

PEDIATRIC NURSING FROM THE STANDPOINT
of the
SUPERVISOR

VIII

Gwendolyn Shepard

To ALL NURSES WHO GUARD FOR LITTLE CHILDREN
"THE LAND OF COUNTERPANE"

"For the long nights you lay awake
And watch for my unworthy sake;
For your most comfortable hand
That led me through the uneven land;
For all the story books you read;
For all the pains you comforted;
For all you pitied, all you bore
In sad and happy days of yore;

From the sick child now well and old
Take, Nurse, the little book you hold."

From

Robert Louis Stevenson's
"To Alison Cunningham from Her Boy,"
In the Child's Garden of Verse.

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PEDIATRIC NURSING FROM THE STANDPOINT OF THE NURSING SUPERVISOR

It is my aim in this paper to attempt to present Pediatrics of the past, present and future, and to show the age-old beliefs and notions and the present scientific methods of treatment.

The first question which naturally presents itself is "What is Pediatrics?" The answer which logically follows is: Pediatrics is "The medical treatment of children." Pediatric nursing, therefore, is the care of the sick child. Science of our modern world considers prevention of disease and constructive health building through personal and public health measures to be of equal if not greater importance than the treatment of the acutely sick. Therefore, texts and discussions on the subject include the latter. The word itself is composed of two Greek words, "pais," genitive "paidos," meaning the "child", and "iatrike," the science or art of healing. From these two words, the meaning is easily interpreted.

Lucas says, "Wisdom is not confined to any age, country, race, profession, and historical spectacles worn solely to prove fallacies, or to mark appalling differences of procedure between then and now, destroy in the end our true vision." I shall try to trace this development of the profession through men who were striving to serve mankind.

An Ancient by the name of Hippocrates way back in 460-370 B.C. has the distinction of being the founder of medicine. To him all knowledge of clinical medicine is traceable. Cer-

tain passages in the Hippocratic canon are certainly of pediatric import.

Children have been more or less neglected all through the ages (although mothers have always loved and cared for their children). Certain authors state that the age of the child has only dawned within the last fifty years. But in history, it is notable that during the reign of Trajan in the second century, Rome became the home of the greatest obstetrician and pediatrician of antiquity, namely Soranus of Ephesus. Ruhrah says of him, "He was a good observer, a clear thinker, a medical reformer, one of the first advocates of infant welfare, and a prolific writer. ----- Soranus is strikingly modern; he dealt with real facts, things which will be just as true in another thousand years as they are today." In fact the practical instruction is so sound that with but few changes, his text-books could be used today in the education of the nurse and mother.

It was the advent of Christianity that elevated and sanctified babyhood and childhood. Christ's teachings are familiar to all of us.

Artetaeus, the Cappadocian, was a diagnostician, and his clinical descriptions and vivid pictures of many diseases such as disphtheria, empyema, and pneumonia are enough to show that he was a master at clinical descriptions. Unheralded and unsung in his age, he was brought to modern notice and is now thought to be nearer the Hippocratic ideal than any of the other Greek authors.

Another man of ancient times is Oribasius of the Byzantine group. He was a general specialist, which, of course, included

Pediatrics. An interesting quotation concerning children's nurses from his writing reads, "Most people will pay a high price for grooms for their horses, choosing for this purpose careful and experienced men, while they will select as teachers for their children, individuals without experience, who have already become useless and incapable of rendering any of the ordinary services of life."

To Aetius of Amida goes the honor of being the first eminent physician to embrace Christianity. Paul of Aegina compiled a large seven volume work. His first book deals with diets for pregnant women and children as well as children's diseases and other subjects of a hygienic nature. An Arabian writer of talent, learning, originality and generosity was Rhazes who wrote about the diseases he observed in children. Definite additions to our pediatric knowledge came from him.

The next great epoc of the development of pediatric knowledge comes during the medieval ages. The outstanding event of this time in the Industrial line was the invention of printing. The first printed literature on the diseases of children was written in Europe by Paulus Bagellardus. This work bears the date of 1472, although it was written years before. The first part of this work is devoted to the care of the infant during the first month and the remainder of the work concerns diseases.

Just one year after the publication of the work of Bagellardus, a work on the diseases of children appeared in German. This contribution known as "the second pediatric incunabulum" is the work of Bartholomaeus Metlinger. The third such study

is a very rare book by Cornelius Rowlands. This work has historical value because the author searched the old writers and his references give one a very good idea of the trend of pediatrics thought in his day and before. In his preface "On diseases of Infants" he writes, "Here I, distressed at the very great carelessness concerning diseases of infants, have thought to compile from the volume of original men, especially doctors of medicine, a treatise or little book of children's diseases, by means of which they may be kept safe from falling ill, or having fallen ill, may be kept safe from death." He gives an amusing but nevertheless very inclusive table of fifty-two species of children's diseases from the head to the foot.

Thomas Phaer is designated as the father of "English Pediatrics." This physician also wrote some good poetry. To our age his most important contribution is his little book on the diseases of children, the title of which is the "Booke of Children." Ruhrah says of him, "He recognized the importance of pediatrics, not as a speciality, for that was to come centuries later, but as an especialty, as it were, as a branch of medical learning almost, if not altogether, neglected."

In the middle of the sixteenth century a very remarkable and influential man by the name of Felix Wurtz helped to change the course of surgical procedure. He enjoys the distinction of writing the first book after Hippocrates to treat of infantile orthopedics. It is characterized by a clear style, sureness, and interesting little personal glimpses. His title reads thus, "Treating of infirmities and defects of new born Children; and of the faults and abuses, which wet or dry Nurses commit

among and against little Children; and of medicines and Cures, of such Children which received hurt in that way."

