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(left) **Danielle DeFeo, PA-C**
Physician Assistant
Pediatric Transplantation and Cellular Therapy Clinical Operations Manager
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(right) **Michelle A. Lee, MD, PhD**
Director, Transplantation and Cellular Therapy Program
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The Children's Hospital at Montefiore

Montefiore Einstein

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Connect With *Pediatrics*

1948

The content of the journal is intended to encompass the needs of the whole child in his physiologic, mental, emotional, and social structure. The single word, *PEDIATRICS*, has been chosen to indicate this catholic intent.

—Hugh McCulloch, MD
First editor of *Pediatrics*, January 1948–1954

EDITORIAL

The appearance of Pediatrics in the field of medical literature represents the growth of pediatrics as a specialty and of the American Academy of Pediatrics. The decision of the Executive Board, of the Special Committee appointed to study the situation and of the Executive Board of the Academy to establish a new journal has been reached after careful consideration.

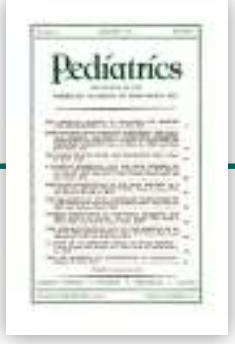
The Executive Board is a semi-autonomous group appointed by and representing the Academy. The Board recognizes its responsibility in guiding Pediatrics to meet this opportunity successfully. It also knows that the success of this undertaking will depend in part on future developments by the pediatricians of this country and by the Academy. Neither Pediatrics nor the Editorial Board can create material for publication. The Board can, however, find material which is available and it can determine the quality of that material. This it will do faithfully and honestly. The Board recognizes fully two responsibilities: first, that due to two closely related groups—the readers and the authors; and, second, that due to the Academy and directed toward making known the activities of the Academy. The first responsibility involves the Academy and its members also, but over and above that it involves everyone interested in pediatrics, whoever they may be. Pediatrics serves all these.

By arrangement with the Publication Committee of the Academy and with the Publisher of Pediatrics, the Editorial Board has been relieved of all responsibility for business matters connected with the journal, a device which permits the editors to confine their attention to the impartial selection of material.

The scope of Pediatrics is as broad as the specialty itself. Reports of scientific and clinical investigation will be published, as will papers on subjects which are related to pediatrics. The content of the journal is thus intended to encompass the needs of the whole child in his physiologic, mental, emotional and social structure. The single word, Pediatrics, has been chosen to indicate this catholic interest.

Careful consideration and planning have been given to the form of Pediatrics. Medical publications follow an almost stereotyped standard from which there is little chance to vary; but every effort has been made to present Pediatrics in an attractive, interesting and useful way without altering accepted standards. The style of the title word, Pediatrics, has been chosen to indicate its distinctive individuality.

PEDIATRICS® Cover Evolution



1948

1960s

1980s

There are four main divisions of the text material. The Division of Original Articles speaks for itself. Every article has been approved by members of the Board and meets the three criteria: presentation of new or newly evaluated thought, high quality of preparation and accuracy of information. The Division for Academy Proceedings and Reports includes whatever is of interest and worth recording permanently for the general reader as well as for the Academy member. The Feature Sections Division includes The Pediatrician and the Public, Trends in Health Legislation and Administration, Public Health, Nursing and Medical Social Work, and Education. In addition there will be editorials, special reviews, book reviews, international news and reports, and news and announcements. The fourth division of Pediatrics, devoted to advertising, is also under complete editorial control and the Board selects its content on the basis of carefully defined criteria of acceptability.

Special effort has been made to assist in the further development of District IX of the Academy in Latin American countries. Abstracts of all original articles are published in of the Academy. Every possible effort will be made also to encourage relations with pediatricians in other countries by making the journal of great value to them primarily by virtue of its inherent worth, but also as a channel of information concerning developments in pediatrics in this country. The sustained success of the several international pediatric congresses indicates there is a need for a medium of expression of these relationships.

Every fellow of the Academy should realize he has a share—no matter how large or how small—in Pediatrics. Constructive criticism and suggestions are welcome at all times. Healthy discussions of honest differences of opinion are always enlightening and thought provoking. Comments, editorials and more lengthy discussions of these opinions will be printed provided they are impersonal, pertinent and objective.

Pediatrics is the printed record of the Academy and of progress made for the welfare of children. The Editorial Board recognizes its opportunity to guide Pediatrics toward a position of leadership in the pediatric literature of today and of the future. It will be the Board's constant aim to give accurate and just expression in these columns to the achievements and the ideals of pediatricians everywhere.

Originally published: *Pediatrics*. 1948;1(1):143-144.

Charles D. May, MD, Editor of *Pediatrics*, 1954–1961

Clement A. Smith, MD, Editor of *Pediatrics*, 1962–1974

1990s

2000s

2010s

2023

The Growth and Expansion of *Pediatrics*: 1948 to 1998

Kent Anderson, Jo Largent, Errol R. Alden, MD, FAAP

Launched in 1948 with 2200 subscribers, *Pediatrics* is now received monthly by more than 60 000 direct subscribers from around the world. A total of 20 000 to 30 000 additional readers receive foreign-language translations regularly, and the Internet extension of the Journal receives 20 000 individual visitors each month. This type of growth over the past 50 years has made *Pediatrics* the leading pediatric journal in the world. As it has grown, *Pediatrics* has had several notable firsts, including being the first medical journal published on CD-ROM and the first established pediatric journal to publish original articles on the Internet. And, as this special supplement shows, many landmark articles were published first in *Pediatrics*.

Surveys of the readership of *Pediatrics* over the years have found that American Academy of Pediatrics (AAP) statements, as well as letters to the editor, are valuable parts of the journal. Therefore, some of the AAP's main public pronouncements have been made first in *Pediatrics*, including the recent statement on positioning the sleeping infant on its back, which has contributed to a significant decline in the incidence of sudden infant death syndrome.[1]

In the years since its inception, *Pediatrics* has served a number of functions for the AAP and its membership. In addition to providing an excellent and respected forum for the publication and discussion of pediatric research and clinical experience, *Pediatrics* has been, aside from membership dues themselves, the most consistent and significant source of income for the AAP over the past 50 years. This income, of which advertising revenues remain a primary portion, helps to defray many member expenses and, perhaps most importantly, fund many important AAP initiatives, including research projects, advocacy programs, educational activities, community outreach efforts, and other activities prescribed by the AAP's mission. In short, the growth of the Journal and the growth of the AAP are, in many ways, directly linked.

MEASUREMENTS OF THE GROWTH OF *PEDIATRICS*

The initial circulation of *Pediatrics* was small, approximately 2200, and was almost entirely composed of members of the AAP. Detailed circulation figures from these early years have been either lost or destroyed. The oldest extant records, from 1979, are imprecise, but show a circulation of approximately 30 000. By 1991, circulation had reached 49 377. Currently (as of February 1998), the circulation of *Pediatrics* is just over 60 000 total copies. More than 10 000 of these subscribers are nonmembers of the AAP.

Of course, there have been other ways in which *Pediatrics*, like other journals, has expanded. The most obvious way in which a journal can expand is in its physical size. From 1948 to 1973, the journal maintained a final bound size (called "trim size" in printing jargon) of 6.75" X 10.375". In 1974, the trim size of *Pediatrics* increased to 8.25" X 11", an increase in sheer surface area of ~23%. In 1992, the Journal's trim size shrunk slightly, ~0.15" in both width and height, to allow for more economical production and mailing. Page count for each volume (six issues) published from 1948 to 1992 remained relatively stable, at approximately 1000 pages per volume. Currently, *Pediatrics* is publishing approximately 1100 print pages per volume and, with the additional papers published on *Pediatrics electronic pages*, the Internet section of the Journal, the total average page count per volume now exceeds 1700. Compared with just 2 years ago (1996), *Pediatrics* now is publishing ~70% more article pages per volume.

Another metric that bears examination is the number of papers received and the Journal's rate of accepting manuscript submissions. In 1948, the journal received 290 original articles for publication, and accepted ~60% of these. The number of submissions apparently dropped in the initial years of the Journal, with records indicating that in 1956, only 236 original articles were submitted, and 62% accepted. However, at the time, this state of affairs was characterized by the editors as "very wholesome," which likely reflects the general state of affairs for similar specialty journals. By 1967, the journal was receiving approximately 540 original articles for publication, and accepting 45%. The divergence between manuscripts submitted (increasing) and acceptance rate (decreasing) continued, with 937 manuscripts submitted in 1980 and 24% accepted. In 1997, *Pediatrics* received 1440 original articles for publication, and accepted 18% of these.

Pediatrics also has experienced a type of growth noted elsewhere in the literature: the increasing number of authors per article. This subject has been a topic of some debate over the past decade. A 1995 study of the papers submitted to the meetings (1959 to 1994) of the Society for Pediatric Radiology found that the number of authors per paper grew from 1.0 in 1959 to 1.7 in the period from 1960 to 1964, to 4.1 for the period from 1990 to 1994.[2] A 1993 article in the *British Medical Journal* found a median of six

> “Several years ago, I said, ‘Look, you have got x-thousand U.S. pediatricians. If you want to grow, you have to go overseas.’ That’s been my theme for 12, 15 years. I started the foreign language editions of *Pediatrics*.”
>
> —Jerold Lucey, MD, Editor, 1974–2009

to seven authors in medical journals during the period from 1982 to 1992.[3] Our sampling of *Pediatrics* issues from previous years has revealed that authorship in *Pediatrics* has mirrored this trend somewhat, increasing from an average of 2.21 authors per paper in 1949 to an average of 4.68 authors per paper in 1997. The trend appears to have been consistent and gradual, with no obvious or dramatic increases noted among any of our 10 sample years.

