

AS THE TWIG IS BENT

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## INTRODUCTION

This paper is the outward manifestation of an interest and desire that has been insistently tugging and prodding in the back of my mind ever since I first became a minute part of public health work. Everyone I knew seemed so intent and busy with maternal and infant hygiene programs or school health work that there seemed to be very little done for the child in between.

After all a child grows a good deal in stature, in strength, in wisdom, and in character in the time that elapses after he leaves his mother's lap until he stands on tip-toe to open the gate into school life. Just what happens to these in-between-children? What were the policies of the past in regard to this group. Has or is something being done to develop a part in public health work which has their interest and welfare at heart? These are some of the questions I set out to find answers for when I began this paper.

The things a child learns and does during these so-called neglected years are important. They are important not only from the aspect of his present and future health, but also in regard to his emotional and mental equilibrium and life. The foundations of his character are laid, and, as a wise man once said - As a twig is bent, so the tree inclines.

"Train up a child in the way he should  
go: and when he is old he will not depart  
from it.

Proverbs 22 : 6



"And a woman who held a babe against her bosom said,  
Speak to us of children.  
And he said:  
Your children are not your children.  
They are the sons and daughters of Life's longing  
for itself.  
They come through you but not from you,  
And though they are with you yet they belong not to you.

You may give them your love but not your thoughts,  
For they have their own thoughts.  
You may house their bodies but not their souls,  
For their souls dwell in the house of tomorrow,  
which you cannot visit, not even in your dreams.  
You may strive to be like them, but seek not to  
make them like you.  
For life goes not backward nor tarries with yesterday." '

Children are the heritage of the past to the present and  
of the present to the future. They are the why and the  
wherefore of the struggle of humanity to better itself  
and of civilization to move forward. Man spends his time  
on earth in a mad scramble for possessions, for art,  
music, and literature - for culture, if there were no  
children to leave these and other material things to  
when man passed on there would be little incentive, for  
the majority of the human race, to accumulate them.  
Looked at in this light it is no wonder we are concerned  
with the care and education of children. To pass on to  
the future the best inheritance possible is the responsi-  
bility of each generation.

As we look back over history we find that there has  
always been some rudiments of affection and care for  
children. It is true that this was not very active in

ancient times. Infanticide was an accepted custom and practice among many primitive peoples. Life was a stern struggle for survival and the weak, the crippled, and the handicapped fell by the wayside and no attempt was made to save them.

Sparta was so interested in strong healthy bodies that the state exercised its power and assumed the prerogative of determining which children should be allowed to live and which were not. The ensuing strict regime of diet, exercise, and training was such that only the strong and physically fit survived and grew to adulthood. This method of drastic weeding of the population was to make sure that the army would be composed of men able to defend the state, and that the race would be as nearly perfect, physically as was possible.

Thus we find that the stimulation for the early forms of child care was to insure adequate defense for the country. The first medical inspection of school children was in France during or just following the Franco-Prussian war and the purpose in mind was to insure the growth of healthy boys to fill the ranks of the army and defend France.

It must not be supposed that there was a lack of affection for children in olden times. The mother has always been noted for her zealous interest in the care and defense

of her young. The story of Corneila, the Roman matron, who told a visitor that her children were her most precious jewels, is well known.

Christianity and its teachings increased the general regard of children and their social status was improved. Hospitals and foundling homes came into existence. While the care given to children can be greatly questioned during this time, at least some interest was being shown.

At the beginning of the nineteenth century conditions relating to child care were bad. Infant mortality was high. It has been estimated that one third to one half of all the babies born in large cities died before their first birthday. The conditions present were due in part to the ignorance of the cause of disease and to the poor sanitary conditions existing at that time. However there is also evidence that there was in addition a lack of interest in such matters. Even in such advanced countries as England the death rate of infants and children were extremely high - and nothing was done - what is more these facts were accepted as a normal natural occurrence.

The earliest undertakings along the line of child care were almost wholly confined to those of giving shelter to abandoned children and attempting to provide breast milk for the babies that needed it.



Generally speaking, the modern movement of child health and child care had its beginning about fifty years ago and has been largely a development of the twentieth century. The discovery and development of the germ theory of disease and its resulting stimulus to scientific study played a large part in the development of child health. Late in the nineteenth century, pediatrics as a special field of medicine concerned with the care of infants and children came into being for the first time. About the same time the public health authorities became interested in infant mortality and the health of the school children. The awakening interest in the subject of infant mortality in America has been attributed to the humanitarian spirit; however in some European countries the economic aspect of infant mortality was the factor which focused attention on child care and stimulated action in that direction. The impetus given by the advances of science and the increased possibilities of preventive medicine has been felt everywhere.

Another development which has contributed a great deal to child health was the rapid progress in the improvement of sanitary conditions, particularly as it applied to milk, to the handling of food supplies, and to the establishment of hygienic living conditions.

Along with the establishment of pediatrics as a special branch of the medical profession, came the health depart-



ments and the establishment of milk stations and the beginning of visiting nursing. The first milk station was established about 1890 in New York City and the first visiting nurses association began about 1893. The milk stations have developed into well baby conferences and the visiting nurses have extended their services either as visiting or public health nurses to take in all phases of health work, from the prenatal mother to adult hygiene.

These activities as a whole were started as private enterprises for demonstration and experimentation. Those which proved effective and practicable expanded into larger private organizations, and, eventually, were made part of official health department activities.

