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THE PHYSICIAN AND THE CHILD

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*The childhood shows the man,
As morning shows the day.*

JOHN MILTON, *Paradise Regained.*

Nowhere does God display the wondrous nature of man's soul than in the heart, the mind, the eyes of the child. The child is the treasury of man and the child's life reflects tomorrow's world. Most physicians, whatever their special interests, are at one time or another confronted with the problems of children. A special understanding and interest in all facets of children — their illnesses, their environment, their emotional and intellectual endowments — must be interpreted in order to render them the best of our talents.

It is the responsibility of physicians, as doctors and citizens, and of society at large, to assure the unborn infant and child of the best we have to offer: physical health and normal development, moral and intellectual development and the means for providing him and his own children with a comfortable, peaceful and fruitful life. The past three decades have seen miraculous advances in medicine including the introduction of new drugs and highly technical surgical procedures which have enhanced the survival of the newborn infant. And yet, not every child is well endowed with the full potential for the best which life can offer. Many are born with physical or mental handicaps,

as yet unsusceptible to cure, so that they cannot cope with daily life on an equal footing with others and require respectable support from others. In the United States certain developments have focused our attention on problems of the child. Other nations have also been awake to these needs and the responsibility is indeed one without geographical boundaries.

On February 15, 1909, President Theodore Roosevelt sent a message to Congress urging action to establish a Federal Children's Bureau. He said "There are few things more vital to the welfare of the Nation than accurate and dependable knowledge of the best methods of dealing with children especially with those who are in one way or another handicapped by misfortunes; and in the absence of such knowledge each community is left to work out its own problem without being able to learn of and profit by the success or failure of other communities along the same lines of endeavor." To be sure, there had been private individuals, prior to this national effort, urging the promotion of health and welfare of children. In 1912 the United States Congress passed an act creating the Children's Bureau. It was established "to investigate and report

upon all matters pertaining to the welfare of children and child life among all classes of our people."

In 1935 the Social Security Act was passed, one portion of which authorized financial support to the States for maternal and child health, crippled children and child welfare services. In 1962 amendments were added providing for the expansion of child welfare services throughout the nation and to continue through 1975. There have been increasing numbers of handicapped children served by this program between 1937 and 1960.

The purposes of the Children's Bureau of the United States today are as follows: To collect information in order to inform the country about children and matters grossly affecting their wellbeing; to make recommendations to advance wholesome development of children and to prevent adverse conditions; to lend assistance to citizens and agencies to improve the conditions of childhood; to administer when necessary financial aid from the government. Maternity clinics for medical, nutritional, social services and pediatric services have been provided. Major advances have been made in the practice of medicine for the routine supervision of the well child privately or through well child clinics and in both instances competent advice on the care of babies and pre-school children has been rendered. There has, therefore, been great emphasis placed on prevention of handicapping conditions. More recently and particularly through the enthusiasm of the late President

Kennedy, great emphasis has been placed on programs for mentally retarded children.

Incredible as it may seem, children with crippling disorders are not always brought to the physician or to the appropriate clinic. Therefore it is important to locate through community efforts all children who require attention. Such attention would include diagnostic services and adequate medical care. At present a large number of children who are crippled have orthopedic handicaps. In recent years many with a variety of congenital defects have been treated through various medical resources. For the economically deprived, clinics are held in many places and in some states organized groups of trained personnel travel from place to place. It is important to emphasize that children who are handicapped require a multitude of specialized talents including surgery, hospitalization, special medicines, appliances (such as artificial limbs) convalescent care, guidance, and counsel for the entire family and especially for the parents. Every physician should be aware of the facilities available at his hospital or at other institutions within his community so that all necessary treatment is brought to bear on the crippling conditions. There is currently great interest placed on the basic and special education of handicapped children and on guidance so that many of them may pursue vocations which are consistent with their limited abilities. Families must be helped to devise a plan to continue the care and special education for each child for

an ultimately gainful role in society. Since we now know that many congenital defects are related to certain peculiar accidents during pregnancy, it is also important that we offer the very best maternity services to all expectant mothers.

The current definition of crippled children has been broadened to include the children with any kind of handicapping condition or long term illness. One of the great tragedies of these children and their families relates to their shopping around and frequently falling into the hands of charlatans simply because respectable medical individuals and groups are frustrated themselves and fail to employ all possible methods for the study of defects and their correction. This is unfortunate since the handicapped child does not receive the most highly expert services available.

