THE BY-LAWS of the American Academy of Pediatrics state that at the Annual Meeting, a "Presidential Address shall be delivered." Thus each President is given the privilege of stating his views concerning the Academy whether these views are directed toward the past, present or future, or possibly a summation of all.

Any organization is only as strong as its membership and the interest and participation of that membership in the current affairs and problems. Many times, I am sure, all of the State and District Chairmen have had this question asked of them: "What would I get out of being a member of the Academy?" My answer to this question would be: You get out of it almost exactly what you put into it. If you wish to belong to an organization just to have the privilege of saying you are a member, then, of course, you would realize little benefit from that organization. The so-called dead wood in any organization is usually made up of the free riders who do nothing except complain about what is being done or attempted. New and constructive ideas are the main stimulus of most any group but destructive criticism and non-participating members can hinder or at least lessen the progress. Therefore, if I could make but one plea to the membership of the American Academy of Pediatrics, it would be to take an active part.

Possibly in order to help you decide to take an active part, it would not seem amiss to again remind you of what was stated originally on the purposes of the Academy and I quote directly from the Executive Board meeting in 1931:

**Purposes of the Academy:**

1. To create reciprocal and friendly relations with all professional and lay organizations that are interested in the health and protection of children.
2. To foster and encourage pediatric investigation, both clinically and in the laboratory by individuals and groups.

To further emphasize this point, we would need only to quote from the Constitution where the statement on purpose is made:

To correlate all aspects of the work for the welfare of children.

To me, this same purpose would apply equally to the professor or so-called ivory tower group, as well as to the practicing pediatrician or the "man that rings the door bells," as he is so frequently called. This
latter characteristic however is getting more and more old-fashioned since home calls are becoming less and less frequent. There should be no basic difference between the broad viewpoint of a full-time teacher and a practitioner or full-time clinician. Both should be interested in the welfare of children. Some teachers however may feel that their job is to teach only the fundamentals of pediatrics to their medical students. But this would be certainly shortsighted as that teacher certainly would not feel that he was doing the best job with his own child if he taught him only the “three R’s.” One would certainly expect the parents to instill into their child, certain moral and spiritual values as well. A good teacher will automatically give to his students, some of his personal philosophy and views relating to patient care. A close cooperation between the practicing pediatrician and the pediatric teacher will be of benefit to both and, as a result, benefit the student.

When the Academy was formed, probably 80% to 90% of all the professors of pediatrics were “part-time.” Now I would estimate that less than 10% are part-time. This, of course, refers to practice. Many of our professors spend less than half their time in teaching and the remaining time is given over not only to administrative details, but also to research. This, of course, is brought on by necessity, for in many instances the budget of so many departments is largely financed through research grants. However, the question can be raised: Are we getting more practical teaching from the part-time researchers than we did from the part-time clinicians? At the time of the organization of the Academy, a high percentage of pediatricians took part in the teaching programs of schools and hospitals. The percentage is probably approximately reversed now and very few take part. Therefore, I would urge the full-time teachers to invite the trained and qualified practitioners to assist in teaching. Contrary-wise, I also urge the practicing pediatricians to offer their services for teaching, whether in schools, hospitals or outpatient clinics.

CURRENT ACTIVITIES

During the year 1958-59, certain projects of the Academy have been completed that are well worth a listing and comment and that offer examples where the members get an extra dividend from their membership.

Health Education and Information

During 1959, the Department of Health Education and Information has been established and a Director for this department was obtained July 1st. Unknown to many of the membership, this project has been under consideration for at least 8 years. Due to various reasons, mainly financial, the realization of this effort has been delayed. Two separate committees have each worked vigorously for 3 years and no meeting of the Executive Board during this period has gone by without some discussion of the problem. Now, although still in its neonatal stage, we have high hopes of the department becoming a strong and vigorous unit which will benefit not only the Academy membership, but your patients and the general public. Ellsworth Chunn, Ph.D., the Director, I am sure would welcome and appreciate your communications.

Postgraduate Educational Program

Another effort of the Academy’s Education Committee and the Executive Board that has had its culmination this year is the Postgraduate Educational Program. Once again, to quote from the purposes and scope of the Academy, it has been stated in Section I of the Constitution:

A. To establish and maintain the highest possible standards for pediatric education in medical schools and hospitals, pediatric practice and research.

