"... if one advances confidently in the direction of his dreams and endeavors to live the life which he has imagined, he will meet with a success unexpected in common hours."

Walden, Thoreau

Although the joining together of physicians in the practice of medicine has become prevalent in recent years, the philosophy underlying group practice, the advantages to patient as well as to physician, have not received much attention in the pediatric literature. Since our experience has led us to believe that pediatrics can be practiced more effectively in a group arrangement and because group practice, for us, has been both stimulating and enjoyable, we believe that others may be interested to learn of our experience. While it will be apparent that group practice has led to a better life for each of us, in our opinion its ultimate justification must be continually available and constantly improving medical care.

Our group had its origin in a solo practice in 1950 by A.V.M. He was joined in 1953 by M.J.G. and in 1957 by R.B.M. Since that time, we have operated as a group in the sense that patients understand that they are to be cared for by any one of the members of the group and that they are patients of the group. By and large, they will have services performed by all three of us; and indeed, we encourage this. Individual preferences as to physician are respected during office hours when appointments are made in advance.

The working schedule of the group allows for a variety of medical experiences which overlap and are undertaken in rotation by all three of us. These include office hours from 9 A.M. to 5 P.M. daily and from 9 until 2 on Saturday, rounds on newborn infants and hospitalized patients, house calls, care of children at two convalescent homes, examination of school children and attendance at specialty clinics of nearby university medical centers coupled with student teaching. Since we have continuous office hours daily, patients frequently can be brought into the office, eliminating the necessity for some home visits. However, one of us is always available for house calls. There is great flexibility in group practice. An efficient nurse and secretary help to make things run very smoothly. The entire practice is covered by one of us every night beginning at 6 P.M. and every weekend beginning at 2 P.M. on Saturday, so that each of us is on duty 1 out of 3 nights and 1 out of 3 weekends (except, of course, during vacation periods). In addition to a half day off each week, we allow ourselves 5 weeks of vacation a year plus 1 week for study or medical meetings. Each of us spends a total of 1 day at a teaching institution during the week.

We would like to point out that this method of practice has met with good acceptance by the local community. It has not interfered with the establishment of meaningful relationships with patients.

Although each member of the group practices general pediatrics, specialization is encouraged. A.V.M., for example, does allergy investigation and is interested in pulmonary diseases. R.B.M. does cardiac studies and is interested in liver disorders. M.J.G., having had some special training in neurology and psychiatry, does counseling and is inter-
ested in neurologic problems. So it is possible to get more experienced opinions in various problems as they occur. One of the attractions for us of group practice is the opportunity to share interesting observations and difficult problems with each other.

When we suspect an allergic component to the frequent occurrence of upper respiratory infections, careful and exacting histories, supplemented by a minimum of skin tests, have suggested therapeutic regimens with strikingly good results. Patients with cardiac murmurs can be studied with sufficient thoroughness to give the parents a reasonably accurate explanation of the nature and significance of the murmurs.

Concerning the psychologic aspects of pediatrics, we have attempted whenever feasible, to avoid the use of clichés, pat solutions and general “brush offs” in presenting answers to the problems of our patients. If a mother should inquire about the behavior of a child, we regard it seriously and allot a certain amount of our time to counselling on an appointment basis. Patients have responded to this procedure and the results have been encouraging. It is surprising how large a part parental ignorance of simple things plays in behavior disorders of children.

The performance of a variety of laboratory procedures on our own premises has proved surprisingly helpful and has added much interest to our work. These include blood counts, urinalyses, chest roentgenograms, erythrocyte sedimentation rates, electrocardiograms, semiquantitative sweat tests, smears for eosinophils, tests for phenylpyruvic oligophrenia, smears for pinworms and tests for occult blood in stool. About 2 years ago, we inaugurated the policy of obtaining throat cultures on all children with sore throats. It was possible for us to purchase an inexpensive incubator and to order commercially-prepared blood agar plates. We carry sterile swabs in our bags and are, therefore, able to take cultures both in the home and in the office.

