

PROCEEDINGS
PRESIDENTIAL ADDRESS

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AFTER SOME 30 years a member of the Academy and 6 years on the Executive Board, I come to this occasion very much aware of the great honor given me. Those before me have given us their concepts and philosophy of pediatrics and of the American Academy of Pediatrics, and what it has done. I am very humble in my comments about things as they appear to me.

In the lives of all of us there is always something to be done—unfinished business. There is unfinished business for the American Academy of Pediatrics too. The last 10 years seem to have increased the number of factors and items of this unfinished business. There is so much to be done for the welfare of children! It is encouraging, though sometimes confusing, that so many groups are interested in the welfare of children besides pediatricians.

It is good that the Fellows of the Academy takes part in the activities of these other organizations, for many of these lack pediatric guidance. The Academy's official liaison representatives to these groups are appreciated and we give them our thanks for their unselfish and outstanding efforts. It is evident that this phase of the work in child care will increase, and pediatricians must have an increasing role in the work of these organizations which are interested in various aspects of child health and welfare. The National Council of Organizations for Children and Youth now numbers 596 organizations as members.

The recent White House Conference on Children and Youth was a huge affair! It was quite evident that there was a vast amount of knowledge unused though known to one group but not realized or suspected to be available by others. There is a

tremendous need of better communication and exchange of ideas and aims with all the welfare organizations. This is unfinished business for each of us. The pediatrician can do much in his relations with parents and other organizations in spreading the proper information having to do with welfare of children.

One has seen in the last 30 years a great change in medical education. The pendulum swings from one extreme to the other. Once there were many inadequate or no pediatric departments in the medical schools, with small faculties and budget and little research efforts or funds for research. The students were not required to have much preparation. Now the other end of the arc is evident. The faculties are larger and often highly specialized. There are much larger budgets and much better equipped laboratories and hospitals. The students generally are required to have higher and better entrance requirements. The funds put in research today seem truly enormous when something over a billion dollars a year goes into medical research. This, of course, is from federal grants, private foundations, university grants, and an almost unbelievable sum from the pharmaceutical industry.

Curiously enough, this flood of funds has created many problems in medical education. Research work has become so important and taken so many men and women from all departments of medicine. Teaching is not done by some of the best prepared. There is a great need for teachers.

There has been much loose talk about the faults of medical education today. There is confusion galore among the teachers of what is to be taught. This is good, in a way,

Delivered at the Annual Meeting of the American Academy of Pediatrics, October 19, 1960.
ADDRESS: 420 Walnut Street, San Diego 3, California.

PEDIATRICS, January 1961

for the efforts that come from this uncertainty will produce the better results in due time. Pediatric education has never been a fixed thing and very few pediatric departments are exactly alike. With all of the faults and so-called short comings, medical education in this country is generally admitted to be the best in the world today. There is much talk about the numbers of men and women entering medicine and pediatrics. This again has gotten distorted and exaggerated and too few facts really known. The information at hand today does not warrant the sweeping statements about there being too few entering medicine.

Perhaps the quality of high school and college education today is below that of a decade or so ago. This defect will clear, no doubt, in the few years ahead. Better teaching can provide better graduates. It should not be the goal or aim to turn out greater numbers alone. The quality can be better, and this means more preparation and more work hours for all. Maybe the pendulum will swing again from the current short hours and short work-week towards a longer schedule and a more practical one.

Each of us should be alert and careful to help those considering a medical career. Every profession seems busily recruiting members. It is curious to hear those in other recruiting efforts comment that there are not enough good high quality students. Those entering medicine without a good personality and a proper philosophy and ideals are not going to be happy or of great value in the long run. I don't believe one can buy good medical students which sometimes seems to be the situation nowadays. Medical education is continuing education for the entire life of those in practice, certainly. Each of us has had to learn how to study, how to continue to learn, how to separate the wheat from chaff or trash, and how to acquire the art of practice. Each of us came by our knowledge in individual ways, and these may change through the years. The Academy's postgraduate courses

are for this purpose. These have been very well received and accomplish a great deal. The scientific programs are so arranged as to cover as many subjects as possible. The seminars remain very desirable, all are filled and usually there is a waiting list for possible cancellations.

The Academy is concerned with this large problem of education in many ways. There has been a Committee on Medical Education since the founding days and it has accomplished a great deal. This committee is now considering many factors in pediatric education and in the practice of pediatrics. It is working with other organizations on this. Perhaps a joint commission can be organized for a large-scale study of these subjects.