Finally, the editorial board of *Pediatrics* has also grown, from an initial 11 members in 1948 to a current roster of 28 members. The Journal currently relies on more than 2500 peer reviewers every year to provide 2 to 3 peer reviewers per article reviewed.

INTERNATIONAL EXPANSION OF *PEDIATRICS*

Since 1975, selected articles from *Pediatrics* have been translated and published by leading international organizations devoted to the dissemination of medical information. The first international edition of *Pediatrics* appeared in 1975 and was published, as it is today, by the prestigious scientific and medical publishing house Ediciones Doyma, of Barcelona, Spain. Selected articles are translated from the original English version into Spanish and distributed with advertising on a monthly basis. Doyma publishes 10 issues per year, and the AAP receives royalties on a percentage of advertising and subscription income.

After the successful collaboration between the AAP and Ediciones Doyma for the publishing of the Spanish edition, the AAP was approached by individuals from an Italian medical publisher, Editrice CSH, as well as by members of a contingent from India who represent the Manipal College Trust and were concerned about poor distribution of medical literature in that part of the world. Meetings between these two groups and the AAP resulted in the development of the Italian language edition of *Pediatrics* and a special English-language edition of *Pediatrics* published and printed in India. These two international editions first appeared in 1989. Both the Italian and the Indian editions are published six times per year (with article selections taken from the most current 12 issues of the English version), and both now include *Pediatrics in Review* as a supplement.

The Portuguese edition of *Pediatrics* has been published since 1992 by Farmapress LDA in Lisbon. In 1995, they began publication of the Brazilian edition in Portuguese. These are separate editions and do not contain the same selected articles from the English version. Both are published six times per year.

The Arab World edition of *Pediatrics* began in 1993 after discussions between Jerold Lucey, MD, editor of *Pediatrics*, and Yousef Abu-Osba, MD, who, at that time was chief of pediatrics at King Faisal Hospital in Riyadh, Saudi Arabia. The Arab World edition is now published by the Aram Publishing House in Amman, Jordan, with which Dr Abu-Osba is affiliated.

All of the international editions of *Pediatrics* have begun after the AAP is satisfied that the local and regional pediatric societies of the host countries approve of the venture and, in ideal situations, have members who are willing to sit on the editorial boards of the international editions.

In March 1998, a Russian-language edition of *Pediatrics* began publication. The publisher, Goldstein and Associates, is an American commercial publishing company that also publishes other clinical medicine journals in English. The text of the Russian edition is completely translated into Russian, with terms and phrases that do not translate effectively included parenthetically in English.

PEDIATRICS ON THE WORLD WIDE WEB (WEB)

On January 6, 1997, the Internet extension of the Journal, *Pediatrics electronic pages*, debuted on the Web. Within hours, as the site’s presence became part of this global network’s dynamic and self-aware architecture, new, peer-reviewed research articles became available around the world under the auspices of *Pediatrics*. Every month, approximately 12 original, peer-reviewed research articles have been published on the Web and abstracted in the print journal. Internationally, the research presented in this section of *Pediatrics* has achieved a new level of visibility. Also, the Journal has been able to offer its readers expanded services using the Web, including free e-mail announcements about upcoming and new issues, links to other resources, on-line subscription ordering, search tools, and an on-line book review service.

Pediatrics Website in 2013

The Web's very nature offers intriguing publishing possibilities, with hypertext links to Medline and other Web sites, unique search tools, and e-mail capabilities. Placing a new section of *Pediatrics* on-line was an opportunity for the AAP and its journal to offer high-quality, peer-reviewed material via the Web, giving practitioners more of a reason to explore the Web and its offerings while also setting a high standard for the type of pediatric research on the Internet.

Every week, visitors from more than 60 countries use the site. We have received orders over the Web for the print journal from 17 countries including Croatia, India, South Africa, Turkey, Holland, Argentina, French Polynesia, Hong Kong, and Australia.

On a visit to Hong Kong to attend a meeting of the Asian Pediatric Society, the attendees saw firsthand the impact the Journal's Web site was having internationally. At a well-attended session, the Burmese Pediatric Association demonstrated the site, and their speaker was able to summarize every paper that had appeared in *Pediatrics electronic pages* to date. That the information from current issues already had been read and assimilated was very striking, because, on average, it takes 3 to 4 months for the print edition to reach Burmese readers, if it reaches them at all. Over the Web, however, the members of the Burmese Pediatric Society were able to read, download, and print the information within minutes of its publication. It's clear that information on the Web is both vital and personal for many pediatricians globally.

The AAP also has been able to enhance access to *Pediatrics* for international users of the Web. In June 1997, we agreed to participate in a pilot project of an Internet service in Hawaii. The company, Digital Island (http://www.digisle.net), uses vacant fiberoptic lines between Hawaii and major access points on other continents to provide single-hop service to countries around the world. Digital Island has a copy of our site on their server in Hawaii, an arrangement known as a mirror server. Now, users in more than a dozen countries can access *Pediatrics* on the Web at http://intl.pediatrics.org and connect directly to our mirror server in Hawaii, without having to make multiple connections through other nations or encountering traffic from the US public Internet. We have noticed that users in those nations receiving this enhanced service are accessing the site more regularly than they were before the enhancement, and that activity on this version of the site is growing.

In the fall of 1998, a historical effort undertaken in conjunction with the Journal's 50th anniversary will be completed. Known as The *Pediatrics* Legacy Data Project, this initiative's goal is to place the citations and abstracts of the Journal's complete history on the Web, in a searchable format. Previously, only materials from 1974 to the present had been available through Medline. Using this comprehensive archive, researchers will have a more complete picture of the scope of pediatric research over the past 50 years, and it will be accessible worldwide.

This month—July 1998 —the full text of *Pediatrics* will be available on the Web, allowing subscribers to search and retrieve articles from January 1997 onward and making the Journal's full complement of research available around the world. Subscribers will receive free access to the site along with their paid subscription to *Pediatrics*. Others who do not subscribe can receive limited access to the site for a nominal fee. Abstracts and lists of contents will be available freely.

We are enthusiastic about the possibilities inherent in offering the full text of *Pediatrics* on the Web. It is one of the next steps in the growth of the specialty around the world.

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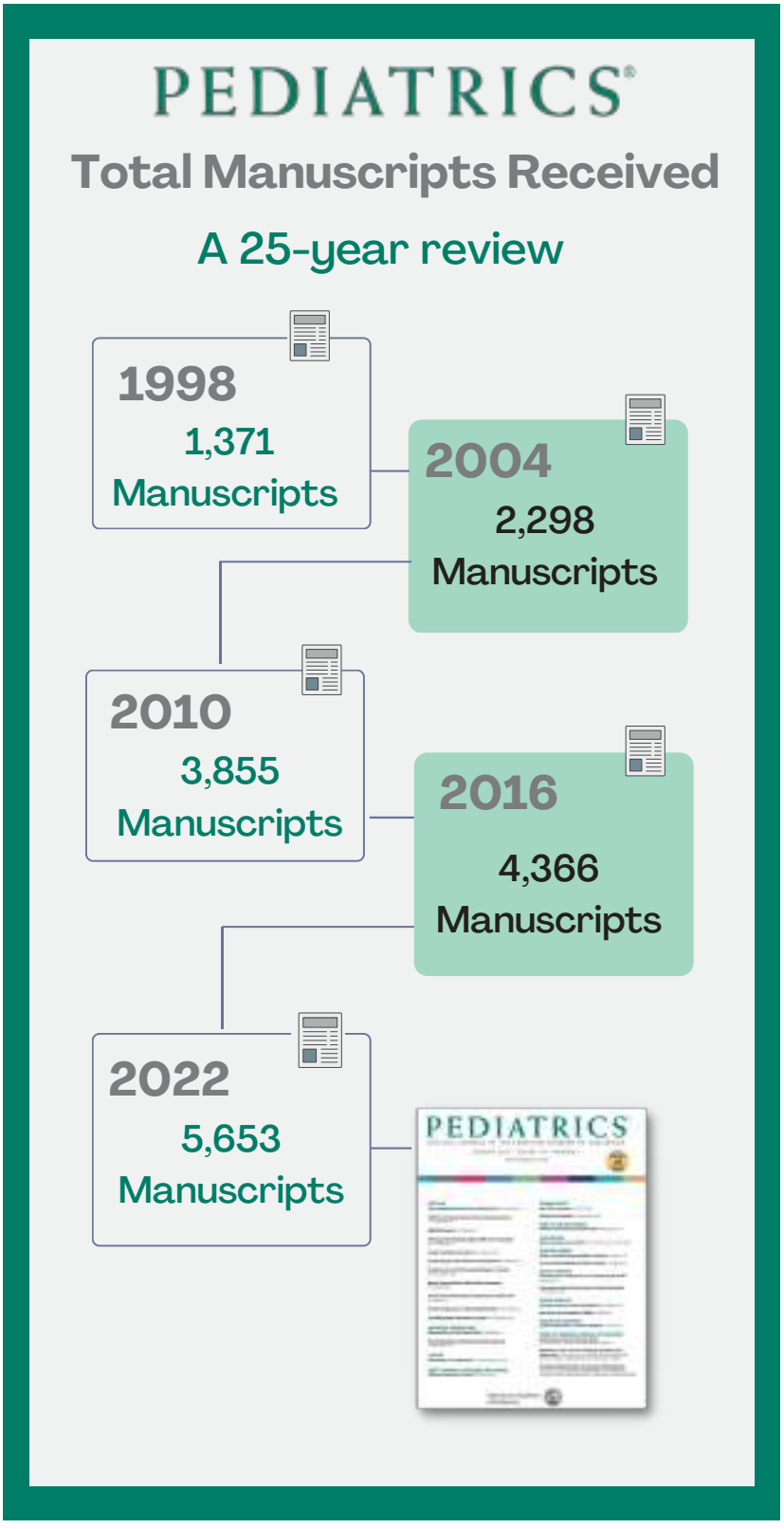

Pediatrics Ads in 1991 Print Issue

Our 75th Anniversary: A Time for Looking Back and Looking Ahead

Lewis R. First, MD, MSc, Kate Larson, MPH, Joe Puskarz, Alex R. Kemper, MD, MPH, MS

Lewis R. First, MD, MSc (left), Mark Del Monte, JD (middle), Alex R. Kemper, MD, MPH, MS (right)

This year, *Pediatrics*, the flagship journal of the American Academy of Pediatrics (AAP), will reach a significant milestone: 75 years of publication, driven by the journal's mission to provide timely, evidence-based information to improve the health and wellbeing of all children. Although this is a cause for celebration, this year is also a time to reflect on the journal's history and where it will go in the future.

