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## AMERICAN ACADEMY OF PEDIATRICS PROCEEDINGS

### THE EVOLUTION OF A PEDIATRIC SOCIETY

#### Presidential Address

By Harry Bakwin, M.D.

**T**WENTY-SIX years ago a small group of pediatric leaders met in the library of the Harper Hospital in Detroit to complete plans for the formation of a new society. A number of considerations contributed to the origin of this society, prominent among which was the rapidly growing number of well-trained pediatricians, but the immediate impetus was the White House Conference called by President Hoover in Washington in 1929. Here, with the guidance of many of the founders of the Academy, a program for child health was developed which could be best carried out by an organization of pediatricians.

In this way the Academy came into being. From the very beginning an appreciation of the broader aspects of pediatrics colored its activities. The particular circumstances under which it was formed certainly had much to do with its interests and aims.

The founding fathers were not content with simply another "scientific society." True, there were scientific sessions, where the newer developments in pediatrics were presented and discussed. But, from the very start, the Academy took an active part in all

matters relating to the health and welfare of children. And from the very start, the Academy showed that it was truly representative of all its members—practitioners, teachers, investigators, public health workers.

The breadth of its interests was reflected in the committee activities. In the first year of its existence there were, among others, Academy committees on Medical Education, Hospitals and Dispensaries, the relation of the Academy to Philanthropic, Welfare and Health and similar agencies, Nursing Education in Pediatrics, and Mental Hygiene. In this way the Academy of Pediatrics showed its awareness of its social obligations and its influence was felt early. As the Academy membership has grown in experience and in numbers, and as the Academy has extended its interests in more and more fields, it has attained a position of eminence and high respect among philanthropic and government agencies which have to do with children; and the help and guidance of the Academy is sought widely. The Academy is called upon for counsel by such organizations as the Children's Bureau, the American Public Health Asso-

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ciation, the American Academy of Obstetrics and Gynecology, the Child Welfare League, the American Medical Association, the National Foundation for Infantile Paralysis, and many others. These organizations are fully aware of the Academy's wide interest and therefore consult the Academy frequently.

Relationships with these various groups are carried on largely by committees, by liaison representatives, and by the officers of the Society. The Academy has liaison representatives to such widely different organizations as the Boy and Girl Scouts, the National Research Council, the American Camping Association, the United States Public Health Service, the National Education Association, the Parent-Teachers Association, the dentists, the psychiatrists, the orthopsychiatrists, and many others.

That the pediatrician should extend his interest toward the social aspects of child health and welfare seems self-evident. Only in this way can he attain the position of leadership in the direction of child welfare activities which he, by training and experience, deserves.

It is our good fortune to live in an era when the wicked devils of the past—nutritional disturbances and infections—have been largely overcome. No longer are infants and children dying here in great numbers of summer diarrhea, of diphtheria, of scarlet fever, or of measles. Tuberculosis is on the way out. Far less frequently than formerly do we see each illness as an individual drama in which the doctor and the disease are the protagonists, locked in a struggle which too often was resolved in death of the little patient. To a large extent the heroics have gone out of the practice of medicine.

This is not to say that the job of combating disease and death in childhood is a completed chapter. As the death rate from nutritional diseases and infections has receded, the importance of other conditions, hitherto scantily noticed, has assumed greater and greater importance. Deaths from accidents and from malignant disease are now the

devils which beset us. At the same time, we have become increasingly aware of the burden of mental disease, which, though not fatal, is so potent a factor in increasing human unhappiness. In all these matters the Academy has shown a lively interest. Indeed, the Academy has led in the attack on accidental deaths in children. It is gratifying to observe that this attack has been taken up elsewhere, notably in the Scandinavian countries. The Regional Office of the World Health Organization is focusing the attention of maternal and child health workers in all of the European countries on accidents as a major child health problem.

Another unique feature of the Academy and one for which our honorary President, Dr. Clifford Grulee, deserves full credit, was the early inclusion in its membership of the Latin American pediatricians as full and equal participants. This grand conception has served, more than anything else, to draw together the pediatricians of both continents in a bond of understanding, friendship and good fellowship. Through its letters, publications and meetings, the Academy has greatly facilitated the exchange of information between us. And we can foresee this exchange growing and multiplying as the economic level of the world rises and the means of travel quicken.

During my year in office I have undertaken two tasks: the organization of the State Chapters along lines similar to those set by the National Society; and the stimulation of greater interest in the Academy in the Latin American countries.