For any doctor to feel that after his medical school and internship, he does not need to continue postgraduate education, is certainly an indication that he will deteriorate rather than progress. If anyone in medicine had been a Rip Van Winkle and had slept through the past 20 years without study or
reading, he would certainly wake up to find himself a member of a strange profession. It is impossible to reach the total membership of the Academy through the two Annual Meetings, the seminars and the round tables. The important place Pediatrics has in postgraduate education certainly needs no emphasis here as it is well-recognized. Too much credit cannot be given to our able Editor and the Editorial Board for their work in producing this journal which is certainly the best in its field. But the reading of articles and self teaching are not enough and involve too much of the personal element to be the only, or even the main, source of further education after medical school and internship.

These postgraduate courses, which are planned to rotate through the various districts, will help to supplement our present educational program. This past year, two courses were given and five are planned for 1960. If the demand continues, as present registration and interest have indicated, additional courses will be offered. For the present, it is planned that these courses will be divided between special courses, such as cardiology, and general courses. These courses also will be aimed at a very high level and geared to the Board-qualified pediatrician. In some areas of the country there has been cloak-room gossip that in order to ensure doctors continuing their postgraduate education, examinations for state licenses would be repeated at stated periods, possibly every 5 years. It is hard to believe that physicians, especially pediatricians, will need to be threatened with examinations or coerced to maintain the excellent educational level that is desirable for the practice of good medicine. One may complain about the number of scientific meetings and publications, but without these many practitioners would not be made aware of the progress and advances in diagnosis and treatment. If you have any ideas and suggestions for these courses, be sure to communicate with your Education Committee or with any of the officers of the Academy.

**Third Year of Pediatric Training**

The possible need for a third year of pediatric training has been given consideration in numerous quarters and by your Executive Board for a number of years. This year, the A.M.A. Residency Review Committee and our own Committee on Medical Education gave it even more serious thought and discussion and asked for a meeting of representatives from pediatric societies to further discuss the problem. Representatives were invited by the Academy's Education Committee from the American Pediatric Society, A.M.A. Section on Pediatrics and Residency Review Committee, American Board of Pediatrics, and the Society for Pediatric Research. The outcome of this meeting, of course, I cannot postulate at the time of this writing but personally I feel that a third year of training is indicated. Of course, preparation for this third year of training would require much advanced planning and effort and the change could not be made for 3 or possibly 4 years. However I am sure that many of you realize that our specialty requires less training for board certification than any of the others with one exception. Also, Canada, Sweden and some other foreign countries require from 4 to 6 years for certification in pediatrics. Many groups around the country realize the need for change in their training period as technical and scientific advances are made. Even various guilds and labor unions give on-the-job training to their members to take advantage of advances. Can we do less?

**ACADEMY COMMITTEES**

The various committees of the Academy are really the backbone of the efforts which make this organization different from the average medical organization and also more valuable to our members. Most medical societies are largely for the purpose of having a scientific program and some social entertainment at the time of this program. There is very little in the way of broad activity such as is carried on by our committees.
Again, quoting from our Constitution:
The object of the Academy shall be to foster and stimulate interest in Pediatrics and correlate all aspects of the work for the welfare of children which properly come within the scope of Pediatrics.

The founders of our Academy were certainly far-sighted and altruistic in setting down the aims and scope of our organization. The original committees were few but have grown to the extent that we now have 26 standing committees, as well as special committees. This does not include subcommittees or committees of the Executive Board or ad hoc committees. The original committees appointed during the second year of the Academy's existence, consisted of a Committee on Pediatric Education, Committee on Hospitals and Dispensaries, Committee on School Health and School Health Education, and a Committee on Mental Hygiene. It would not be practical here to discuss the work of all of our various committees, but I would like to draw special attention to a few that have completed rather outstanding work within the past year. All of the committee members work long and hard on their projects without any remuneration or recompense except the satisfaction of a job well done and the pleasure of taking part in something that is needed and will be worthwhile in the overall care and welfare of children.