In 1948, the first issue of *Pediatrics* was launched under the editorial leadership of Dr Hugh McCulloch and sent to 2000 subscribers. Although the number of subscribers has grown over the years to 70 000, the number of readers who access the journal online reached >11 million in 2022. The number of articles submitted annually has also increased. For example, 25 years ago, 1400 manuscripts were received for peer review, and, currently, >5000 manuscripts are submitted to the journal annually. *Pediatrics* is also the most cited peer-reviewed journal of those published in our specialty, with >100 000 citations in 2021 to articles published in 2019 and 2020.[1]

The success of *Pediatrics* is not just in these metrics but also in the influence the journal has had in the delivery of child health care. To commemorate the 75th year since the inaugural issue was published, we will examine the journal's contributions by looking back at articles considered game-changers by pediatricians. We are excited to share this list of articles and a description of their impact later this year. We also look forward to celebrating our 75 years of publication with an in-person celebration at the AAP National Conference and Exhibition in Washington, DC, this coming October.

Our salute to the journal's first 75 years will also highlight ongoing and future work. This month, for example, we welcome a new section to our journal, "Diversity, Equity, Inclusion, and Justice." Under the guidance of Associate Editor Kimberly Montez, MD, from Wake Forest University, articles in this section will explore the causes of health care disparities and what we can do to address inequities. Promoting equity, diversity, inclusion, and justice in *Pediatrics* is a goal not only for this section but for all articles in the journal. We will continue to publish original research and other article types throughout the journal on this important global priority.

Another recent addition to our journal Web site is a monthly blog written by and for families, "Family Connections with Pediatrics." With guidance and oversight by Associate Editor Cara Coleman, JD, MPH, this new blog addresses how articles that appear in the journal can be used by patients and families. Additionally, editorial board members continue to blog about recently published articles, all of which can be found at https://publications.aap.org/journal-blogs. A

new blog entry is posted every weekday, so the content is always new and relevant. All our content, including blogs, original articles, commentaries, and a gallery of video abstracts, which are brief videos summarizing recently published articles, are available through our redesigned journal Web site.

In the year ahead, the AAP will be launching a new journal, *Pediatrics Open Science* (www. pediatricsopen-science.org), a companion journal to *Pediatrics* for authors who are required to publish their work in open-access journals. The new journal will have an independent editorial board and will adhere to the same stringent editorial and publishing standards as *Pediatrics*.

Our editorial board looks forward to working collaboratively with the new editorial board in the years ahead as we have done with the editorial boards of other AAP journals. We look forward to sharing more information with authors and readers as the AAP prepares to launch this exciting new journal.

Over the years, your suggestions for improving the journal have been invaluable, and we look forward to your continuing constructive feedback so we can continue to make sure *Pediatrics* meets the needs of its readership. Please join us as we reflect on the past and plan for the future of *Pediatrics* through the special projects, interviews, videos, and other materials we will be posting on our 75th anniversary page (https://publications.aap.org/pediatrics/pages/pediatrics75) to mark this momentous occasion.

Happy 75th Anniversary, *Pediatrics*!

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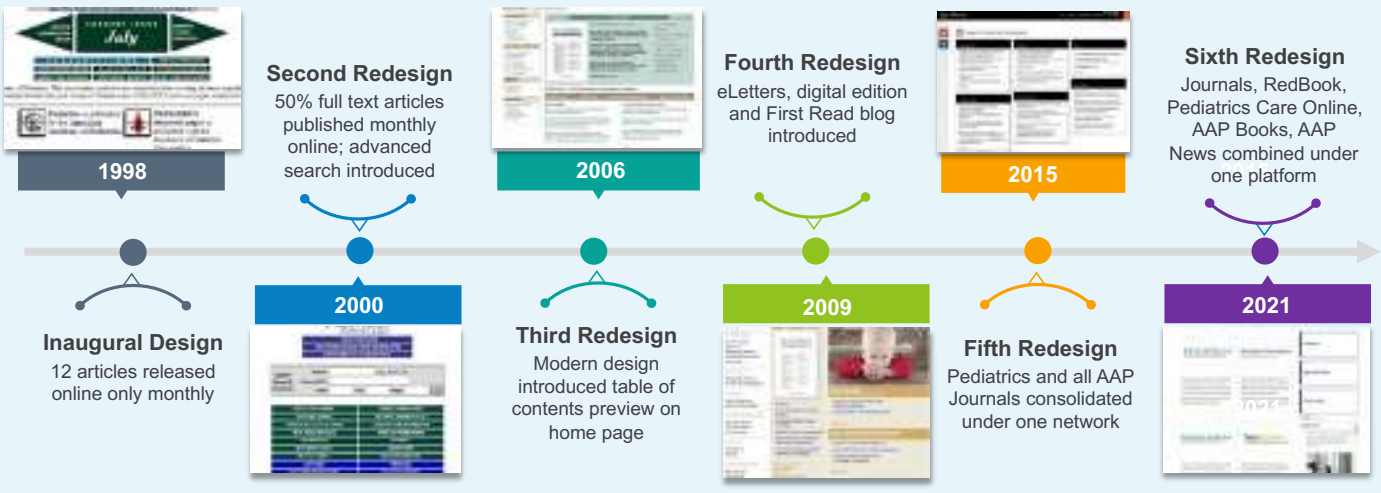

PEDIATRICS, We Salute You!

Joseph A. Zenel, MD, Editor in Chief, *Pediatrics in Review*

The first issue of the American Academy of Pediatrics' first journal, "Pediatrics," was published in January 1948. The American Academy of Pediatrics (AAP) had been in existence for 16 years, its membership growing from 304 charter members to nearly 2,200. There was a growing national need for general pediatricians, and medical education was shifting toward better pediatric training of general practitioners in medical schools and hospital internships.[1] Furthermore, the AAP's scientific sessions, the purpose of which was "to improve pediatric education by making available regularly the advances in pediatric knowledge,"[1] were also growing in number. The AAP, recognizing a predictable and welcome expansion of pediatric medicine, saw the need to take ownership of its own journal and to "publish an outstanding journal whose articles will be practically helpful but which at the same time will be challenging in their scientific content."[1]

There were articles in that January issue about a new immunization that included diphtheria and tetanus toxoids along with a pertussis vaccine, a hospital in-rooming unit of 4 newborn infants and their mothers, a review on polio, and a study of the average length of hospital stay of premature infants. There were also case reports, public health reports, national and international news, book reviews, and an editorial. It's amazing to think that seventy-five years later, the content and the subjects of *Pediatrics* are still relevant today.

The purpose of *Pediatrics* holds true; as stated in the January 1948 issue, *Pediatrics* "publishes papers on scientific and clinical investigation in the field of pediatrics. PEDIATRICS also includes papers on public health and preventive medicine, genetics, nutrition, psychology, education, social legislation, nursing and sociology, when the subject matter is related to child health and welfare. PEDIATRICS is the medium of expression of the Academy to the medical profession and to the public."[2] What makes *Pediatrics* so successful are the dedicated editors, editorial board members, reviewers, and journal staff whose insight, wisdom, and innovative thinking lead to advances in science and education in pediatrics. One particular brainchild of *Pediatrics* worth mentioning is *Pediatrics in Review*, for which we on the editorial board and staff of *Pediatrics in Review* are substantially thankful.

Figure. July 1979 *Pediatrics* front cover announcing *Pediatrics in Review*.

Dr Robert J Haggerty, Co-Editor of *Pediatrics*, reported in the June 1979 issue, "Beginning in subsequent volumes of *Pediatrics*, readers will find a new section, PEDIATRICS IN REVIEW, a major activity in continuing education of the American Academy of Pediatrics. This 32-page supplement will be included with all copies of *Pediatrics* for the next two issues."[3] A banner on the front cover of *Pediatrics* the following month announced, "Including the FIRST edition of Pediatrics in Review" (Figure). (Please note the ironic wordplay here since the current Editor-in-Chief of *Pediatrics* is Dr FIRST.) In the year leading up to *Pediatrics in Review*'s first publication one can imagine the wordplay between the Editor of *Pediatrics* Dr Jerold F Lucey, Dr Haggerty, and the editorial board discussing how *Pediatrics* would birth and nurture a new journal committed to "providing a knowledge base necessary to stay abreast of developments in all

fields of child health care."[4] The fertile minds of the editorial family of *Pediatrics* would provide *Pediatrics in Review*'s first year of subjects and authors, abstracted scientific studies, and continuing medical education questions.

