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COMMENTARIES

THE DIMENSIONS OF COMPREHENSIVE PEDIATRICS

THE CASE material presented in the paper by Kennell and Rolnick in this issue of PEDIATRICS illustrates some of the problems encountered in a project for the study of child rearing, particularly in reference to the unanticipated high incidence of cases in which the survival of a newborn infant was threatened by a health complication. In a way, the project might be said to have had bad luck in encountering such complications in two out of three cases, rather than in one out of five, as might have been expected. However, the statistical mischance, which would have tended to correct itself as the number of cases in the sample increased has served a useful purpose by calling attention to a problem that is becoming more and more important for pediatric training and practice, as well as for studies in normal child development.

The situation encountered in the authors' project seems to epitomize the problems confronting research and service in health, education and welfare in the children's field, as a result of the survival of so many children who formerly would have died in infancy. In addition to a rising birth rate, the revolutionary changes in causes of serious illness in children and the associated decrease in deaths in infancy and early childhood, have contributed greatly to the population explosion now taking place. During each of the past two decades there has been a 20 to 25% increase in the child population, and this trend is expected to continue.

One facet of this phenomenon is of special concern to pediatricians and to other professional groups involved in service and research in the care of children, and the experience of this project highlights the related problems. The survival of so many children who would have died previously results in the appearance of a disproportionate number of handicapped children in the population of children arriving at, say the age of 6 years, or of school-attendance age, each year. That is, as the birth rate rises, the number of perinatal health complications rises. While this alone might have exerted a considerable impact, it is the survival of these infants beyond the newborn period which is compelling us to take a new look at the adequacy of our models of service and research for meeting the new problems.

The historical devotion of pediatrics to the goals of disease prevention has brought about a dramatic change in the incidence of, and morbidity associated with, acute infectious diseases. It is, in a sense, as if the relative attainment of this goal in prevention has increased the emphasis upon another historic goal, that of fostering normal child development. It has been noted increasingly that the training of residents in the hospital was scarcely a preparation for office practice; the highly technical knowledge needed in the various new pediatric subspecialties did not prepare the physician for exposure to a host of new problems in parent counseling with anxious and imma-

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At the present, no single test can be used with infallible results in the diagnosis of cretinism in the newborn period. An infant suspected of being a cretin is best served by an alert and informed physician who will regard any deviation from the normal pattern of development and behavior as a reason to consider this diagnosis and to use knowledgeably and, repeatedly if necessary, all appropriate measures to establish or disprove it.

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AMERICAN ACADEMY OF PEDIATRICS

PRESIDENT'S MESSAGE

COMMUNICATION

TODAY we live in an era of unprecedented means of communication, but perhaps never before has it been so difficult to achieve understanding and exchange of ideas and real communion, which is the purpose of communication. One difficulty may be that there are too many "voices" seeking to attract our attention. I hesitate to add mine to the "shouting and the tumult." I offer you then, this President's Message with apology and explanation.

The Academy has become a large organization of over 5,500 members in North America and more than 1,000 in Latin America. In June 1931, it was possible to get the original membership of the Academy in a group photograph which hangs in the Academy headquarters in Evanston. Communication then was easy. Today the Annual Meeting attracts a substantial part of our membership—about 1,500. Unfortunately, in recent years there has been usually only a corporal's guard present at the business meeting by comparison with the attendance at clinical sessions. And many Fellows do not get to our meetings. An organization quickly loses its sense of purpose and vitality unless communication between its leadership and members is actively maintained. I don't mean to suggest that our "communications" concerning Academy business are not good. The *News Letter*

serves a very important purpose in this respect and it will become even better. District Chairmen are the main line of communication between the Board and the Fellows and some District Chairmen have done a tremendous job on this by attending State Chapter meetings, holding District meetings, and otherwise keeping in close touch with Fellows in their Districts. Some State Chapters have established their own publications to facilitate communication on Academy matters. The Presidential Address of the retiring President has always been the most important statement of Academy hopes and ambitions, usually prepared and delivered in the light of a number of years' experience at the policy-making level of the Academy. These Presidential Addresses are valuable documents which collectively constitute a history of the Academy. But I believe a lot of their impact on our members and our program is lost because these are the thoughts of out-going Presidents. We need continuity in the Presidential line of communication.

This President's Message therefore is an effort to add the "missing link" to our Academy chain of communication. I will try to convey briefly each month my thoughts on some of our problems, report on projects under way and comment on other affairs of the Academy—all of which could be done

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