Many enter the practice of pediatrics with so little understanding of the ways and problems. This unhappiness with pediatric and medical practice is not new. It has been a common fact. Some physicians have found other forms of practice not to their liking and the care and welfare of children very much their ideal. Thus pediatrics was established as a sound specialty by those with this philosophy—the care and welfare of children. Their dedication to this, and ours, is so obvious in what we see in the large membership and organization and actions and plans of the American Academy of Pediatrics today. Pediatrics will persist!

I doubt the term of "new" pediatrics means much. Pediatrics is always new and stimulating and has much for all that has to be done each day and in the future. Some who seem so bothered about the practice of pediatrics seem to have never practiced pediatrics. By this one means, the care of children with the problems, diseases and accidents that occur in the home, nonhospital problems, and the problems and aims of parents, including many not directly dealing with health.

New problems come to us, many of a social nature. Pre-payment for medical care has become a fixed feature in all medical

work. It brings another party into the relations between the pediatrician and the parents. This is the insurance carrier. There are conflicts about coverage and costs and methods of settlement of these affairs. This is unfinished business and we accept it, hope to improve it and will have to learn to live with it. Better financial help for the young parents with children is a necessity now. The pediatrician is a specialist, however, and must maintain his position in this problem in the welfare of infants and children.

Juvenile delinquency, another sociomedical problem, is not a new problem. There seems more of it nowadays. It has no one cause or etiology. There are so many. It is world wide. It is not clear yet how much pediatricians can do in the prevention of this ailment in our social structure. Considerable efforts and attention must be given to this, however, by all of us, in whatever small way possible.

Each of the many Academy committees have work under way and they will continue the efforts to solve the problems. It is not possible to comment on all of them for lack of time. It is a characteristic of the Fellows of this Academy to put so very much of themselves and their effort in the many things having to do with the welfare of children. For this we are all grateful indeed.

It is very gratifying that the prestige and high position of the American Academy of Pediatrics grows each year. Just a few years ago in our growing-pains stage, other organizations were not aware of or interested in any phase of the Academy and its work. A day does not pass but that several requests are received asking opinions on many subjects, or what action has been taken, or can the Academy send representatives to discuss pediatric and child welfare problems. Other organizations wish to use the Academy publications; or they wish to set up a joint venture. The Executive Director is very efficient in this work and friendly and helpful relations grow rapidly.

The Academy as with most everything else has grown and prospered. There are 28 Committees, 6 Sections, and 34 Liaison Representatives. These projects cover the welfare of children as far as can be planned. There are over 6,700 members. The committees often meet together at the central office for 1 or 2 days to work out their problems. You have seen the committee reports and what each is doing. There is a tremendous amount of work being done! This committee work is never quite done, however, as we all know. *PEDIATRICS*, our official journal, continues to grow and is of the highest quality. To take care of this rapidly growing organization and the demands placed it, it has been necessary to arrange for an addition to the headquarters building in Evanston. This is under way now and may be in use by early 1962.

The increasing interest in child health and pediatrics, the steadily increasing number of Board-certified pediatricians and likewise members of the Academy, the demands that will be made by the greatly increased populations of the future, make me feel that pediatrics as a specialty will be in great demand and increasingly popular.

Somehow it seems the current times of exaggeration in all forms of communication, television, radio, newspapers, the recent political speakers and their material, the world political and governmental discussions and actions, etc., have given us queer ideas of some grandeur and considerable depression about our profession and our specialty. These are good times in terms of economy and what each of us has in worldly possessions and scale of living and freedom. These things do not exist in many places in this troubled world. We treat them lightly. Those who have gone through business and its kindred depressions see today as very bright and precious and not to be taken lightly nor scorned.

As I end this most interesting year, on behalf of the Academy, I give many thanks to the Executive Board and all those work-

ing units for much constructive work well done and for the work under way for the years ahead.

I must add a word of appreciation and praise to the Executive Director and his staff. The central office has been most efficient in caring for all phases of the Acad-

emy affairs. And to the wives, I say thank you for your help and co-operation and forebearance and indulgence through the years in our work here. I thank you for the greatest honor given me, to have served as President of the American Academy of Pediatrics this year.

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Pediatrics 1961;27;161

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PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

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