There have been various official organizations which directly affected the child health movement. The first of these was the establishment of the Children's Bureau under the Department of Labor in 1912. The purpose of this bureau was "to investigate and report on all matters pertaining to the welfare of children". The second spurt of governmental effort was the Sheppard-Towner Act of 1921. This act extended the powers of the Children's Bureau and was adopted "for the promotion of the welfare and hygiene of maternity and infancy". The chief purpose of this act was to stimulate and encourage the organization and establishment of local health services throughout the country and to furnish the

necessary information and advice to make these services efficient. In 1923 the American Child Health Association unified the various child health and child welfare agencies. The White House Conferences have all contributed to this child health movement. The first "The Care of Dependent Children" was called by President Roosevelt in 1909; the second "Child Welfare Standards" was called by the Children's Bureau and sponsored by President Wilson in 1919; the third "Child Health and Protection" was called by President Hoover in 1930. All of these conferences have stimulated and contributed to a greater interest and knowledge concerning the importance of child health and welfare throughout the country. President Roosevelt has appointed a committee which was to meet April 29, 1939 and whose report was to be made in 1940 on the subject of "The Child in the Democracy". The latest development in the field of child care has been the Social Security Act. This act was approved by President Roosevelt August 14, 1935. Two out of the eleven titles of this act pertain directly to children and are especially concerned with the health and welfare of mothers and children. Title IV provides for financial assistance by the federal government to the states to enable them to provide for needy dependent children in their own homes. Title V enables the Federal government to assist the states in establishing, extending or strengthening services for maternal and child health, crippled children, and child welfare. Particular emphasis is placed on the care of

children in rural areas.

Childhood is the most uncertain, the most tender, and the most hazardous period of an individual's life. The child is the foundation of civilization and of the human race, and the greatest asset of mankind. Therefore the well-being, the welfare, and the normal development of the child is a duty imposed not only on parents as individuals but also on society, upon the community, the state, and the Federal government. Recent developments in child care tend to show that this duty is being recognized and that steps are being taken to insure the best measures possible to be used in the discharge of this duty.

The period of a child's life which is commonly called the preschool period, extends from the age of one year up to the time he enters school, that is six years of age. Previously, and occasionally even now, this age group was called the "neglected group" because at this age children were more or less neglected by their parents and were too young to enter school. Frequently the child of one or two was, and is, literally pushed out of his mother's lap by a new baby who occupied most of the mother's time and attention. The school child received considerable care in the school as well as at home and the baby was well taken care of but the child in-between was apt to be neglected.



Fortunately there has been a marked change in the status and treatment of the preschool child. When the importance of these five years are considered, and the advances the child makes during this time clearly understood, it can be realized how extremely important it is that the child receives adequate and proper care. Let us see what development and growth takes place between the ages of one and six.

The normal, average year old child has certain physical and mental characteristics which have developed during his one year of life. By his first birthday he is able to creep and to pull himself up to a standing position by holding on to an object such as a chair or to someones hands. He can use his hands, and plays with a ball, and does things with blocks and boxes. At birth he could distinguish only between light and darkness but now he definitely recognizes things and people. He probably says a few simple words and associates with the people and objects to which they belong, such as da da, kitty, etc. Most children at this age respond appropriately to simple questions such as, "Where is daddy?" "How big is baby?" There is some evidence that a year old child is capable of the simplest forms of reasoning. By the end of the first year the baby should be weaned from the bottle and be learning to hold his cup when he drinks. He may be helping to hold his spoon and try to feed himself. He should be learning to help undress himself at bedtime. If he has

had proper training he should have learned complete control of his bowels and to have begun at least to learn control of his bladder.

Most children at one year have tripled their birth rate and weigh about twenty-one pounds and measure from twenty-five to thirty-five inches in height. The year old child usually has six teeth.

Ruth Strang lists the following abilities which are acquired by the majority of babies by twelve months of age:

- To show a preference for one hand in reaching

- To stand unsupported for five seconds or more and longer with support

- To take a few steps with help

- To creep alone

- To say two or three words such as mama, dada, man

- To understand simple verbal commissions

- To imitate unmistakably some movement, such as shaking a rattle, nodding the head

- To try to mark on a sheet of paper after seeing a person do it

- To recognize several objects by showing a preference and to recognize several people

- To wave "bye-bye"

- To obey simple commands, especially when accompanied by a gesture

- To stop doing simple acts when told to
- To play with familiar objects
- To play with blocks but not constructively
- To look for an object which has just fallen or been hidden
- To co-operate while being dressed
- To hold a cup and drink out of it. <sup>2</sup>

The child of two can walk and run well. He can get down on the floor and up again without assistance of persons or objects. He can walk up stairs by holding to the rail. He can help dress and undress himself. He should be able to feed himself with cup and spoon. He likes to pile blocks and make marks on paper with pencil or crayons. He should be learning to put his toys away when he has finished playing with them. He is beginning to include others in his play and to imitate what he sees other members of the household do.

By this time he is talking in simple sentences. He can name some animals and many objects.

Bladder control at least during the daytime should be well established.

The two year old can remember and relate recent experiences. He should also be able to repeat bits of favorite rhymes and stories which he has heard frequently.



More examples of reasoning are found during the second year than at one year. Emotional development is important and should be carefully guided and controlled.

Most children at two weigh approximately twenty-six pounds and are from twenty-eight to forty inches tall.

The following abilities are acquired during the second year:

- To walk alone
- To climb stairs
- To build a tower of three or four blocks
- To make rhythmic motions in response to music
- To scribble spontaneously
- To ask for things at table
- To use a spoon fairly well
- To drink from a glass
- To control and attend to bowel movements
- To throw and catch a ball at a distance of three to seven feet
- To steer a kiddy car around a corner or a chair
- To draw a vertical stroke imitatively
- To attempt to draw a circle
- To tell experiences he has had
- To use short sentences
- To have a vocabulary of about one hundred words

- To tell his first name
- To point out familiar objects in pictures
- To name familiar objects
- To obey simple commands
- To control the bladder, usually. <sup>3</sup>

The three year old child is an active one. He can run, jump and climb, and he can balance himself fairly well. He likes rhymathic play and likes to try to dance to music. Now he rides a tricycle well.

The three year old likes to use his hands. He can string beads easily, he enjoys pasting pictures, some children of this age can cut out pictures. He likes to try to draw. He enjoys playing with toys such as large and small blocks, a cart, an automobile. He is beginning to pretend in his play and uses his blocks to make a train of cars. He should put his toys away when he is through playing with them.

He likes to hear nursery rhymes and short stories told or read over and over again. He tries to repeat parts of the stories and the rhymes. His imagination is growing and he plays simple imaginative games with other children or by himself. More and more he imitates the many things he sees going on about him in his home, the words , tone inflections, and actions of others.

