

SOCIETY PROCEEDINGS

THE PEDIATRICIAN: HIS OBLIGATION TO THE STATE IN TIME OF WAR

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When I first selected the subject for my talk, it was with the belief that it would be opportune to emphasize the place of the pediatrician in the nation and his local community, both in time of peace and in time of war. The rapidly changing events, however, lead me to place a limitation on the scope of my presentation. In the peace time that obtains in the United States at the moment, the peace that may only be the prelude to war, our obligation is clearly one of putting ourselves at the service of our nation. The least we can do for the children to whom we have tried to give the benefits of our knowledge in the past is to preserve for them the type of government we hold to be best, one in which freedom, liberty and justice are available to all.

We are living in a period in which every day brings with it a new interpretation of our responsibilities to the nation. Never has there been a conflict between nations in which the principles of humanitarianism have been so completely subordinated to the lust for conquest and power. Neither the babes in arms, the mother who bore them, nor the bedridden hospital patients are spared in today's calculated plans for destruction. Barbarian tribes sometimes carried their women and children in the wake of the march toward battle, but only today has it come to pass that we slaughter the innocent by bringing fire and destruction into their homes in order to create paralyzing fear and bring morale to the zero point.

In a situation such as this, every man and woman has a place of responsibility to fill. Not every one will have the satisfaction of wearing a uniform or marching to martial music; nevertheless his and her services can be of the greatest importance in keeping bright and clear the road our country is to follow. The types of service that we can render and which will leave their impress on the history of our time are too many and too varied to bear enumeration. The pediatrician has broad training, knowledge and skill to offer his country, especially in the fields of general medicine, contagious diseases and nutrition. I know that he stands willing to give to his people the fruits of that wisdom. His contribution will be of high quality, whether it be in the field, the hospital, his own community or such place to which he may be assigned at home or abroad.

We have in this war seen the success attributable to a long period of careful and intensive planning in the matter of the organization of all possible resources. As physicians, our special province lies in planning for the health and morale of the army and our civilian population. Such plans must of course be co-ordinated by the various branches of our federal government so that they take their place in the general scheme. The *American Medical Association* has already proved of great assistance in attempting to classify all physicians in the United States in order that they may be grouped in that service for which their training experience and aptitude best fit them. Most valuable aid is being rendered by the state and county medical societies in their services to the draft boards and other state and local activities related to military service. The *American Academy of Pediatrics* through its national, regional and state activities has much to offer to public health in the military sense as well as to those in civilian life.

Let us now, with some justification, attempt to analyze the part that each one of us can play to advantage in this struggle for a natural existence in a democratic country. The medical student has now been granted an opportunity to finish his medical education and to enhance his experience by one full year of internship. The intern with his placement in the deferred class, implying special consideration for his future service, should, and to a great degree must, develop a sense of obligation which carries with it a necessity for sacrifice of time and energy. Even during his hospital months, local induction boards and boards of appeal offer opportunity for voluntary service or, if need be, compulsory service.

For the young man ready to begin practice, there should be no choice but that of filling some stations of active duty be it in the field or sharing in the conserving of the health and morale of the people at home. It is not improbable that he will be drafted for such services, should the period of the war be a prolonged one. For the young man who is established in practice and beyond the conscription age, the decision must lie within himself. There may be a real sacrifice involved for him and his family which will lead to a complete change in the pattern of all their lives. His decision can be only a voluntary one, but in many instances it will be his emotions that will prompt his final action.

To the older group among us who are still physically and mentally capable here comes a real challenge. In their maturity and from the depth of their experience they have much to offer in whatever position they may seek to serve. It must naturally be expected that many who may desire to join up with the active services must remain at home to carry on educational or governmental services in the community.

The House of Delegates of the Illinois State Medical Society at its annual meeting, May 22, 1941, passed a resolution instructing its delegates to the American Medical Association that women physicians be allowed to share all the privileges of men in services to the Army and Navy. This action underlines the conviction of us all that it will be every citizen's duty and privilege to serve his nation to the full extent of his ability in the coming crisis.

THE PEDIATRICIAN IN THE ARMY

As a senior medical student in 1898 I experienced the enthusiastic response to the call of the Army at the beginning of the Spanish American War. None of my classmates ever reached the field of battle, but several died in Army hospital camps.

The following editorial, appearing in *The Journal of the American Medical Association* on March 25, 1899, should make us wonder whether we have profited from the past:

The mistakes and serious blunders that were made can be almost invariably traced back to the unprepared condition in which we entered into hostilities. The public that enthusiastically demanded war with Spain was one that knew nothing of what war really is; the volunteers who offered their services so freely had no idea of the realities that they were to encounter; the army bureaus, inadequate as they were, were largely manned by men who had grown up in the traditions of thirty-odd years of peaceful red tapeism, and their reinforcement to meet the emergency was necessarily with inexperienced men.

I am certain that there can be only agreement among us as to the profound realities presented by our present situation as a potential belligerent in this second World War. The problem to be solved by and for us is how and where we are to participate in the military or public activities brought about through war. Resolutions passed by the regional components of the *American Academy of Pediatrics* point to some of the considerations which should with profit be emphasized in the assignment of pediatricians to duty.