Among the first to write his works in English to help the laity and the young physician was Robert Pemell, a Pediatricist of the Protectorate. He is considered because he left an excellent account of certain phases of practice as carried on in his day. The title page of his contribution to pediatrics is as follows: "De Morbis Puerorum, or, A treatise of The Diseases of Children; With Their Causes, Signs, Prognosticks, and Cures, for the benefit of such as do not understand the Latine Tongue, and very useful for all such as are Housekeepers, and have Children." Within this small book of but fifty-eight pages he has collected all the necessary information as to the cause and cure.

Francis Sylvius, teacher, anatomist, physiologist and clinician, and after whom five different mysterious parts and divisions of the brain are named, wrote a small pediatric text, printed in 1674. In all he had sound common sense; he was the transition period between alchemy and chemistry.

Richard Wiseman, an English Surgeon, left a little essay concerning the state of mind regarding tuberculosis in children in the time of the Commonwealth and the Civil Wars. A disease at that time prevalent was the "King's Evil," which is a kind of hard tumor.

Thomas Sydenham, the English Hippocrates, prided himself on observing things for himself without relying on the academic disputations in vogue at the time. He studied epidemics and fevers and described what he saw. Moreover, he had the genius

of being able to gain a hearing. Bacon, Boyle and Locke had their influence on him. A definite and valuable contribution was made in 1715 by Walter Harris. Of him, the author Ruhrah writes, "The difficulties and discouragements of pediatric practice made a deep impression on Harris, and he is at pains to let it be known, just as he also points out what he regards as an infant, and the diagnostic methods to be pursued in dealing with such uncommunicative creatures." He correctly estimated the influence of hereditary influence in the production of disease in children. He also emphasized the importance of a correct diet and the error of using wine in early life. Concerning acidosis he also speaks with authority and certain knowledge. His good book held its place for a hundred years.

Of interest to us is the earliest pediatric publication in America, this the well-known work entitled "Brief Rule to guide the Common People of New England how to Order themselves and theirs in the Small-Pox and Measles," written by the Reverend Thomas Thacher.

William Cadogan wrote on gout and children. The title of the latter is "An Essay upon Nursing, and the Management of Children, London, 1750." He starts this in a very characteristic manner:—"It is with great Pleasure I see at last the Preservation of Children become the Care of Men of Sense: It is certainly a matter which well deserves their Attention, and I doubt not, the Publick will soon find the good and great Effects of it." In this essay he is also a sociologist and realizes the plight of the poor as compared to "the puny insect, the heir and hope of a rich family" who dies through mistaken care and

pampering. The high infant mortality rate caused him much concern and he took no pains to conceal his convictions.

Robert Whytt, a Scotchman, has given us some very good material on Acute Internal Hydrocephalus and Tuberculous Meningitis. His original work "Observations On The Dropsy In The Brain" is such a perfect piece of clinical observation and reporting that nothing essential has since been added to it.

Benjamin Rush was the first to give anything like a systematic account on "Cholera Infantum," and was the first to connect the disease with hot weather. Among his recommendations for preventing the condition are found cleanliness and the removal of children into the country during the warm weather.

A remarkable description of congenital pyloric stenosis won fame for Hezekiah Beardsley, an old worthy in early American pediatrics.

The first hospital and dispensary for the children of the poor was established in London by George Armstrong, a true pediatricist. Here he had ample opportunity to make clinical observations and post-mortem investigations and make conclusive studies which were printed later. He was a believer in prophylactic pediatrics and practiced the advanced ideas which were his. However, he was forced to discontinue his enterprise because he lacked the essential qualities necessary to get his ideas across to the rich and powerful. Concerning the alibi that infants are difficult to treat because of inability to describe their symptoms of their condition, Armstrong wrote, "It is a common opinion, that the complaints of children are peculiarly difficult to treat on account of the little patients

being unable to describe their sensation. But persons actually occupied in the practice of medicine must be aware that it is often no less difficult to sift the truth out of the figurative and theoretical language in which adults are apt to clothe their feelings, than it is to judge of the unadulterated expressions of distress, exhibited by an infant suffering from disease."

Michael Underwood wrote a book of two volumes on the diseases of children which was used as a text for over sixty-two years, and which supplanted the little book of Walter Harris. One exile among the persecuted Protestant families who sought refuge in America was a physician by the name of Samuel Bard. He was a medical educator, a skillful physician and one of the early American writers on pediatrics. His most valuable contribution concerns "Angina Suffocativa."

A very old and notably influential method of teaching was through pediatric poems, which persists even in our time. One of the old eighteenth century poems reads thus:

"Call the physician to your Aid; advise
With him, and do not think yourself too wise;
Do not to ev'ry idle Tale attend,
Nor on old Women's Recipes depend
Too much the learn'd's into this Error give,
Are thus deceiv'd themselves, and thus deceive."

Hugh Downman was another of the poetry writing physicians, and his poem on infancy fills six books. He reproved the untrained and the ignorant.

The Epitome, published in 1808 by Wm. Herberdens, the younger, is one of the prizes of early pediatric history. The material must have for the greater part come from his father. Some of his rules seem very strange, but under and through it

all is good sense and the evidence of sound knowledge of the subject.

Friedrich Ludwig Meissner made one of the most important contributions to the bibliography of pediatrics; the work is entitled "Grundlage der Literatur der Padiatrik, enthalten die Monographien uber die Kinderkrankheiten." The list begins with Paul Bagellardes, and was published in 1838.

The memorable contribution of Edward Jenner was produced in 1798.

Gradual Development

Through the efforts of Dr. Abraham Jacobi (1830-1919) called the "Nestor of American Pediatrics," the first professional teaching of the subject of children's diseases was started in 1860 at the Medical College of New York. It is also notable that he was the founder and first president of the American Pediatric Society. In 1898, the second chair of pediatrics was founded at Harvard. Cutler states, "Now there is an ever increasing interest in this specialty and there are many eminent pediatricians in all civilized countries." This interest has produced a great deal of literature in America, France, England, and Germany, and journals and societies are multiplying.