In a country like ours, where the states are to a large extent autonomous in matters which relate to everyday human relationships, where regional pride is high, where the population is large and distances are great, where the intent is, by tradition, to keep legislation under the close control of the people, it is right and proper that the Academy should be organized on a groundwork of strong State Chapters.

Moreover many of the national committees function, of necessity, principally as

guiding beacons for the states where the actual work must be carried out.

By 1955 a number of states already had well-organized Academy Chapters which were carrying on scientific meetings and community activities. In some others beginnings had been made.

#### ORGANIZATION OF STATE CHAPTERS

In general two considerations have retarded the setting-up of state chapters: (1) the presence of an already established state pediatric society, and (2) lack of a clear-cut idea as to how a state chapter should function.

A considerable number of states have had pediatric societies for a number of years. Some of these are actually sections of the State Medical Society, others are independent. The membership is generally heterogeneous and includes, in addition to the Academy members in the state, a fair sized group of men who are interested in the care of children, yet who do not qualify by training or, in many instances, by limitation of practice to pediatrics, for Academy membership. These persons cannot belong to a State Chapter. In general, Academy members are the leading spirits in these societies and they do an excellent educational job. Some of the State Societies have committees devoted to various sociomedical activities but, by and large, these committees do not exert great influence.

I believe that the problem of integrating the Academy Chapter with the already established pediatric society will solve itself in the near future. The number of qualified pediatricians is increasing rapidly. It may surprise you to know that the Academy membership has more than doubled in the last 10 years. We can therefore expect that the time will soon come when most of the children in America will be receiving pediatric care by qualified pediatricians. As the proportion of Academy members in the local societies increases the Academy Chapter will gradually take over. This evolution has already taken place in one of the New York State Chapters.

For the present I suggest that the nucleus of Academy members organize and meet with the State Society. If the Society meets once a year, the Academy Chapter should put on part of the program—one day, an afternoon, an evening. If the State Society meets monthly the Academy could run one or more of the monthly meetings. To these meetings the non-Academy State Society members would, of course, be welcome.

It is advantageous for a state society to bear the label of the Academy of Pediatrics. Membership in the Academy implies specialist training and consequently the State Chapter of the Academy represents the specialist. The state societies, on the other hand, which include in their membership a miscellaneous group of practitioners who take care of children, do not provide this distinction.

A second advantage is that the State Chapter can use the prestige which has been won by the Academy over the past 25 years, and can speak, in local matters, with the backing of the national society. At the same time, Academy prestige and influence will grow as the State Chapters assert themselves more and more.

What are the functions of a State Chapter? They are, in addition to the functions of the traditional medical society: to extend the influence of the pediatrician, through active participation in all affairs of the community which have to do with the health and welfare of children and adolescents; to publicize the interests of the Academy in these matters within the state so that we will be called upon for advice and counsel; and to co-operate with other disciplines, lay as well as medical, which have to do with children. The State Chapters should seek to provide the same sort of service, and thereby, to attain the same position of prestige in their communities as has the national society.

In order for a chapter to function effectively some formal organization, with a constitution, a set of by-laws, and a governing body, is necessary. There should be at least one meeting of the membership a year. If the chapter is functioning actively it will

probably be necessary for the Executive Committee to meet several times during the year. The President, the Secretary, the Treasurer and the Committee Chairmen should submit reports to the Executive Committee at least once a year. If possible these should be available in time to be acted on by the Executive Committee before the annual meeting. They should then be printed and distributed to the members.

Business meetings should be short. If a chapter is running smoothly the members are not interested in society business.

And now as to the operation of the State Chapters. The same general approach worked out by the national society can be used at the state level. What activities are carried out will depend on local interests and local needs. Many will be of the same nature as those of the national society, as, for example, accident prevention. There are now 35 state chapter committees on accident prevention and Canada has at least 3 province committees. This is as it should be since accidents are now the number one killers in the age range 1 to 19 years. But, there is no reason why a state group should not initiate ideas of its own. Some Chapters might want to form a committee on adolescent problems, a committee on postgraduate education, an advisory committee to the State health department, and so on.

We should show greater interest in the adolescent. We need more information about his concerns—about his career, his athletic prowess, his school work, his love-life, his struggles with his parents, his social acceptability. We must acquaint ourselves with the problems of juvenile delinquency and juvenile psychoses. Hospitals and outpatient departments should have special facilities for the adolescent. Moreover we should publicize our interest in this age group so that parents and interested groups will turn to us with their problems.

