IN Ancient Greece, the change of one generation of the Olympic games to the next was symbolized by the passing of a torch, the flame of which was never allowed to die.

We have a ritual in our Academy wherein the president, when he retires, passes on a report of the accomplishments of his presidential year and the new president catches the torch and carries forward the flame in what I hope will be a never ending ascension of our traditions.

My predecessors were men of dedication and experience in our profession, and they accounted for their stewardship in the final rite with words of grandeur and wisdom. Some of you have heard most, if not all, of the presidential addresses that have been given since our Society was founded in Detroit, 35 years ago. Knowing this, I approach this moment with some trepidation and with a humble spirit, but with the conviction that I must say the things to you that are in my heart and mind.

Before I go further, I must acknowledge that my ascension to this highest honor that may come to any pediatrician came unexpectedly because of the passing of our friend and colleague, who had been nominated to serve this year. The passing of Harold Flanagan and Frank Douglass, your last president, was a sad loss to the Academy, for in their lives they practiced the precepts of the Academy and its founding principles. We sincerely memorialize their many contributions to the cause of children's health and their love of humanity.

In accepting this office, I promised to uphold the objectives envisioned by the founders of this Academy and perpetuated by my predecessors. To renew my recollection of these purposes and to rejuvenate my faith in our aims, I read Article III of our Constitution every so often, and I take this occasion to re-read this aloud for myself and for any of you who would care to eavesdrop.

“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.”

Further: “The Academy shall endeavor to accomplish the following purposes: (a) To establish and maintain the highest possible standards for pediatric education, in medical schools and hospitals, pediatric practice and research; (b) to perpetuate the history and best traditions of pediatric practice and ethics; (c) to maintain the dignity and efficiency of pediatric practice in its relationship to public welfare; (d) to promote publications and encourage contributions to medical and scientific literature pertaining to pediatrics, none of which objects is for pecuniary profit.”

What test do we have to determine the success of the Academy in achieving its purposes and objectives? The test is that used to determine any reputation. What does mankind think of us? Those of you who have attended annual meetings, read annual reports of committees and liaison representatives, or served on national, state and local committees—and most of you have—know that the record of accomplishment is great and the influence the Academy carries in pediatric and public research and service to children is abundant.

By these reflections we test our works and the reflection is good, but we dare not lie back and bask in our past glory.

How has the Academy been able to achieve those purposes? Because the members of the Academy have a common dedication to study, analyze, encourage and foster programs at local, state and national levels, to enhance the well-being and protect the lives of the children of the Americas. It is only because of this dedication by
each and every member that our programs are effective from the grass roots to the capitals of the countries whose pediatricians compose the membership of our Academy. This is our prestige. Regardless of the many difficulties that may have blocked the path of our progress, these objectives carried forward without variance to the right or left have brought the Academy to a pinnacle of prestige which has been recognized by governments, other medical societies and social agencies and the citizens of our countries. Circumstances change, personalities change, political structures change, but fundamentals do not change. The Hippocratic Oath is as vital today as in Ancient Greece.

The first presidential address was given in 1931, one year after our founding, by one of the most devoted pediatricians of his time, Dr. Isaac Abt, who charged:

"The medical profession, at this time and in this period of social unrest, should remain unified and organized, for the purpose of continuing to give its noblest contributions to mankind and to protect the dignity and honor of the ancient profession of medicine. To do this requires a high order of unselfish, intelligent leadership."

Again in 1953, Dr. Warren Quillian, the youngest president in the history of the Academy, and known to each of you, closed his address with the following:

"Medicine progresses even in a troubled world. Changes in governments, in laws and controls have not interfered with this progress. Civilizations of the past have been destroyed by decay, infamy and greed within their own structure. Let us renew our faith in the simple basic principles which have characterized the growth and development of this Academy."

