February 1967

The Physician and the Child

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Recommended Citation
Available at: http://epublications.marquette.edu/lnq/vol34/iss1/16
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 the problems 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 treatment of the crippled child privately or through well child clinics and in both instances competent advice on the care of babies and preschool children has been rendered. There has, therefore, been great emphasis placed on prevention of handicapping conditions. The establishment of the Children's Bureau of the United 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 treatment of the crippled child privately or through well child clinics and in both instances competent advice on the care of babies and preschool children has been rendered. There has, therefore, been great emphasis placed on prevention of handicapping conditions. The establishment of the Children's Bureau of the United 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.

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Since genital defects are related to certain peculiar accidents during pregnancy, it is also important that we offer all expectant mothers.

Children have been broadened to those handicapped or partially paralytic. 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 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, 14.4% 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 habituation 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 issue of 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 uneducated 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 accentuates the importance of programs 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 been avoided. 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 process 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 willfully 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 handi-
capped. We must also encourage
research through our tax dollars into
those areas of medicine which may
eluicate 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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**THE EXPERIMENTAL USE OF DRUGS IN HUMANS**

**VINCENT J. ZARRO, M.D., PH.D.**

Consideration of the ethical and
moral aspects of the experimental
use of drugs in humans is not an
easy task. A discussion of it is
impossible without expressing some
personal opinions of the various
aspects. This is not surprising when
one considers the criticism leveled
at the various “codes” introduced
through the years.

There are many reasons for the
controversy about the experimental
use of drugs, but perhaps the basic
reason is the great number of really
new medications introduced within
recent years. Chlorpromazine was
not just another barbiturate, for
when introduced it represented a
structure never before used in ther-
apeutics. Virtually all the antibiotics
have structures heretofore unknown.
Even a remote guess as to the
toxicities of these compounds was
impossible.

Of course experiments are carried
out in various species of animals
before human use but finally the
drug must be administered to
humans. The well known species
differences associates the first admin-
istration to man with a degree of
danger. This paper deals with the
circumstances under which we are
justified to administer experimental
drugs to humans.

We will dismiss the purely legal
aspects of the subject by referring
the reader to a recent comprehen-
sive anthology with an extensive
bibliography.1

Considering then the ethical and
moral aspects, it seems that we must
at the onset pose three critical ques-
tions, 1) When is the administration
of a drug experimental and when is
it therapeutic?, 2) What is the basis
for any ethical and moral considera-
tion?, and assuming there is a valid
basis, 3) What are the guiding prin-
ciples for the use of new drugs in
humans?

**WHEN EXPERIMENTAL AND WHEN
THERAPEUTIC**

Drugs have often been defined
simply as selective poisons. This is
true only if the drug produces the
desired therapeutic effect without
any side effects but as all physicians
know this is true of very few if any
drugs. Virtually all have unwanted
effects accompanying the desired one
and therefore the simplest definition
of a drug must be a not too selective
poison.

Obviously drugs differ widely in
their toxicities. On the one hand,
there are the innocuous ones which
have been in use for many years,
and on the other, potent agents
newly introduced for human use.

Legally the definition of an expe-
imental drug for human use is
simply a drug released by the Food

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