

American Academy of Pediatrics (AAP): the foundational years 1900-1932

The American Academy of Pediatrics (AAP) is an organization of practicing pediatricians dedicated to the advancement of child health and well-being. Their mission is to attain optimal physical, mental, and social health for all infants, children, adolescents, and young adults. In researching the first thirty years of the Wisconsin State Chapter of the American Academy of Pediatrics (WIAAP) it became clear that a brief synopsis of the Academy's national origins was necessary to explain certain actions taken by the state chapter. State chapters are extensions of the national AAP. State chapters work in conjunction with and receive valuable guidance from the national Academy, which provides them the organizational structure and vision to positively impact the health and welfare of children, through local activism, ingenuity, and hard work.¹

The AAP grew out of the need to align all pediatricians in one organization to improve pediatrics by establishing it as a unified specialty. At the turn of the twentieth century only a few local or state pediatric societies were scattered across the country. However, these groups rarely met with pediatricians outside their localized boundaries. In addition there were only two regional organizations: the North Pacific Society and the Central States Pediatric Society. The North Pacific Society first met in 1919, and continues to meet today. The Central States Pediatric Society, a strong regional society made up of approximately 300 pediatricians, met regularly and frequently discussed the need to create a national pediatric society. The group eventually disbanded in 1933 and many of its members joined the American Academy of Pediatrics. Operating at a national level were two organizations: the American Pediatric Society (APS) and the

¹ Jeffrey P. Baker and Howard A. Pearson, *Dedicated to the Health of All Children: American Academy of Pediatrics 75 years of caring 1930-2005* (American Academy of Pediatrics, 2005), 73.

Section on Diseases of Children of the American Medical Association (AMA). The APS constitutionally limited active membership to 100 members, the majority of whom directed their efforts to academics, teaching, and research. In addition, the APS felt strongly that they should avoid involvement in political activities.²

During 1920s an increasing number of physicians restricted their practice to the care of children. In 1929, the American Medical Society listed approximately 1330 men in the United States who reported the exclusive practice of pediatrics, and an additional 2,150 who reported the primary practice of pediatrics. The APS was both far too small as well as politically inactive to serve the increasing numbers of pediatricians across the nation, many of whom wanted an organization to educate them and represent their views regarding national issues.³

The Section on Diseases of Children held annual meetings in conjunction with the AMA, however many practicing pediatricians felt these meetings too brief and superficial to meet continuing education needs. In addition, a number of pediatricians were concerned that the AMA did not fully appreciate pediatric issues and therefore paid them too little attention. Overall, pediatricians felt most uncomfortable with the subordinate position of the Section on Diseases of Children to the AMA and it was over this issue that a split eventually occurred. The divide between the Section on Diseases of Children and the AMA ran much deeper than then the subordination of one group to another.

² Jeffrey P. Baker and Howard A. Pearson, *Dedicated to the Health of All Children: American Academy of Pediatrics 75 years of caring 1930-2005* (American Academy of Pediatrics, 2005), 32.

³ Jeffrey P. Baker and Howard A. Pearson, *Dedicated to the Health of All Children: American Academy of Pediatrics 75 years of caring 1930-2005* (American Academy of Pediatrics, 2005), 32.

Controversy concerning public responsibility for the welfare of children was a major factor leading to the creation of the American Academy of Pediatrics.⁴

At the turn of the twentieth century, government intervention into the realm of medicine and health care was practically nonexistent. In 1904, four women advocates of maternal and child health established the National Child Labor Committee. The National Child Labor Committee urged the federal government to investigate the welfare of children and gather infant mortality information. At the time, the federal government knew more about fish and wildlife than it did about the numbers of children who were born and died because no government agency kept such statistics.⁵

In 1909, President Theodore Roosevelt called the first White House Conference on Children and Youth. The theme of the Conference was the dependent child. The Conference resulted in fifteen recommendations, one of which was the formation of the Children's Bureau. In 1912, following much debate, legislation finally passed to create the Children's Bureau within the Department of Labor. The establishment of the Children's Bureau marked the first national activity towards the welfare of children.⁶

Once established, the Children's Bureau promoted birth registration as a means of tracking infant mortality rates. By 1915, thirty-two states had enacted laws and procedures ensuring reasonably accurate records. Secondly, in an effort to improve infant mortality rates, the Children's Bureau investigated in detail infant mortality in various industrial towns. A 1913 study of Johnstown, Pennsylvania revealed lower infant

⁴ Jeffrey P. Baker and Howard A. Pearson, *Dedicated to the Health of All Children: American Academy of Pediatrics 75 years of caring 1930-2005* (American Academy of Pediatrics, 2005), 32. See also Thomas E. Cone, Jr., *History of American Pediatrics* (Boston: Little, Brown and Company, Inc., 1979), 203.