Some of the State Chapters may want to form Advisory Committees to the State Health Departments. Here, I am sure, a real service can be done. Many of the State Directors of Child Health Bureaus are them-

selves Academy members and would welcome the advice and backing of the State Chapter. Health departments could greatly increase their usefulness by setting up Information Bureaus where the physician could apply for help about the care and disposition of the blind child, the deaf child, adoption, mental defectives, and so on.

I would commend to the State Chapter the formation of Committees on Juvenile Delinquency. Owing principally to the energetic action of the Children's Bureau, this subject is properly receiving a great deal of attention throughout the country. Though accurate data on the frequency of youthful crime are difficult to evaluate, it is unquestionably a major problem.

A national committee of the Academy on Juvenile Delinquency was formed during the past year. Already this young committee, through the energetic activity of its chairman and members, has proven itself one of our most valuable committees. Contact has been made with leaders in the field and notification given of the Academy's interest and willingness to help. A meeting of the committee was held in Washington at which a number of experts participated. Efforts are being made to include the subject of juvenile delinquency in the curriculum of medical schools.

An alert chapter chairman will keep an eye out for opportunities to serve the community. He should offer to co-operate whenever any thing is going on in which we might help. If a newspaper notice appears announcing a forthcoming meeting on any matter relating to the welfare of children, he may want to communicate with the group and offer the participation of the Academy Chapter.

At the annual Chapter meeting, a committee which has been working during the year, should put on the program. This may take the form of a panel discussion. Perhaps a subject like delinquency would be chosen. A panel here might include a judge, a police officer, a psychiatrist, a social worker, an adolescent boy, a religious leader, and so on. An hour could be devoted

to the panel discussion, 30 to 60 minutes to answering questions.

A discussion on hospital care might include the parent of a child who has been in a hospital, a hospital administrator, and a supervising nurse. A panel on the retarded child might include a parent, a psychologist, a psychiatrist, an institute administrator.

It is important, I believe, to include non-medical disciplines whenever indicated. We want their help and co-operation. At the same time we want them to know that our interests are wide and extend beyond the care of the individual child and that we are available to help them. Physicians and house officers who are interested should be welcomed at meetings but the Executive Board has ruled that only Academy members can belong to Academy Chapters. Non-Academy members can be used by the committee as "consultants." For example, the committee on the retarded child might want to use the services of a superintendent of a school for defectives—the committee on hospital care might want a hospital administrator, and so on.

Here then is, in some detail, a program for the operation of a State Chapter. I appreciate that this is not an easy task for men whose time is already pretty fully occupied. Yet there are, in every community, persons who seem to find time to do something extra, persons who are not content unless they are in some way serving the community. To such, particularly, this plan is presented.

#### DISTRICT IX

The vast area south of the Rio Grande—Latin America and some of the Caribbean Islands—comprises District IX of the Academy. Its membership, now well over 400, has more than doubled since 1946. Indeed membership in this area has increased more rapidly than in Canada and the U.S.A. Membership includes practically every pediatric leader in Latin America.

In a recent 6-week-tour I visited most of the principal countries in this area. It was a

great pleasure to make the acquaintance of the distinguished colleagues from south of the Border and to discuss with them the affairs of the Academy. The Academy problems there are quite similar to those in the United States: Integration of the Academy Chapter with the national pediatric society, and uncertainty about the details of the functioning of the Chapter. An additional difficulty concerns the qualifications for members.

By and large interest in the Academy is high. This is true especially for the leaders of pediatrics in Latin America and for the younger men, many of whom have studied in Canada and the U.S.A. Membership is regarded as a mark of proper training and ethical practice.

In general the minimum qualifications for admission are 3 years of hospital work and 2 years of pediatric practice but in most instances more training is expected before membership is granted. The question of membership could be simplified in Latin America, as it is in Canada and the U.S.A., by setting up qualifying boards. In most of the larger Latin American countries, pediatrics has reached an advanced stage. It should be a relatively simple matter for leaders of pediatrics in Latin America to start work at once on setting up qualifying boards.

In closing I wish to thank the members of the Academy for the great honor which has been bestowed on me as President of this society. This has been a full year and a most satisfying one. I want especially to thank the many members in the United States, in Canada and in Latin America who have so graciously extended themselves on my behalf.

In the name of the Academy membership, I thank the Executive Board, the Committee and Liaison Members, and our capable Executive Secretary and his loyal staff of assistants for their many contributions to the work of this vigorous and growing organization.

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Harry Bakwin

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