

## THE STUDY OF PEDIATRICS:

IS IT WORTH THE ATTENTION IT GETS, AND DOES IT GET  
THE ATTENTION IT DESERVES?\*

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The subject of my paper consists in two questions that seem antithetic to each other, and I ask these questions in the same spirit that evoked the old and trite saying, as true as it is old, "Whatever is worth doing at all is worth doing well." If the symptomatology, etiology and treatment of the diseases of early and adult life were precisely alike there would be no need for the special study of pediatrics; but they are not alike, as they differ often in their pathology, yea, even in their anatomy, to such an extent that good treatment for a given disease in an adult would be bad treatment for a child. Again, some diseases that in childhood are very severe and correspondingly fatal, in adult life are extremely mild or do not appear at all or at least are rare, and the converse is exactly true of others. So the reason for the Section on Diseases of Children, in which their ailments are especially studied, is clear enough.

Now, is the study of this class of diseases worth the attention it gets? Some say "No," because it would not pay a man, except in the very largest cities, to confine his practice to children exclusively; he could not make a living at it. Now, for sake of argument we admit that, and while doing so ask another question—a habit we acquired when a small boy—namely, "What per cent. of the general practitioner's work is among the children, namely, all his patients from birth till their eighteenth year of life?" And further, "How many times has he made his entry into a good family's practice because baby was sick?" I hazard the answer that by far his largest income is derived from that source, both directly and indirectly. Directly because there are more children than adults; not so much among the 400, but, thank our luck, among the 400,000; and secondly, because children are more frequently sick than adults, even were they of equal numbers.

Another reason that might be adduced is that most parents are more solicitous about their sick children than about themselves, and that physician who can successfully cope with children's diseases can most easily find the way to the mother's heart, which is the golden key that unlocks the door that gives you entry to the whole family. Parents will risk their lives, or all they have, when their children are in danger. A mother, especially, would rush into a burning house if she thought one of her children were in it, and she would not question for a moment concerning her own danger. Likewise when a child is sick, she will send for medical aid much sooner than if she herself were ailing. She will also readily detect the skill, or want of it, of the physician called, and if she is convinced of his inability in treating her baby, she will have very little confidence in him hereafter for any other member of the family no matter how skilful he may be in other branches of the medical art. It is very foolish, and worse than silly, even criminal, for some general practitioners to assert, as one frequently hears them do, that any old lady who has raised a family of children can do more for a baby than any doctor; that children do not need any medicine, anyway that they are very difficult to treat, because, lacking intelligence in direct ratio to their youth, they can not give

you any information as to their subjective symptoms, and if old enough to give information, it is likely to be faulty and misleading, and a lot more such fallacies and twaddle. I should be ashamed of my profession and doubt my own conscience were I to make such admission to anyone, and even if I felt that way it would be all the greater an incentive to study the ailments of early life all the more for feeling the want of proper information on this most interesting and valuable part of a medical man's knowledge.

If, as one of our older authors has said, "The child is father of the man," I hold it is equally true that pediatrics is the mother of general medicine.

Because a small boy has not achieved greatness or distinction, and he is only a street gamin, or perchance, even a child of unknown parents, it is not considered as much honor to treat him as it would be later on to treat this same person after he is the judge, the colonel or the general, the governor, or his excellency the president, some distinguished literateur, statesman, prince or potentate. It is no sign, nor does it logically follow, as the day follows night, that the study of pediatrics is less dignified, less distinguished, than that of general medicine.

The man who recently gave an example of his bloodless reduction of congenital hip dislocation is a pediatricist from the nature of his work and its limitations, and yet he received more notoriety from both the professional and lay press than any dozen or more of the other members of the medical specialties, either at home or abroad. He has shown us that there is an honorable and useful field open in this department, and I desire to remark, there is yet much unexplored territory that awaits others who will take the pains to investigate, and their labors will not go unrewarded, neither financially nor otherwise.

As I do not intend to go at this proposition polemically, I will say in the affirmative, that the study of pediatrics is worth all the attention it gets and far more.

This assertion almost covers the answer to the second question, "Does it get the attention it deserves?" So I will prefix my answer to my remarks on this part and say at once that it does not get the attention it deserves. In the first place, it does not get its proper attention in the medical college where it is claimed to be taught, but is not—or at least if so, only exceptionally.

In very few medical schools, either abroad or in our own country, do they have a special chair for teaching diseases of children, but it is usually taught by an associate or adjunct professor to the chair of internal medicine, and probably one lecture a week or every two weeks is devoted to it, and what is worse, not always is this chair filled by some distinguished man, but by one who is cutting his eye teeth preparatory to masticating the bigger chunks to be bitten off later. Frequently the student is given to understand, if not directly told, that the subject is of minor importance, and he would better give his special attention to pathology, bacteriology, obstetrics and gynecology, where his especial attention is directed to tubes, ovaries, hysterectomies, appendices and other glittering promises of surgical paraphernalia, fame, wealth, success, where, like military heroes, he can "wade through slaughter to a throne."

Of course, these are all necessary, but of how much use are they to the average tyro in practice? That comes later, after the baby has had a convulsion, or midnight croup, and thus introduced him to the favorable notice of the family.

