

# AMERICAN ACADEMY OF PEDIATRICS

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Marshall Carleton Pease, B.S., M.D.

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## THE CHILDREN'S BUREAU

*The Children's Bureau "has worked valiantly with pediatricians, obstetricians, and other workers in the struggle for the better care of children and mothers, and has cooperated with and stimulated forward looking physicians, inaugurated and aided relevant investigative work and conducted far-flung and comprehensive educational programs and demonstrations."*

Dr. Grover F. Powers  
From an open letter published in the *Journal of Pediatrics*, September 1944

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THE CHILDREN'S BUREAU was primarily a dream of the pediatricians of the late eighteen hundreds and of the first years of the nineteen hundreds. A Federal Bureau that would serve as a focus point for investigating and reporting on facts having a bearing on the problems of child health and welfare was a project which was left as a legacy by the White House Conference of 1909 to the pediatricians of the new generation.

Earlier in the same year, President Theodore Roosevelt in his Annual Message to Congress called attention to the needs of the children of the nation in the following words:

"It is not only discreditable to us as a people that there is now no recognized and authoritative source of information upon these subjects relating to childlife, but in the absence of such information as should be supplied by the Federal Government many abuses have gone unchecked; for public sentiment, with its great corrective power, can only be aroused by full knowledge of the facts. In addition to such information as the Census Bureau and other existing agencies of the Federal Government already provide, there remains much to be ascertained through lines of research not now authorized by law; and there should be correlation and dissemination of the knowledge obtained without any duplication of effort or interference with what is already being done."

Congress authorized the establishment of a Children's Bureau on April 9, 1912. President William Taft approved the measure and set up the new bureau within the Department of Commerce and Labor (about a year later the Children's Bureau became an integral part of the new Department of Labor) under the direction of Miss Julia Lathrop with the directive "to *investigate* and *report* upon all matters pertaining to the welfare of children and of childlife among all classes of our people."

The establishment of a Federal Children's Bureau marked the attainment of a goal that had for many years commanded the earnest support of many groups interested in childlife in America. Prominent leaders in this endeavor to promote the health and welfare of the children of the nation came from the ranks of the pediatricians of the day. Dr. Thomas Morgan Rotch, Dr. L. Emmett Holt, Dr. Henry Leber Coit, Dr. J. P. Crozer Griffith, Dr. S. Josephine Baker and most of the younger pediatricians of the time approved the project. Pediatricians of the generation of Dr. Abraham Jacobi, Dr. Henry Dwight Chapin, Dr. Lewis K. Smith, and Dr. Henry Koplik bestowed their benevolent blessing on the new bureau. There were so far as is known, no dissenting voices from the ranks of the medical profession to the formation of a Federal Children's Bureau for the purpose of investigating and reporting on childlife conditions in the United States of America.

The Children's Bureau was launched in July 1912 with an appropriation of \$25,640 and a personnel of 15 persons. A year later the appropriation was increased to \$164,640 and the staff to 76 persons. No important changes occurred either in the annual appropriations or in the personnel of the staff of the Children's Bureau during the next half dozen years. The functions of the Bureau were briefly described until about 1917 or 1918 as being those of *investigating* and *reporting*.

The function of *consultation* was added as a formal activity of the Children's Bureau at about the time that Congress passed the Federal Child Labor Act (1917-1918). There is no readily obtainable evidence that this added function was a directive from the President or from Congress. Apparently this new function was assumed to be inherently included in the activities of investigating and reporting.

This assumption by the Children's Bureau of a third power of consulting was a fateful decision. It marked the first appearance of an urge to expand an inconspicuous federal bureau into an empire that would ultimately seek authority in every phase of child health and welfare activity

at all levels of society on a nation wide basis. This interpretation of increased powers beyond those specified in the original directive by the Children's Bureau was apparently accepted without debate or questioning by all groups, including the pediatrician, interested in child health and welfare movements.