By now he talks in full sentences and can carry on a conversation about his play or other things in which he is interested. Some children like to listen to music and try to sing.

At three years of age the child can usually feed himself without much spilling but he still needs some help and supervision.

He can help a great deal with his dressing and undressing. He should be able to take off his hat and coat and if low hooks are made available he can hang them up. If the buttons are large and within reach he can be learning to button them. He can remove his shoes if they are untied and is able to put them on, most children are beginning to lace their shoes. If facilities that are within his reach and adjusted to his size he can wash his hands and face and replace the towel on the rack. With some assistance he can brush his teeth. By this time he should have all his deciduous teeth, twenty of them.

Control of the bowels and bladder should be complete both day and night. Bedwetting should be a thing of the past.

The abilities acquired during the third year are:

To put blocks neatly in a box and to put away other toys

To use sentences in conversation



To name at least three familiar objects in a picture  
To point out correctly the eyes, ears, mouth, and hair  
To tell his family name  
To tell the name of familiar objects such as key,  
ball, penney. '4

By his fourth birthday the child is always on the go. He has become more and more expert at climbing, balancing, and rhythmic play.

He is also more skillful with a pencil and can draw pictures of familiar things, these pictures are crude ones but they are pictures nevertheless. He can handle scissors well and enjoys cutting out pictures, he cuts more neatly and closer to the margins of pictures than the three year old child. Most children can count four pennies or other objects and some children can name a few colors.

He listens more attentively to stories and likes those which tell the same thing over and over. He repeats nursery rhymes and parts of stories. He can tell about his play or other happenings and may be beginning to make up stories. He is very curious about all that goes on about him and is continuously asking why. Some children of this age like to sing.

By this time he is actively conscious of other children and likes to play games in which several children take part.

He likes to build with his blocks and his play has become much more imaginative.

If his clothes have buttons within reach he can almost dress and undress himself. He can take care of his clothes at the toilet.

Most four year old children weigh about thirty-four pounds and are thirty-three to forty-four inches tall.

The following abilities are usually aquired during the fourth year:

To tell whether he is a boy or a girl

To repeat three of four digits

To walk, climb, and run without frequent bumps and falls

To brush his teeth

To help set the table

To water plants daily

To recognize difference in shapes, as the difference between a square and a rectangle

To state recent experiences

To carry on some form of dramatic play

To walk up a six inch plank eight feet long elevated at one end

To button his clothes

To lace his shoes. 5

At the age of five the child skips and dances, he uses his body skillfully, he climbs trees and turns summersaults. He can throw his ball quite well. He is able to draw pictures and put in many details correctly. He likes to color and usually knows the names of some colors.

The five year old likes to cut out and paste, he likes to weave and make things. He plays many imaginative games and likes to dress up in old clothes, especially those that are long, and to put on mother's or father's shoes over his own. He is also very imitative and tries to do all the things he sees others do, such as washing, ironing, sewing, dishwashing, sweeping, etc. He can learn to do many of these things well if he has the utensils suited to his size. He plays and works with other children both out of doors and inside the house. He is interested in new toys and anxious to try them.

Now he likes to hear longer stories and can repeat those he has heard or tell those he has made up. Most children of this age want to learn to read and write.

The five year old can dress and undress himself without help although he may not be able to tie his shoes.

The usual weight for this age is thirty-nine pounds and the usual height is thirty-six to forty-nine inches .



During the past year he has learned:

- To carry a pitcher of milk without spilling
- To go on errands around the house and immediate neighborhood
- To cross the street safely alone
- To roller skate
- To fold paper diagonally
- To copy a square
- To copy a triangle
- To draw a recognizable picture of a man
- To wash himself without getting his clothes very wet
- To repeat a sentence as long as, "We will have a fine time at the big picnic"
- To define objects in terms of their use
- To tell his age
- To use adult speech
- To distinguish between a pretty picture and an ugly one
- To recognize a funny picture and tell why he thinks it is funny
- To tell which of two weights is the heavier, when there is only a slight difference between them
- To know the names of four different colors
- To carry out three simple commissions
- To plan and carry out the plan for some project he is interested in

To play contentedly by himself at times

To play with other children without quarelling  
and fighting

To say, "please", "Excuse me", etc. at the proper times.<sup>6</sup>

The six year old is a vastly different individual than the he was at one year of age. The things he has learned are legion. It is a new world he surveys, and one of adventure for him. He can say with Whittier's Barefoot Boy,

".. all things I heard or saw,

Me,, their master, waited for."

He is ready to go to school and learn to do all the things he has seen the older children do. His muscle coordination has been improving each year and now he can run and dance and climb and skate with ease. Some of these activities can be performed in time to music. The six year old likes to play active games. Favorite games of six year old girls are: playing house, playing with dolls, playing school, jumping rope, and playing hide and seek. Boys of the same age like to play ball, tag, hide and seek, school, horse, and marbles.

By the time the child is ready for school he should be able to completely dress himself, even tying or fastening his shoes.

Each year the child's reasoning power and memory has increased, also his language ability and the size of his vocabulary has been growing.

Most children of six weigh a pound per inch in height. The average weight is forty-five pounds and the average height is forty-five inches.

The six year old has learned:

To ride a bicycle

To tie a bow knot

To work with his hands and show some creative ability

To skip rhythmically to music

To use a hammer and nails in constructing some  
simple article

To know his right and left hand

To tell if an object is near or far, above or below.<sup>7</sup>

No child will develop exactly in the above pattern. Much depends on his inherent make up and the surroundings he has, and also on how much time and attention is given to his care and guidance.

Each child develops a little differently. No set standard for growth and development can be set up and maintained. This is due in part to the variety of inherited characteristics and traits and to the difference in environment. No two individuals have the same environment and no one person ever realizes all the potentialities with which he was endowed at birth. This variety of characteristics, the individualization of people, is important. It is because of this that no two children, even in the same family, grow and develop in the same way. Human beings are the product



of their heredity and environment, neither of which is effective without the other. Because the heredity of an individual is set and determined when he is born, the task which confronts us in the problem of child care is to see that the environment is the best possible for the particular child with whom we are concerned. Therefore the basis of child health and guidance must be the recognition of the individual characteristics of the child and the adaptation of his environment in the best way possible for him.