The present status of pediatrics will later be considered, but a quotation from Bellew seems fitting here. "The demand for courses in pediatric nursing and child hygiene is constantly increasing. Since all women need such training, it will eventually become a part of the general teaching program. At present this

demand comes from the women who are responsible for the environment in which children live and who are far visioned; who realize that the years of infancy and childhood count immeasurably in the future health of the individual."

Sketch Of The Institutional Care Of Children

Back in 787 a foundling asylum was founded by Archbishop Daltheus of Milan. This was for the purpose of saving the lives of the numerous illegitimate children who, heretofore, had been deserted or killed. The year 1420 marks the establishing of the Hospital of the Innocents made famous by Della Robbia Bambinos. London dates the founding of her first distinct children's hospital back to 1769 and to a Doctor by the name of George Armstrong. A few years later, the Kinderdranken Institute, which is still in existence, was founded in Vienna. The Hospital des Enfants by the French Republic, a children's hospital in St. Petersburg, another in Vienna, and one in Buda Pesth were all established in the early part of the nineteenth century. Dr. Chas. West was the promoter of the great Ormond Street Hospital for sick children in London in 1854. Charles Dickens was his friend, and through his books, showed himself a real benefactor to children. It is recorded that the United States was the last country to establish children's hospitals, but it must be noted that this country was yet young and did not have the same overcrowded and industrial conditions that the other countries had long contended with.

Because the first Children's Hospital was established in Philadelphia in 1855, it has been called the pioneer pediatric city of America. During the next decade others were established, namely: Nursery and Child's in New York in 1857, a small one in Chicago in 1865, the Children's Hospital of Boston in 1869, and the Thomas Wilson Sanitarium in Baltimore in 1879. A hospital where only sick babies were admitted was opened in 1881 and was known as the Boston Infant's Hospital. The year 1887 marks the beginning of the present Babies' Hospital of New York.

The history of pediatrics illustrates the recognition through the ages of learned men of the necessity of care of the infant and child. The mortality statistics are a sound, reliable basis of proof of the need of new and improved methods. The fact that this mortality rate has been so diminished is sufficient argument for the case. New Zealand is an excellent example of what modern science and medicine can do in decreasing the death rate and infant mortality. Oregon also has a record to be proud of in regard to her infant mortality. A study of the present and past surely reveals the progress which has been made in this field but also what great fields are still undiscovered.

Quoting from Cutler again, "Dr. Holt says: "There is no more promising field in medicine than the prevention of disease in childhood. The majority of the ailments from which children die, it is within the power of man, in great measure, to prevent. Prophylaxis should aim at the solution of two distinct problems: (1) the removal of the causes which interfere with the proper growth and development of the child, and (2) the preven-

tion of infection. The former can come only through the education of the profession and of the general public in the fundamental principles of infant feeding and hygiene. This is a department which has received altogether too small a place in medical education. The latter must come through the profession and through legislation, the purpose of which shall be more rigid quarantine, more thorough disinfection, and improved sanitation in all departments." Dr. Emmett L. Holt wrote a book entitled "Diseases of Infancy and Childhood."

The work already accomplished in this field seems stupendous and yet there is much yet to be discovered and put into practice.

CHAPTER II

THE SUPERVISOR AND HER WORK

In nursing, just as in all other such professions, learning comes through doing; a knowledge of the right practices does not give experience nor skill in the performance of such practices. This teaching must be done so that the students will desire to practice and understand theory and how to put what they have learned into practice. This ideal might be divided into three stages of realization. The first requirement is an understanding of the theory in its practical significance. The next is the developing of the ability to put this theory into practice on the floor and in dealing with the students. Lastly, the conviction must be established that this procedure is one of the most desirable through the individual's skill in getting worthwhile results. For of what use is a theory if it is not the definite forerunner of or producer of good results. All practice has once been theory, and the two are inseparable. A theory is a guide to practice established as being an expedient. Emergencies arise, new things are constantly coming up, and systems and methods must be devised that will achieve the desired results.

The trained Supervisor is one who has had training consisting of the work which she is requiring others to do and methods of teaching and training. Furthermore, she has a full knowledge and understanding of all that she is trying to accomplish in guiding her students. It is absolutely essential that she keep informed on her work. The supervisor is far from

being just a critic. She must have training and teaching ability and be able to analyze her teaching and plan adjustments to the different and varried situations which are involved. She must, too, be prepared to demonstrate the application of present day educational theories. At present each and every supervisor carries a heavy load, the work is there and she is responsible for its being done because under the present administrations and conditions time is valuable and pressing. Therefore, she is not able to cooperate and carry out in practice what she has been taught. The fact is ever before us that much remains yet to be done in extending the scope of the cooperative work in keeping each member of the staff informed of what the other is thinking and doing on their mutual problems; in making the routine of procedures more helpful and universal in their contact; and in extending and increasing the efficiency of the supervision of the training school work.

The training supervisor must have a shrewd, clear insight into her job. For this the need of definite, preferably objective, standards and measurements by which to evaluate the results of training supervision is felt. She must understand the principles of teaching and organizing and the psychology in relation to teaching situations, student learning and contacts with all types. A conscientious and intelligent use of the principles in planning, teaching and appraising is essential. An academic knowledge of the subject matter to be taught is taken for granted. A very important matter is the ability to present and handle the subject matter on the level of the class of students so that the subject in hand is clearly understood

and applied. This teacher must also have the ability to plan and teach effectively the units of the subject rather than definite, set sections of lessons. A knowledge of suitable supplementary and reference books and other reference material is of unquestionable aid. Another requirement is the ability to diagnose a pupil's or class's knowledge of a subject at any time, and ascertain the pupil's needs in the subject matter. A familiarity with the better methods and procedures in remedial work is not amiss. Above all, there must be a conscious positive use of these methods and procedures. Throughout it all, I think, there should be no failure to maintain a suitable standard of spoken and written English.