Nearly twenty years passed before the full import of this innovation of consultation in the affairs of the Children's Bureau was realized by the medical profession. Ultimately the pediatrician, and later the whole medical profession, discovered that consultation, when coupled with the powers of the purse, was for practical purposes tantamount to being called upon to endorse programs and policies in the formulation of which the practicing doctor had no honest representation. The doctor in addition soon discovered the discomforts of being forced into a role of seemingly placing his own vested interests ahead of the social needs of the community. It was in this fashion that it came about that in a period of less than forty years the physician found to his consternation, and mainly as a result of his original indifference, that in public opinion he was battling, not for a principle, but for his own economic gain. This argument of the inherent selfishness of the practicing physician had a plausibility that resisted denial and served the proponents of federal gifts for medical aid in their purpose to conceal the essential evils of an imposed medical practice.

The *administrative* function of the Children's Bureau for a period of about fifteen years was doled out by Congress in small and irregular doses. The Federal Child Labor Act (1917-1918) and the Federal Maternity and Infancy Act (1922) were brief but exciting adventures in importance and in administration. The first real and continuous powers of administration were given by Congress to the Children's Bureau when it was entrusted with the implementing of Sec. V of the Social Security Act (February 1936). From this point within a matter of half a dozen years the original concepts of the functions of the Children's Bureau as being those of investigating and reporting were largely blotted out of mind. In place of the original rather sedate and prosaic duties assigned to the Children's Bureau, there appeared on the horizon of their vision a fascinating mirage of an empire that could be expanded to embrace authority in every phase of child life in the nation.

This concept of the functions of the Children's Bureau was encouraged by the passage of an Act by Congress (1943) entitled Emergency Maternal and Infant Care Act (EMIC) that added to the funds and to the arbitrary

authority of the Children's Bureau to an unprecedented degree. By 1941 the money at the disposal of the Children's Bureau that could be allotted to the States for various health purposes had increased in an amount that exceeded \$11,000,000. Nearly two-thirds of the money allotted to states had to be matched by the state receiving the benefit. The inevitable result of this conditioning was to place pressure on the individual states to produce a program which would meet with the approval of the Children's Bureau.

With the war there came, as noted above, a fresh access of authority (probably unsought) as new emergency needs arose. Congress appropriated \$70,000,000 and new arbitrary powers to the Children's Bureau to cover the relief needs for the maternity and infant care (EMIC) of the families of war veterans. There were, in addition to these sums of money, other funds for specified objects, and besides all the rest an annual appropriation of \$400,000 for administrative expenses.

Perhaps no comment on the accretion of authority in the Children's Bureau is called for. After all there is only the smallest evidence that new functions and ever increasing funds were actually sought for, though there may be suspicion that such additions to their powers, both concealed and open, were encouraged through channels of friendship and influence. It has to be confessed that it sounds brutal and mildly critical to attempt so very briefly to add together the totals of the sums of money at the directive of the Children's Bureau back in 1945. These funds, if the emergency appropriation for the EMIC program is forgotten, have not in later years grown less. After all is said and done, it must not be forgotten that all the money was spent for worthy purposes and that in the whole history of the Children's Bureau there has never been a scandal that has hinged on the improper use of money.

However the reflection is unavoidable that the Children's Bureau up to and including 1945 was doing very well for itself.

In view of the constant urge for expansion within the Children's Bureau, it is not a matter for surprise that the suspicion became widespread about 1945 that the Children's Bureau was actively seeking to extend into peace times the arbitrary powers of the Emergency Maternal and Infant Care Act. The Pepper Bill seemed to many pediatricians to be evidence of such an effort. It is probably true that the Children's Bureau had no direct part in writing the Pepper Bill but the thought persisted that like Barkus in *David Copperfield* it was "willing." In any event over a period of months

during 1945 and 1946 as a consequence of this suspicion, there was a real threat of a basic and irrevocable split between the Children's Bureau and the American Academy of Pediatrics.

Such a split would have ended in our times all reasonable hope of finding a basis of friendly cooperation between the two groups of professional people in the nation most truly interested in the welfare of children at all levels of society. There is no gain-saying the fact that the Children's Bureau and the American Academy of Pediatrics are mutually necessary to each other. No matter what the nature of their quarrels, they are ordained by fate to seek for a mutually agreeable working relationship. Neither pride of opinion nor the ambition for place should blind authority to the fact that the "priceless ingredient" of quality medicine is the integrity of the desire for cooperation. A willing spirit of cooperation is in all times and on all occasions only obtained at the price of true representation at the level of the formation of policies. Any solution of the problem that includes an imposed program of medical care can have only one long time ending, namely final defeat of the desirable objective of quality medical care for all the people of the nation.