That connection between *Pediatrics* and *Pediatrics in Review* remains strong today. Editor-in-Chief Dr Lewis First and Deputy Editor Dr Alex Kemper of *Pediatrics* regularly interact with Editor-in-Chief Dr Joseph Zenel and Deputy Editor Dr Hugh Allen of *Pediatrics in Review*, trading ideas and sharing editorial experiences and reviewers. A manuscript submission that might not work for one journal may be quite appropriate for the other. Both editorial boards frequently switch members. *Pediatrics* publishes new findings that are pertinent to the care of children. *Pediatrics in Review* publishes updated reviews on those findings pertinent to the trainee and practicing pediatrician. The adoption of blogs, social media, and editorial fellows by *Pediatrics in Review* is the result of adapting the innovative measures in medical publishing that *Pediatrics* introduced. Thanks to the guidance and mentoring by *Pediatrics*, *Pediatrics in Review* is now 43 years old, with its 500th issue coming next month. We applaud *Pediatrics* for serving as our "Founding" journal, a scientific journal that helped shape *Pediatrics in Review*'s essential educational voice.

In that inaugural *Pediatrics* issue, AAP President, Dr John A Toomey, wrote, "PEDIATRICS, I salute you and wish you well!"[5] Congratulations *Pediatrics* on your 75th anniversary. In the spirit of Dr Toomey, we, the editorial board and staff of *Pediatrics in Review*, say:

"PEDIATRICS, we salute you and wish you *forever* well!"

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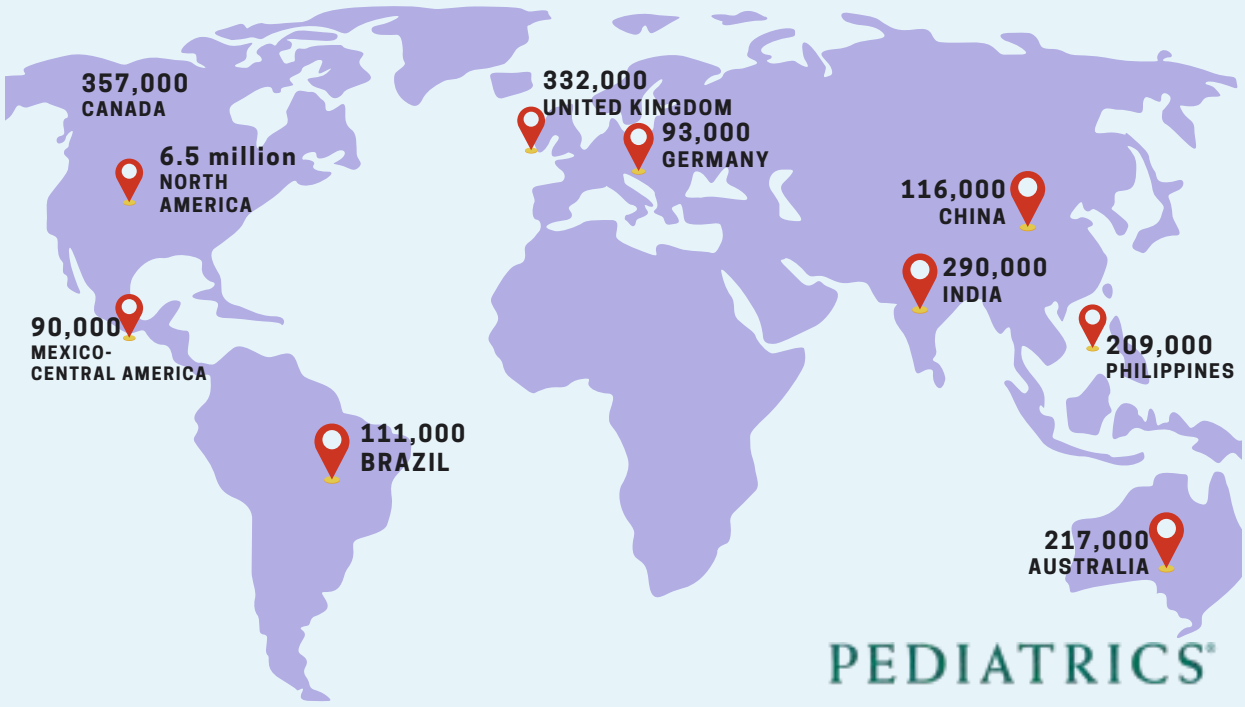


Celebrating 75 Years of Innovation in *Pediatrics*

Lewis R. First, MD, MS, Alex R. Kemper, MD, MPH, MS

The inaugural issue of *Pediatrics* was published in 1948. Although the journal has remained steadfast in its mission of helping pediatricians and other child health care clinicians improve outcomes for children and families, the approach it uses to achieve its mission continues to evolve. This special article provides a broad historical overview of changes to the journal, focusing on the last 25 years, including the move to online publication and use of social media, the adoption of new article types, the commitment to transparency, the expansion of the editorial board, and the commitment to diversity, equity, inclusion, and justice. These changes ensure that *Pediatrics* remains timely and relevant for everyone invested in improving child health outcomes.

"The scope of *Pediatrics* is as broad as the specialty itself … The content of the journal is thus intended to encompass the needs of the whole child … physiologic, mental, emotional, and social … in an attractive, interesting, and useful way … "[1]

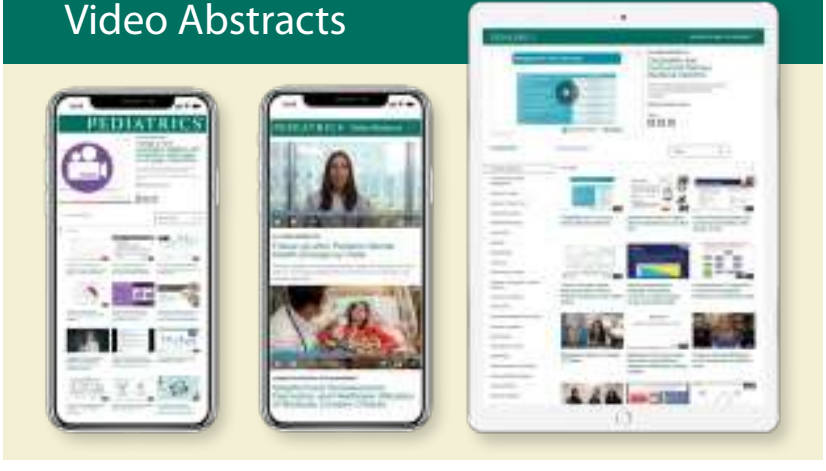
This quote, as timely as it is today, appeared in the inaugural issue of *Pediatrics* in January 1948, 18 years after the founding of the American Academy of Pediatrics (AAP). It was written by the journal's first editor-in-chief, Dr Hugh McCulloch, who was a founding member of the American Board of Pediatrics and had served as coeditor of the *Journal of Pediatrics* before agreeing to serve as editor-in-chief of *Pediatrics*.[2] Articles in that first issue addressed vaccination, public health nursing, a rooming-in unit for newborns and mothers, hospital length of stay for pre-term infants, infant feeding, and a state program for improving pediatric health care access by addressing health care financing and loan repayment, topics that remain just as relevant today as they were in 1948.

In this article, we highlight some of the ways that the journal has evolved to help ensure that *Pediatrics* remains timely and relevant for everyone invested in improving child health outcomes. In 1998, *Pediatrics* published a supplement highlighting the journal's first half-century.[3] According to a review in that supplement,[4] notable articles that appeared from 1948 to 1954 while Dr McCulloch was editor included descriptions of retrolental hyperplasia and its association with supplemental oxygen, a novel approach to exchange transfusion, the first case report of agammaglobulinemia, and fundamental descriptions of cystic fibrosis. Notable publications from 1955 to 1961, during the time of the second editor, Charles D. May, MD, included a case series of what would eventually be recognized as Kawasaki disease and fundamental studies related to kernicterus. Under the third editor, Clement Smith, MD, from 1962 to 1973, notable contributions included the expansion of knowledge about chromosomal disorders and new developments in neonatology, including the etiology and treatment of hyaline membrane disease. From 1973 through 2008, Jerold Lucey, MD, served as editor. By the time of its 50th anniversary in 1998, important articles published under the editorial leadership of Dr Lucey addressed sudden infant death syndrome and apnea, the link between Reye syndrome and aspirin, and the impact of surfactants in preventing respiratory distress syndrome. Since 2009, under editor-in-chief Lewis First, MD, MS, notable contributions include research about the importance of social risk factors and social drivers of health, systemic racism, mental health, innovations in medical and surgical care, and, of course, the coronavirus disease 2019 pandemic.

During its 75-year history, the journal's circulation grew from 2500 subscribers in 1948 to now >69 000 subscribers with >11 million online readers annually. At the end of 1948, *Pediatrics* had received 290 articles for consideration; now the journal receives >4500 original submissions annually.

Pediatrics has evolved from a monthly print journal to an online publication

Video Abstracts



with continuous release of new articles and a monthly print edition that contains abstracts of articles and full text of commentaries and AAP policy statements. Online publishing started in 1998 to increase the total number of articles that could be published. Initially, Dr Lucey, who introduced the online version of *Pediatrics*, chose some articles to appear online only, leading to some pushback from authors who saw this as "second class." However, this quickly changed as authors realized the increase in visibility associated with having their work published online. By 2010, all articles were published online ahead of any print issue and the online material became the journal of record. In addition to facilitating access, online publishing has sped up the time from acceptance to publication and has allowed for continuous publication each weekday, with articles from the next month's issue released online during the previous month. At the start of the coronavirus disease 2019 pandemic, the editorial board decided to publish critical articles online as soon as possible, even before professional editing and typesetting, allowing for prepublication posting online within 5 working days of article acceptance.