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When I studied pediatrics I was taught it by my professor of chemistry, toxicology, materia medica, therapeutics, hygiene, state medicine, diseases of women and children. Sec? All one man, but he was versatile! Yet I am still at a loss, that of the many subjects he was professor of which of these he taught me most, but I am sure it was not pediatrics. If I know anything about that I learned it later. I learned much of it right here in this Section, from the papers I hear read and discussed (and which I reread later in *THE JOURNAL*), which were written by many of the distinguished authors who think it not beneath them to cast their lot with us. Now, while I am talking about its teaching in our medical colleges, I wish to assert my opinion, that aside from having special books on diseases of children, it were well to learn this matter by comparison. For instance, when a given disease is discussed in a treatise on internal medicine, its etiology, clinical history, pathology, anatomy, diagnosis, prognosis and treatment, it would be well to remark of its behavior in childhood, where it is similar or dissimilar from its manifestation in adults, and by these means much good were done to rivet the attention of the student to this important branch of medicine. Some authors do this in part, but most of them do it in a half-hearted way. I am sure if it were done as I fancy it should be done it would save much separate study, much book buying and reading over and over again in ponderous tomes and voluminous cyclopedias, which often reminds one of threshing over an old straw stack for the sake of a few grains of good wheat one might find. It were far more profitable to go to the flour bin at once.

Again, I want to draw your attention to an expression now principally used as an echo of the past, namely, the term "family physician." When you analyze this expression you will easily find it relates mostly to the man who treats the children of the family. While in general practice it often becomes necessary to call in some specialist, one who truly has made special study of a particular class of ailments, yet the family physician gets to see, diagnose and treat these cases first. Whether it be a mastoid trouble, a middle-ear disease, a sigmoid sinus thrombosis, a laryngeal croup, where intubation or tracheotomy must be done, an appendicitis that must be operated on, a fractured skull elevated or resected, or what not—no matter, the family physician sees most of them first, and he should be capable to diagnose and treat, or know fully when his work and knowledge need be supplemented by the proper special assistance; this in itself is no small accomplishment. When this state of things comes to pass, that is, when all medical men learn more of pediatrics and give it more of the attention it so richly deserves, then

The air so full of farewells to the dying,  
And mourning for the dead;  
The heart of Rachel, for her children crying,  
Will not be comforted.

will find less application than of old.

After the loss of one of his children the poet Longfellow said:

There is no flock, however well attended,  
But some dead lamb is there.

And yet I think if we knew more of the ailments of our little ones there would not be quite as many dead lambs, and angels would have to be recruited from older candidates.

And now, not only to the Section of Pediatrics, but unto all departments in medicine do I quote:

Ah, what would the world be to us,  
If the children were no more?  
We should dread the desert behind us,  
Worse than the dark before.  
What the leaves are to the forests,  
With light and air for food,  
Ere their sweet and tender juices  
Have been hardened into wood,  
That unto us are children;  
Through them we feel the glow,  
Of a brighter and sunnier climate  
Than reaches the trunks below.

To you, my fellow workers in this section of God's vineyard is dedicated this sentiment: "The study of pediatrics is worth all the attention it gets, and it does not get all the attention it deserves." "Go ye into all the world and preach this gospel."

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#### DISCUSSION.

DR. W. F. BOGGESE, Louisville, Ky.—That pediatrics is a subject that has been woefully neglected in the past we will all acknowledge, and it is undoubtedly true that it is a subject which appeals to all of us in the medical schools. If I can teach two facts each year to my medical students I feel that my labor has not been in vain. One of these is, that the diseases of children constitute an individual study. We have just heard of the wonderful disturbances of nutrition in children, and the differences in the development of the nervous system of children and adults. The future men and women will depend on the health of the children, and if we do not take care of our children along the special lines we need not expect future generations to be healthy. The other fact is that the students are to be impressed with the utmost optimistic views in the treatment of diseases of childhood. We have the most occult diseases to deal with, and the most profound disturbances to recognize, with but little help from the patient. We have unknown quantity as to the resistance and recuperative power. We know, nevertheless, that by proper treatment we can often bring back the most discouraging cases to perfect health and hardihood. The schools, I think, are waking up to the fact that we should no longer turn over this very important subject to an assistant, and that the subject is worthy of a full professorship—indeed, should have several professorships, for it is one we can not teach too thoroughly.

#### A CASE OF PROBABLE GUMMATA OF THE LIVER IN A CHILD OF SIX.\*

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The case which I have the honor to report is that of a girl of 6, rather small and thin, but, according to her mother's account, always well except, temporarily, during attacks of measles and whooping cough. Her parents are both living, but are generally intoxicated; if only one be found, the other is probably "off on a spree." The father is a steady drinker and contracted syphilis about twenty years ago. Out of thirteen pregnancies, seven of which terminated by abortion, but two children are still living, a healthy man of 23 and this little girl. The others died between 3 and 10 years of age from various causes. No history of tuberculosis was obtainable.

The patient, who was not living with her mother, was first brought to the dispensary of the University Hospital, July 21, 1902. She had complained of pain in her right side two weeks before; this had been followed by slight fever, nausea, vomiting and jaundice. She was constipated and her passages

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