In this year 1965 we have witnessed unprecedented social changes as they relate to the economics of medical care. We have also witnessed in this time the unsuccessful attempt of the collective voices of 200,000 physicians in their efforts to stem the tides of these changes. I say this not by way of criticism but to emphasize the old saving that no power on earth can stem the tide of a concept whose time has come. We see concepts whose force it is tempting to try to stem.

There are some who would have this Academy abandon those objectives so clearly stated in our Constitution and defended by our predecessors. I am fearful that to do so would embroil us in the political and economic aspects of pediatrics, a condition to be avoided. Your elected officers and a special committee appointed to help them in weighing the implications of such a move have expressed grave concern that the prestige of this Academy be not impaired by such diversions in its ability to continue to speak out effectively for the betterment of health and welfare of the children of the Americas.

It is gratifying to me to report their decision, which was in three parts: first, the Academy continue to maintain the dignity and efficiency of pediatric practice in relation to public welfare; second, that no change be made in our status as an educational and scientific organization; and third, that the Academy should continue to express opinions on all matters pertaining to the welfare of children.

An excellent illustration of need for strength which comes only from single-mindedness is the call upon the Academy, its Chapters and members in response to project "Head Start." We must prepare ourselves again and again to provide leadership that such projects become medically meaningful to their recipients and fall within the perimeter of our objectives.

With the massive movement of our population to suburbia, an exodus of physicians together with their offices and staffs from the central metropolitan areas has occurred. This movement has resulted in the creation of a thinning of the ranks of physicians available in impacted urban areas to provide the quality of medical care we want every child to receive. Correspondingly, our medical schools and hospitals have not been able to graduate and qualify a sufficient number of physicians to match the exploding population. Nor have our schools, colleges and hospitals been able to recruit...
and educate a sufficient number of supporting personnel to fill the widening gap between the physician and his increasing number of patients.

These trends combined have created a vacuum in the quality of medical services in the centers of many of our large cities which, to a degree, is being filled through the emergency rooms of the hospitals located in the metropolitan areas. Most of us, I am sure, share a concern for the completeness of the care so received. Hopefully, a study will soon be made to determine the extent of services available to provide total care in such centers. The availability of medical care in some of our rural areas needs a similar analysis. This is a situation that must soon receive attention and it must be done under the supervision of pediatricians—members of this Academy. We cannot hope that ignoring it will cause it to go away.

The complexity of pediatric practice continues to expand at an alarming rate. We are no longer just baby doctors with expertise in the knowledge of the newborn, nutrition, growth and development, emotional disturbances and mental retardation, inborn errors of metabolism, genetics, the acute and chronic diseases, and the many other fields related to total child care.

I am sure it will not surprise even the youngest of our members when we who have been around awhile report the phenomena that some of the progeny we have so carefully nurtured through the growing years have a tendency themselves to reproduce. This suggests that perhaps our horizons should extend to the fields of family planning and premarital examinations. There is an old saying that the first child may come anytime; after that it takes 9 months. In the present day and age a little discouragement of that notion might not be amiss either.

One vital area of constant concern is a concentration and acceleration of graduate and postgraduate education. Where is the pediatrician going to gain those skills which his practice will demand of him? I am not prepared to provide the answer to this question, but I should like to suggest closer attention to our postgraduate or continuing education needs.

We are told by the students of the biomedical sciences that much of what we learn of therapeutic and diagnostic methods today will be obsolete a decade from now. It is recorded that the number of manuscripts listed in the cumulative index has jumped from 107,042 in 1960 to 145,786 in 1963 (an increase of nearly 39,000). In our own specialty there are nearly 100 pediatric journals in the world with an estimated total of nearly 6,000 references. This does not include articles of pediatric interest published in journals of allied specialties.

We have seen the funds for research in the health sciences jump from the millions to the billions of dollars in the last few years. It is no secret in academic circles that the dictum, "publish or perish" is the by-word.

It would be safe to assume that there are few among us today who are able to "keep up with the literature," whether we be practitioner, academician, or investigator. It will take the maximum of ingenuity of librarians and machines to sort, catalog, and retrieve the data that should soon be avalanching from the subsidized and catalyzed research laboratories across the land. Unless the new and wonderful discoveries for the relief of suffering and the preservation of life reach the practicing physician and are used with his patients, these efforts will be in vain.