The peer-review process also evolved as the journal advanced. Before 1957, the editorial board conducted all peer review without any formal external assessment. However, by 1957, the number of submitted articles exceeded what the editorial board could review. In that year, there were 87 external peer reviewers. Now *Pediatrics* relies on >3000 peer reviewers annually.

In 2010, *Pediatrics* made its debut on Facebook with its own landing page and within a few years had >100 000 followers. Other social media landing sites, such as Twitter and Instagram, quickly followed, alerting thousands of followers to new articles. Instagram also allowed the posting of short videos highlighting new study findings. In 2012, members of the *Pediatrics* editorial board began posting blogs on the journal's Web site to share with readers their personal reflections on new study findings concurrently published online.

In 2018, the journal introduced video abstracts for select articles. There are now several hundred 4-minute videos summarizing important findings from key articles. Since 2021, these videos have been collated into a video abstract gallery (https://videoabstracts.aappublications. org/), which can be sorted by topic. These videos are important teaching tools and are also of interest to the broader public.

With the popularity of podcasting, the AAP launched *Pediatrics On Call* in June 2020. These podcasts include author interviews as well as segments featuring *Pediatrics* editors discussing findings from recently published articles.

At the time of our 50th anniversary in 1998, the editorial board included 31 board-certified pediatricians. In 2009, Dr First and then Deputy Editor Dr Virginia Moyer reorganized the editorial board to designate the executive editorial board, composed of the senior associate editorial board members, who help oversee specific sections of the journal. At the time of the appointment of current Deputy Editor Dr Alex Kemper in 2013, the editorial board was further diversified to include other health professionals who provide care for children (eg, nurses, psychologists) and individuals who can represent the perspective of families and of trainees. The executive editorial board is responsible for selecting new board members annually for those whose term of service is ending. Over the past decade, the executive editorial board has prioritized increasing the diversity of the full editorial board. In 2022, one-half of the editorial board members identify as women and 31% identify as individuals who are underrepresented in medicine. This focus on increasing diversity continues to be a core tenet of the editorial board.

We recognize that we are unable to publish most articles submitted for peer review. With our limited page count and our readers' limited time to read, we must select those articles that will be most helpful for our readers to improve the care they provide. To accomplish this, the editorial board is committed to transparent peer review and the assessment of manuscript priority. Most articles submitted to *Pediatrics* undergo external peer review. We hope that this feedback from reviewers will help all authors improve their work, even if it is not published in *Pediatrics*. Since 2009, members of the editorial board meet virtually each week to make

Social Media

Instagram Est. 2016
45K follwers and growing

Facebook Est. 2009
122K followers and growing

the difficult decisions about which articles are accepted for publication. This process takes several hours and typically includes 5 or more editorial board members and others interested in improving child health outcomes. If you are interested in learning more about the peer-review process, please E-mail pediatricseditorial@aap.org.

In 2016, *Pediatrics* created a 1-year fellowship program open to students, residents, and fellows in training. The editorial fellow serves on the executive editorial board and participates in all journal activities. The fellow also completes a scholarly project related to the journal's operation. Past research projects have evaluated gender equity in authorship,[2] author preference for having a fully anonymous peer review process compared with having only anonymous reviewers, and how race has been considered over time in articles published in *Pediatrics*.

The sections of *Pediatrics* have changed over the past 75 years to be more responsive to the needs of its readers. The 1998 supplement summarized the first 50 years of content changes. In 2009, the Review section, which previously focused on nonsystematic reviews, was revised to include only systematic reviews and meta-analyses. The section Experience and Reason became Case Reports and was modified to only include case reports and small case series that provide novel insight into disease processes or treatment. In 2010, several new sections were added, including Ethics Rounds, focusing on complex real-world dilemmas in clinical practice; State-of-the-Art Reviews, addressing cutting-edge and novel issues within the broad field of pediatrics; and Features, a rotating section addressing medical student education, global health, history, and essays by members of the Section on Pediatric Trainees. In 2011, a new monthly section titled Quality Reports was added to allow pediatricians to disseminate their quality improvement work.

Pathways to Pediatrics Podcast

Lewis R. First, MD, MS, discusses on the AAP Podcast Pediatrics On Call the Career Pathways that led him to become *Pediatrics'* Editor in Chief, since 2009.

Scan QR Code to Listen

Although commentaries relating to select published studies have appeared in every issue of *Pediatrics* since the inaugural issue in 1948, in 2012, a new section, Pediatrics Perspectives, was added to allow authors to share their opinions on relevant concerns facing the field of pediatrics even if they were not related to published studies in that issue. In 2015, readers inquired if the journal would be willing to publish the proceedings of interesting case conferences. This led to Diagnostic Dilemmas and Clinical Reasoning, which features interesting clinical twists and lessons about patients presented by clinicians in a case-conference format. In 2017, the journal began Family Partnerships, which provides a venue for patients or their families together with their health care providers to discuss important clinical issues. This section is overseen by a public member of the executive editorial board who also recruits public members to conduct peer review of articles submitted to this section. In 2019, the editorial board established Advocacy Case Studies in which authors share their advocacy efforts and associated outcomes, with the hope that sharing their successes and lessons learned would lead to the dissemination of advocacy work that could meaningfully improve child and family outcomes. Recognizing the need to offer authors a chance to highlight brief research findings that could lead to more advanced studies, in 2020, Research Briefs were introduced.

A new Features article type, focusing on equity, diversity, inclusion, and justice, was introduced in 2020. Because of the significance of these articles, a new section and article type entitled Equity, Diversity, Inclusion, and Justice was introduced in 2022. The author guidelines for *Pediatrics* were also updated in 2022 to emphasize the appropriate use of race and ethnicity in articles. This important update was highlighted in a commentary,[5] and the online peer-review process was updated to ensure that authors appropriately explain the use of race and ethnicity in any submitted manuscripts.

To help readers identify articles addressing specific themes and topics of particular interest to journal readers, in 2018, *Pediatric Collections* was created. There are now 22 collections, covering a variety of topics such as e-cigarettes, medical ethics, toxic stress, and mental health. Over time, the number of collections will continue to grow, and new articles will be added to existing collections.

With so many new sections being added to *Pediatrics* over the past quarter-century, a look at the table of

contents of *Pediatrics* in 2023 bears little resemblance to the first issue or even an issue from 25 years ago. Unchanging, however, is that peer-reviewed clinical studies remain the centerpiece of each monthly issue.

To highlight the important role that *Pediatrics* has played in advancing the field of pediatrics by publishing peer-reviewed science over the past 75 years, we have invited each of the AAP committees, councils, and sections to reflect on what they identify as seminal publications in the journal over its 75 years. These reflections appear on a special anniversary Web site: https://publications.aap.org/pediatrics/pages/pediatrics75.

We are proud of the growth and development of *Pediatrics*. Through continued innovation in content, online publication, commitment to diversity, use of social media, and the transparency of the editorial process, one could say this is a different journal than the one that existed at the time of our 50th anniversary, the last time there was a focus on the journal's history. Yet, over all 75 years of its existence, *Pediatrics* has tried to stay true to the mission of the journal as stated in that first editorial in 1948 by Dr McCulloch. As we look to the future, we are also confident that *Pediatrics* will continue to publish the highest quality clinical research and related material to help improve how we practice and in doing so, the lives of children and families. Happy 75th Anniversary *Pediatrics*; here's to many, many more!

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Pediatrics World Circulation

67,224 Print Subscribers in 116 Countries and Territories

Forgotten *Pediatrics*: Eight Disturbing Windows on the Past

Andrea T. Cruz, MD, MPH, Jeffrey P. Baker, MD, PhD

ABSTRACT

The 75 years since *Pediatrics* was first published has witnessed an explosion of the scientific knowledge base informing child health. Yet the path leading to the present has not been linear. We examine several articles that illustrate some of the unexpected twists and turns that have characterized our specialty's history. We hope that it will provide a reminder of the ever-changing nature of scientific knowledge, and the need to continually re-evaluate how our own cultural assumptions shape medical practice.

When celebrating the anniversary of a major journal, it is natural to pick out articles that can be regarded as "milestones": studies that have profoundly shaped practice and stood the test of time. Many such foundational articles have been compiled by Drs. Hudak and Haney.[1] One important reason we recall the past is to acknowledge our tremendous debt to earlier generations of pediatric investigators. At the same time, it is equally critical to remember that progress is not linear. Our predecessors were (at least in part) products of their time. Even the most admired among them sometimes embraced ideas we find fallacious, or rejected beliefs that we now find obvious.

We thus thought it would be interesting to reflect upon a set of articles from the early years of *Pediatrics* that have *not* stood the test of time. Our point is not to criticize these authors for being "wrong" by today's standards, and certainly not to disparage their abilities as clinicians or researchers. Rather, we set out to pick articles that illustrate how even the most qualified of investigators may sometimes be drawn down a path that puzzles us—or even disturbs us—today. We selected a variety of examples of articles that would not fit into a conventional narrative of progress. We solicited leadership of the different generalist and subspecialty sections of the American Academy of Pediatrics (AAP) for articles and reviewed the abstracts for all original articles and professional society guidelines published in the journal since its inception until 2013, recognizing that more recently published articles may not yet be accurately viewed through a historical prism. However, we are cognizant that we bring the biases of our own fields within pediatrics to article selection.

We highlighted the following articles, in order of publication date, in the context of scientific and socio-anthropological changes within our field since article publication. We recognize that readers may be shocked by the content of some of the articles.