Environment includes much more than the kind of house in which the child lives. It includes his family and friends and all the people with whom he comes in contact; it includes the furniture, the neighborhood, and even in a broader sense the city, state, and country in which he lives; in other words it includes all the stimuli which surround him and to which he responds and reacts.

Development is always dynamic and never discontinuous. It is, therefore, impossible to separate ~~sharply~~ one period of development sharply and completely from any other period. The prenatal period is continuous with the neonatal, the neonatal with the preschool, the preschool with the school, and this in turn with puberty, adolescence and adulthood. Child says, "The age changes in the organism are merely one aspect of Werden und Vergehen. The coming and passing away that makes up the universe."

Even though development be recognized as a "physiologically continuous process", there are, none the less, biological and practical considerations which make the preschool period of human development one of distinctive importance. According to Arnold Gessell in his book "The Mental Growth Of The Preschool Child", the total period of maturation may be regarded as extending from birth to the middle twenties. This span may be further divided into four periods of approximately six years each. The first molar separated the first two periods; the second molar appears at the beginning of the third period; and the wisdom teeth do not erupt, usually, until about the end of the fourth.

The front line of developmental advance is not a straight one. There is no definite, localized point of time or space where maturity abruptly begins or ends. Organs and systems do not develop at a uniform rate. There is gradual, one might say almost imperceptible, growth toward maturity, not only of organs and systems, but also of the organism as a whole. However, the preschool period holds undisputed preeminence in the dynamic series of development. It comes first. It is the most consequential period of development for the simple but decisive reason that it does come first. Science has confirmed the judgement of common sense in this matter. The earliest periods of development are always the periods of most rapid, most intense, and most fundamental growth of any living creature.



The preschool years exceed all other epochs in developmental importance. Recent public health, educational, and sociological developments are outstanding evidence that this field is assuming a new importance in all types of public welfare.

The basic lines of both physical and mental organization are laid down during these formative preschool years. The medical significance of this period is of vital importance and should be considered and thoroughly understood not only by parents but also by all those interested in or entrusted with the care or education of young children. One third of all the deaths of the nation occur below the age of six years. There are ten times as many deaths during the half decade of preschool life as during the following full decade of school life. Even physical accidents like being burned, scalded, injured, or run over by automobiles, are of special weight and significance during these first years of an individual's life. The preschool child has lost largely if not completely the immunity against communicable diseases that seems to be the inherent possession of the infant. Therefore susceptibility to infection is generally greater, especially in the younger preschool child. Fifty percent of all cases of measles occur before the age of five, and ninety percent of all the deaths due to this disease occur under five years of age. The larger part of these deaths are due to the complication of broncho-pneumonia. Whooping cough or pertussis is another danger to the young child. This disease is most



common in the preschool group. Ninety percent of the deaths due to this disease are in children under two years of age, and 8.85 percent occur in the group from three to nine years of age. Over eighty percent of all cases of diphtheria and of the deaths from diphtheria occur below the age of five. Malnutrition, likewise, is more prevalent among preschool children than among school children. Rickets is almost as common as dental caries and is essentially a preschool disease.

This disproportion of mortality and morbidity in the preschool period is not a result of chance. The concentration of development in this period carries with it an increase of developmental hazard and this increase of hazards carries in its train death, disability, and distortion and makes the period, as a whole, a relatively critical one in the development of the child.

The significance in regard to mental hygiene during this period is of paramount importance. What is true of general physical development is true of mental and nervous growth. The brain grows at a tremendous rate during the first six years of life, reaching its almost mature bulk during the sixth year. The human cerebral cortex, according to Donaldson, attains its full thickness at about fifteen months of age and he remarks, "All this shows that the important events of the postnatal growth of the nervous system occur early in life, and this in turn emphasizes the importance

of favorable conditions during the first three years of childhood."

The mind develops with corresponding velocity to the body. The infant learns to see, to hear, to handle objects, to walk, to comprehend, and to talk. He acquires an uncountable number of habits fundamental to the complex art of living. Never again will there be an equal chance to lay the foundation of mental health. Never again will his mind, his character, his spirit advance so rapidly as in this formative preschool period of growth. From the standpoint of mental hygiene the preschool period, therefore, appears to have no less significance than it has for physical vigor and survival.

Normal mental growth is not a matter of complete predestination, even in infants. Defects, handicaps, deviations, many of them preventable, occur. Practically every case of mental deficiency is present and recognizable during the preschool years. Three-fourths of all the deaf, a considerable proportion of all the blind, one third of all the crippled, and over three fourths of all the speech defectives come to their handicaps during the preschool period. Numerous cases of mental abnormality, of perversion, of faulty habit formation, and of conduct disorders have their roots in the preschool period. Our kindergartens and nurseries must reckon with many problem children, manifesting serious errors or defects in behavior development.

One fourth of all our school beginners fail at the end of the first year in public school. Retardation, abnormal prematuration, normal precocity, superiority, and normality all tend to reveal themselves well before the child cuts his six year molar.

All these reasons are tending to focus attention off the child between the ages of one and six. The practical outlook upon this period is undergoing rapid and significant change. These changes are crystalizing themselves into new social legislation and new public and semi-public provisions for children of preschool age.

The world we live in today is made up of complex, compound, and rapidly changing situations. If we compare life today with early American life we find a vast difference. It is almost as great a difference as if the two ages were entirely different civilizations.

