In this 42nd annual report of the President, I wish to emphasize that Academy Fellows can take satisfaction in the recognition given to their Academy and also can take pride in being pediatricians. I wish to indicate also that we are not complacent but appreciate the serious challenges which confront us as pediatricians and as an Academy.

The credit given the Academy is partly for what you as pediatricians have accomplished. It is also testimony to the effectiveness of our central organization, our committees, sections, and staff. Many Fellows, an amazing number, have volunteered their services to the AAP and to society to give us this status and prestige.

The AAP strives to be the advocate for children and to serve society, that children may realize their optimum potential for growth, productivity, and happiness. There are now 15,000 Academy Fellows in North and South America working to achieve this goal.

Size alone means little although figures are dramatic. To increase your appreciation of the Academy, I wish to illustrate the scope of some of our activities with a few figures.

The Central Office is involved in implementing the decisions and policies established by the AAP Executive Board. This requires communication. This year in particular we wanted to keep the membership informed through an expanded communication program. Reflecting the increase in information distributed by the Academy to our membership has been the utilization of more than 1½ million address labels. Our mail postage amounted to $70,000, an equivalent of $4.70 per member. Our in-house printing produced 2,000,000 copies of statements, guidelines and directives aimed at better informing you, the individual Fellows and the public. Our phone service involved some 35,000 calls emanating from our Central Office.

Much of the strength and prestige of the Academy has resulted from the work of our committees. They are sources of information on many facets of child health care. Committees create standards, help to educate pediatricians and the public, and initiate appropriate action programs. We are now studying how sections can become more action-oriented, and we are considering adding new sections to our organization.

Our thirty-five active standing committees this year produced eighteen important statements. These have been accepted almost categorically throughout the country as the standards for specific areas of child health. Our committees are composed of recognized leaders whose viewpoints are authoritative and have the backing of this prestigious Academy. The Department of Committees arranged 65 meetings involving 266 Academy Fellows. Their efforts amounted to approximately 9,000 man-days last year. This does not include the vast amount of home work that must be done, long hours of reading reports, doing research and writing manuscripts. Excluding the latter, the man-day figures seldom appreciated by any of us represent a contribution of services equivalent to $1,800,000 given voluntarily to our national organization.

The Academy has grown to keep pace with its rapidly-accelerating responsibilities. At present we have 92 employees in three offices, in Evanston, Boston, and Washington, D.C. We have seven pediatricians on our staff.

Think of the vast amount of detailed, discerning work that has personified Doctor Clem Smith and Doctor Tom Cone as they have developed Pediatrics. Today this journal is the most respected in pediatric literature. Ten years ago, we had 300 articles submitted. This year we will have over 800. This increasing number, indicative of the desire to publish both research and practice articles, is also evidence of the stature of our journal for authors and readers.
The self-assessment Test No. 2 and there is a tremendous amount of volunteer effort represented here at this Annual Meeting by the 4,500 who are both giving and receiving.

There are many, however, who feel that our greatest impact on child health can be where national policy is established. During the last year the Department of Government Liaison helped Academy officers and committees prepare testimony on many issues affecting child health. It has worked quietly and effectively with Congress and Federal agencies, developing and implementing child health legislation. The Academy, with the help of many individuals and committees, working through our Department of Government Liaison, has achieved unparalleled respect and recognition as an authoritative and altruistic organization.

Academy Fellows have been outstanding in volunteering to work with projects administered by the Department of Community Services. We are proud that the Academy was among the first to contract with the government to provide consultation services for a Federal program, Project Head Start. Justifying the government’s confidence in us is the fact that over the last five years more than 1,600 Fellows have participated in this program, over 15% of our Fellowship. We now have several other Federal contracts of significant importance to children. We have 60 active chapters in America. The selection of the recipient of the Outstanding Chapter Award each year has become more difficult as chapters have become better organized; more involved and more influential. As we have said we are proud of what pediatricians singly and collectively are accomplishing. But with further emphasis on decentralization of government activity, with revenue sharing upon us, Chapters must assume greater responsibility in guiding and cooperating with regional and state programs. These projects have serious and important implications to the Academy members and to children.

We are proud of the Academy, what you have done for and with the AAP but we also are proud to be pediatricians and of the services pediatricians give. To illustrate the conscientiousness and dedication of pediatricians, I asked Hobart Wallace, Chairman of the Nebraska Chapter, to submit a questionnaire to his membership as a representative sample of the whole Academy, to gain some estimate of the time pediatricians spend on civic, on nonmedical activities and on nonremunerative medical activities, exclusive of the long hours demanded in continuing education.

The summary showed that on average, each physician annually gives 131 hours of community service and 320 hours to medically oriented activities. This averages 450 hours of activities of a nonremunerative type each year, a service to society that is inadequately recognized or appreciated. Breaking this down to a forty-hour week, were pediatricians to work only a forty-hour week, this would represent eleven weeks’ work as is illustrative of the pediatrician’s social awareness and dedication to service.

I have mentioned the complexity of Academy activities. I have also mentioned the services pediatricians give. The compensation we get is not financial; it is satisfaction of service and realization of some of our goals. We are a proud fraternity of physicians who contribute with energy, enthusiasm, and expertise. We recognize that many of our goals cannot be achieved by medicine or pediatrics unilaterally but must come through a total socioeconomic and psychological approach to problems. We are not content with the status quo. We welcome evaluation of the effectiveness of our programs, our standards, and our organization. We are receptive to constructive change.

We have many challenges. There are unmet needs of children. For some, care is still inaccessible, unacceptable, and ineffective. We are not satisfied with the cost, adequacy, efficiency or effectiveness of our system of delivery of care. We are much concerned with the problems of manpower. We have been challenged to justify our efforts and programs in well-child supervision. We have been
charged to identify the child and family at risk to intercede to prevent trouble.

And we are involved in many more major problems: regionalization, the impact of malpractice on quality and cost of care, ethics of experimentation and prolongation of life, quality of care, peer review, accountability, financing medical education, research, and health care, continuing medical education, relicensure and recertification—the list is long.

The Academy and pediatricians are respected for we with honesty, humility, and concern indicate the inadequacies in child health care. Together we shall continue to try to resolve constantly changing child health needs. We truly cannot express adequate appreciation to our dedicated staff. We cannot as an organization or as Fellows express adequate appreciation to the individual pediatricians who have given countless hours of service to develop and implement the programs which I have enumerated in this report.

Thanks to all of you, this has been a proud year.
Thank you for letting me be your President.
And thank you—for sharing the excitement and responsibility of this honor.

Committee on Neoplastic Diseases

Is Liver Cancer Induced by Treating Aplastic Anemia With Androgenic Agents?

Pediatricians who use androgenic anabolic agents, such as oxymetholone, should be aware of recent evidence that primary liver neoplasia has developed in at least eight patients under treatment for aplastic anemia. The risk of liver cancer may be higher in Fanconi's anemia (four cases) than in other forms of aplastic anemia. A causal relation is not yet certain. The underlying disease itself may have hepatic neoplasia as a complication, which becomes apparent only when survival is extended by drugs or other forms of therapy. Liver neoplasia has not been reported among athletes who use androgenic anabolic steroids to build up their musculature.

If these steroids are used, careful palpation of the abdomen should be done at each examination, for the earliest possible detection of hepatic masses. In one case reported to date, the tumor regressed when administration of the drug was discontinued.

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