"The Problem of Mental Deficiency in Children" (1952)

In the journal's early years, the editors of *Pediatrics* often promoted best clinical practices through expert-led "roundtable discussions" rather than specific policies or guidelines. This particular panel[2] offers a window into how pediatricians in 1952 evaluated and treated children who today would be classified as intellectually disabled.

The most potentially upsetting aspect of this article is its use of the contemporary language to label children. The authors open by classifying what they called "mental deficiency" into 3 groups according to IQ ranges, ranging from low-functioning "idiots" to moderate-grade "imbeciles" and mildly impaired "morons." Each term strikes the modern reader as highly offensive, but in the 1950s, "mental retardation" was widely regarded as the newer and less stigmatizing characterization. Indeed, one of the persistent themes in the history of intellectual disability has been that of repeated attempts to replace outdated terms with newly minted "objective" language that in turn becomes stigmatizing. Even the word "moron" was invented by the IQ pioneer H.H. Goddard in the early 1900s as a scientific alternative to the conventional word "feeble minded."[3]

Much of the discussion sheds light on what underlying conditions pediatricians were, and were not, able to diagnose in the 1950s. Most diagnostic technologies we take for granted—microarrays, karyotypes, advanced imaging—lay far in the future. Yet pediatricians believed that they could use family pedigrees to identify many cases of mental deficiency as hereditable, as well as recognize a long catalogue of morphological and neurocutaneous syndromes named after their "discoverers." Then, as now, the most commonly recognized such syndrome was what was known at the time as "mongolism." J. Langdon Down first described the syndrome that today bears his name nearly a century earlier, believing he had discovered an example of evolutionary "reversion" of the fetus from the Caucasian to the presumably less "advanced" Asian phenotype. Down, in fact, described a whole range of syndromes matching other ethnicities, all of which have been forgotten other than "mongolism."[4] It is a striking example of racist science in the history of mainstream pediatrics.

With regard to treatment, the speakers were largely confined to recommending special education and

vocational training for the higher-functioning, and custodial care for the moderately and severely impaired. The mid-20th century represented the high-water mark of institutional care for the mentally ill or "defective" children in the United States. Some parents (including the famed developmental psychologist Erik Erikson) gave up a child with Down syndrome immediately after birth[5]; long-term residential care for the intellectually disabled remained the norm before the 1970s.[6] The article is striking for the way the then-conventional approach to the care of these children violated the tenet of respect for persons.

"Causation of Juvenile Delinquency" (1956)

In 1956, a year after the AAP formed the Committee on Juvenile Delinquency, an article was published about possible causation.[7] The article focused on parental factors: dishonesty, hatred of the child, inconsistency on limit setting, and subconscious gratification from their child's activities. Almost invariably, the child referred to is a son. The article hypothesizes how only one of several siblings in a "good or normal" family may be considered delinquent. It also discusses what is referred to as "sociologic delinquency," defined as a conscious departure by groups from social mores.

The article offers a fascinating window into how our view of adolescent development and behavior has evolved. While adolescence as a distinct time of life emerged in the early 20th century as ever more children remained in school throughout their teen years, it was not until the 1950s that the pediatrician J. Roswell Gallagher founded the first adolescent medicine unit at Boston Children's Hospital.[8] The famed psychologist Erik Erikson did much to define the new field as well, viewing adolescent rebellion as a normal part of psychosocial development.[9]

In 1965, the AAP committee name was changed to the Committee on Youth, and 11 years later it was modified to the Committee on Adolescence (personal communication, Kathy Clark, AAP). The nomenclature changes were paralleled by a shift away from victim blaming, toward social determinants of health, and inclusion of adverse childhood events.

"Effeminacy in Prepuberal Boys" (1961)

"It is commonplace for a physician, when a parent is troubled by his son's girlish ways, to offer the unfounded reassurance that the boy will grow out of it." The authors of this 1961 case series[10] described 11 boys who had been followed for 2 to 5 years, with varying degrees of "gender-role disturbance." As might be expected for an article grounded in the assumptions of Freudian psychoanalytic thinking, the text is replete with stereotypes: "sissy" boys, emotionally distant fathers, and overprotective mothers. Fathers were urged to become more involved and mothers to "untie the apron strings" and allow their boys independence. Perhaps more surprisingly, the authors acknowledged that beyond early childhood, gender-role problems "are not necessarily infinitely malleable and easily altered." There was even a note of dubious reassurance: "the boy who is stuck with the handicap of effeminacy is still capable of living a stable and productive life," and parents should be reminded of the many "illustrious homosexuals in the history of civilization."

Even allowing for such hints of acceptance, the assumptions pervading this article seem a universe removed from those of the AAP's most recent statements[11] on treating children with gender incongruence. Most sobering of all, however, is that the paper came from one of the most distinguished child psychiatry services in the country, at Johns Hopkins University School of Medicine. The senior author, John Money, later became infamous for his pivotal role in the history of intersex treatment. In contrast to his comments on older children, Money believed that a person's sense of gender was in fact completely malleable under 18 months of age. He therefore concluded that infants with ambiguous genitalia should be raised by no other criteria than medically- or surgically-assigned gender. This approach remained the dominant approach to intersex infants until the 1990s.[12] Money put his theory to the test by reassigning an infant boy named David Reimer to be raised as a girl following a disfiguring circumcision. Despite Money's claims of success, "Brenda" Reimer was deeply unhappy, and eventually went public with her story after medical and surgical attempts to transition back to male identity.[13] Money's theory is now remembered as a parable of a horrific idea that became standard practice.

"Comparative Incidence of Birth Defects in Negro and White Children" (1965)

We initially chose this article[14] because of its title. Aside from its use of a racial epithet that has since become unacceptable, its wording evokes American medicine's deeply rooted obsession with describing the physical and mental differences between Black and White bodies. Indeed, the most infamous example of racialized science in North American history, the US Syphilis Study based in Tuskegee, was in its final decade when this article was published.[15,16] It would be unacceptable for an author today to analyze a population by racial classification without explicitly acknowledging race to be a social construct.

Nonetheless, this article is different from some of our other examples and

illustrates that first impressions can be deceiving. In fact, Dr. Angella Ferguson of Howard University was one of the first renowned female African-American professors of pediatrics in the country.[17] Recognizing that estimates of congenital anomalies were derived largely from White populations, she and co-investigator Leonard Altemus conducted a 10-year review of nearly 80,000 infants born in Washington, DC's 2 Black hospitals. The authors concluded that the incidence of birth defects was higher among Black than White infants, and that some defects were more common in one group than the other. Perhaps more importantly, they did not resort to biological racial differences to explain the discrepancy. As they made clear in their introduction, the recent discoveries linking rubella and thalidomide to congenital anomalies had generated widespread interest in the role of environmental teratogens. Such exposures plausibly were more likely to affect the neighborhoods where Black Americans lived. The intent of the article was clearly not to place blame on the bodies of Black Americans, but shift attention to their social environment. This article, which attempted to reduce structural racism in research, was published a year after the Civil Rights Act was passed by Congress. Subsequent years have seen increased efforts to address disparities in social determinants of health and codification of approaching demographic characteristics as social constructs.

"Statement on Compulsory Testing of Newborn Infants for Hereditary Metabolic Disorders" (1967)

The first newborn screening programs targeted phenylketonuria (PKU). As usually narrated, the development of both an inexpensive screening test along with an effective dietary intervention combined to propel PKU to public attention as a preventable cause of "mental retardation." Starting with Massachusetts in 1963,[18] state governments established mandatory screening programs that quickly spread around the country, leading to the elimination of PKU and the expansion of newborn screening to include a wide range of other diseases. It is surprising, then, to find that the AAP[19] issued a statement in 1967 opposing any "new legislation for the compulsory testing of newborn infants for the presence of congenital metabolic disease."

Why was the AAP skeptical? It is worth remembering that real uncertainties surrounded PKU testing in the mid-1960s. Experts disagreed about the laboratory cut-off values to define intervention and how rigorous an elimination diet had to be. Indeed, the chief proponents of screening were advocacy groups (notably the National Association of Retarded Citizens), while the chief organized opposition to screening came from physician's groups.[20] We can hear echoes of this in the AAP statement's complaint that the mass media was disseminating "new and complex information…in an oversimplified manner," created an unfounded "sense of urgency" to extend mandatory screening. There are also echoes of professional distrust of government, and perhaps of too much layperson involvement in medical policy. It is a reminder that tension over "misinformation" did not begin with social media.

While the PKU story offers many lessons for new screening programs, newborn screening is widely regarded as a great scientific pediatric success story. In the decades that followed, newborn screening panels were expanded[21] and a core set of panels (the Recommended Uniform Screening Panel) was established and currently includes 36 conditions.[22] Conditions tested have been extended from metabolic conditions to those in which early intervention may improve outcomes, including severe combined immunodeficiency, hearing loss, and critical congenital heart disease.[23] Recognizing that race is a social construct, screening is uniform for all infants. Uptake of newborn screens and early diagnosis has been feasible in part because it is mandated by state laws as opt-out programs. States do, however, decide which conditions are included in the screen, leading to state-to-state variation.[24] For example, Kansas screened for 30 conditions as of late 2022 and Connecticut for 74. As knowledge of the genetic underpinning to disease continues to evolve, more conditions will be added to panels to allow for early intervention for children and to provide data to potentially guide reproductive choices of parents.