Early American life was simple and individualistic. Social laws were strict and narrow, and were enforced to a large extent by public opinion. Social and moral problems were dealt with on an individual basis. Dependence and delinquency existed ( as they have to some extent in all ages of history) but were dealt with in the home and the responsibility was assumed by the family. Life centered in the family and within the home. Each family was more or less self supporting in regard to food and clothing. Even industry was individualistic and to a large extent centered in the home. Social security came from economic security plus a



conformity to the mores and standards of the community. The family was the important social unit and the father was the supreme authority in the family. Most people lived on farms and therefore large families were an asset, in fact almost a necessity, and each child was put to work and expected to do his share as soon as he was able to work. Social thinking was not popular, in fact it was definitely discouraged, reform measures were usually defeated. Disease was prevalent and exacted a heavy toll because of the hardness of the life. Infant and maternal mortality was high.

In spite of the prevailing attitude, some social thinking, and, in some cases, action, was carried on. Even before the Revolution some people were concerned with placing orphans in institutions and mental cases in hospitals. The first state prison was established in Kentucky in 1798. The first state wide survey of methods for distributing relief was made in 1823. In 1787 a New England town ordinance declared, "That religion, morality, and knowledge are necessary to government and to mankind. Schools should be encouraged." By 1800 common school education was recognized as a fundamental of good citizenship, and by 1825 compulsory education was recognized as a necessity and the demand for it was becoming universal.

Travel was slow and unhurried in those days, and not indulged in lightly. The home, the church, and the school were not only the educational centers but also the social centers of the individual's and the community's activities.

Then came the discovery of steam and the industrial revolution.

The census of 1800, which was the second census taken in the United States, gave less than one third of the population living in towns of 2500 or more. In 1930 sixty percent of the population was in towns or cities and close to one hundred cities had populations of 100,000 or more.

Mass industry destroyed the economic individualism of the family. Workers became dependent upon their wages. They realized that the factory and industry owners could control their lives by controlling their wages and so they organized into self interest groups which developed into the labor unions. The factory owners, capitalists, also organized. Both groups organized independently, seeking their own ends, with no thought for the other or of the community. Industrial growth of the cities and the migration to them, involved other changes than economic. The cost of living increased and standards of living became higher. Children, in an economic sense, became liabilities because of the necessity and cost of mere education. The centralized authority of the father in the home vanished. The large home began to decline. Work, education, and recreation instead of being centered in the home became outside activities. Because of the industrial revolution and the ensuing migration to the cities living conditions became congested. Great extremes of wealth and poverty developed. Child labor and sweat shops came into prominence and demanded attention.

Traffic and industrial accidents added their quota of illness and death to that of disease. An increase in mental pathology became apparent. The White House Conference in 1930 found from 1,000,000 to 1,500,000 feeble minded children in the country and 10,000,000 handicapped. Mental deficiency and mental illness was costing the country over \$300,000,000.00 a year.

Early in the twentieth century a realization was growing that scientific approach to the problem of child welfare was necessary. It was recognized that education must be compulsory. The child was no longer regarded as the property of the family alone. It became evident that a scientific approach to welfare must be developed.

Scientific spirit has brought about a painstaking search for facts underlying social ills and remedies to cure them. Industry has changed regarding care of the workers, largely because of public opinion. Society is recognized to be an interwoven, articulated whole. Humanitarianism has replaced the old laissez faire policy. Some of the constructive and instructive measures arising out of present day, modern social thinking are:

Workmen's compensation laws

Accident prevention in industry

Minimum wage legislation

More adequately equipped hospitals and sanatoria



Juvenile courts  
Probation practice  
Vocational rehabilitation  
Playground and recreational centers  
Public libraries and museums  
Old age pensions  
Aid to dependent children  
Public health services  
Crippled children's programs  
Child welfare services

This social background necessarily has its effect on child care and education. In older times when the family was a more or less isolated unit with the father as the head and in supreme authority, the whole responsibility remained with the parents - to bring up their children in the way they should go - . Some of their signposts might have read, "Spare the rod and spoil the child." "Children obey your parents ..... for this is right." The training most children received was intended and inclined to make them obedient to their parents and acceptable to society as it was represented in the community. Not too much attention was given to the child's individuality or to the development of his own individual personality. He was expected to conform to the pattern set by his parents.

With the advent of the scientific approach to child manage-

ment came the conviction of the necessity of overcoming certain undesirable habits, such as lying, stealing, etc. It was recognized that certain traits, such as shyness and jealousy, easily become an unhealthy part of the child's personality. Search for the cause of these undesirable factors often revealed rather obvious and well defined situations in the environment which were, in a large measure, to blame for these habits and traits. Therefore in handling <sup>behavior</sup> ~~conduct~~ disorders, emphasis was placed on finding some situation in the environment of the child and then correcting it. This approach was a step forward in child education and it was accomplished with a fair degree of success; the results seemed sufficiently satisfactory to justify the efforts expended.

However as time went on and the study of children became more intensive, a different viewpoint was reached. It was realized that many of the difficulties that arise in the life of a "problem" child and cause so much worry and distress on the part of parents and others concerned, are rather common in the lives of most normal healthy children. It became apparent that docility, meekness, and unquestioned, continual obedience were not ends in themselves and served no useful purpose in the life of the child. They are of value only to the extent and in so far as they contribute to his complete development <sup>and adjustment to life.</sup> Therefore personality traits and mental attitudes of the child should not be developed simply because they serve the convenience of the parents and others responsible for his training.

This is quite a different attitude than that held by the parents who were afraid to spare the rod lest they spoil the child, and who expected docile obedience until the child had reached adult life.

Because of the social conditions of today and the demand that is being made by youth for complete freedom from parental control at a much earlier age than ever before, there is less time for the parent to teach the child how to meet life. The efficiency with which the young people handle their freedom will depend, to a great extent, upon their training in the first decade of life. This training or education is primarily the responsibility of the parents. The home is still the center of moral and social education for the child, however in this day and age, there are other factors entering in to the picture. The community has a responsibility toward the child in providing resources to aid the parents, playgrounds, libraries (for their own and the children's use);<sup>and</sup> the government in co-operation with the community has assumed the responsibility of providing, as far as possible, educational facilities, recreational facilities, child welfare services, public health services which include nursing service. So while the parent is faced with the task of preparing the child to face life squarely, and the knowledge that as he sows, so shall the child reap, he has the help and the satisfaction of knowing that he is not alone, that the community and ultimately



the government is with and behind him helping "to train up the child in the way he should go", so that when he is old he will not depart from it.

