The Thirty-sixth Annual Meeting of the American Academy of Pediatrics terminates an eventful year of increased activities, expansion, and new responsibilities of far-reaching importance. The Academy membership continues to increase rapidly and the total membership following the recent Executive Board meeting is well over 10,000. The new responsibilities have necessitated the addition of new personnel to the Central Office staff. Mr. George Degnon will work with the Council on Pediatric Practice, especially on pending legislation planned by governmental agencies. Dr. Robert S. Mendelsohn will administer the consultation program of the Academy for all Head Start programs throughout the country.

The current year has also brought increased activity in the relationship of the Academy to the other medical organizations. The Medical Intersociety Council, the AMA Interspecialty Committee, the Council of Medical Specialty Societies, and the more recently organized Joint Council of Pediatric Societies have continued to meet and work together along many lines of mutual interest and concern. The Joint Commission on Mental Health for Children has been exceedingly active and now has six task forces composed of extraordinary talent in every aspect of mental health. It is hoped and expected that the final report of this joint commission will be a monumental document.

It would be impossible for me to delineate the accomplishments of all the various committees of the Academy. However, I would like to pay tribute to two of these committees whose diligence and productivity have been particularly outstanding.

The Council on Pediatric Practice has met many times and the workshop conferences, both last October and at this meeting, have been very highly successful. The results of the recent workshop will be published soon in the Bulletin of Pediatric Practice and will be sent to the entire membership. The Subcommittees of the Council Legislation, Manpower, Third Party Plans, and Community Health have all been very active and productive. The very excellent manual, Standards of Child Health Care, is a tribute to the diligence of the Council. Copies of this manual have been distributed not only to the membership, but also to other organizations, lay and medical, and to various governmental agencies concerned with child health. This manual will be a valuable source of reference for years to come.

I would also like to pay tribute to the Committee on Nutrition whose very scientific and very practical reports have been passed on to all of us through their publication in Pediatrics. These reports have been extremely valuable to the man in active pediatric practice. I would also like to express the gratitude of the Academy to our Secretary of Committees, Dr. Stanley Harrison, who has contributed immensely to the smooth functioning of all our committees.

Never before in the history of the Academy have the state chapters been so well organized. Under the guidance of our Secretary for Chapters, Dr. James Gillespie, the state chapters have tightened their organization by the adoption of uniform bylaws and by the merger of many chapters with state pediatric societies. The state chapter's committees have been most active and work together with the Academy committees in mutual interchange. The state chapters have formed either a council or committee on pediatric practice, and these members have participated in the workshop conferences. In this way the activities of the Council of the Academy can be implemented at the various state levels, which is of the utmost importance.

The Academy has continued to keep an
open line of communication with all governmental agencies interested in child health care. The Executive Committee has met on several occasions in the offices of Health, Education, and Welfare to discuss pending and planned health legislation. More recently the Joint Council of Pediatric Societies met with representatives of the College of Obstetrics and Gynecology in the offices of Dr. Philip Lee in Health, Education, and Welfare to discuss maternal and child health programs. The Joint Council also met with representatives of the American Academy of Orthopedics, the state and territorial health officers, and members of the American Public Health Association with Dr. Lee and Miss Mary Switzer of the newly organized Social and Rehabilitation Services. This meeting was concerned with comprehensive child health services, particularly crippled children services. It is my sincere hope that these consultative services will continue and be mutually beneficial.

The medical profession can be justly proud of its scientific accomplishments during the past 25 years; there has been more progress during this time than in the entire history of medicine. In this enlightened era of organ transplants, intra-uterine transfusions, new enzyme chemistry, and a continuing breakthrough on new inborn errors of metabolism, we look ahead to future rapid progress. We take further pride in the gradual eradication of contagious diseases, smallpox, poliomyelitis, measles, pertussis, diphtheria, and typhoid fever, to mention a few. We are fortunate in the reduction of the incidence of tetanus throughout the entire world. In the near future, we look forward to a rubella and mumps vaccine, as well as an all purpose, respiratory disease vaccine. These are dramatic strides in the field of preventive medicine in which pediatrics has always taken a devoted leadership.

