

have an opportunity to help to preserve and stabilize the fundamental unit of society—the family.

Few would disagree that the child from 0 to 5 years of age is in one of the most receptive periods in his life. Parental influences in the form of words, actions, and attitudes leave deep and indelible marks on the developing child. No one can bring this fact home to parents better than the physician whom they have selected, the physician in whom they have trust, and whom they respect. His words will be heard and accepted, and what is more important, they will be heeded.

Routine visits for check-ups should be used as occasions to offer parents encouragement, support, and guidance in the handling of their young ones. Parents need to be made to realize that their responsibilities go far beyond the need to feed and clothe and shelter.

A parent's sense of responsibility and faith in his ability to guide and support his offspring has gradually been eroded. Fathers and mothers have been made to feel inadequate and unqualified. On the contrary, I personally believe that the parent-child relationship is such that the majority of parents can be the child's best and most natural teacher, particularly when it comes to imparting attitudes and such basic concepts as honesty, integrity, and decency. It is in helping to restore to the parent a sense of self-confidence and the *desire* to assume the responsibilities of parenthood that the physician comes in.

I propose that at each opportunity an effort be made to touch upon some basic point without lecturing. When dealing with a receptive parent it takes but a few moments longer to inquire of the emotional atmosphere in the home, of the ease or difficulties encountered in handling and disciplining the child. Very simply, the parent could be asked a leading question, such as, "How does it feel to be a parent?" "How are you enjoying your child?" We should quickly spot the perfectionist mother, the overbearing father, the overly proud parents who feel they have produced a young demi-god. And when we do we should take the time to make some appropriate comments. A pamphlet or a presentation by a nurse or an aide just isn't enough. In this day of increasing pressures to use physicians' assistants these

words sound anachronistic. However, I firmly believe that because of that very personal and special relationship between the physician and his patient, no one else can impart encouragement and understanding of responsibility as well as the physician.

It is important to remember that the problems are there and that most often parents are looking for an opening to talk about them, if only briefly.

I submit that this aspect of the physician's service to his patients has been neglected because of the rush of everyday living and crowded schedules, but mainly because we have just not thought about it. If we but remind ourselves each time we enter the examining room, we will feel this responsibility more keenly. A few more minutes spent with each family unit may yield great rewards.

HUGO M. CARDULLO, M.D.

10 Tilley Avenue  
Pompton Plains, New Jersey 07444

#### **Malformations and Maternal Nutrition (Correction of an Error Published Elsewhere)**

TO THE EDITOR:

The following erratum will be included in reports of the 60th Ross Conference on Research, "Problems of Nutrition in the Perinatal Period," which are distributed in the future.

#### *Erratum*

Page 15, paragraph 4, last line reads, ". . . there was a high incidence of malformation." This should read, ". . . there was a slight increase in malformations which was not statistically significant." (Smith, C. A.: Effects of Maternal Nutrition upon the Newborn Infant in Holland (1944-1945), *J. Pediat.*, 30:229-243, 1945).

Because the Report of the 60th Conference was widely distributed before the error was called to my attention (see attached correspondence), I would greatly appreciate your publishing this letter in *PEDIATRICS* so that earlier recipients of the Report will be aware of this unfortunate error.

GEORGE M. OWEN, M.D.  
Department of Pediatrics  
Ohio State University

Columbus, Ohio 43205

**Erratum**  
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## Erratum

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