I believe the Supervisor should have a definite idea and conception of the place she fills in the organization and administration of the Hospital. When she understands her position and has a definite, respectable status and realizes her relations and responsibilities to each part and to the whole, her outlook will change and her work and effort will be of a higher caliber. In the ideal situation the representative training supervisor is "well informed on modern educational theory and practice" by virtue of her training and experience, her frequent acceptance as a college instructor, her professional contacts in her daily work, and her continued and recent study in our better colleges and universities. She then is prepared to demonstrate the application of the present-day educational theory. But as the situation now exists, the work of the supervisor is too heavy, too multiple, and too varied, and too detailed for satisfactory performance of her major duties. The

more significant of the problems should be and is being attacked in a scientific and cooperative way by several institutions so that progress may be hastened and results may be more quickly secured and turned into practice. In this field a transition period seems to be present; the older, efficient but inadequate supervisors have the least academic learning and are loath and reluctant to get more or to take up new ideas. They contend that the old order has worked and is tried and true, and why change? But all is constant change, and determined supervision programs are being worked out and successfully demonstrated. The determination of the program is a local matter. Each Hospital finds it necessary to revise and apply any plan which is universally worked out to its own particular needs and requirements. There are also great differences in the degree of freedom which is allowed to some supervisors and not to others. This also depends on the administration and organization.

In determining a supervising plan there are various methods of achieving the objective: the method which was first used a great deal was that of empirically saying thus and such was to be; another method which is in wide use is to study the situation and then find suitable solutions. Yet another method is that now being used in the determining of the grading of Training Schools, namely comparative studies by the use of standardization of tests. All concerned must attempt to keep alive the ability to change, and not get "set."

The purpose of all of these plans must not be lost sight of, namely to improve the educational and nursing product so that

a fuller realization of social needs may be attained, as well as improving the ways and means of achieving the goal. A need for full understanding of the interrelated functions involved in the complete supervising program is evident. The outcome must be a change for the better in both the institutions and the students. This change must be conscious, purposive, and progressive. The factors which produce such change are variation and selection. The aim of all is universal and may be termed "social efficiency."

Now what are the requisites for adequate supervision? There are many. A few are time, professional training, an understanding of the supervising program and the organization and administration of the whole institution, and knowledge of the surveys and current material made of the various phases of their work. Furthermore, the supervision must be analytical and constructive and must be based on standards agreed to by the authorities in the administration and thoroughly understood by all concerned. All points and sides of the situation must be considered from as many points of view as possible, so that all angles may be discovered and considered. Above all, the supervision must be definite, specific and applicable and not suggestive and vague.

Many different types of technique are used, and any method used or adopted must be adjusted to the hours allowed in the curriculum to each subject, the facilities for teaching and the working hours of the students. Plans for lectures, classes, clinics and practical supervised work must be made in any case. The variable factors which inevitably present themselves include:

material facilities, type of student material, particular curriculum requirements, the supervising and teaching personnel, and lastly, the standards of the school and institution.

With adequate supervision of all work done in the hospital time will be saved and allowances will be made for individual differences, that is, individuals can be helped and adjustments made. The merits of the supervising method of education which are applicable to the nursing field are as follows: such a method insures specific study rather than incidental; it makes the school program flexible and admits of easy and quick adjustment to unusual circumstances; it is more definite and therefore more complete; assignments can be worked out; it reduces, eliminates, or improves the quality of outside study; besides, it recognizes in practice the facts of individual differences in student ability, thereby assuring more adequate attention especially to the needs of the duller; lessons may be shortened and more intensive drill conducted; opportunity is provided for the teacher to treat intensively and extensively new topics or bodies of material; studying and learning become more dignified in the eyes of the students and greater effort results; it enables the supervisor to give both the general and specific guidance necessary; the supervisor has a different attitude and purpose and the students become the unit of instruction; the student will learn to see the supervisor in the light of the teacher who is a friend and a guide; the possibility to encourage special ability is also greater here since time is saved because work is accomplished and subjects learned under skilled direction, special subjects may be given to those showing

special aptitudes; it secures a more complete motivation of learning and rouses interest and rivalry; regularity results in an improvement of the quality of work; such supervision also reduces the number of failures and the amount of eliminations; help is given when and where needed and therefore a continuous check is possible on the results and progress; study habits show improvement; the desire for knowledge for its own sake becomes an incentive, and this eagerness conditions a better distribution of grade results; it makes possible a program of sound educational guidance; the emphasis is placed on the current phases of the teaching, and the profession is elevated and dignified; certainly better supervising is the outcome; it has become popular and is a true necessity; and lastly, misunderstandings are eliminated to a great extent because the status of the supervisor and the students is purely a professional one as long as they are on duty. The system also eliminates the lazy supervisor.

Thus, under an adequate system of supervision, the institution is the laboratory in which theories are tried, worked out, and put into practice. The supervisor is there to offer assistance and to work with her students, so that the numerous questions which inevitably arise when a task is undertaken for the first time are cleared up at once. Individualized instruction is possible and is very helpful because it is just as easy to learn the right way as the wrong, and the consequences more pleasant. Defects of mass teaching are eliminated, or at least minimized. The instructor, through her background, can recognize the psychology of individual differences.

These points which I have been emphasizing are summarized by Gladys Sellew. She states, "There should always be an instructor on the floors to whom these nurses feel free to turn in any difficulty; an instructor who is in close touch with the schools from which they come, and who knows both their previous training and their plans for work after graduation."