In spite of all the dramatic strides we have made in pediatrics, let us not, in a complacent mood, be tempted to "rest on our laurels." We are faced today with a growing set of new challenges in preventive pediatrics. In this country of ours with billions of dollars for research and with experts in every field of scientific endeavor, we can "put a satellite on the moon," but, we cannot appreciably reduce our disgraceful infant mortality rate. In spite of a recent reduction from 23.4 deaths for 1,000 live births down to 22.9 for the first 6 months of this year, the United States has a higher infant mortality rate than 14 other nations. Environmental hazards to health are ever increasing with accidental deaths leading the list. We should all concern ourselves more at both the national and state levels with the problems of air and water pollution, rat control, accident prevention, slum clearance, and irradiation hazards as a definite part of preventive medicine.

By far the most challenging problems of today, and the future, seem to arise out of the social unrest of our times. The disruption and weakening of the family unit has contributed to the lack of discipline, dishonesty, disrespect for the law and for the property of others, and a loss of basic moral values in our youth of today. Youthful shoplifting has become a national epidemic, and it is now almost an accepted way of life. According to the F.B.I., shoplifting arrests have increased 79% in the past 5 years, and 50% of those apprehended are under 21 years of age. It is an admitted fact that the youngsters rarely steal out of economic need. The national crime rate is up 62% since 1960 with only a 9% population increase, and 15 year olds lead the list of those arrested. Vandalism is also up 50% in certain areas, and it is by no means confined to the poorer economic strata. School dropouts, drug addiction, delinquency, illegitimacy, and personality disorders continue to increase in our youths of today.

How, then, are we as pediatricians failing in our opportunity in preventing some of these problems? These problems, as you are well aware, are just as prevalent among my patients and yours, who have had pediatric supervision since birth, as among children.
who have had no such supervision. It is my feeling that most pediatricians in active practice have accepted a too heavy daily case load in their offices. In so doing, we have not allowed the proper amount of time for family counseling. We have spent far too much time on physical health and not nearly enough time on mental health. With the present and anticipated manpower shortage, those of us in practice will have to “re-tread” ourselves in the use of paramedical personnel and medical assistants. Medical schools and residency programs should make this part of their training. With less and less time required of the pediatrician in the treatment and prevention of physical disease, more and more time should be spent with the ever-increasing number of families whose children show behavioral aberrations, school adjustment problems, personality disorders, and perceptual handicaps.

During the years of continuing observation from birth through adolescence, the pediatrician has a particularly unique opportunity to observe the family in his daily practice. It behooves us to take full advantage of this opportunity in an attempt to reestablish the family unit as the strongest one force in the prevention of many of the social problems that beset us. In his years of frequent contact with all members of his various families, the pediatrician should reemphasize the importance of basic moral values which are so often lacking in our youth of today. Such qualities as honesty, integrity, good manners, and cleanliness are attributes of parental example. It has been suggested from several sources that “basic moral values” and the “family unit” be the themes of the 1970 White House Conference. I would lend my whole hearted support to this, and I sincerely hope that these suggestions will be accepted.

Recent statistics have revealed that, at the present time, girls now equal boys in running away from home. It has been suggested that the availability of “the pill” has been a factor in this. These young people are in rebellion against the former generation, the society of today, and our materialistic way of life. Most of these children have been overindulged in material things and in freedom. Psychiatrists feel very strongly that the youth of today are much more secure and happy if they are given boundaries of activity with parental understanding. The seeds of discontent are sown frequently when lines of communication fail in the home. Many pediatricians give their private telephone numbers to their adolescent patients, encouraging a call at any time, day or night. By so doing, the child has a line of communication when it breaks down in the home.

It behooves us all as parents and physicians to try to understand the philosophy of the youths in rebellion. It is far too easy to be overcritical and unsympathetic with their ideas and appearance. The news media continue to report on the activities of these groups in certain geographic areas. It is most encouraging that many physicians have established free clinics in these areas in an attempt to help reestablish the broken line of communication with parents. This pioneer planning should be encouraged and expanded. We all have an important job for the present and a more important challenge for the future.

Finally, in the pediatrician’s practice of the future years with paramedical personnel, office assistants, and complete computerization, let me make a fervent plea that we be sure to retain the personal relationship between the doctor and the family and the child. We must never lose this!

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