**Education Committee**

I have already spoken about one of the main efforts of the Education Committee in speaking of the postgraduate courses. This area was felt so important that a Subcommittee on Postgraduate Education has been established, for the work of this group is of sufficient magnitude to occupy the complete time of one committee. The regular Education Committee is not only carrying on the Regional Conferences on Education, but is also tackling the problem of the possibility of a third year of training. In addition, in 1959, they finished a catalogue of motion picture films of value in medical education, have conducted a preliminary re-survey of pediatric education and have other plans developing. They might do well to give some thought to scattered complaints of practicing pediatricians that they would like to return periodically to their teaching hospitals if the "Welcome" mat was out and more opportunities offered for finding out "what's new" and what is going on in research. The Education Committee has always, from its origin, been one of our most important and active committees and has had a great national influence on pediatric education.

**Fetus and Newborn Committee**

The committee has also recently completed a new project, *The Resuscitation Pamphlet*, and before that, the book on *The Care of Fetus and Newborn in Hospitals*. The influence of this committee has been worldwide in that the resuscitation pamphlet has been translated into Spanish and distributed through many countries. It is impossible to estimate the influence for good that this committee has been responsible for in their area. They deserve special commendation.

**Handicapped Committee**

The Handicapped Committee has finished a book it has been working on for a couple of years. It is now in the hands of the publisher and should soon be ready for distribution. This book coordinates the work with handicapped children, not only in the orthopaedic area, but in the cardiac, mental, eye, ear and other areas. In addition, this book gives a listing of the various places where handicapped children can be cared for and a short discussion by an authority in each field. It also should have wide distribution and acceptance and this committee has done outstanding work.

**Adoption Committee**

This committee has completed its book on *Adoptions* which will be helpful to not only the pediatrician, but the social service worker and various adoption agencies. This has been a co-operative effort with help
being obtained from other groups as well as hard work by the committee. So I've been told, many of the state and private adoption agencies all over the United States have been waiting for this book to be published so that they could use it. They deserve special credit for a job well done.

Committee on Control of Infectious Diseases

The "Red Book," which has become, if possible, more useful and popular through the years, has undergone another revision. This new edition is expected to be complete by this meeting. In addition, during practically every year this committee is called upon by the Executive Board for statements on various immunization procedures. Numerous national agencies so respect the opinion of this group of experts that their approval is sought. Examples of statements this year have been the fourth polio shot, hazards of various antibiotics in the newborn (a co-operative effort with the Fetus and Newborn Committee) and vaccination for influenza. This is one of our most respected and important committees.

Accident Prevention Committee

Although a relatively recently appointed group, its national stature and reputation are without question. The value of their work in lives saved is hard to estimate. The National Safety Council saw fit to give them a special award. This year, in addition to continuing their regular efforts, they brought out a pamphlet of selected references for reading on accident prevention, leaflets on child safety suggestions and one on the Vital Role of Obedience in Your Child's Safety. Ideas for these originated with committee members but no one of them sought individual credit. They, like all our committees, work for the welfare of children.

Committee on Hospital Care

The manual, Hospital Care of Children, is also ready for the printers. It represents hours of painstaking work over a 4-year period and will be, I'm sure, accepted as authoritative in this field. The committee deserves special commendation for a job well done.

Program and Scientific Committees

The Program Committee and Scientific Exhibits Committee have, year by year, given us examples of their handiwork. They get their applause by the continuing increase in attendance and the many written and vocal words of praise. I'm sure they will continue their good work and we can therefore expect the same excellent programs and scientific exhibits. More power and praise to them.

Juvenile Delinquency Committee

The Juvenile Delinquency Committee, although so recently established, sponsored an excellent conference at Arden House this year. This meeting is being summarized and recommendations made and we look forward with expectation to future results from this committee.

School Health Committee

The School Health Committee has had a 2-day meeting and prepared a statement on school health policies which will appear in PEDIATRICS and have revised the health examination record.

The Nutrition Committee, Committee on Medical Care Plans and the Committee on Radiation Hazards and Epidemiology of Malformations, have all been active, as well as the various committees of the sections: Allergy, Cardiology, Diseases of the Chest, Surgery, and Military Pediatrics. In fact, all the committees and committee chairmen, liaison representatives, state and district chairmen have given the Executive Board no real problem and have carried out their assignments well.

This past year has been a most stimulating and rewarding experience and I want to take this opportunity to thank the entire membership of the Academy for the privilege of serving as their president.
PRESIDENTIAL ADDRESS: WHAT DO YOU GET OUT OF THE ACADEMY?
James C. Overall

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