⁵ Thomas E. Cone, Jr., *History of American Pediatrics* (Boston: Little, Brown and Company, Inc., 1979), 156.

⁶ Jeffrey P. Baker and Howard A. Pearson, *Dedicated to the Health of All Children: American Academy of Pediatrics 75 years of caring 1930-2005* (American Academy of Pediatrics, 2005), 32.

mortality rates for babies delivered by physicians than for those delivered by midwives. The study also revealed an inverse relation between the family's annual income and infant mortality rates. The highest mortality rates occurred among the poorest families housed in the most unsanitary and unhealthful parts of the city. The Children's Bureau concluded the best way to improve the health of mothers and infants would be through direct prenatal and postnatal care.⁷

The Children's Bureau joined forces with the emerging feminist movement and a few socially directed physicians to campaign for federal legislation to educate women about prenatal and postnatal care. The culmination of these efforts resulted in the Sheppard-Towner Act, a modest program authorizing the Children's Bureau to provide grants to the states for maternal-child health initiatives, including prenatal clinics, infant welfare stations and child hygiene divisions. The Sheppard-Towner Act was of the earliest health acts of the federal government and gave rise to the first public assertions that health care was the right of every citizen regardless of socio-economic status.⁸

In 1922, at a meeting held in Saint Louis, Missouri, the Section on Diseases of Children met to discuss the consideration by Congress of the Sheppard-Towner Act. It was at this meeting that the American Academy of Pediatrics truly got its start. The Section on Diseases of Children, by unanimous resolution, supported the Act. The same day, at a meeting across town, the House of Delegates of the AMA passed a separate

⁷ Jeffrey P. Baker and Howard A. Pearson, *Dedicated to the Health of All Children: American Academy of Pediatrics 75 years of caring 1930-2005* (American Academy of Pediatrics, 2005), 32.

⁸ Jeffrey P. Baker and Howard A. Pearson, *Dedicated to the Health of All Children: American Academy of Pediatrics 75 years of caring 1930-2005* (American Academy of Pediatrics, 2005), 32.

resolution condemning the Sheppard-Towner Act as government intrusion into private medical practice and an attempt to introduce socialized medicine.⁹

The Saint Louis newspapers headlined the affirmative resolution by the Section on Diseases of Children and at the end of the feature article, in fine print, tagged on the dissenting resolution passed by the House of Delegates of the AMA. In anger, the House of Delegates sent a committee to reprimand the Section on Diseases of Children for taking unilateral action. When the Section on Diseases of Children refused to recant, convinced the Sheppard-Towner Act would enhance the welfare of mothers and children, the House of Delegates punished them by promptly ruling that no section of the AMA would, in the future, adopt a resolution independent of the governing House of Delegates nor indicate approval or disapproval on matters involving AMA policies. In addition, the AMA ruled that from that point forward all Sections would refrain from political activities and strictly confine future meetings to either the social gathering of members or scientific presentation.¹⁰

The Section on Diseases of Children realized that the AMA was not an organization through which they could work freely to improve the health and welfare of children and determined they needed to form an independent society of pediatricians. A number of physicians, especially those who had been members of the Section on Diseases in Children, spent the next eight years working towards this end.¹¹

⁹ Jeffrey P. Baker and Howard A. Pearson, *Dedicated to the Health of All Children: American Academy of Pediatrics 75 years of caring 1930-2005* (American Academy of Pediatrics, 2005), 32.

¹⁰ Marshall C Pease, *American Academy of Pediatrics: June 1930 to June 1951* (American Academy of Pediatrics, 1952), 17-18. See also James G. Hughes, *American Academy of Pediatrics: The First 50 Years* (American Academy of Pediatrics, 1980), 1-2.

¹¹ Marshall C Pease, *American Academy of Pediatrics: June 1930 to June 1951* (American Academy of Pediatrics, 1952), 17-18. See also James G. Hughes, *American Academy of Pediatrics: The First 50 Years* (American Academy of Pediatrics, 1980), 1-2.

On July 19, 1929 approximately thirty-five pediatricians met for dinner at the home of Dr. James W. Rosenfeld, in Portland, Oregon to discuss the formation of a new nationwide pediatric society. Discussions ranged from the prospective roll of a new pediatric society in national child-welfare and health programs to the name of the organization. During the meeting, the group compiled a tentative list of pediatricians in key positions in the nation. The group also decided that Clifford G. Grulee, an active pediatrician of Chicago, Illinois should hold the post of Executive Secretary. Two pediatricians from Illinois, Isaac A. Abt and Anderson Aldrich, were chosen to present the idea to Dr. Grulee on their return to Chicago. The group's next move depended on Dr. Grulee's reaction; if he accepted the post, they vowed to move ahead with the new pediatric society, but if he refused, they planned to abandon the project.¹²