CHAPTER III

THE CHILD AND HIS POSITION IN SOCIETY

John C. Baldwin echoes the idea of our age when he states; "Today, perhaps more than ever before our attention is focused on the physical and mental health of the new generation." This interest in the child has been responsible for the necessary separation of pediatrics from general medicine. We note with satisfaction that the profession now concerns itself as much with the well child and the preservation of health as it does with the sick child. The knowledge of what food and what care are necessary to give the child the proper start in life required for its application physicians and nurses with special training. Right in line with this is the fact that the "Child's Charter" contains the phrase "for every child."

In order to deal intelligently with the unwell child one must know the well child and the place he occupies in our civilization. One author states that we have failed to reduce the world by the sword, by business and commerce and the transformation of adult sinners. "And now, in this great twentieth century, we are all turning to the little child; first to sit at his feet and learn directly of the potential goodness and worth inherent in his nature and second to avail ourselves of those instrumentalities which will serve us best in transforming the potential worth of the common child into actual worth and wealth of character."

Various methods of child study are ours to follow up, one

is the historical and literary method; another method is through educational theory and methods. The most important method of today is through the direct study of children; this is accomplished by biographical studies of individual children, anthropometric methods and experimental methods. The latter may be accomplished through direct questions or by the use of and aid of a syllabus of questionnaire. In all a democratic spirit is important.

What is meant by the normal child? Normality in the field of the child's mental life is concerned with his ability to live up to an arbitrary standard, set for his chronological age, in his intellectual achievements and his social adjustments. In other words, the normal child is capable of meeting and adjusting to the everyday problems of life as found in the social, racial, and economic level to which he has been born, under what might be termed average conditions. Thus according to the reports of the national conference committees, seven-ninths of the forty-five million children in the United States come under the above classification.

The fact is realized today that the understanding of children is not a matter of intuitive understanding or of the anxious desire of parents to meet their full responsibility, but one of the studying of the needs of the individual child.

That the training of the baby begins at birth can not be doubted. Long before the baby can learn a set lesson of any kind, his nervous system registers impressions which later will operate to give him stability, poise, self-control or the opposite. Everyone who has contact with the baby must be calm and well-

poised. In modern life, the child is apt to be restless and anxious to experiment with everything. Today, we find that restraint depends on development. The problems of training are becoming more complicated. O'Shea says, "There is so much activity in the towns and cities now and so many things to do that children are keyed up nervously more than they were formerly." In such times which naturally cause over excitement and overstimulation, the home ought to be a place of composure." The home is still the unit of society, and on this basis the programs are planned and established.

In the beginning of every study of this sort, the question of heredity and environment and its relative importance become paramount. It is known that from the time of conception, hereditary factors of potentiality are constantly being influenced by the environment. And the fact that environment would be impotent to exert its influence, were it not for the inherent traits that have been passed on through heredity, is omnipresent. It is an open question, therefore, as to which is more important, the seed or the soil. Kirkpatrick sums up the matter conservatively when he states, "From the individual's standpoint, heredity should neither be ignored as of no import, nor yielded to as inevitably fixing one's destiny. Instinctive and hereditary tendencies are the roots from which the physical, mental, and moral life develops. Some individuals develop more rapidly and to a greater degree than others. All are of the same human characteristics but each may make himself out of his environment. Some cannot go so far as others in certain directions nor as

easily, but no one has exhausted his possibilities of development. The practical problem is to expand our efforts upon the useful characteristics that we do possess in the greatest degree."

Henry George, the socialist, holds a contrary opinion; he maintains that "The influence of heredity, which it is now the fashion to rate so highly, is nothing compared with the influences which mold the man after he comes into the world."

However, the fact remains that it is a big open question, and hereditary factors are fixed and cannot be altered, but the environment can invariably be improved. Parents and others often tend to find an excuse in the conception of heredity, and they find that it relieves them of responsibility for personality defects and deviations in character, both in themselves and also in their children. A grave injustice is done to the child through this. The possibilities of improving social heritage is just beginning to be appreciated. Over and above all is always the parent.

Another subject which has been aluded to previously in this paper is that of habits. Ada Hart Arlitt, professor of "Child Care and Training" at the University of Cincinnati, says, "From the moment of birth on, some of the tendencies result in activities which tend to be perpetuated because of the treatment which the infant receives, whereas other activities, because of all sorts of treatment, tend to be inhibited. Parents must be informed both as to the care of the child at birth and as to the best means of setting up desirable habits and insuring

that undesirable ones shall not develop." The fact that habits set up in infancy carry a great deal of emotional content which may be transformed to new situations cannot be slighted. Habits are the tools by which we achieve health, happiness and efficiency. The conservation of time, strength, and material resources depends on our habit patterns. In other words, we need habits to fit our daily needs and not to handicap us. The term "habit" may be said to apply to all acquired methods of acting and thinking. We are hardly aware that our decisions are automatically guided and directed by an unforseen force called "habit." Dewey states, "All habits are demands for certain kinds of activity; and they constitute the self. They rule our thoughts determining which shall appear and be strong and which shall pass from light into obscurity." Unless this task is performed efficiently and with a fair degree of ease, desirable results can hardly be expected. From birth the child exhibits certain tendencies toward the simplest problems that they are compelled to meet. Tendencies gradually become habits by constant repetition and enter into the formation of what we call personality.

Quoting Douglas Thom, "The fact that the mind of the child is extremely plastic and that he is prone to accept suggestions and to imitate what he sees makes this period one of the greatest importance, both in forming desirable habits and in dispensing the while with those that would work out to his disadvantage in later life. Plasticity of mind decreases with age." Frankness and honesty in answering questions are to be considered.