The direction of the slant within the Children's Bureau, due mainly to the early neglect of the rank and file of pediatricians to give it direction, shows from the beginning a pattern toward centralization of authority in Washington. In the first days of the Children's Bureau, the complaints followed the line of a citation of the specific and environmental needs of children. By imperceptible degrees the gospel was enlarged to include a desire for the powers to impose health and welfare on the children of the nation. Miss Julia Lathrop in the earlier days of the Children's Bureau mourned that "children are not safe and happy if their parents are miserable; and parents must be miserable if they cannot protect their home against poverty. . . . The power to maintain a decent living standard is the primary essential of child welfare." The remedy is suggested by her successor, Miss Grace Abbot who wrote "To what extent it (the Children's Bureau) will be enabled to meet opportunities for service is a question of public policy, involving a decision as to the relative importance of children and their welfare with other objects of national expenditure." Within a few years Congressman Canon would be quoted with admiration that "it (EMIC) marks the adoption of a new and benevolent policy" by the government and Dr. Martha Eliot would be writing that "all this care (EMIC) had been provided without cost to the service man and his fam-

ily." There is here an ominous neglect of the somewhat less obvious fact that the public, which includes the service man, finally pays the bill.

There is a statement made in a somewhat earlier time (1934-1935) that "our goals must be to put into practice what is now known to be for the welfare of children and at the same time to seek to extend by research and experiment the boundaries of our knowledge. This means facing the fact that promotion of the welfare of children is a progressive task, and that tomorrow will bring new problems, new resources and new goals." The pediatrician in all probability found little in this conception of the goals of the Children's Bureau with which he was inclined to quarrel. In fact if he noticed the statement at all he without doubt accepted it with few, if any, reservations and perhaps even with an inner enthusiasm to the effect that the Bureau was "doing a good job." Unhappily events all too soon were to show that he should never have been more alert in his offers of a guiding principle for the "progressive task" ahead.

For an understanding of the slant given to the Children's Bureau's thinking and action program through nearly forty years of its development, it is necessary to study in at least a superficial manner the personalities that directed its destiny. It was the fortune of the Children's Bureau to have appointed to key positions four women of remarkable character and ability. They were the three directors Miss Julia Lathrop (1912-1921), Miss Grace Abbot (1921-1934) and Miss Katherine F. Lenroot (1934-) and the Associate Director, Dr. Martha Eliot (from about 1935 to 1949). There has often been much bitter criticism of the program and of the activities of the Children's Bureau. It should be added, however, that even when the criticism reached its highest mark there was never a hint that these four women were ever motivated by an impulse of less worth than an honest consecration to the cause of improving the lot of the women and children of the nation. To be sure, their consecration was too often tempered by a too great tenderness for those that they regarded as the neglected stratum of society and commonly they exhibited a remarkable amount of sentimental feeling for their victims on relief in the fear that a traumatic experience might result "in an inner personality conflict." They each in turn were the servant of a singleness of purpose that gave every evidence of a willingness to impose a program of "what is good for you" not only on the medical profession but on the public. Being marked with a mission they forgot on most occasions the wisdom of Plautus that "we lose what is certain while we pursue uncertainties."

It is probable that the average physician viewed with awe the easy approach of the leaders of the Children's Bureau to the age old problem of the more equitable distribution of the good things of life. All the Saints beginning with St. Paul were bothered by this troublesome subject of maldistribution of the wealth of the world. Certainly St. Paul found no easy answer, for we discover him writing to his followers in Thessalonica (II Thess. Chap. III, vs. 10) "For even when we were with you, this we commanded you that if any would not work, neither should he eat," and in another place "who will render to every man according to his deeds" and in still other lines "for every man shall bear his own burdens." Kindliness, goodworks, benevolence, and charity are all commended but there is no suggestion that what is *desirable* shall become a privilege, and that *privilege* in turn shall grow into a responsibility, and that finally a *responsibility* shall be translated into a *right*. In the superiority of their high motives, the leaders of the Children's Bureau have frequently overlooked the possible benefits to the individual and to the community of obtaining the good things of life through the pride of sacrifice and of personal effort.