The Portland, Oregon meeting is legendary in Academy history. Allegedly, whiskey provided the social lubricant for the event and at one point one a doctor interrupted a visiting German colleague mid-talk to fill Dr. Abt's gaiters with scotch, presumably for luck. Returning home from Chicago, Dr. Abt and Dr. Aldrich arrived in Chicago to discover Dr. Grulee already drafting a letter addressed to key pediatricians located throughout the nation in an effort to determine their reactions to the formation of a new pediatric society of national scope.¹³

Reactions to Dr. Grulee's letter were mixed. The North Western Pediatric Society unanimously voted in favor of the idea. A few pediatricians opposed the formation of another pediatric society. One doctor wrote he was in favor of a new society provided he

¹² Marshall C Pease, *American Academy of Pediatrics: June 1930 to June 1951* (American Academy of Pediatrics, 1952), 19-21.

¹³ Marshall C Pease, *American Academy of Pediatrics: June 1930 to June 1951* (American Academy of Pediatrics, 1952), 19-21.

“didn’t have to attend meetings.” Overwhelmingly, however, the majority of pediatricians supported the formation of an independent pediatric forum to address the needs of children’s health.¹⁴

The American Academy of Pediatrics was founded in June 23, 1930 by 35 pediatricians who met at Harper Hospital in Detroit, Michigan. The founding members drafted a constitution and by-laws, compiled a list of approximately 400 pediatricians to be invited as charter members, and named the new society, American Academy of Pediatrics. On February 21, 1931 the Executive Board met in Washington D.C. and formally drafted the mission of the American Academy of Pediatrics: 1) “to create reciprocal and friendly relations with all professional and lay organizations that are interested in the health and protection of children,” and 2) “to foster and encourage pediatric investigation, both clinically and in the laboratory, by individuals and groups.”¹⁵

Wisconsin Chapter of the American Academy of Pediatrics: 1932-1962

For administrative purposes, the Academy divided the nation into four large regions (I-VI), with Wisconsin pertaining to Region III. The AAP appointed a chairman to each of the four Regions and together these chairmen composed the Executive Board. From 1935 to 1950, AAP membership nearly tripled, increasing from 834 members to 2,796 members dispersed throughout the nation. As membership increased, an unequal distribution of members in the original four regions also became evident, resulting in disproportional representation within the Executive Board. To address this inequality,

¹⁴ Marshall C Pease, *American Academy of Pediatrics: June 1930 to June 1951* (American Academy of Pediatrics, 1952), 22.

¹⁵ Marshall C Pease, *American Academy of Pediatrics: June 1930 to June 1951* (American Academy of Pediatrics, 1952), 23.

the country was redivided in 1949 into eight geographic districts (I-VIII) plus district IX, which included Mexico and Latin America. Following the 1946 redistribution Wisconsin became part of Region VI.¹⁶ In 1948, the AAP, in a democratic effort, encouraged the formation of state chapters that would elect, by ballot, the district chairmen and alternate district chairmen.¹⁷ The Wisconsin State Chapter was not formally recognized as such until 1953, however, a number of pediatricians residing in Wisconsin were active AAP members and known as the Wisconsin group.¹⁸

The American Pediatric membership list dated September 1, 1932 records eight Wisconsin members: two from Madison, John Eugene Gonce, Jr. and Horace K. Tenney, Jr.; and the remaining six from Milwaukee, George H. Fellman, Roy M Greenthal, Alfred L. Kastner, Henry O. McMahon, M.G. Peterman, and Abraham B. Schwartz. In January 1935, “membership lists” were changed to “fellowship lists.” During that same year, fellowship lists, distinguished Region Chairmen and State Chairmen from member pediatricians for the first time.¹⁹

Dr. Abraham B. Schwartz, Wisconsin State Chairman, 1932-1942

A. B. Schwartz actively served as Wisconsin State Chairman from 1935 to 1942. During his service, Wisconsin membership more than doubled from eight to seventeen pediatricians. Of the seventeen one lived in Superior, Henry Arthur Sincock; one resided

¹⁶ Marshall C Pease, *American Academy of Pediatrics: June 1930 to June 1951* (American Academy of Pediatrics, 1952), 29-34.

¹⁷ Jeffrey P. Baker and Howard A. Pearson, *Dedicated to the Health of All Children: American Academy of Pediatrics 75 years of caring 1930-2005* (American Academy of Pediatrics, 2005), 50.

¹⁸ “Proceedings of the Executive Board Meeting of American Academy of Pediatrics,” Miami, Florida, October 3-8, 1953, page 121, Pediatric History Center, American Academy of Pediatrics Archives, Elk Grove Village, Illinois.