For a long time great emphasis was placed on the care of handicapped children away from their homes. In recent years it has been realized that crippled children need a permanent home of their own preferably with their own parents. Therefore, attention has been focused on working with the parents of children who are ill or incapacitated in any way. We must attempt to employ the private office, out-patient, and other community services including home care, to avoid prolonged hospitalization and removal from the home. Here each physician has an important role. In all such matters it is essential to coordinate the efforts of the various specialists and agencies so that the child and the

family are not torn into many pieces without regard to the interest of the total individual and the integrity of the family. We must attempt to spread comprehensive and competent medical care to needy children in every corner of the country and every corner of the world. The establishment of the Children's Bureau was "an expression of belief on the part of many people that children are the most important of the nation's resources and that the government should foster their development and protection by setting up a center of research and information devoted to their health and welfare." Therefore the Children's Bureau is available to all clinics and all physicians throughout the United States for information and advice in the proper care of the child.

In the United States, there has been slow progress in the last few years with respect to death in early infancy from congenital diseases and to accidents of birth which lead to permanent damage. It is especially true that infants who are born prematurely are more apt to have damage to their brain and their nervous system and there is reason to believe that there is some association between inadequate care during pregnancy and the occurrence of such misfortunes.

Exact figures for the number of crippled children in the United States are not available but some data may be had from the United States Children's Bureau concerning those children directly served by this agency. Between 1950 and 1962 services have included medical

attention provided through clinics, home and private office visits, hospital or convalescent homes. Almost always the child who has a crippling condition spends at least a brief period of time in the hospital to establish an exact diagnosis in the hope of applying a partial or complete schedule of treatment to bring about a cure. However, there has been a decline in the number of such cases placed in the hospital and the duration of their stay in the hospital. This is a good thing and it indicates that better medical services are available for certain types of cases without need to remove the child from the environment of its parents. In 1950 a disabled child spent an average of 32.8 days per year in a hospital whereas by 1962 this had dropped to 21.0 days.

Programs include children with orthopedic defects, congenital malformations, blindness, deafness, malformations of the mouth, epilepsy, rheumatic fever, and many other conditions. Certain of these conditions are improved by surgery and others, such as epilepsy and rheumatic fever, benefit from suitable drugs. As the result of the use of such drugs from 1950 to 1960 there has been a drop in the rate of rheumatic fever in children in the United States. However, the most dramatic decline has occurred in the incidence of poliomyelitis. In 1950, 14½% of all children in official programs of the Children's Bureau were crippled by poliomyelitis and this had fallen to 7% by 1960 and is now considerably lower. Even the 7% figure represents children who were crippled by infantile paralysis which

they had had several years earlier. This wonderful advance would indicate that if the physicians pursue vaccination against infantile paralysis vigorously we may be rid of this terrible condition for all time. Many years ago tuberculosis was the cause of destruction of bones and muscles but in recent years only a small number of children are affected by this disease. Handicapping conditions due to nutritional deficiency such as rickets now constitute a very small percentage of the cases and, even so, represent a cause for embarrassment in a wealthy nation such as ours.

It is important for those physicians associated with hospitals having nurseries for newborn infants to recognize at once, following birth, all disorders which may interfere with the physical or mental development of the child. There have been major advances in the understanding of certain metabolic diseases of childhood such as phenylketonuria, and cretinism.

The late President Kennedy had a tremendous impact on the entire nation in focusing attention on mental retardation. Most mental retardation stems from defects or diseases just prior to or shortly after birth. As we understand more about the nature of the causes of mental retardation we should aim to prevent this misfortune. Whether or not the large number of mentally retarded individuals in the world today may be helped cannot be determined although probably the majority of them are permanently disabled to some extent. On the

other hand there is currently a great interest in the study of special educational procedures in early life in an attempt to "get through" to the retarded individual. The greatest mistake, which has been made in connection with mental retardation in prior decades, has been the denial of special education. It is clear that a large number of mentally retarded individuals can benefit by proper education and can improve their status. Some even become self-supporting. As a result of habilitation into a gainful role in life, they are also much happier individuals.