To the Surgeon Generals of the United States Navy, United States Army and Committee on Defence:

Whereas, the pediatrician occupies an unusually favourable position, by virtue of his training and experience, with regard to the management of nutritional problems and the problems concerned with sanitation and contagious disease control; therefore be it

Resolved, that the Surgeon Generals of the United States Army and Navy be respectfully urged to outline the objectives to be fulfilled in the Army and Navy by the pediatricians of the nation individually and collectively; and that furthermore

In the formulation of such a policy for the service, public and private, of pediatricians to the nation, that their exceptional training in nutritional problems, the care of the contagious diseases and the supervision of child welfare in the nation be given special consideration.

It was my experience at the time of my first assignment in the first World War, to be stationed at Fort Riley, Kansas. Our recruits came largely from the four states of Louisiana, Mississippi, Arkansas and Oklahoma, and the greatest number of them had lived in villages and sparsely settled rural districts. It was not surprising to find that a very high percentage of these young men had not been exposed to or at least had not experienced most of the acute contagious diseases. Therefore, when exposed to measles, mumps, scarlet fever or diphtheria in the crowded camps they contracted these diseases in their most severe form.

Secondary complications developed, with an exceptionally high mortality, due mainly to hæmolytic streptococcus infection. When I arrived in camp there were 122 cases of meningococcic meningitis in the wards and there was a shortage of specific serum. The mortality rate was 25 per cent. At one time we had 17 cases of smallpox among our poorly protected Southern soldiers in our isolation unit.

Dr. PHILIP M. STIMSON, in the May, 1941, issue of the *Journal of Pediatrics* reported the following estimated number of cases among the acute contagious diseases in the U. S. Army of 4,000,000 men during the first World War:

Measles, 98,000 cases with 2,000 deaths.

Diphtheria, 10,000 cases with 177 deaths.

Mumps, 230,000 cases.

These figures do not tell us how many soldiers were incapacitated for future active military service.

With our newer therapy, including the various drugs of the sulfonamide group and the type specific serum, it is our hope that we shall never again suffer a similar pandemic of influenza, and that all types of pneumonia may be more readily brought under control and complications decreased.

In any event, even the few figures I have given should be sufficient to support the contention of the pediatrician.

THE PEDIATRICIAN IN THE CARE OF THE CIVILIAN POPULATION

In this war, political and economic hostilities have become an integral part of the invader's plans. The eventual effect that this will have on the non-combatants not only during the war but also in the peace that will follow is difficult to evaluate in full measure. The decreasing birth rate, increasing death rate, lowering of the standard of living of the invaded nations, appalling destruction of adult life, and the incapacitating of men and women are but a few of the immediate results of general total warfare. Those of us who may not participate in active service in the Army and Navy can therefore contribute much to our nation in the prevention of morbidity and mortality among non-combatants during and after the war.

In the present war, epidemics experienced in the different countries have largely been influenced by such factors as the disease prevalent in the particular area and the constitutional and nutritional condition of its people. Disease is becoming widespread in those European countries under the domination of the victorious army, which provides first and foremost for its own soldiers and remains indifferent to the food needs of disrupted and demoralized communities where a low food supply has been combined with a complete lack of provision for sanitation, pestilence is not slow in appearing.

We can learn much from the experience of England in its effort to increase the chances for safety of its children. On the face of it, the answer to their problem at first appeared to be a hurried evacuation of children from cities and their dispersion among the rural sections of the population. However, the results obtained during the first six months

after evacuation of children, some accompanied by their mothers, into the rural areas showed that most of the mothers and at least one-half of the children had returned to their homes. This reflux added to the difficulties of readjustment for the health authorities of both the evacuating and the reception areas. Many children adjusted themselves to their new surroundings quite readily but others were unexpectedly sensitive. As an English child psychologist has pointed out: "Evacuees are human beings." 'Being billeted' involves some delicate adjustments of human relationships.

The dangers inherent in close contacts, with the ever prevalent tendency to development of epidemics, is even greater among infants and children than in an army. In order to be successful, evacuation must have the co-operation and early consultation of the authorities of both evacuating and reception districts. This applies to joint sessions of pediatricians, psychiatrists, administrators, child psychologists, nurses, in fact all who can contribute from their experience to the program. It is here that the state and country medical societies with their compact organizations can be of great assistance. The pediatrician, because of his over-all perspective of the child, should expect to take a leading part.

Only by advance planning and outlining of the place to be filled by each pediatrician in army, navy or civilian activities will the best interests of the nation be served. Even when the patriotic physician knows that his talents can best be utilized at home, it is difficult for him to stand by waiting for such a position to be found for him while his colleagues appear in uniform. All uncertainty and doubt could be avoided if his services were planned for in advance of an emergency and he was assigned definite responsibilities. At the same time, such a provision would assure a more efficient and integrated system of civilian care.

Should it come to pass that we of the United States are spared the sacrifice of battle, we should be thankful that we have had these lessons in integrating our experience and talents. If it becomes our lot to enter into active participation in the present war, whether our country is to be found among the victors or among those who suffer defeat, ultimately disease will gain the final victory. Illness and pestilence will thrive long after the last gun has spoken, and we must be prepared to face and minimize the serious consequences.

We all realize that we are leaving a greater burden to be carried by the future generation than the share which we ourselves are called on to assume. Let us at least remember our responsibility to fortify the next generation so that they will have the physical and mental courage to take up where we leave off. And even though we are not leaving the best of worlds for our children, let us at least have the solace of knowing that we are walking into a war so that the world in which they must live will be one that will still have some remnants of tolerance, democracy and humanitarianism.*

*Reproduced from *Journal of the American Medical Association*, Chicago.