¹⁹ Membership Lists: 1932-1935, Pediatric History Center, American Academy of Pediatrics Archives, Elk Grove Village, Illinois.

in Wauwatosa, Francis Rush Janney; four were located in Madison, John Eugene Gonce, Jr, Kenneth B. McDonough, Horace K. Tenney, Jr., and Hart E. Van Riper; and the remaining eleven practiced in Milwaukee, Eleanor Cushing, George H. Fellmann, Roy M. Greenthal, Reverdy Morris Hall, Alfred L. Kastner, Samuel E. Kohn, Henry O. McMahon, M. G. Peterman, Raymond P. Schowalter, Abraham B. Scharz, J. Gurney Taylor.²⁰

A. B. Schwartz maintained many influential contacts in Milwaukee, among them Francis Winkler Ogden, the much younger wife of Henry Vining Ogden, a prominent physician from Canada who settled in Milwaukee in 1882.²¹ A letter from A. B. Schwartz to Mrs. Ogden, dated November 15, 1958, expresses his respectful sentiments for then late Dr. Ogden. In his letter A. B. Schwartz thanks Mrs. Ogden for a newspaper clipping which mentions Dr. Ogden's efforts to fight the polio outbreak in Milwaukee in 1919. He writes, "I remember well the first case of polio I saw as a young pediatrician with Dr. Ogden..." At the bottom of the letter, Mrs. Ogden jotted, presumably to explain to whomever she was passing on the letter, "Dr. Schwartz, still our best beloved pediatrician...always refers to the time when H.V.O [Henry Vining Ogden] showed him his first polio case."²²

June 13, 1933 the Executive Board officially appointed A. B. Schwartz to the State Board of Control, which engaged in redefining minimal standards for child care institutions. The Executive Board acknowledged that Dr. Schwarz was in a key position

²⁰ "American Academy of Pediatrics Fellowship List, January 1932," page 22, Pediatric History Center, American Academy of Pediatrics Archives, Elk Grove Village, Illinois.

²¹ Leonard Weistrop, *The Life and Letters of Dr. Henry Vining Ogden: 1857-1931* (Milwaukee Academy of Medicine Press, 1986), 45 and 106.

²² Leonard Weistrop, *The Life and Letters of Dr. Henry Vining Ogden: 1857-1931* (Milwaukee Academy of Medicine Press, 1986), 310.

to influence developments in Wisconsin. The American Academy of Pediatrics at both the national and state level worked through already existing organizations of various capacities having to do with the health and welfare of children in an effort to improve the health, safety and well-being of infants, children, adolescents and young adults. It was crucial that the state chairman remain involved and respected in his community.²³

A report of Region III prepared for the Fourth Annual meeting of the American Academy of Pediatrics, June 11, 1934, highlighted the increasing interaction between Academy members at a state level in conjunction with other members, states and county societies, Parent-Teacher associations, Public Health Departments, and private organizations. The increased cooperation between Academy members and already existing organizations indicated that the Academy was beginning to function as an organized group. Working together, in this way, the Academy was able to achieve results through organized medicine far greater than any that could have been accomplished had the Academy tried to set up new organizations.²⁴

In December 1933, Region III reported an outstanding development for the Academy. Earlier in the year, at a combined clinical meeting between Region III and the Central States Pediatric Society, the Central States Pediatric Society disbanded, where upon Region III offered membership to all former members of the Central States Pediatric Society. These events marked a significant move towards an increasingly unified society of pediatricians nationwide.²⁵

²³ "Report on Region III." *Journal of Pediatrics* 4, no. 1 (January, 1934): 149-150.

²⁴ Thomas E. Cone, Jr., *History of American Pediatrics* (Boston: Little, Brown and Company, Inc., 1979), 156.

²⁵ "Report on Region III." *Journal of Pediatrics* 4, no. 1 (January, 1934): 149.

The cooperation of the Academy members, in addition to creating a stronger unified body of pediatricians, also provided valuable information for the treatment of infectious disease. In August 1934, A. B. Schwartz reported that during the spring scarlet fever, a highly contagious disease caused by the bacteria group A streptococcus, had reached epidemic proportions. During the outbreak, the Milwaukee Health Department, directed by Dr. J. P. Koehler, appealed to the Child Welfare Committee of the County Medical Society to approve an extensive immunization program in the infected school areas. Upon receiving the approval of the Child Welfare Committee of the County Medical Society, thousands of children received the Dick test, a skin test used to determine immunity or susceptibility to scarlet fever. Those who tested positive were administered the Dick toxin series by injection.²⁶

The administration of the Dick toxin series was controversial. Dangers of the Dick-toxin series existed in poisoning patients through the administration of excessive doses. Nonetheless, A. B. Schwartz found the results satisfactory during the scarlet fever outbreak of 1934. In examining the results he wrote, "It is interesting to note that only one case of scarlet fever developed on any child who had received as many as three doses of the Dick toxin." Despite the risks, the Dick test and toxin series saved many children from succumbing to scarlet fever.²⁷

In 1935, President Roosevelt signed the Social Security Act into law. At the state level, organizations pertaining to the health and welfare of children met to discuss the appropriate use of the new funds. In a 1935 report to the Executive Board, A. B. Schwartz wrote, "Regarding the Social Security Act, the State Medical Society in

²⁶ Thomas E. Cone, Jr., *History of American Pediatrics* (Boston: Little, Brown and Company, Inc., 1979), 173-174.