The child is dependent on the parent from birth to indep-

endence; at first he is toatly dependent, especially on the mother. The parents exert a great influence on the child because they have contacts with life, they have built up certain emotional reactions toward certain experiences, and because their ideas about morals, education, friendship, discipline, honesty, truth, responsibilities and duty have become organized. But the home must have an atmosphere of affection, kindly consideration and fair play too. We find that the conduct of the child's reaction to environment is the result of the struggle between his instinctive strivings and the limitations and inhibitions set up by his environment. The realization comes early that all we desire can not be ours. It is fundamental that the parents should present a united front to the child, their need is more than biological. To sum it up, parenthood in itself is an obligation to society as well as to the child which can only be met by molding the child into a social being.

Many books have been written on the importance of feeding the infant and the growing child. A definite program must be worked out from the very genesis and diligently adhered to, because habits of eating, sleeping and elimination are all directly concerned with the physical well-being of the child. Regularity is one of the greatest factors in keeping the baby well. If this is not kept in mind, the child becomes emotionally upset. If a child is angry, lonesome, unduly excited by overstimulation at play or by fear, he is in no condition to assimilate and digest food. Every child has certain instinctive strivings toward power and recognition and rather limited ways in which to gratify these. In this connection, he uses all in his power, such

as vomiting, crying, enuresis and regurgitation of food to secure attention. If a thing works once with Mother, it will work again, and habits are the result. The meal hour must not be a time that affords the child an opportunity to put himself across as an individual of importance.

Through the physiological process of sleep, nature has provided for the conservation of the child's energy, so that it may meet adequately the demands made upon it by the tremendous physical and mental growth that is taking place. Donaldson states that the cerebral cortex attains its full thickness at about fifteen months of age. Never again will his mind, his character, his spirit advance as rapidly as in this formative pre-school period of growth. Proper habits of sleep must start at birth, else the Mother is going to have a great deal of trouble sooner or later. The Children's Bureau makes the following significant statements to Mothers: "A child grows most when asleep. When he is awake, the food that he has eaten is used to supply him with energy for his play and other activities. When he is asleep his activities are cut down to almost nothing, and his food can be used to renew the tissues that have been worn out by the day's play and to build new tissues. The building of new tissue is called growing. If the child gets too little sleep, his growth is hindered."

In the teaching of discipline and obtaining of obedience, it is important to remember that the commands should be few and well thought out and not domineering. Directions should be of the positive, clear and simple nature and stimulate the child's interest. Requests should be of the positive, fair variety in-

stead of the common "don't" idea. Above all, one must be consistent and expect obedience.

An innate equipment is common to all human infants; each has organs for reception of stimuli and response, also a connecting and coordinating mechanism. All have innate responses and tendencies to reflex and random movements and instinctive tendencies of self assertion, gregariousness, play and a tendency to immitate, as well as several others. There is present the tendency to care for weaker things, sex, and emotional responses. Ada Hart Arlitt says of this, "These emotions involve two sets of adjustments--change in visceral and glandular processes, and changes in skeletal musculature. The awareness of these changes and of the stimulus which brought them about constitute the total state to which we give the name emotion." The bodily changes are under the control of the autonomic. The emotions present at birth, according to Arlitt, are fear, rage and love, love being used to cover the variations in that emotion classed by Freud under the heading of "Sex." Arlitt maintains that "It is one of the primary functions of education so to condition the emotional life of children from infancy on that they will adjust normally in the social life to which they are a part." Innate activity and tendencies may be modified by practice or use and by disuse and by satisfactory or pleasant results of these activities.

Memory refers to anything learned, and procedes in accord with the primary laws of association. Imagination is similar only the objects are less clear. The thinking process, according to Dewey, is divided into five stages: (1) awareness of a dif-

ficulty; (2) its location and definition; (3) suggestion of a possible solution; (4) experimentation with bearings of the solution; (5) rejection or acceptance. Of course, this traces through to maturity. Language, drawing and other forms of expression are also further developed by the current educational systems. All through the fact ever recurs that each individual has a different rate of growth, of intelligence, of emotional stability and of strength of instinctive tendencies.

Of the special problems in child development, I have touched on food and eating habits, and sleep and rest; space does not permit further discussion of tantrums, jealousy, unadjusted children and many others. Reference material on the work and studies of habits, behavior, psychology and education of children is boundless. It is like attempting to know everything. This requires constant, intelligent study and work for a good purpose. Frederica Beard states, "every nurse who has the care of children will do greater service to humanity if she be intelligent--rather than ignorant--in regard to the growth, mental and physical, of the human beings for which she cares."

The Sick Child

Fashions of long ago made children look like small adults; old pictures illustrate this. However, there are many differences, and the most marked perhaps is the anatomical. The child is really an unfinished product. His body and mind are in the process of growth and development, and great changes are taking

place in the different organs and tissues all the time. Lucas says, "We can see that the structural differences in anatomy of the child and adult have definite relations to other factors. The child's head is one-fourth the length of his body, so are his legs. His liver is relatively twice the size. The child's skull is not a hard box, but is thin enough to feel bones and spaces and pulsations of the brain through the vault of the skull." Children have their own pet diseases too, such as rickets. Rheumatism affects the heart in children and infants. The child's organism is more plastic and less stable; he is sensitive to outside influences and environment and responds readily to proper treatment. The rapid recuperative powers of a child are constantly demonstrated. Lucas says further, "The mental and psychological differences between child and adult are today as tangible and as demonstrable as the physical differences. The various periods in infancy and childhood differ as widely in their psychological status as the whole period of childhood differs from the adult period."

The nurse, in order to understand the sick child, must know how normal children behave, act and develop. One author gives as the first essential qualification of a good pediatric nurse, a love of children, for the characteristics of puberty and adolescence would be considered and posture and endocrine gland studies would be included.