Dorothy Roberts in her article "Changing Concepts of Child Training", lists three concepts that those who have the responsibility for care of children should be aware of.

They are:

1. There is roughly a <sup>general</sup> standard of suitability of behavior for various age levels.
2. When undue deviation from the norm occurs the reason must be sought in the individual situation.
3. Behavior obtained at the price of conformity from without rather than from evolution from within is not desirable.

Blaunton says, "Those of us who through choice or fate are responsible for guiding children have at our command two great natural resources for the task, which are more beautifully adapted to the purpose than any other that could possibly be conceived. One is the fact that every aspect of our own childhood is imperishably preserved in memory; and the other that children have in extraordinary degree that inherent tendency to be guided which we call suggestibility. And yet, preposterous as it seems, these two great natural resources have been drawn upon the least, not only in the methods that we work out to meet our requirements, but in the ponderous systems of education,

training, and discipline which society has provided."<sup>8</sup>

"Hitherto we have tried to fit the child into our preconcieved ideas of one comfortable to live with rather into some scheme that would help him to become effecient, and a happy social unit."<sup>9</sup>

"In most cases even our homes, dedicated as they were in theory to the welfare of the child, were destructive to good training, for both in physical equipment and routine they were organized for adults. Children were admitted as little men and little women."<sup>10</sup>

"The minuteness, the inevitableness and the multiplicity of cases of causes of all behavior point at once to the earliest years as the most vital to training. It is too often assumed that education begins at school. Children do not go untrained until school age, or until the school hour. They are being trained somehow, somewhere, every hour of their lives, sleeping or waking. This puts the responsibility for sucess or failure on the parents - on both parents."<sup>11</sup>

It is generally accepted that the object in training children is the development of a well rounded personality of which the physical, emotional, and intellectual aspects are in harmony. With this objective in mind let us see what part the public health nurse can and should play in the training of children.

First, perhaps, she is concerned with the physical well being of the child. Is the child a healthy individual? It might be well to enlarge somewhat upon the phrase "A health individual" and to enumerate and recognize the characteristics of a healthy child. We might say that the physical ideal of childhood is optimal health. A child who has attained optimal health has reached a standard higher than the standard set by the average child. However this higher standard can be reached if parents and children start early and work together to achieve it.

Why should we be concerned with this high standard of optimal health when we know it is far above the average? The first reason is because we need a higher standard to show us how far the average falls short of what we might attain. Secondly, the comparison of the actual physical condition of a child with a good standard often reveals slight deviations that would otherwise go unnoticed; it impresses the parents early with the importance of good food and health habits and with the need for regular examinations by a physician. Third, because the surest way of making each generation an improvement over the one before is to have before it a clear picture of the optimal child and to build intelligently toward it.<sup>12</sup>

The child with optimal health is one who is best able to meet the needs of childhood because his body is well built and works efficiently.



The objective characteristics which indicate a healthy child may be listed as follows:

1. The hair should be plentiful and have a lustre due to sufficient natural oil.
2. The eyes should be bright and clear, moving normally, no squinting, no dark fatigue circles under the eyes. The mucous membranes should be pink and free from inflammation.
3. There should be unobstructed nasal breathing, while asleep as well as when awake, when exercising as well as when at rest.
4. The teeth should be well formed and well enameled, clean and free from cavities.
5. The skin should be generally a ruddy pink, the mucous membranes should be definitely pink.
6. The skin should be slightly moist, clean, soft, and smooth.
7. The muscles should be firm and strong. The general muscular development should be good.
8. The shoulders should not be rounded forward, they may be sloping or squarely built.
9. The chest should be broad and deep with good expansion.
10. The long bones of the arms and legs should be straight. The joints should not be enlarged out of proportion to the rest of the limbs.
11. The weight should be suitable to height and age.<sup>13</sup>

Some of the outward manifestations of a well functioning body are;

- An alert happy expression,
- A moist, red, clean tongue,
- Sweet breath,
- Good posture,
- Prompt muscular co-ordination,
- Freedom from constant, unnecessary activity,
- Ability to indulge in all ordinary exercise without undue fatigue.<sup>14</sup>

The public health nurse is interested in the health of children. It is part of her work to help parents keep their children well. She must, in order to do this, teach them the meaning of good health, the signs of good health, and how to maintain the standards of good health for their children and for themselves. She must teach them the importance of the preschool years in regard to the child's health, not only during these years but also, in some respects, during the remainder of the child's life.

If the parents of the children she has to deal with are financially able to provide adequate medical care for the children, her task is to teach the parents the importance of regular, continuous medical supervision of the preschool child, and to help interpret the doctor's findings and instructions to the parents. Thus the child will derive the best possible

all possible benefit and the most lasting good from his regular, periodic physical examination.

However if the families in which the nurse is interested and with whom she is working are financially unable to provide this medical supervision, the task is somewhat different and harder. The public health nurse should do all in her power to help the community realize the importance and advisability of providing medical service in the form of clinics. She will probably assist in these clinics and also do the follow up work which consists of interpreting the doctor's findings and instructions to the parents, and in necessary cases make some arrangement for the correction of remedial defects.

It is quite easy to say what should be done but more difficult to carry out such a program. However it is being recognized by all public health services and many communities that the care of the preschool child is an integral part of ~~any~~ any public health service. Many preschool or child health clinics are outgrowths or continuations of already established well baby clinics.

The public health is not interested in the child's physical health alone, however important and pressing this may be. The close integration and relationship of bodily and mental



health cannot be over emphasised. It is the reflection of good physical health in a child's character which makes the effort to improve his health most worth while. Therefore if the nurse follows through her undertaking she will be concerned with the mental growth and development of the child.