²⁷ A. B. Schwartz, "Report from Wisconsin," *Journal of Pediatrics* 5, no. 2 (August, 1934): 282.

cooperation with the State Board of Health has already appointed a Committee on Child Health and Protection, which will draw up the program for the maternity and child welfare activities as soon as the funds are made available.”²⁸

By 1936, the funds provided by the Social Security Act were administered by three different agencies in Wisconsin: 1) the Juvenile Department of the Child Welfare Division of the Board of Control, to which A. B. Schwartz was appointed in 1933, 2) Crippled Children’s Bureau of Education, and 3) Maternal and Child Health Work of the Children’s Bureau, a division of the state board of health.²⁹

A. B. Schwartz also worked cooperatively with other medical and social welfare agencies to educate the public on a variety of concerns. For example, in 1935, A. B. Schwartz, the County Medical Society and other agencies, banded together to promote the idea of preventative medicine and compile a survey of available care for the “defective” child.³⁰ When the American Academy of Pediatrics was established, the idea that children have special developmental and health needs was a new one. Preventive health practices now associated with child care - such as immunizations and regular health exams - were only just beginning to change the custom of treating children as “miniature adults.”³¹

From 1932 to 1941 the activities of state groups in Region III increased. In each state, committees were established and successfully carried out the work and suggestions proposed by the national AAP committees. In Wisconsin, A. B. Schwartz helped to

²⁸ A. B. Schwartz, “Report from Wisconsin,” *Journal of Pediatrics* 1, no. 2 (June, 1936): 261.

²⁹ A. B. Schwartz, “Report from Wisconsin,” *Journal of Pediatrics* 10, no. 5 (May, 1937): 707.

³⁰ A. B. Schwartz, “Report from Wisconsin,” *Journal of Pediatrics* 1, no. 2 (June, 1936): 260-261.

³¹ “American Academy of Pediatrics,” in Wikipedia: Free Encyclopedia webpage, last edited December 19, 2005, http://en.wikipedia.org/wiki/American_Academy_of_Pediatrics (accessed January 15, 2006)

cultivate a spirit of cooperation between social agencies and medical society activities, which resulted both in significant gains in child welfare work and an increased willingness on the part of both groups to unify in an effort to achieve a common purpose.³²

Dr. Horace K. Tenney, Jr., Wisconsin State Chairman, 1942-1948

In 1942, Dr. Horace K. Tenney Jr., a pediatrician located in Madison, succeeded A. B. Schwartz as Wisconsin State Chairman. Horace K. Tenney Jr.'s years as chairman were characterized by advancements in the care of cerebral palsy patients and the development of post-World War II planning. In July 1947, Horace K. Tenney, Jr. reported to the Executive Board that the Academy members in Wisconsin had been instrumental in starting a program for the care of cerebral palsy patients. The Wisconsin group sent one of their young orthopedic graduates to Baltimore for special training, expecting that upon his return he would conduct out-patient service for cerebral palsy patients. The Wisconsin group was instrumental in providing orthopedic residents special training in cerebral palsy. These men, in correlation with the Department of Physical Medicine in the University of Wisconsin, expected to do research on the neuro-physiology of this condition.³³

During the years that Horace K. Tenney, Jr. served as Wisconsin State Chairman, the most pressing problem confronting the Wisconsin group and the Academy as a whole

³² A. Graeme Mitchell, "Report on Region III," *Journal of Pediatrics* 17, no. 6 (December, 1940): 843.