"Automotive Restraint Devices for the Pediatric Patient" (1970)

The type of child restraint devices has changed dramatically over the years. The article and accompanying photographs by Burg et al[25] report what was considered appropriate child restraint in the 1960s. These included rear-seat car beds covered by netting and secured by wrapping the seat belts around the legs of the car bed for young infants. It actually recommended strapping older infants vertically to the back seat via standing harness systems. Toddler seats were discouraged because they limited the child's mobility. While recommending that children sit in the back seat, the statement advocated keeping infants in the front where they could be tended.

The article is a striking contrast to currently recommended child restraint systems. The AAP now has standard recommendations[26] on restraint devices based on a child's age, weight, and height (none of which include car beds or standing restraints). Despite the technological advances in restraint type and the standardization

of recommendations, gaps persist. It is estimated that up to 60% of children are inappropriately restrained.[27] Child restraint devices were not mandated by law in all states until 1986, but there remains variation in what forms of child restraint are covered under state law. For example, only a handful of states explicitly require infant seats.[28] Child restraint use declines as children age[29]; this finding parallels state laws more likely to impose fines for unrestrained younger children.[30] In the absence of federal legislation, child restraint systems are subject to states' rights, leading to disparities in child passenger safety by the geopolitical environment.

"Prolonged Apnea and the Sudden Infant Death Syndrome: Clinical and Laboratory Observations" (1972)

Sudden unexpected infant death (SUID) is a broader term that encompasses the idiopathic sudden infant death syndrome (SIDS) as well as causes determined postmortem, including accidental suffocation and channelopathies. While many explanations have been offered over the course of history—ranging from "overlaying" to the thymus gland—this particular 1972 article launched one of the most influential of all: the "apnea" hypothesis.[31] The small case series described sleep data on 5 otherwise healthy infants who experienced recurrent episodes of prolonged apnea (>15 seconds) 2 of whom ultimately died. "These observations," the investigator concluded, "support the basic hypothesis that prolonged apnea, a concomitant of sleep, is part of the final physiological pathway culminating in SIDS." More specifically, it suggested that infants at risk for SIDS could be identified by sleep studies, and that home monitoring could potentially prevent their deaths. Though not confirmed by subsequent larger studies, this article offered a plausible intervention to prevent SIDS when little else was available. Home apnea monitors became the mainstay of SIDS prevention for at-risk infants for the next 20 years.

The apnea hypothesis turned out to be too simple. It has since been replaced by the current "triple-risk" model, where a young infant with (1) intrinsic risk (including abnormal arousal or autonomic responses) is exposed to (2) an extrinsic trigger (eg, the sleep environment) at (3) a crucial developmental period.[32] The newer multifactorial model has several key implications. First, modifications in the sleep environment can reduce the risk of SUID. The Safe to Sleep campaign[33] has been associated with a dramatic reduction of almost 50% in SUID caused by sleep-related suffocation.[34,35] Second, while SUID incidence has declined in the last quarter century, rates remain highest in American Indian/Alaskan Native and non-Hispanic Black infants,[36] illustrating the importance of prevention outreach to at-risk communities. Third, a shift away from prolonged apnea as a monolithic cause of SUID suggests that the presence of an apnea monitor is unlikely to decrease SUID risk. This is concordant with several studies failing to establish the efficacy of apnea monitors in reducing SUID risk,[37] and is also in line with the 2003 AAP policy statement recommending against routine apnea monitor use to prevent SUID.[38]

"Marital Distress and Medical Training: A Support Group for Medical House Staff Wives" (1980)

This article[39] appeared 2 years after the publication of Samuel Shem's blockbuster novel of dysfunctional house staff life, *The House of God*.[40] Yet the article says just as much about sexism as it does about house staff burnout during the 1970s. Noting that recent medical literature had begun to explore the lives of stressed-out interns, the writer lamented how little attention has been given to spouses. The remainder of the article describes the experience of a support group, not for house staff spouses, but *wives,* at Stanford. The text provides indirect glimpses of house staff life in this era, and the particular toll it took on relationships. "Many of the women expressed concern that their husbands "put up" with the "unfair" demands of their programs, yet feared that "if they got too angry with their spouses they would find 'a comforting nurse.'" From reading the article, one would have no idea that a growing number of women were becoming interns themselves.

Today, far more women than men enter pediatric residency. Hours are more regulated and far more acknowledgement given to life outside of work. Yet patients are sicker, hospitalizations shorter, and the demands of documentation higher than ever. The prevention of burnout, and the project of providing a more inclusive environment accommodating today's far more complex worlds of gender roles and interpersonal relationships, continues to pose new challenges.

CONCLUSIONS

While wanting to contextualize these articles, we also did not wish to overstate the extent to which the editors of *Pediatrics* were limited by the assumptions of their time. For example, we were fascinated to see that in the early years of the journal, original articles were accompanied by abstracts in Spanish. In the late 1950s, abstracts were available in interlingua, a language created by linguists using a simplified version of Latin as a *lingua franca* to be understood by speakers of Romance languages. The journal recognized, from its inception, that its

readership would include clinicians caring for children across the globe who would miss valuable insights if English was used as the only language of medicine.[41] *Pediatrics* continues to develop along with advances in our field and in response to societal change. History reminds us that today's practices may well be regarded as questionable, even objectionable, by future generations. We hope that the readers of *Pediatrics* will view the articles selected as reminders of the need to continuously re-evaluate the knowledge base behind the clinical care we provide our patients, to self-reflect on the society attitudes and implicit biases that may drive our scientific work, and finally to consider what future generations may say about our own cherished beliefs.

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The History of Race-Based Medicine in the Pages of *Pediatrics*: A Review of the Last 75 Years

Nathan T. Chomilo, MD

Racism permeates every corner of our society, and the journal *Pediatrics* is no exception. The concept of race as a biological construct was created by, and for the benefit of, Europeans in large part to support the institutions of slavery and land theft from Indigenous peoples. In an effort to align with the economic benefits of these concepts, physicians helped codify the biological construct of race into medical science. Physicians, at that time almost exclusively White men, advanced their own knowledge through experimentation on Black and Indigenous individuals, bolstering their own credentials and using the knowledge to develop treatments that were then often denied to non-White communities.[1] Medical journals, like *Pediatrics,* have played a significant role in promoting both this flawed science and a historical whitewashing (defined by Merriam-Webster as to alter [something] in a way that favors, features, or caters to White people)[2] of the role structural and institutional racism have played in creating the racial health inequities seen in the United States starting from birth.

REWRITING THE TREATMENT OF ENSLAVED BLACK INFANTS

One stark example is found in a *Pediatrics* article, published within its first 4 years, on birth and mortality rates among enslaved infants in the pre-Civil War South.[3] The authors argued that, "There was nothing the planter was more interested in than the increase of his slaves through the birth and rearing of children, and within the bounds of medical knowledge of the period, he took the time and effort to promote conditions that were conducive to the rearing of large families…Crude as this care was in comparison to our knowledge today it was still far superior to anything the Negro had known in Africa."[3] The authors provided no data to support the assertion that enslaved Africans received better care than Indigenous Africans, and no acknowledgment was made of the knowledge enslaved Africans carried with them and shared with Europeans, like the introduction of inoculation in 1721.[4] The data presented primarily compared enslaved infant mortality rates to the infant mortality rates among Black infants at the turn of the 20th century and around the time of the article's publication in 1952. The purpose of the article was not to decry the inequitable conditions of slavery or Jim Crow policies that resulted in these disparate outcomes but instead to bolster the ultimate point the authors wished to convey, that "the neonatal care of slave infants was very good for these antebellum plantations." By publishing this article, the editors of *Pediatrics* signaled, tacitly or explicitly, that they agreed with the assertion that Black infants were better subjected to chattel slavery on plantations than free in Africa.

AN ENDURING, DISTRACTING BELIEF

The idea that Black children would be better enslaved helped advance the notion that race was a biological construct. A belief that an individual's Black skin, instead of the social and environmental conditions that one exists in, explains health disparities is littered throughout medicine. From the creation of race correction in the spirometer in the 1800s[5] to current use of race to ascertain one's risk as a kidney donor,[6] the flawed science behind race as a biological construct is an enduring belief within medicine. This belief has led to conclusions that observed racial health disparities were primarily due to flaws within individuals and communities, not the systems or conditions in which they were living. A 1981 Institute of Medicine report titled, "Health Care in a Context of Civil Rights," did not cite Jim Crow laws as a significant reason that racial health disparities existed. They did, however, attribute them to "medical care decisions of minority group members."[7]

Whether arguing in 1958 for the "Precocity of African Children,"[8] examining in 1989 the "Genetic and Environmental Determinants of Growth in Mexican-Americans,"[9] or incorporating "race" as a risk factor in clinical algorithms for the management of hyperbilirubinemia10 in 2004 or febrile urinary tract infection[11] in 2011, *Pediatrics* did not acknowledge the effect of racism, rather than race, for decades.