The Academy, acting as a catalyst, has pointed the road which must be followed. Witness the annual and spring sessions, the Journal, and other publications of scientific interest from the Central Office, and its postgraduate courses in co-operation with the pediatric faculties of our medical schools. In this era of mushrooming of medical knowledge these activities must be greatly intensified if we, the Academy, are going to serve our members in their efforts to serve their patients better.

Pediatrics is faced with manpower problems of staggering proportions in two areas:
(1) the need of more pediatricians and (2) the need of supporting personnel. The Census Bureau forecasts there will be in 15 years from now a child population in this country of 76,000,000 under 15 years of age. At the current rate of growth in our number, which seems to be about 1,000 pediatricians a year and assuming that which we know is false, that there will be no attrition among us for the next 15 years, we would have 30,000 child specialists to meet this need—a ratio of one pediatrician to approximately 2,550 children. Those of our number who stay in academic medicine, administration and research, and are not in private practice, could well change the above ratio to one to four or five thousand. Should the numbers of those physicians entering general practice decline at the rate it has for the past few years, the patient volume placed upon the shoulders of the practicing pediatrician will be unbearable, in particular, if he is required to cover all those phases of child health for which he is called upon today. Unless we call a moratorium on love, we are going to need more pediatricians.

If greater numbers are to be attracted to pediatrics, we must increase the number of acceptable places available for residency training. We must find ways to insure that the financial support through the training years is adequate to meet the budgeted needs of the resident. New forms of recognition for the practicing pediatrician must be given for the service rendered so that practice does not degenerate to the level of piece-work, exemplified by some of the practices in other parts of the world. We must develop an effective system of recruitment.

Even with the most optimistic success in increasing our numbers, to serve the children to be born in the next decade, the gap will continue to widen between the number of doctors and the number of patients to be served. To help fill this void we must train supporting personnel, pediatric nurses, pediatric psychologists, physio-therapists, occupational therapists, as well as persons with new skills yet to be developed. It is vital that the pediatrician play a dominant role in these training programs. The practitioner and the academician must plan together in making these ancillary programs meaningful and practical. The problem of imparting the huge new gains in human knowledge has only lately attracted the attention of education. All that applies to their problems must be applied to our own.

These thoughts I express I do not consider to be a swan song. A swan only sings once, when it prepares to die. I have sung this song before and I propose to sing it again.

As I close I do take a moment to express to each of you, my friends, my sincere thanks for entrusting to me the care and feeding of this dearly beloved association for this passing year. I am indebted in a measure that I can only repay with a sincere “thank you” for the Committee, Section, Liaison and Council work on which so many of you have toiled. We all bask in the added luster which has come to the Academy as a result of the dedication of so many of you.

I pledge to James Hughes my support, my best wishes. I can only hope for him the same loyal and energetic support which I have enjoyed this term. When many hearts and hands and minds are joined in a common purpose we cannot but triumph over the distress, disease, and pain which we in our various tasks struggle daily to conquer.

Harry Q. Ramey

October 27, 1965

REFERENCES
2. Quillian, W.: President's Address, PEDIATRICS, 2:1, 1953.
PRESIDENT'S ADDRESS
HARRY A. TOWSLEY
Pediatrics 1966;37;132

Updated Information & Services
including high resolution figures, can be found at:
/content/37/1/132

Permissions & Licensing
Information about reproducing this article in parts (figures, tables)
or in its entirety can be found online at:
/site/misc/Permissions.xhtml

Reprints
Information about ordering reprints can be found online:
/site/misc/reprints.xhtml
PRESIDENT'S ADDRESS
HARRY A. TOWSLEY
Pediatrics 1966;37;132

The online version of this article, along with updated information and services, is located on the World Wide Web at:
/content/37/1/132