³³ "Meeting minutes of the Executive Board of the American Academy of Pediatrics," Washington D.C., July 7 and 8, 1947, Pediatric History Center, American Academy of Pediatrics Archives, Elk Grove Village, Illinois.

was the development of post-war planning for health services for children.³⁴ During World War II, relations between the American Academy of Pediatrics and Children's Bureau strained, primarily due to conflicting positions regarding the Emergency Maternal and Infant Care Act (EMIC) of 1943. The EMIC was an emergency measure intended to ensure low-income dependents of military personnel adequate health care during the war years.³⁵

At first the American Academy of Pediatrics supported the EMIC. Eventually, however, the Children's Bureau relaxed EMIC standards and removed the financial criterion, indiscriminately allowing all dependents of military personnel access to subsidized care, regardless of their ability to pay. This resulted in overloading pediatricians. In 1949, the American Academy of Pediatrics recorded a torrent of grievances from pediatricians, complaining of excessive paperwork, inadequate compensation, and the denial of the federal government of the right of physicians to charge supplemental fees of those who could afford to pay. Some pediatricians continued to support the EMIC due to war time conditions, but others openly opposed it as an intrusion of state medicine and feared the elimination of private practice.³⁶

A complete rift between the American Academy of Pediatrics, the most important organization representing the private pediatrician, and the Children's Bureau, the key government agency supporting child health, would have proved detrimental to the welfare of the nation's children. Fortunately, a rift was avoided and strained relations

³⁴ Lee Forest Hill, "Report on Region III," *Journal of Pediatrics* 25, no. 6, (December, 1944): 613.

³⁵ James G. Hughes, *American Academy of Pediatrics: The First 50 Years* (American Academy of Pediatrics, 1980), 10-11.

³⁶ Jeffrey P. Baker and Howard A. Pearson, *Dedicated to the Health of All Children: American Academy of Pediatrics 75 years of caring 1930-2005* (American Academy of Pediatrics, 2005), 44-50. See also James G. Hughes, *American Academy of Pediatrics: The First 50 Years* (American Academy of Pediatrics, 1980), 10-13.

healed by the Children's Bureau's active support of, and participation in, the AAP's nationwide Study of Child Health Services of 1945. The Study of Child Health Services was an ambitious joint national study of health services for children, the purpose of which was to provide extensive data on the availability and distribution of physicians and medical services for children. The Study was published by the Commonwealth Fund in 1949 and provided, for the first time, a complete, comprehensive national picture of the numbers and distribution of child health personnel and the areas in which they worked. An important aspect of the Study was the evaluation of pediatric services and facilities of all medical schools.³⁷

The Study provided a comprehensive report, but made no recommendations. The American Academy of Pediatrics committed itself to interpreting the results and making recommendations to address deficiencies and improve child health care. In 1949, a year after finishing his service as Wisconsin State Chairman, Dr. Horace K. Tenny Jr., was appointed Chairman of the Child Health Study Committee. Both Dr. F. J. Mellencamp, of Milwaukee, and Dr. J. R. Schroder, of Janesville, were also appointed to the same Committee.³⁸ The purpose of the Child Health Study Committee was to study the problems exposed by the Study of Child Health Services and make recommendations to the Executive Board of the American Academy of Pediatrics, which planned to use the recommendations as a guide for establishing future policies.³⁹

³⁷ Jeffrey P. Baker and Howard A. Pearson, *Dedicated to the Health of All Children: American Academy of Pediatrics 75 years of caring 1930-2005* (American Academy of Pediatrics, 2005), 44-50. See also James G. Hughes, *American Academy of Pediatrics: The First 50 Years* (American Academy of Pediatrics, 1980), 10-13.

³⁸ "Meeting minutes of the Executive Board of Academy of Pediatrics," San Francisco, California, November 11-16, 1949, page 127-128, Pediatric History Center, American Academy of Pediatrics Archives, Elk Grove Village, Illinois.

³⁹ James G. Hughes, *American Academy of Pediatrics: The First 50 Years* (American Academy of Pediatrics, 1980), 13.

The World War II years mark the maturation of the American Academy of Pediatrics. The Academy's willingness to address gaps in pediatric services and work to balance private practice and public service improved their relations with the Children's Bureau and strengthened their position in the medical community. By the end of Horace K. Tenney's term, Wisconsin had twenty-six members in various regions of the state, marking the emergence of an increasingly expanding and representative pediatric society.⁴⁰

Of the twenty-six pediatricians listed, one lived in Janesville, Dr. John Richard Schroder; one resided in Kenosha, Dr. Paul Herzog; four lived in Madison, Drs. John Eugene Gonce, Jr., Kenneth B. McDonough, George E. Oosterhaus, Horace K. Tenney, Jr.; fourteen practiced in Milwaukee, Drs. James P. Conway, George H. Fellman, Roy M. Greenthal, R. M. Hall, Alfred L. Kastner, Samuel E. Kohn, Henry O. McMahon, Franklin John Mellencamp, M. G. Peterman, Walter S. Polacheck, R. P. Schowalter, A. B. Schwartz, George H. Wegmann, and Helen Jane Zillmer; one from Sheboygan, Lloyd Marlow Sincock; one resided in Superior, Henry Arthur Sincock; and four were located in Wauwatosa, Katherine Howard Baird, Francis Rush Janney, Alfred L. Kastner, and R. P. Schowalter.⁴¹

Dr. M.G. Peterman, Wisconsin State Chairman, 1949-1952

Dr. M. G. Peterman assumed the post of Wisconsin State Chairman in 1949. M. G. Peterman was amazingly active as Wisconsin State Chairman. His service

⁴⁰ "American Academy of Pediatrics Fellowship List, January 1950," page 146-147, Pediatric History Center, American Academy of Pediatrics Archives, Elk Grove Village, Illinois.

