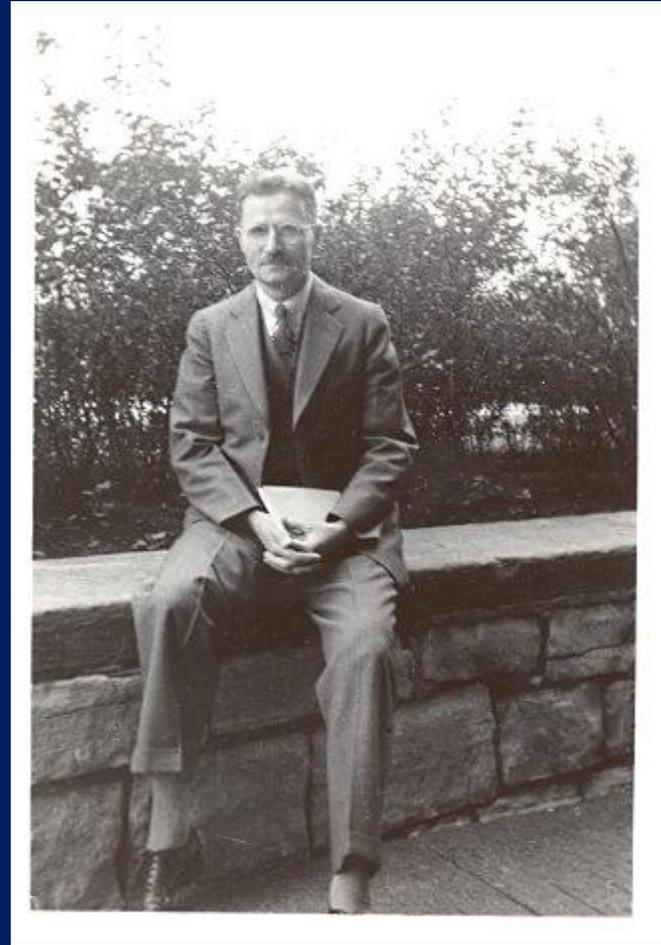
Baby W. Now 16 months old; weight, 22 lbs. Under care of Dr. Brennemann. Has had fat intolerance for many months. Given no fat in his diet until he was 6 months old.

erance for sugar more quickly rises than that of fat. In severe cases sugar tolerance may not become established. Sugar is particularly the fever element, the intoxicating element in the food disorder.

The treatment of food disorders should be prophylactic. An infant at the breast should be watched for any sign of food disorder. While any alteration in the composition of human milk that may be effected by means of the diet of the mother is limited, such suggestions as may appeal to one to influence the diet in this regard may be carried out.

The most valuable means of preventing food disorders in children at the breast is by limiting the number of feedings. Proper spacing of feeding intervals is of the greatest value in this regard. When an infant is placed on a four-hour feeding interval from birth, it is usually very happy and contented on this

Florence Olmstead, RN and Ernest Snyder





Photographing Pediatrics:
Northwestern University's
Dispensary & Outpatient Clinics
1900 - 1940



Galter Health Sciences Library Fenberg School of Medicine
June – September, 2011

DOLLIE'S CORNER





***Photographing Pediatrics: A Reflection by John T. Clarke, MD,
Associate Professor, Emeritus, Department of Medicine,
Feinberg School of Medicine, Northwestern University***

Many photographs in this collection are nearly a century old. This exhibit contains images which, in their stark background, revealing light and clinical simplicity, expose untreated childhood illness in all its cruelty. These haunting centurion images call us to reflect ...

Physicians captured these scenes which still allow us to reflect on their young patients with interest and sympathy. Taken with scientific precision, these graphic images convey more detailed information than chapters of description. What could sanitation, diet and fresh air offer these children?

The face of a mother's love is also perfectly preserved, not tarnished by the passing decades. You will see the same faces at Children's Memorial Hospital today.

How will future generations judge us? Will our sympathies and humanitarian values be as clearly stated in our computerized notes as in these simple images? Armed with remedies of the future, will they think as charitably about our therapies as we do about the remedies of the early 1900s?

Chicago, Illinois
May 2011

“The clinician who does not follow his cases for months, even years, loses one of the most valuable advantages that the outpatient department can give...if so treated, the outpatient department child becomes a patient, not a case, as in the wards – a part of the clientele, as in private practice.”



Childhood Rheumatoid Arthritis - Long-term follow-up

The child was first seen in the clinic in 1952, aged 2 years, with a 6-month history of intermittent joint pain and swelling. The pain was initially attributed to a viral infection, but it persisted and worsened over time. The child was treated with aspirin and corticosteroids, but the symptoms continued. In 1955, the child was referred to the clinic for further evaluation. The diagnosis of childhood rheumatoid arthritis was made based on the clinical history and physical examination. The child was treated with a combination of aspirin, corticosteroids, and physical therapy. The child's condition improved significantly over the next few years, and she was able to return to school and play with her friends. The child was followed up in the clinic for several years, and her condition remained stable. This case illustrates the importance of long-term follow-up in the management of childhood rheumatoid arthritis.



Childhood Rheumatoid Arthritis - Long-term follow-up

The child was first seen in the clinic in 1952, aged 2 years, with a 6-month history of intermittent joint pain and swelling. The pain was initially attributed to a viral infection, but it persisted and worsened over time. The child was treated with aspirin and corticosteroids, but the symptoms continued. In 1955, the child was referred to the clinic for further evaluation. The diagnosis of childhood rheumatoid arthritis was made based on the clinical history and physical examination. The child was treated with a combination of aspirin, corticosteroids, and physical therapy. The child's condition improved significantly over the next few years, and she was able to return to school and play with her friends. The child was followed up in the clinic for several years, and her condition remained stable. This case illustrates the importance of long-term follow-up in the management of childhood rheumatoid arthritis.