The manner of education has most recently engaged great national attention. President Johnson has instituted a number of programs to guarantee adequate education for the economically deprived. This is an extremely critical consideration since it does appear that some so-called mental retardation is not truly the result of permanent and irreparable damage to the brain but rather comes as a result of poor contacts in early life. For example a child born into a home where the parents themselves are uncultured is not exposed to a stimulating environment and may therefore learn poorly through the school years. Special nursery programs are being planned in the United States so that children of economically deprived parents and working mothers may be left in a stimulating environment in the care of intelligent adults for many hours of the week. Dr. Gerard, the Dean of the Graduate Division of the University of California in Irvine has stated: "Men can be

upgraded . . . While the manipulation of racial development is not imminent the manipulation of individual development is upon us . . . Which feature of manipulation is intended to benefit the recipient." Dr. Gerard also stresses "the importance of parents guiding their children, teachers educating their pupils, doctors advising their patients, and ministers leading their parishioners." We know that baby monkeys or humans denied the experience of vision during early life may never learn to see with discrimination. There is reason to believe that educational deprivation in the early months or years of life may create certain disadvantages at the ordinary age for beginning school, resulting in the individual not developing as well intellectually as he would have were a richer environment being provided. President Johnson has assembled a panel of experts to consider the kinds of programs which might be most effective in increasing the achievement and opportunities for children of the poor. This panel with Dr. Robert Cooke as director has issued a statement which I quote in part:

There is considerable evidence that the early years of childhood are the most critical points in the poverty cycle. During these years the creation of learning patterns, emotional development and the formation of individual expectations and aspirations take place at a very rapid rate. For the child of poverty there are clearly observable deficiencies in the processes which lay the foundation for a pattern of failure and thus a pattern of poverty throughout the child's life.

It is the goal of the project "Head Start" to improve opportunities and

to devise special programs for the child from an economically deprived environment. This is a project which requires collaboration among many of us in medicine, social services and education. It is particularly pertinent that this aspect of our interest in the handicapped child be mentioned. Children of the economically deprived must be assured good physical health and physical abilities. Their emotional and social development must be encouraged and their mental processes and skills must be improved with particular attention to conceptual and verbal skills. The very young child must have inculcated patterns and expectations of success to create a climate of confidence for his future learning.

At this juncture it becomes an obligation for all physicians to play a role in their communities to assure equal rights for all children and to courageously contest all manner of racial discrimination. The best possible education and medical care must be accorded everyone, especially children, regardless of race, color or creed. And the child, as patient, may come to recognize and absorb the physician's understanding of the brotherhood of man which can know no discrimination. In *South Pacific*, Rodgers and Hammerstein showed that "you have to be taught" the prejudices which deny the best of sound living to everyone. The child is especially susceptible to these teachings.

In all considerations concerning assistance for the handicapped child and prevention of handicaps the responsible parent is of course the

chief figure. Proper education of human beings including moral education will generally lead to the development of responsible parents. The parent who denies the child stimulating experiences in the early months of life, whether wilfully or unwittingly, denies the child full mental development. The parent may be ill and this may represent the cause, in which case we must be responsible citizens in helping the parent to health so that the child may be indirectly assisted. The parent himself may be handicapped because of inadequate attention during his own earlier life, or may be mentally retarded. The physician must be alert to the harm which parents themselves may inflict on their children leading to what is known as "the battered child syndrome." Both the emotional and intellectual damage wrought on the child in such an environment must be extremely serious.

To guarantee a better world we must give the best we have to our children. We must avoid all conditions and circumstances which cripple the child physically, morally or intellectually. We must at once detect the child who is already suffering from handicap and we must bring to bear on each all that our profession and society can offer to bring about a degree of achievement consistent with a happy and healthy life. When this is not possible we must attempt to improve the lot of the individual by appropriate counsel and such measures as are available for partial amelioration. We must assure all potential mothers of

good care in order to avoid congenital malformations in their children and in order to prepare the mother for intelligent motherhood. We must provide facilities for handicapped children; we must provide adequate educational opportunities for all children and special education for those who cannot respond to normal methods of teaching. We must inspire children to lead sound and morally healthful lives and help them maintain their equilibrium so as to avoid psychiatric disturbances in later life. We must attempt to avoid emotional problems in chil-

dren who are unavoidably handicapped. We must also encourage research through our tax dollars into those areas of medicine which may elucidate the causes and prevention of crippling conditions of childhood. All of us together must cooperate in an attempt to provide children with sound bodies, minds and souls.

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