⁴¹ "American Academy of Pediatrics Fellowship List, January 1950," page 146-147, Pediatric History Center, American Academy of Pediatrics Archives, Elk Grove Village, Illinois.

demonstrated the acute understanding that pediatricians must engage the community, if they were ultimately to succeed in improving the health of children. In his 1949, Wisconsin State Academy members cooperated with the Milwaukee County Medical Society, at the Governor's Health Conference, to initiate a special May Day program, Child Health Day and National Baby Week. In addition, the Wisconsin group organized a program for the care of the cerebral palsied child. As part of this program, a visiting pediatrician, Dr. George G. Deaver, conducted a series of lectures and clinics, over a period of two days, on cerebral palsy in children. M. G. Peterman also made efforts to initiate the recommendations of the American Academy of Pediatrics Newborn Nursery Manual in hospitals throughout the state of Wisconsin.⁴²

In a 1949 report to the Executive Board, M. G. Peterman wrote that the Wisconsin group had made efforts to obtain representation on the State Board of Medical Examiners. He also reported that other important committee appointments had been made over the course of the year, which included The Committee on Safety and Accident Prevention, to which Dr. James P. Conway, of Milwaukee, was appointed Chairman and Dr. George H. Wegmann, of Milwaukee, Dr. H. A. Sincock, of Superior, and L. M. Simonson, of Sheboygan, appointed members. It was also during this time that Dr. Horace K. Tenney, Jr. was appointed Chairman of the Child Health Study Committee.⁴³

In October 1950, M. G. Peterman submitted a report to Executive Board, stating that the Wisconsin group had organized and supervised the Section on Pediatrics of the State Medical Society. He wrote, "We are interested in the organization or establishment

⁴² George F. Munns, "Report on Region VI," *Pediatrics* 4, no. 4 (October 1949): 549-550.

⁴³ "Meeting minutes of the Executive Board of Academy of Pediatrics," San Francisco, California, November 11-16, 1949, page 127-128, Pediatric History Center, American Academy of Pediatrics Archives, Elk Grove Village, Illinois.

of a committee on medical procedures in summer camps.” In his report, M. G. Peterman also documented that the Wisconsin group expected to open a Cerebral Palsy Clinic in Milwaukee on October 1, 1950. A medical director, occupational therapist, physiotherapist and clerical assistant would staff and operate the Clinic. The Wisconsin group also arranged with the Head of the Milwaukee City Health Department to schedule the majority of school examinations, in the offices of the local pediatricians, immediately after the start summer vacations in order to administer corrective or remedial measures during the summer months. Private physicians conducted the examinations and submitted their reports to the City Health Department through the schools. These measures relieved the Health Department Staff of the crowding of physical examinations at the beginning of the school year.⁴⁴

The Wisconsin group continued to exert as much influence as possible on all medical activities in the state, which were of importance to children. Dr. M.G. Peterman actively participated in follow-up meetings of the White House Conference, serving on Wisconsin State and Milwaukee County committees. He addressed the Mexican Pediatric Society in Mexico City on April 15, 1951 and later that same year attended the Region State Conference on the “Slow Learning Child” in Madison, Wisconsin.

Franklin J. Mellencamp, Wisconsin State Chairman, 1953-1955

It was under Franklin J. Mellencamp that the Wisconsin group officially organized to become the Wisconsin Chapter of the American Academy of Pediatrics in

⁴⁴ “Proceedings of the Executive Board Meeting of American Academy of Pediatrics,” Chicago, Illinois, June 24-27, 1951, page 633-634. “Proceedings of the Annual Meeting of the Executive Board of American Academy of Pediatrics,” Chicago, Illinois, October 13-19, 1950, page 275, Pediatric History Center, American Academy of Pediatrics Archives, Elk Grove Village, Illinois.