In view of this aspect of the duty of the public health nurse there has come about a different conception of the nature and possibilities of child health work. The routine teaching of certain standard procedures has been reduced to the minimum and is being supplemented by consultation with the parents regarding the particular nature and needs of the individual child. That a unique opportunity ~~opportunity~~ which the public health nurse has, through the maternity and child health service, to guide the child's parents from the day of its birth, and even before, to a understanding of methods of caring for their child which will contribute to its nervous stability and emotional health as well as its physical fitness, is becoming more and more apparent. This places a big responsibility upon the nurse. She must be able to win the confidence and trust not only of the mother but also of the father as well as of the child himself.

The nurse must help the parents realize that these years which the child spends at home are the formative ones, and are vitally important in determining the individual the child will be. As soon as a child is born he begins to learn and to form habits, Effective education, to a large

extent, consists of wise conditioning of habits of the individual so that he may develop not only the salutary responses themselves, but also habitual emotions that are serviceable and satisfactory when the individual meets new situations in life. Most of the fundamental habits of life have their roots in the years between the ages of one and six. Physical and emotional habit patterns are formed in these early years. Parents must recognize the importance of wholesome mental habits. Children must learn to meet situations and face reality. They need a sense of values.

There are certain fundamental urges common to all human beings:

Mastery - every child needs to have something he can succeed in, his parents should provide this.

Recognition - every child should be recognized as an individual, he should learn to express himself on his own level.

Superiority - every child needs the chance to feel that he is a little better than his fellows in some particular thing.

Sympathy - every child needs sympathy.

Security - every child needs security, security in his place in the family's affection is more vital than financial security to a child.

Adventure - every child needs adventure.

There should be an opportunity for every child to try all these urges. In the child's environment the family should present opportunity for self realization, self expression, mutual loyalty and respect, sorrow, success, and failure, and a chance to be understood.

Any individual to be normal must have the opportunity for recreation, education, occupation, health, and spiritual life. These are essentials for children as well as adults.

It is a wide field and a fruitful one, this field of child health. The public health nurse faces a big responsibility in striving to help parents realize the magnitude of the task they are assuming in preparing children to go out and face life equipped to meet all situations as confidently and as satisfactorily as possible. The public health nurse is trying to help point out the way.

It has been so much easier just to love children without trying to understand them.<sup>15</sup> Now workers in many fields are uniting to help secure for the young child the right kind of a childhood to enable him to grow into adulthood as fully equipped as possible. These workers in child health and welfare are; the child, ~~the child~~ for without him there would be no point in all this; the health officer, to help in keeping the environment healthy; the teacher, to help train his mind and body; the dentist, who keeps his teeth in good condition; the sanitary inspector keeps the environment clean; the family doctor, who helps to keep him well; the public health nurse, who tries to help



in all possible ways; the parents; and the social worker. Surely with such a group interested and working, something can and will be accomplished.

This "Child's Bill of Rights" was written down at the request of a child. Anyone concerned with the care and guidance of children will profit by its reading.

#### A CHILD'S BILL OF RIGHTS

To insure for all children strength and well being, understanding and happiness, gentleness and tolerance, to make our childhood days joyous, and to prepare us for the responsibilities of maturity, we claim the following rights:

1. The Right to Parents - with health, intelligence, emotional stability.
2. The Right to Health - correcting ailments and preventing future illness.
3. The Right to Habits - to make living smoother.
4. The Right to Our Own Room- our own corner of the world.
5. The Right to Our Own Playmates - those who fit our needs.
6. The Right to Learn - every fact you can give us.
7. The Right to Our Own Jobs - to develop our capacities.
8. The Right to Make Our Own Mistakes - we learn through errors.
9. The Right to Our Own Leisure Time - we need to dream.
10. The Right to Abolish Corporal Punishment - an insult to personality.

Conclusion: Treat us as you would other guests in your home,

as inexperienced guests, who need words of advice and encouragement, and much gentleness and courtesy. We will be all that you expect us to be, If you expect rowdiness we will be rowdy; if you expect us to lie, we will lie; if you expect honesty, we will be honest. We are made that way - to become just what the people around us expect of us.<sup>16</sup>



## NOTES

- 1 Gibran, Kahlil : The Prophet, pages 21-22
- 2 Strang, Ruth : Introduction to Child Study, pages 54-55
- 3 Ibid, pages 114-115
- 4 Ibid, pages 226
- 5 Ibid, pages 226-227
- 6 Ibid, pages 227-228
7. Ibid., pages 228
- 8 Blanton, Smiley and Margaret: Child Guidance, intro. p 4
9. Ibid, page 4
- 10 Ibid, page 5
- 11 Ibid, pages 6-7
- 12 Chaplin and Strecker: Signs of Health in Children, pp 1-2
- 13 Ibid, pages 4-7
- 14 Ibid. page 7
- 15 Blanton, Smiley and Margaret : Child Guidance, page 4
- 16 Rich, Dorothy : The Least of These



## BIBLIOGRAPHY

- Aldrich, C. Anderson and Mary M. : Babies Are Human Beings  
An Interpretation of Growth. New York : The  
MacMillian Company, 1938
- Alschuler, Rose H. : Two to Six, Suggestions for Parents  
and Teachers of Young Children. New York :  
William Morrow and Company, 1937 (revised edition)
- Blanton, Smiley and Margaret : Child Guidance. New York :  
The Centuary Company, 1927
- Blatz, William E. and Bott, Helen : The Management of Young  
Children. New York: William Morrow and Company,  
1930
- Chaplin, Hugh and Strecker, Edward A. : Signs of Health in  
Childhood : New York : American Child Health  
Association, 1927
- Children's Bureau : The Child From One to Six, His Care and  
Training. Washington D. C. : United States  
Government Printing Office, 1937. Bureau  
Publication No. 30.
- Dinwiddie, Courtney : Child Health and the Community. New  
York : The Commonwealth Fund, 1931
- Dwyer, Hugh L. : Your Child in Health and Sickness. New  
York : Alfred A. Knopf, 1929
- Faeger, Marion L. and Anderson, John E. : Child Care and  
Training. Minnapolis : The University of Minnesota  
Press, 1930
- Forbush, William Byron : Guide Book Childhood. Philadelphia:  
to  
George W. Jacobs and Company, 1924 (revised edition)