Dr. Martha Eliot after about 1935 became for most pediatricians the living symbol of the Children's Bureau. After all the only contact and the only voice that reached the average practitioner from the Children's Bureau was that of the dynamic personality of Dr. Eliot. She of course—and quite correctly—would be the first to indignantly deny the validity of the impression that she was the central source of inspiration within the Children's Bureau. The truth remains, however, that to the pediatrician in the field Dr. Eliot during the whole period of her tenure of office represented the very core of the thinking and of the action programs of the Children's Bureau.

Dr. Eliot was never afraid of responsibility and with remarkable vigor and efficiency she rapidly expanded the powers of the Children's Bureau in every field of child care. In different times and under different circumstances it is not hard to imagine her lining up a family for the Saturday night's bath and dosing every child with medicine so that they might enter the new week clean inside and out. With self sacrifice and enduring labor the children would have been educated in the intellectualism of the Unitarian faith and all would have graduated in turn into the ranks of the ministerial (preferably Unitarian) or professorial (preferably the humanities) professions. Like the Domine in Ian MacClaren's story who had a hand in training a notable line of Greek scholars, she would have been

permanently puzzled by the lone grey sheep that became the world's first authority on "beetles" and she would have understood the puzzlement of the headmaster of a famous boys' school who spoke with a mingling of pride and amazement of the boy who used to make "little things go" and now had become a world famous engineer.

Under Dr. Eliot's able self sacrificing management, the world would undoubtedly be an admirable place in which to live. The saving factor in Dr. Eliot's conditioning is that in a dim fashion she senses, without exactly understanding why, the value of the urge that makes a boy like "beetles" or that drives him to make "little things go." In her heart she knows that it is this small minority that for some senseless reason levers the world out of its ordained orbit.

Dr. Martha Eliot near the end of her term of service with the Children's Bureau promised in a public address that given enough doctors "she would take care of the health of children." Perhaps the statement mirrors the belief common to a group of the intelligentsia that all children can receive the benefits of health, provided that the people with superior minds have access to unlimited funds.

The medical profession as a whole might be inclined to mildly debate the universality of child health in the light of the fact that we have sick and ailing children even under the best conditions of material environment. However that might be, the wording suggests the urge for the assumption of the right to the powers to impose the necessary means of health upon both the doctor and the child.

There is no mistaking the implications of the tyranny that lies behind this promise nor is there a guarantee that the necessary power will not be abused when it falls into less worthy hands. When men everywhere are motivated only by a desire to do good to their fellow men, such powers for good and evil may perhaps be delegated to a single individual. Unhappily all experience goes to prove that when power is put into the hands of politicians, that that power with small delay will be inevitably used as a political weapon. Even if absolute power could be kept out of politics it should be remembered that unlimited prerogatives demoralize the user so that they accept no criticism of their acts and regard all opposition as an affront to the public will.

In 1950 we can in retrospect know that the Children's Bureau somewhere along the road lost a good measure of the confidence of the medical profession. It is proper at this point to ask "who is to blame?"

In all fairness the doctor, and more especially the pediatrician, has to accept a good share of the blame. After all it was the pediatrician who had a large responsibility for launching a federal bureau that "would investigate and report on all problems relating to child health and welfare in the nation, to the end that the Government and the practicing pediatrician might cooperate in the improvement of childlife at all levels." Having fathered this new child, the parent forgot it and allowed it to grow up a neglected and often as an unwanted child. It should be no cause for surprise that the adult Children's Bureau is foreign in outline to the original design. The lesson here for clinical pediatricians is that it is not enough to merely start a worthy project—it must in all time and on all occasions be anxiously guarded and carefully nourished to the end that it may attain a beneficent and foreordained maturity.

