

AAP History: Wherefrom the Practice of Pediatrics

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As recounted in the last issue, the American Academy of Pediatrics (AAP) was started in 1929 by pediatricians who were dissatisfied with the medical establishment (the AMA), which sought to stifle involvement of physicians with the furthering of a child welfare agenda. To understand this concern by a group of physicians over an apparent (to the medical establishment) non-medical topic, one has to look at the history of how the practice of pediatrics became a separate clinical entity.

Until the latter half of the 19th century, practicing physicians were generalists. Pediatrics or “pediatry” or “pediology” was brought to the U.S. from Germany in 1853 with Abraham Jacobi, who ended up in this country following his involvement in the failed revolution in Germany of 1848. He established the first children’s clinic in the New York Medical College in 1860, having been on the faculty at the College of Physicians and Surgeons (Columbia) since 1857.

It was largely due to Dr. Jacobi that the pediatric sections of the AMA and the New York Academy of Sciences were organized (1880 & 1885) and he later was the first president of the American Pediatric Society (APS) (1888). But the former organizations were still under the umbrella of general medicine and the latter organization was composed of the professors and researchers of pediatrics. There was no organization of clinicians who limited their practice to children—as there were very few of those such clinicians.

This situation changed, ultimately, because of the efforts of physicians and others interested in community efforts to further the welfare of children. Interestingly, one of the first issues fitting into the community pediatrics paradigm was child abuse. A case under the rubric of “cruelty to animals” was made in 1874 by Henry Bergh, the founder of the ASPCA in New York, to protect an eight year old girl from abuse by her step-father.

However, the major issue facing those interested in child public health was the extremely high infant death rate, especially from diarrheal diseases and especially among those in foundling homes and those in the slums. In the latter years of the 19th century, the group of physicians, nurses, and social workers concerned with child welfare showed that providing clean milk and water could dramatically lower the morbidity and mortality of these infants. “Milk stations” were set up in the urban areas, especially in New York City and London. Widespread provision of clean milk on a regular basis was combined with exams of the infants, including serial weights, and advice to the mothers. Well-baby care was born—and infant morbidity and mortality plummeted.

More affluent patients, hearing of these results, wanted the same for their babies. The “academics” had decided that diluted “formulas” (of milk, water, sugar) were all that the immature bowels of infants could handle, and that rigidly timed feeding schedules were needed for optimum functioning of those “fragile” infant systems. Since it was thought that the formulas and rigid feeding schedules had to be varied frequently by age and physical attributes of the infant (including using the first medical procedure—recording of weight); physicians expert in infant care (i.e. pediatricians) were required to examine the babies, interpret their weight progress, and calculate the formula changes thought to be needed. Routine well baby visits became standard for affluent parents. Clinical (private) pediatrics was born.

If the only issue concerning those practicing clinical private pediatrics in the community had been evaluating and managing infant feeding, the AMA pediatric section would have sufficed. If research and teaching were the other major necessary function of the medical establishment, the APS covered that issue. However, child welfare advocates within the pediatric world believed that public health aspects such as providing sanitary milk for all (regulating production, collection, transportation and delivery) could not be separated from the practice of pediatrics.

For many years pediatricians within the existing national pediatric organization (the AMA section) argued with their parent organization over the idea that organized pediatrics needed to advocate for the child welfare ideology. Those pediatricians “lost” this argument with the organized medicine establishment, decided to go their own way and form their own organization—the AAP was born.

Next: Early growth of the AAP and early disputes over the child welfare ideology and the involvement of the government—the same dispute, but now within the AAP.