It is axiomatic to say that recent achievements in medical science have greatly improved the quality of medical care. One of the fields of study, constituting an important area of activity in which progress can be cited, is the care of the prematurely born infant. Not only has there been general utilization of new drugs and equipment, but a better knowledge and application of methods employed in reduction of the hazards confronted by the infant during this critical age period. Perhaps the most important single factor destined to influence favorably the morbidity and mortality statistics of prematures is the proper training of professional personnel assigned to their care.

During recent years many changes have developed both in the character and the content of medical education. There is little value in planning for more and better health services unless consideration is first given to providing well-trained physicians to render those services. Assumption of responsibility, with the application of fundamental principles to specific cases, is the foundation of good medical judgment. The service rendered in their local communities by practicing physicians can be only so good as the training, skills and abilities of the individuals who give it. An encouraging trend since World War II has been the very widespread effort on the part of pediatricians to avail themselves of additional training in medical centers, to acquire there the skills and modern methods so necessary for utilization in their own practice. There is general recognition of the principle that better preparation for the care of sick children and the health supervision of well children will necessarily be reflected in improved standards of practice—a step along the way toward our Academy goal of better health for more children.

Although premature babies make up only about five in one hundred of the total live births, they contribute almost 40% of the deaths in babies under one year of age. In this connection, many medical centers and teaching institutions throughout this country have arranged special short-term courses of instruction for pediatricians and nurses, giving freely of their talents to intensify the fight against premature infant mortality. Knowledge gained by participants in these courses is carried back home and applied to the improvement of existing facilities and methods there. This is a practical illustration of decentralization, without affecting adversely the services and training at the source.
It was my privilege last year to attend an institute for the care of premature infants at New York Hospital (Cornell University Medical Center). There are similar courses of instruction located in other sections of the country, designed to meet the needs of physicians and nurses especially interested in the problems presented in premature infant care programs, either in nurseries or at premature centres. Since my personal experience is limited to the institute at Cornell, some observations concerning that particular program seem appropriate.

Sponsored and largely financed by the New York State Department of Health and the U. S. Children’s Bureau, the institute affords the facilities of an outstanding medical center, and the teaching talents of recognized leaders in nursing and pediatrics, many of whom are members of the American Academy of Pediatrics. Consisting of lectures, clinical discussions and demonstrations, the curriculum includes subjects pertaining to every aspect of premature care. Field trips to similar facilities in other hospitals of Greater New York, and an opportunity for home visiting with a public health nurse, afford the student a comparison of accepted procedures. It is a stimulating experience which makes one aware that there remain many unsolved problems in this field of medicine. An attitude of friendly interest on the part of the faculty and a spirit of easy, informal camaraderie among the students add much to the effectiveness of the program. Most of the lectures and demonstrations are given jointly to physicians and nurses during the first two weeks, but the latter two weeks of the institute for nurses is devoted primarily to experience in the premature nursery with planned observations in the clinics. The instruction is intensive and highly individualized. Inquiries concerning further details may be addressed to Dr. William E. Laupus, Institute in the Care of Premature Infants, Department of Pediatrics, The New York Hospital, 525 East 68th Street, New York 21, New York.

To the busy pediatrician, engaged in private practice and conscious daily of deficiencies in his knowledge of modern methods and techniques in the handling of infants born too soon, this type of intensive postgraduate instruction is valuable. Expansion of these educational services throughout the country will inevitably result in an improvement of the type of highly specialized care so necessary for the fragile premature infant.

Warren W. Quillian, M.D., President
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