The adequate course should include the nutritional requirements of infancy and childhood, including the feeding of normal infants and children. Topics under this are digestion and metabolism of foods; nutritional requirements of infancy;

breast feeding; milk and other foods; vitamins and mineral substances; and the nutritional requirements of infancy and childhood.

The diseases are considered next. The first to be taken up are the nutritional diseases of infancy and childhood and their treatment and prevention. Diseases coming under this classification are the deficiency diseases, scurvy and rickets. Others are allergy and eczema; malnutrition in infancy; acidosis and alkalosis. The treatment of difficult cases; diarrhoea due to foods, constipation, and the relation of nutrition to teeth are also considered under this heading.

Next to be considered are the contagious diseases. Their recognition, prevention and treatment treats of such diseases as scarlet fever, measles, diphtheria, pertussis, mumps, german measles, exanthem, subitum, chickenpox, smallpox, and epidemic meningitis.

The diseases and pathological conditions peculiar to early life are listed under a separate classification and include diseases of the new born, pyloric stenosis, hemorrhage and paralysis, pyelitis, vaginitis, congenital heart disease and other congenital anomalies.

Also of great importance are the peculiar manifestations of certain diseases in infancy and childhood. Such diseases as upper respiratory infections, adenoids and tonsils, retropharyngeal abscess, otitis media, mastoiditis, lobar pneumonia, bronchopneumonia, tuberculosis, syphilis, infantile paralysis, dysentery, rheumatic infection, endocarditis, chorea, appendicitis, intussusception and nephritis.

The environmental and hygienic factors which are emphasized in early life are care of the infant and infant hygiene, clothing, habits and habit formation, food habits, abnormal habits, education and school hygiene.

Not to be overlooked if the course is to be inclusive and complete are the social aspects of pediatrics. This takes in the morbidity and mortality in infancy and childhood, infant welfare work and child hygiene.

The nurse must also know and be able to assist in the special procedures, such as lumbar punctures; the taking of cultures; skin tests, e.g. tuberculin; tests for allergy; transfusions; intraperitoneal injections; vaccinations; the use of convalescent sera; and various injections.

She must also know the importance and method of administering of specific preventive measures in critical diseases, such as smallpox, pneumonia, diphtheria, typhoid fever, tetanus, rabies, rickets and scurvy.

Lastly, the knowledge of conditions, the immediate recognition of which is essential to saving life. Emergencies of this nature are caused by diphtheria, cerebrospinal meningitis, intussusception, acute appendicitis, retropharyngeal abscess, laryngeal stenosis and melna.

The above outline for a pediatric course was taken from the report of the Subcommittee on Medical Education on Pediatrics from the White House Conference on Child Health and Protection called by President Hoover in 1931.

This report contains this significant statement, "Perhaps

no branch of medicine has made such rapid progress as the subject of pediatrics. Not only has it, as a part of the science of medicine, made most astounding and tremendous strides as the result of research, but equal to this, if not surpassing it, has been the importance of its development in the field of preventive medicine, or stating it less technically, in its influence upon the health and the life of the community." This concept is not some years old and therefore may be considered a sort of juvenile type of medicine. The subject is before us and we must get in and work and labor and educate and not seek an inconspicuous place and let some one else do the work.

This entire paper traces and illustrates the changed ideas and methods of dealing with the child, both sick and well, and the results obtained. Infant mortality has been lowered so that his prospects of reaching one year of age are greater and the chances of his life span being a long one are very promising. However, there is no aspect of the life of the child which is without its health problem.

Examples of Work Now Being Done

The Cook County School of Nursing in Chicago maintains that the object of the course in Pediatric Nursing taught there, is to acquaint the student with the normal development and hygiene of the infant and child and his care both in sickness and health. This involves the study of physical and mental growth and development of the child; a study of the difference of the child and adult, in hygiene, sickness, and trauma; skill

in and understanding of procedure in pediatric nursing. Many procedures require radical alteration when applied to the care of the child. "Such adaptations are necessary because of the child's inability to reason and hence, to cooperate, to separate one disturbing element from another, and to control his emotional reaction; and also because of physiologic and anatomical differences in the child, his greater susceptibility to infection, and the greater mental and character development in process of the child."

In this same institution, the three months allotted to the pediatric nursing service includes the care of: infants, medical cases, surgical cases, including eye, ear, nose, and throat, and orthopedic cases, venereal disease cases, tuberculosis, and the preparation of infants formulas and children's diets. Correlation sheets, procedure cards, and case studies are used as aids in the teaching. Morning assemblies and ward clinics are held, reference reading is required, and field trips are made to nursery schools, convalescent homes for children, schools for handicapped children, and infant welfare centers. All undergraduate work is done under supervision and this brings about a very complete course in the result.

The students at Western Reserve University School of Nursing rotate so certain groups each have their series of lectures and classes and clinics in pediatric nursing.

The following is a report of a study made for the New York Hospital.

Pediatric Nursing--objectives of the course--outlined in

the National League of Nursing Education Curriculum.

1. To help nurses to understand something of the physical and mental development of normal children, and to acquire a knowledge of child psychology and essential principles of child hygiene and management, so that they can intelligently care for normal children and teach others to care for them properly.
2. To teach them the principles involved in the care of the sick or well children, the nursing procedures peculiar to the care of children, the usual manifestations of disease, and the means of prevention of disease.
3. To make the nurse realize the importance of maternal feeding, to make her skillful and exact in milk modifications and diet regulation of both sick and well children, and to emphasize the importance of proper feeding as a therapeutic measure in the diseases of infancy.
4. To give a sound basis for later work in connection with public health and child welfare.
5. To give nurses some appreciation of the causes and social aspects of infant mortality and thus secure their interest and cooperation in the conservation of child welfare.