[I]n the wards, we treat cases as more or less detached and isolated pathologic entities, [but] in the dispensary we treat not only the child but also its mother. The art of treating the mother is at least 50 per cent of pediatric practice, to put it very conservatively. How we handle a baby, whether we wash our hands between cases, what we say to the mother, are commonly far more important for the baby and our professional standing in the family than is the prescription." – Joseph Brennemann, MD, 1926

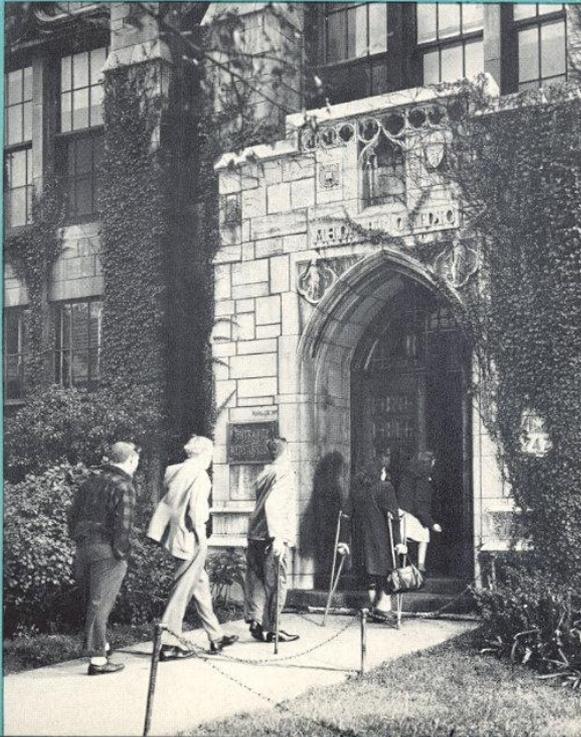
y and our professional standing in the family than is the prescription." – Jos



Collection provides visual documentation enhancing published accounts of Northwestern's dispensary and clinics

Wesley Life

ANNUAL
REPORT
ISSUE
1949



The Crippled, the Sick, and the Needy come to Chicago's clinics for health aid. Wesley gives free hospital care and treatment to many as part of its program of community service (see page 4).

SOUTH SIDE DISPENSARY
N. U. M. S.—1908

F. O.
'07

MONTGOMERY WARD CLINICS
N. U. M. S.—1936

Twenty-eight years ago a tall, thin, timid (can you believe it) nurse without experience and without special preparation for her job was asked to fill in for a month. She is still filling in.

But times have changed, so has the nurse, so has the dispensary. In the beginning dispensaries were organized for the treatment of the sick poor. From an unorganized dole system to a well established, self-supporting educational institution is the growth of a quarter of a century.

Let us turn back the page of history for a few brief seconds to those early dispensary days, in order that we may appreciate more fully what we have today.

The younger generation of the last ten years knows the present-day clinic with its marvelous equipment and beautiful setting on McKinlock Campus—but neither the nurse nor the medical student has an idea of what it cost, beside dollars and cents, in unselfish devotion, high ideals, long hours, hard work, disappointments, and perseverance given by the doctors long devoted to Northwestern to reach these highly organized, highly specialized clinics of today.

In those early days Davis Hall housed the dispensary. The laboratories were located in the four-story building just north, and Wesley Hospital was connected by a runway just south. The two were closely associated.

There were no elevators and just one telephone, located in the registrar's office on the first floor. The janitor was called to deliver the messages if he could be found—but more often a "hoo-hoo" up the speaking tube into the diet kitchen resulted in a nurse or the head nurse flying to find some doctor, who had forgotten to say where he was going. There were two buildings and four floors to cover. He might be found operating on dogs, or in the library, or he might have gone to Wesley. It was all in the day's work.

The white enameled diet kitchen on the second floor was the cleanest, brightest spot in the whole dispensary. It was the headquarters for the Podiatric Department, head nurse's office, weighing room for babies and milk laboratory, all in one. A fence partitioned off the laboratory space. It was here that forty or fifty feedings a day were made, both for the hospital, and for near-by community babies, whose mothers came daily for the little racks of prepared food.

The drug room at the foot of the stairs was presided over by Dr. Casey, who was the superintendent, druggist, and watch dog of the dispensary. He was like Oliver Wendell Holmes' "Last Leaf" only not so benevolent. Students learned how to write prescription under his supervision. To pass the course they must give his pet Rx's. If they made a mistake in an oral quiz, he said, in his unemotional voice, "Patient dead—Next."

He kept certain clinic supplies. To get a thermometer was an emotional, upsetting procedure—"Why didn't the doctors bring their own?" For general clinic supplies, a requisition had to be signed by three people, the head of the department, Dr. Long, and the Dean. With this bit of paper the head nurse dashed down town, bought instruments, linen or other equipment. The equipment was meager, but it made us resourceful.

Will you nurses of those days ever forget the sterilizer in Surgery, heated by gas, which was forever going dry and becoming unsoldered, or the square squatly sterilizer in the D. K. for sterilizing the equipment used in preparation of baby foods—with an opening like a woodpecker's hole into which you had to partly crawl, and after the bottles were all but packed down they rolled, and it had to be done over again. Have you forgotten how we pasteurized milk, made our own buttermilk and Eweiss milk? All of which can be bought in cans today.

American Academy of Pediatrics, Elk Grove Village, IL



Institute for the Medical Humanities, UTMB-Galveston