Another question which can be properly asked at this point is whether the Children's Bureau has missed an opportunity for an enduring and lasting contribution to childlife in the nation. Perhaps a passionate desire to gain the cooperation of the clinical pediatrician at all levels that at least equalled the determination to impose a way of medical care on the public would have pointed the way to an enduring cooperative purpose. At least it would not have been possible to write at a later date (1944) that the "functions of the Children's Bureau have been abruptly changed so that it is now an active factor in the practice of medicine throughout the United States, dictatorially regulating fees and the condition of practice on a federal basis." (Wall) Of course the functions of the Children's Bureau had not "abruptly changed." The change had been almost imperceptibly introduced through many years. It was not until 1944 that their volume reached the crest of a flood where the changes suddenly became an active nuisance to every doctor engaged in daily practice.

An imposed way of life under the "phony" name of the "welfare state" was beginning even in 1944 to have a hold on the imagination of high minded and power tainted sentimentalists as well as on the self interested greedy politician. Already the pediatrician was making the discovery that the essentials of any consultation was that both parties have an equal responsibility in the formation and management of a policy. The hard truth of the matter was that the clinical pediatrician was learning that he had no honest representations in the Children's Bureau. Instinctively the "bell pushing" pediatrician felt that there was small validity in a conclusion that was not arrived at by cooperative consultation and in which a central

authority seeks to impose by decree a way of practice on the doctor and on the public.

There is the danger of flogging a willing horse to death that has carried us closer to our medical goals than we have ever been before. If this undesirable end is reached it will be because we have sought to impose perfection too quickly.

It is perhaps presumptuous to suggest that it is time for the Children's Bureau to re-examine its own history objectively. The possibility exists that they would not like it very much. A revamping of their procedures would not be exciting and certainly would be tedious. They would discover a relatively obscure but important task of educating the doctor to an appreciation of his expanding opportunities in the distribution of his special skills and of his growing knowledge in the field of health. A more difficult area in the educational field might include the training of the public in the desirability of seeking quality medical services. After all, quality medicine is not remotely possible unless there is a patient prepared to accept it.

Probably it has not occurred to the Children's Bureau but there is the chance after all that the worst that we could do for ourselves would be better than the best that could be imposed upon us by a paternalistic federal agency.

#### A PURELY PERSONAL COMMENT

This inadequate summary of the growth of the activities and objectives within the Children's Bureau suffers from the briefness of the presentation and in a large measure from the personal limitations of the author. There is at least one pediatrician within the Academy that accepts without reservation the fine statement of the Children's Bureau's accomplishment as it appears in the quotation, taken from a letter written by Dr. Powers, that is placed at the head of this chapter.

It may be repeated at this point that if there was no Children's Bureau, the Academy would have to invent a similar agency. The need of a Federal Bureau that *investigates* and *reports* is a continuing need. The goal sought should not be a disembodied Brain-Trust, but a group that willingly seeks, with a passionate anonymity, to increase our medical knowledge and for a wider distribution of quality medical care.

An interservice planning with those having the responsibility for the execution of any plan is a necessity. A vicious principle is introduced into a scheme that has for its object the welfare and health of children if it

creates rival bodies, one responsible and the other irresponsible, and yet nominally of equal status. To divorce the blue print of programs and policies from the personnel who are chiefly responsible for implementing them, invites antagonism.

The Children's Bureau should seek with patience the ideals of unity and of action among all those elements that give and receive services. This is true even though it maddeningly slows the approach to desirable ends. Without faith in and enthusiasm for the desirability of a structure of benefits offered, nothing results but a jerry-built house of benefits that is a disappointment to the builders and to those who must live in it.

Progress is not achieved by discarding known values in favor of the pursuit of fantasies that can only end in nightmares. If we can learn the truth, the truth will set us free.

The Academy will continue to reserve to itself the right to study programs, to debate issues, and to determine for itself the rightness or wrongness of glamorous projects. It is only in this manner that the approximate truth can be discovered.

As a group, the Academy is skeptical of finding a treasure at the end of the rainbow, but it will, on request, look; and if a treasure is found, it will rejoice that it was proven that it was wrong. There is a growing faith that the Academy will, in all time and on all occasions, eagerly accept, not only the certainty but the probability of the truth.