1953. The Wisconsin State Chapter held their first meeting, modeled after the Massachusetts Chapter plan, on September 26, 1953. The Wisconsin Chapter was comprised of twenty-nine members, twenty of which participated in the first official meeting.⁴⁵

L. M. Simonsin, M.D., Wisconsin State Chariman, 1956-1958

Dr. L. M. Simonsin became Wisconsin State Chairman in 1956. His mission was to stimulate more interest in the American Academy of Pediatrics at the State level. In October 1956, he submitted a report to the Executive Board to report that the Wisconsin Chapter held its annual meeting in May, at which time the chairmen of various committees gave their reports. Franklin J. Mellencamp, formerly the Wisconsin State Chairman, served as Chairman of the Accident and Poisoning Control Committee. The efforts of Dr. Franklin J. Mellencamp, working through the Wisconsin Chapter Poisoning Control Committee, culminated in the development of an active poisoning control center in Milwaukee.⁴⁶

Dr. Franklin J. Mellencamp continued to work with the State Board of Health and the State Medical Society to establish poisoning control centers statewide. Thomas V. Geppert, Chairman of the Committee on Fetus and Newborn, in conjunction with the Division of Maternal and Child Welfare of the State of Wisconsin worked to carry out a statewide fetal and neonatal mortality survey. The committee on Fetus and Newborn also worked to change the rules in regard to the use of silver nitrate drops in the eyes of

⁴⁵ "Proceedings of the Executive Board Meeting of American Academy of Pediatrics," Miami, Florida, October 3-8, 1953, page, 121, Pediatric History Center, American Academy of Pediatrics Archives, Elk Grove Village, Illinois.

⁴⁶ "Minutes of the Executive Board Meeting," Evanston, Illinois, October 3-6 and October 10, 1956, page 4, Pediatric History Center, American Academy of Pediatrics Archives, Elk Grove Village, Illinois.

newborn babies. Silver nitrate eye drops, traditionally used to prevent eye infections, often cause irritation to baby's eyes. Many hospitals eventually switched to erythromycin ointment instead. In concluding his report, L. M. Simonsin acknowledged the Wisconsin Chapter sponsored no projects of its own, but rather worked in conjunction with other committees and members, especially the State Medical Society, to improve the health and welfare of children.⁴⁷

In 1957, the majority of Wisconsin Chapter activity centered on cooperating with the State Medical Society and other organizations having something to do with the health and welfare of children. The Wisconsin Chapter had representation on almost every State Medical Society committee that had anything thing to do with pediatrics. The Wisconsin Chapter advised the State Medical Society on numerous pediatric related topics. Lloyd M. Simonson presented the State Medical Society with a detailed list of each Wisconsin Chapter committee, including its function, and chairman, which the State Medical Society could use to contact the appropriate committee for advice.⁴⁸

James P. Conway, Wisconsin State Chairman, 1959-1962

Dr. James P. Conway was appointed Wisconsin State Chairman in 1959. His term was distinguished by growth in both numbers and influence for the Wisconsin State Chapter. In fall of 1959, Dr. James P. Conway reported to the Executive Board that Wisconsin Chapter membership had reached sixty members. Based on the volume of requests for information regarding the requirements and benefits of membership, Dr. James P. Conway believed that interest in Academy membership had increased,

⁴⁷ “Minutes of the Executive Board Meeting,” Evanston, Illinois, October 3-6 and October 10, 1956, page 4, Pediatric History Center, American Academy of Pediatrics Archives, Elk Grove Village, Illinois.

⁴⁸ “Minutes of the Executive Board Meeting,” Evanston, Illinois, October 2-9, 1957, page 3-4, Pediatric History Center, American Academy of Pediatrics Archives, Elk Grove Village, Illinois.

especially among younger pediatricians.

Nonetheless, Dr. James P. Conway felt that the situation in Wisconsin could be improved. Milwaukee had a strong County Pediatric Society, whose chairman, though a practicing pediatrician, was not a member of the Academy. Dr. James P. Conway hoped to convince the chairman of the Milwaukee County Pediatric Society to join the Wisconsin Chapter of the American Academy of Pediatrics. The Milwaukee County Pediatric Society held seven meetings each year that were well attended by pediatricians both in Milwaukee and throughout the state. The Wisconsin Chapter of the Academy sponsored two additional meetings. By 1960 the number of pediatricians in Green Bay, Madison, Marshfield, and La Crosse had increased. During this time the Wisconsin Chapter emphasized the importance that each pediatrician affiliate with the Academy so as to develop a strong State Organization.⁴⁹

Conclusion:

From 1932 to 1962, the Wisconsin Chapter the American Academy of Pediatrics grew from a group of eight pediatricians clustered in Madison and Milwaukee to an organized society of eighty-two pediatricians practicing in twenty-one cities and towns spread throughout the state. During these first thirty years, the Wisconsin Chapter also enhanced its influence in the both the medical and public community, made medical and social advancements, and matured into a stable pediatric society characterized by its ability to work in cooperation with various groups, in spite of conflicting views, for the betterment of the health and welfare of children nationwide.

⁴⁹ "Minutes of the Executive Board Meeting, Evanston, Illinois, October 12-15, 1960, page 2-3, Pediatric History Center, American Academy of Pediatrics Archives, Elk Grove Village, Illinois.