A TURNING POINT

This historical blind spot to the role *Pediatrics* has played in perpetuating race as a biological factor, and the harm that stems from that, illustrates why the publication of the 2022 "Eliminating Race-Based Medicine" (ERBM) policy statement[12] was a landmark step towards realizing the journal's mission—to encompass the needs of the whole child in his or her physiologic, mental, emotional, and social structure—for all children.[13]

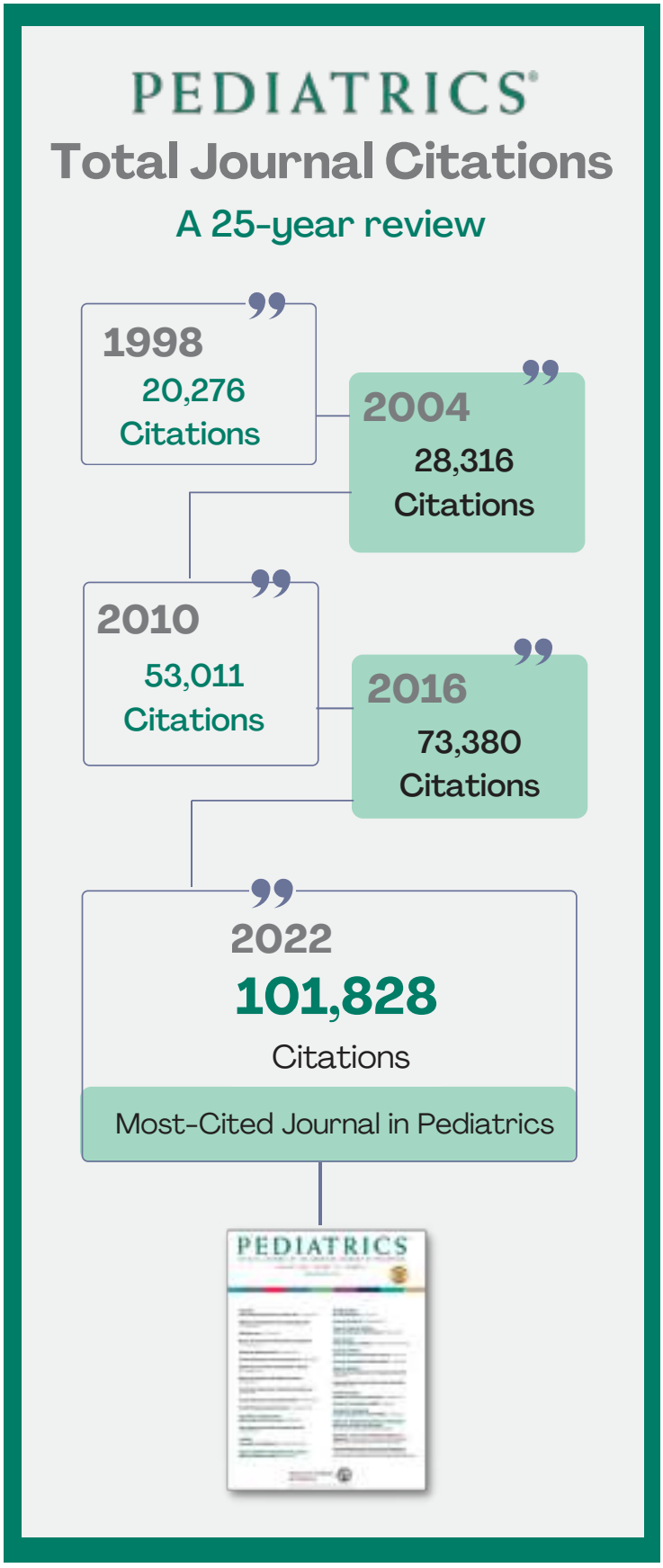
Building upon another watershed publication, 2019's "The Impact of

Racism on Child and Adolescent Health,"[14] the 2022 ERBM statement traces the roots of the concept of race as a biological construct, highlights how this false equivalency and flawed science has infiltrated clinical practice, and provides recommendations for the future.

Included in these recommendations is the important nuance that while race should rarely, if ever, be used as a proxy for biological difference or risk when making clinical decisions at the bedside, it remains an important proxy at the population level to measure and act on the effect of structural and institutional racism. Recent work has highlighted how this can be approached through public health research[15] and improved standards when publishing on racial health inequities.[16] The ERBM statement's recommendations for pediatricians, researchers, institutions, and the American Academy of Pediatrics (AAP) itself illustrate an ongoing shift from only measuring and reporting racial health disparities to moving to action that substantively addresses them. It calls out that the use of race pervades pediatrics from recognizing symptoms to diagnosing and treating the underlying disease, making it imperative to root out all forms of racism in all aspects of clinical practice.

STEPS TOWARDS RECKONING

It was not long ago that journal articles including terms such as structural racism or race-based medicine were not found in the journal *Pediatrics*. To not use language that calls attention to racism's effect on health is a notably significant omission in a journal that reaches more than 67,000+ AAP members in print and millions more digitally, has one of the highest impact factors of all pediatrics journals and is one of the top 100 most-cited journals



in all of science and medicine worldwide. Yet, *Pediatrics* is not alone because the last few years have brought to light the role of leading journals in what has been called "academic redlining," or the bolstering of "ideas favorable to their status, and by challenging, distorting, or suppressing knowledge that questions the legitimacy of their power."[17]

Many have cited the civil unrest nationally and globally after the murder of George Floyd in 2020 as a "racial reckoning" that led to the current shift in how medicine talks about race and racism. However, "reckoning," by definition, requires accountability. While many areas of American society and the medical profession rushed to acknowledge some or all the role they have played in perpetuating racism, few areas have examined and discussed their own ongoing contribution to structural racism. Fewer still have attempted to imagine what something different than the status quo can look like and how their profession will help lead our society to that vision. The AAP took concrete steps in 2021 towards accountability by retiring the guidance "Urinary Tract Infection: Clinical Practice Guideline for the Diagnosis and Management of the Initial UTI in Febrile Infants and Children 2 to 24 Months" because of improper use of race.[18] With the blueprint provided by the ERBM statement, *Pediatrics* and the AAP provide hope that medicine can and will bring an end to race-based medicine and a beginning to a more scientifically rigorous and ultimately equitable view of the effect of racism on health. By acknowledging the roots of race-based medicine, the flawed science race-based medicine promotes, committing to end the practice of using race as a proxy for biology or genetics in all their educational events and literature, requiring race be explicitly characterized as a social construct when describing risk factors for disease, the AAP calls out pediatrics' history, reckons with its current state, and calls all into a future where *Pediatrics*, both the journal and profession, truly meets all the needs for all children to live full and healthy lives.

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Looking Back on 75 Years of *Pediatrics*: Testimonials From AAP Committees, Councils, and Sections

Mark L. Hudak, MD, FAAP, Associate Editor, *Pediatrics*
Suzanne Haney, MD, MS, FAAP, Associate Editor, Pediatrics

Congratulations to our journal as we celebrate its Diamond Jubilee year, marking 75 years of continuous publication since the inaugural issue of January 1948. Members of the editorial board have worked diligently on several projects over the past year to ensure that this celebration is fun and informative. In 1998, when the journal celebrated its Silver Anniversary, Dr. Howard Pearson single-handedly selected 32 seminal articles that had been published over several "eras" of the 50-year arc of *Pediatrics*. He then recruited subject experts to provide insightful commentary about the background of discovery and the impact of each publication on the science and practice of pediatrics and the care of children.[1]

This year, in recognition of the expanding and intertwining missions of *Pediatrics*[2,3] and the American Academy of Pediatrics (AAP), the editorial board has taken Dr. Pearson's concept a step further. We sent an invitation to the chair and staff liaison of each of the 23 committees, 16 councils, 53 sections, and 1 task force of the AAP. We asked each entity to identify landmark papers over the 75 years of *Pediatrics*, at least one per quarter-century epoch, if possible, that it judged to have had the greatest cumulative influence on advancing science, clinical practice, or advocacy within its missions and spheres of interest. We suggested that their commentary might offer insight into the genesis or execution of the work, describe the challenges in completing the work, and/or outline how the work has been influential in ways that were, or perhaps were not, anticipated. By intent, we were minimally prescriptive to encourage innovation and creativity. Representatives from 61 entities agreed to provide retrospectives that will result in more than 50 separate postings (some pairs of entities, such as the Committee on Adolescence and the Section on Adolescent Health, united in the effort).

It is not surprising that some seminal articles highlighted by Dr. Pearson are among the publications chosen for commentary in the 75th anniversary tribute. Nor is it startling that two or more entities chose the same publication for commentary. In the 50th anniversary supplement, Dr. Pearson chose only from original research articles. We have expanded the range to include policy statements, advocacy articles, special submissions, and even letters to the editor.

Pediatrics has had an enormous impact on the practice of pediatric medicine throughout the years. Dissemination of original research studies to its readership has been integral to the evolution of evidence-based practice and revolutionary developments in care. One key practice change that was highlighted by a few groups was the evolution of maintenance isotonic saline for the treatment of ill children.[4,5] Several highlighted articles spoke to the route and timing of medications in treatment of disease, including the antibiotic treatment of urinary tract infections.[6] Some of the more influential policies chosen for commentary include those on sleep positioning to prevent SIDS[7], on the effects of toxic stress on children[8], and on the harms of race-based medicine.[9] The journal has also detailed changes in the processes of care, for instance, how electronic health records have emerged as the primary method of documenting the patient health record.[10] Finally, the journal has been instrumental in the birth of new subspecialities, including child abuse,[11] adolescent medicine,[12] critical care pediatrics, and palliative care.[13]

We invite you to read these many commentaries, one or two at a time. They offer a wonderful range of diversity within some of the following categories:

- Tour de force presentations of individual influential studies (eg, the retrospective from the Section on Hospital Medicine)
- Innovative conceptualizations (eg, the insights from the Committee on Continuing Medical Education)
- Themes related to diseases or conditions (eg, the syntheses from the Section on Endocrinology)
- Unabashedly honest reflections on how articles have not withstood evolutions in our understanding and compassion (eg, the lament from the Section of Lesbian, Gay, Bisexual, and Transgender Health and Wellness)
- Descriptions of the developmental journeys of specialties (eg, the historical narrative from the Council on Community Pediatrics)
- Odes to the diverse accomplishments of members of an individual section (eg, the impressive tributes from the Section on Uniformed Services).

So please visit our website and start reflecting! https://publications.aap.org/pediatrics/resources/24096/pediatrics-75-aap-section-committee-council

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