The recommendation is made that observation in child welfare clinics should precede pediatric ward and clinic experience so that the student can observe the relatively normal before the

others. Also, observation of the physical development of the normal is important. In the clinic there are physical cases which seldom require hospitalization, such as rickets, malnutrition, feeding problems, undisciplined youngsters, and others frequently met with in the community.

A recommendation is also made concerning the personnel to carry out the plan to include a worker qualified in nursery school methods to help students with methods used in nursery schools for different age groups. This would enable a better adjustment and treatment of the patients to suit their age.

CHAPTER IV

PRESENT STATUS OF OUR KNOWLEDGE OF CHILD NATURE

Today, pediatrics is a big, broad, fundamental medical subject that has to do with everything that pertains to the health of the child.

"There is really no clue by which we can tread our way through the mazes of culture and the distractions of modern life save by knowing the true and natural needs of childhood and adolescence. Childhood is thus our pillar of ^{gold}~~gold~~ by day and fire by night. Other oracles may grow dim but this one will never fail." So says G. Stanley Hall.

Until very recently the care and culture of the young has been assigned almost entirely to parents, governesses, and teachers, but now we are turning our attention to the promotion of the physical, intellectual, and social well-being of the rising generation. Among others, psychologists are awakening to the study. The children's foundation is seeking to be of service in performing the task of coordinating, interpreting, and applying the results of investigations relating to the development of childhood and the young which have been made in recent years, and also the outcome of the experiments in promoting the well-being and education of the young. In other words, the work of the bridging the gap between our knowledge of child nature and the training of children has begun. The application of scientific knowledge to the enrichment of child

life has been long felt. Now, many books have been and are being written on the subject. The authors who deal with this phase of scientific knowledge and the child are James, Dewey, Hall, Thorndike, Binet, Stern, Bagely, and Terman.

The application of the principles of individual development to school promotion is manifest in the Dalton plan, Batavia plan, the Platoon plan, and many others.

To summarize, "The science and practice of child development and training are more intimately associated today than ever before in the history of psychology and education. This is shown by the many excellent available books in educational psychology and education, as a science, by the establishment of laboratory schools for studying children, by the application of the laws of physical growth to the practical problems of health education, mental development and the promotion of normal and superior children in school."

In regard to bridging the gap between our knowledge of child welfare and our care of the young, O'Shea states, "There is much yet to learn but we already know enough if we put it into practice, to transform civilization within a generation or two." Today there is a race among the nations for supremacy in respect to matters that depend on education. The people of the United States are awakening to this fact, and many already appreciate the fact that we cannot hold our own unless our young people have more schooling and opportunity to achieve what our civilization affords.

Thus the chief end of child-study becomes one of collecting facts about children and formulating them in such a way as

to make them available for science and for the use of those who need them for application to practical problems.

The list of organizations interested in child-study and welfare is very long and includes the national and city governments, commercial clubs, mens and women clubs, the Board of Education, Teachers Associations, church groups, the Police Force, and many others.

Not to be overlooked are the many eminent Pediatricians and all Doctors, Nurses, Social and Welfare Workers, and Teachers who contribute definitely to the well being of the children of the nation.

The Children's Charter represents a monument in the study and consideration of the children of the nation and its true democratic nature is hopeful and worthwhile.

The National White House Conference called by President Hoover was called for the purpose of facing the situation of the children of our nation. It gathered the facts, and the states and localities are to apply them in their own way according to their particular needs and conditions. Aubrey Hastings stated in his address to the Oregon White House Conference, "Indeed, the health and protection of children is the joint and paramount duty of the parent and the statesman. Child care is not some sentimental, insignificant frill on the far fringe of public interest. It is a vital, throbbing, major concern of national, state and local government and public interest as well as parental responsibility."

The American Child Health Association publishes "The Child Health Bulletin." It has completed ten years of service to the

children of this country and has always been actively interested in the many studies and movements for bettering the health conditions of children. Among other things, the association had interpreted the findings of the White House Conference by means of public addresses, radio broadcasts, journal and magazine articles, and the daily press throughout the year and will continue to do so.

The projects adopted for 1933 were as follows: "The continuance of work in teacher-education, including the new classroom periodical; Spy-glass; school health education conferences; the infant mortality study; the national clean and safe milk campaign; the organization of state and county children's councils; the Child Health Bulletin and our standard publications, as well as the monthly radio station material and newspaper syndicated articles; and the completion of the school health study, and of the Metropolitan study. The American Child Health Association is to continue its advisory service in Child Hygiene including cooperation with the National Child Health Day program of the Conference of State and Provincial Health Authorities of North America. In 1932, the Standing Committee of the conference unanimously agreed to assume full responsibility for the annual conduct of May Day--Child Health Day as directed by the conference."

I think that John Dewey has adequately summed up the whole situation: "What the best and wisest parents want for their child, that must the community want for all its children."

I believe that the term "Pediatrics" must now concern the child in all phases of his life because it is the prevention of

diseases as well as the treatment of it. Therefore, the term must include the child before he is ill, while he is ill, and afterward. "Every child must be protected and helped." The Nursing Supervisor is one authority in one stage of this span of childhood, when and where she is needed she performs her task diligently and for the good of all humanity. In all, the child is the entity and the interrelation of the different types of work carried on by the different doctors, individuals and organizations working for childhood must understand each other.

Sellew deplures the fact that in our universities and colleges students are taught to swim and in some are compelled to, but yet young women leave such schools without any knowledge of the care of infants and young children. The great changes and progress of today are accomplished through education, and so everyone must continually strive to broaden his horizon, and, in the words of Wm. Lucas, "Like a flaming torch, this challenge falls across every little bed in the wards, across the laboratory table, across classroom desks, and the endless pages of technical subjects, and we press on because we know, in the words of Stevenson --

'Away down the river,
A hundred miles or more,
Other little children
Shall bring my boats ashore.'

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