Fox, Elizabeth : "Advances in Public Health Nursing". American Journal of Public Health, XXVII : 1228-1229

Gessell, Arnold : The Mental Growth of the Preschool Child.  
New York : The MacMillian Company, 1925

Gessell, Arnold : The Preschool Child From the Standpoint of Public Hygiene and Education. New York :  
The Mac Millian Company

Hastinings, Glee L. "The Nurse in The Prevention of Delinquency".  
Public Health Nursing XXIX. Sept. 1937

Isaacs, Susan : The Nursery Years, New York : The Vanguard  
Press, 1936

Lucus, William Palmer: The Health of the Runabout Child.  
New York. The MacMillian Company, 1923

N.A.O. P. H. N. : Manual of Public Health Nursing. Second  
Edition Revised. New York : The MacMillian  
Company, 1934

Oeltinger, Katherine Brownwell : "Adults in the Making."  
Public Health Nursing. XXX : 518 Sept. 1938

Price, George M. : Hygiene and Public Health. Third Edition  
Revised. New York : Lea and Febiger, 1924

Roberts, Dorothy I. : "Changing Concepts in Child Training"  
Public Health Nursing. XXX : 283-286. May 1938

Rand, Winifred : "Normal Development of the Child- How  
Public Health Nursing May Contribute to It."  
The Public Health Nurse. XVIII. August 1926

Rand, Winifred, Sweeny, Mary and Vincent, E. Lee : Growth  
And Development of the Young Child. Philadelphia :  
W. B. Saunders and Company, 1935

Sellew, Gladys : Pediatric Nursing. Philadelphia : W. B.

Saunders Company, 1930

Smith, Richard : Between Two Years and Six. Boston : John

Hancock mutual Life Insurance Company, 1935

Strang, Ruth : An Introduction to Child Study. New York :

The MacMillain Company, 1933

Thom, Douglas A. : Child Management. Washington D. C. :

United Stated Government Printing Office,

1937. Bureau Publication No. 143

Weinzirl, John : General Hygiene and Preventive Medicine.

Philadelphia : Lea and Febiger, 1937

Notes from Lectures on Mental Hygiene by Miss Elnora Thomson.

Notes from Lecture on Community Organization By Miss Witcher.





# The Children's Charter

*President Hoover's White House Conference  
on Child Health and Protection, recog-  
nizing the rights of the child as the  
first rights of citizenship, pledges  
itself to these aims for the  
Children of America*

**F**OR every child spiritual and moral training to help him to stand firm under the pressure of life

II For every child understanding and the guarding of his personality as his most precious right

III For every child a home and that love and security which a home provides; and for that child who must receive foster care, the nearest substitute for his own home

IV For every child full preparation for his birth, his mother receiving prenatal, natal, and postnatal care; and the establishment of such protective measures as will make child-bearing safer

V For every child health protection from birth through adolescence, including: periodical health examinations and, where needed, care of specialists and hospital treatment; regular dental examinations and care of the teeth; protective and preventive measures against communicable diseases; the insuring of pure food, pure milk, and pure water

VI For every child from birth through adolescence, promotion of health, including health instruction and a health program,

XIII For every child who is blind, deaf, crippled, or otherwise physically handicapped, and for the child who is mentally handicapped, such measures as will early discover and diagnose his handicap, provide care and treatment, and so train him that he may become an asset to society rather than a liability. Expenses of these services should be borne publicly where they cannot be privately met

XIV For every child who is in conflict with society the right to be dealt with intelligently as society's charge, not society's outcast; with the home, the school, the church, the court and the institution when needed, shaped to return him whenever possible to the normal stream of life

XV For every child the right to grow up in a family with an adequate standard of living and the security of a stable income as the surest safeguard against social handicaps

XVI For every child protection against labor that stunts growth, either physical or mental, that limits education, that deprives children of the right of comradeship, of play, and of joy

XVII For every rural child as satisfactory schooling and health services as for the city child, and an extension to rural families of social, recreational, and cultural facilities

XVIII To supplement the home and the school in the training of youth, and to return to them those interests of which modern life tends to cheat children, every stimulation and encouragement should be given to the extension and development of the voluntary youth organizations

xix To make everywhere available these minimum protections of the health and welfare of children, there should be a district, county, or community organization for health, education, and welfare, with full-time officials, coordinating with a state-wide program which will be responsive to a nation-wide service of general information, statistics, and scientific research. This should include:

- (a) Trained, full-time public health officials, with public health nurses, sanitary inspection, and laboratory workers
- (b) Available hospital beds
- (c) Full-time public welfare service for the relief, aid, and guidance of children in special need due to poverty, misfortune, or behavior difficulties, and for the protection of children from abuse, neglect, exploitation, or moral hazard

For EVERY child these rights, regardless of race, or color, or situation, wherever he may live under the protection of the American flag



WHITE HOUSE CONFERENCE  
ON CHILD HEALTH AND PROTECTION  
INTERIOR BUILDING  
WASHINGTON, D. C.

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wholesome physical and mental recreation, with teachers and leaders adequately trained

vii For every child a dwelling place safe, sanitary, and wholesome, with reasonable provisions for privacy, free from conditions which tend to thwart his development; and a home environment harmonious and enriching

viii For every child a school which is safe from hazards, sanitary, properly equipped, lighted, and ventilated. For younger children nursery schools and kindergartens to supplement home care

ix For every child a community which recognizes and plans for his needs, protects him against physical dangers, moral hazards, and disease; provides him with safe and wholesome places for play and recreation; and makes provision for his cultural and social needs

x For every child an education which, through the discovery and development of his individual abilities, prepares him for life; and through training and vocational guidance prepares him for a living which will yield him the maximum of satisfaction

xi For every child such teaching and training as will prepare him for successful parenthood, homemaking, and the rights of citizenship; and, for parents, supplementary training to fit them to deal wisely with the problems of parenthood

xii For every child education for safety and protection against accidents to which modern conditions subject him—those to which he is directly exposed and those which, through loss or maiming of his parents, affect him indirectly