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The Joy of Pediatrics

When I was trying to get into medical school, part of my answer to the question about why I wanted to be a doctor was that I like people. I gave that response with some reservation because I had been warned not to come up with such a trite reply. But it was true, so I said it.

A major reason I chose pediatrics as a career is the joy I get from children. After 20 years in this work, I still get a tremendous kick from the unconditional smile of a 4-month-old baby or the exuberant hug of a toddler. I love to hear the excitement in the voice of a grade-school youngster, and I still feel genuine awe when I see in an adolescent the unmistakable signs of transition from child to young adult.

But there was a time in my career when I missed a lot of that fun. I had been in a rapidly growing group practice for several years and was slowly drowning in a sea of details. There were chronically ill children with their ongoing needs, and the acutely ill patients came in faster than I could comfortably handle them. Even the well children seemed to come at me in a threatening way. I saw little people in underpants standing in a column that stretched beyond the horizon.

By this time I had tasted the bitterness of losing a patient I knew well and had encountered some parents who gave me trouble instead of gratitude. On-call duty became a time of minor dread. Almost every element of my work loomed as a source of unhappiness.

I did not realize how my perspective had changed until one day when a member of the office staff remarked, “You really don’t enjoy what you’re doing, do you?” I was outraged. All good doctors enjoy what they do. But the more I thought about her remark, the more I realized she was right.

Since that observation jarred my thinking, I have been able to make some adjustments in attitude. I have come to realize that the only way to keep the joy, despite the unavoidable hassles, is to decide consciously to concentrate on how much fun it is to be with the children and to help them.

One trick has been to look over the appointment book before each session and see how many good friends are coming in. This maneuver puts me in a good mood at the start. There are always a number of really neat kids and parents whose company I know I will enjoy on any given day. There may also be a few families who usually bring trouble; but they are always outnumbered.

Another helpful approach is to tell my partners and family about the enjoyable encounters I have had that day. We are always quick to relate the bad stuff. I would rather tell the story of the 4-year-old boy who claimed he was bitten by a snake until he told he might have to get a series of shots; then he suddenly remembered it was a fly. Most of us have had enough of these experiences to write a long book.

It is also helpful to remind ourselves that each obligation is basically an opportunity to serve, although Pollyanna herself might not see that connection clearly at two in the morning after a full day in the office.

Making a conscious effort to capture the joy is, of course, what many people do in their lives each day. The problems do not go away. Workloads become oppressive. Health fails. Family crises flare up. And transmissions break down. One sign of true maturity is the ability to savor the enjoyable aspects of life despite the painful and disappointing elements.

As pediatricians we work for children, sweat for them, and lose sleep over them. We should not let the work, sweat, and lack of sleep distract us from the joy.

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Immunization Against Haemophilus influenzae Type b

In the September issue of PEDIATRICS IN REVIEW (PIR 1985;7:93) Dr Feig reported that the Committee on Infectious Diseases of the American Academy of Pediatrics had recommended that the recently licensed vaccine against H influenzae type b be administered to all children “2 to 6 years of age and may be considered for use in infants at 18 months of age if they are at high risk for development of H influenzae invasive disease. . . .”

At the time Dr Feig wrote the article, the statement of the Committee had not yet been finalized. The final, approved recommendation is published in the August 1985 issue of Pediatrics (1985;76:322). It recommends only that the vaccine be given to all children at 24 months of age and that children not immunized at 24 months should receive the vaccine at any other time up until the fifth birthday (ie, all children 24 through 59 months of age should receive the vaccine).

The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC) has recommended (MMWR 1985;34:201) that all children be immunized with the H influenzae type b vaccine at 24 months of age; that the immunization of children 18 through 23 months of age, especially those in high-risk groups, be considered; and that “physicians may wish to immunize previously unvaccinated children between 2 and 5 years of age. . . .”