Our interest is primarily in the identification of beta-hemolytic streptococcal infection. This experience has been particularly rewarding to us and to our patients, and has eliminated the necessity for treating many nonbacterial cases of pharyngitis with antibiotics. Parenthetically, we are surprised at how few of the many cases of exudative tonsillitis and pharyngitis encountered turn out to be streptococcal in origin.

For the past 3 years, we have done routine patch tests for tuberculosis which, if positive, we follow up by intracutaneous tuberculin tests. In this time, we have had 12 positives that have fallen within the age group for which anti-tubercular treatment is recommended. This experience, also, has been very gratifying.

We are fortunate in having nearby a new and well equipped hospital where the care rendered to our patients aims toward the level of care experienced during our residency years at university hospitals. The frequent visits to the hospital sometimes required by children with severe illness can be accomplished without neglecting the other aspects of practice in a group arrangement. This would not be possible, we believe, in solo practice. In addition, our hospitalized patients receive the benefit of our combined thinking. Even procedures, such as obtaining blood specimens, spinal taps and transfusions, would often be too time consuming to be done comfortably were each of us practicing individually.

We do not wish to imply that those practicing alone cannot accomplish all that we have set forth. We only wish to point out that this can be facilitated in a well organized group arrangement.

Since group practice encourages close affiliation with medical centers, it would seem to be to the advantage of such centers to cultivate further their relationships with practicing pediatricians. It should be realized that for better or worse, with the great shifts in population there will be some decentralization of medical care. Pediatricians practicing outside of metropolitan
areas are now handling more and more of the unusual and difficult problems that were previously referred to a medical center. It follows that medical centers that have such pediatricians on their staffs can contribute a great deal by using their centers as "work shops" where the constant education and re-education of the practicing pediatrician can take place in all of the new techniques and concepts.

Communication should be encouraged between those in academic endeavors and those who must translate laboratory experiences into practice. We suggest that it would be advantageous to have joint ward rounds made by one full-time person and one practitioner. Exchange of information could also be accomplished by sending residents as externs to pediatric practices. Organized pediatrics, as suggested in a recent editorial in Pediatrics, can be helpful by informing the public of the pediatricians' potential contribution.

We recommend group practice because:

1) It facilitates the intellectual growth of the pediatrician by allowing the members of the group to spend some time each week at a medical center without worrying about the accumulation of problems in their absence and by encouraging subspecialization by each member of the group.

2) It allows a life outside of pediatric practice. It allows time for recreation, vacation and reading, time for studying pediatrics and allied disciplines, time to attend meetings, and time for family.

3) It provides constantly available and improving medical care by physicians with whom the patients and their families are personally acquainted.


This volume of the magnificent series of the major anatomy and pathology of the systems of the human organism illustrated by Dr. Netter is a fine example of the high quality of this series. The illustrations are beautifully reproduced with great clarity. The drawings attempt the difficult task of illustration of the relationship between form and function and succeed well in graphically portraying present concepts of upper gastrointestinal physiology. The charts on mastication, vomiting, hunger and deglutition are particularly excellent examples of the graphic arts in the explanation of such complex processes. The text accompanying the illustrations is succinct, precise and well written.

This volume is of high value for teaching students an integrated understanding of anatomy, physiology and pathology of the upper gastrointestinal tract. It would be of real use to all segments of the clinical sciences. Its use to pediatricians will be in reviewing anatomy and function of the upper gastrointestinal tract which has long been neglected in our young patients. Furthermore, this reference text is of potential value for pediatric clinical investigators interested in reviewing the nature of the upper digestive tract viewed from the adult level for further orientation of work in the pediatric field.

**GIULIO J. BARBERO, M.D.**
THE PRACTICE OF PEDIATRICS: GROUP PRACTICE OF PEDIATRICS
Marvin J. Gersh, Armond V. Mascia and Robert B. Mellins
Pediatrics 1960;25:340

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