

# YOUR CHILD FROM 1 - to 6



U. S. Department of Health, Education  
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## foreword

This pamphlet covers the years from one to six. Its purpose is to help you understand how your child grows and how you can help him.

During these years, the child develops more than during any other 5 years of his life. Among many other things, he begins to use his hands skillfully, to walk readily, to talk readily, to run and to play, to do many things for himself, and to play with other children. Much of the groundwork is laid for his lifelong health and happiness.

Parents are the major influence in their children's lives during this one to six period. As you gain in understanding your child's needs—and of children's behavior—you will feel more comfortable about your ability to help your boy or girl through these years that are of tremendous importance to your child—and to you.

During the last decade, we have made great advances in our knowledge about how to rear healthy children. We have made great gains in our understanding of the child's emotional and psychological growth and needs.

We know that within children is a strong drive to grow, and as we time our activities to mesh with this inner force, we free the child to develop to his fullest. Children thrive when their parents stand behind them, conveying their strong con-

victions about the way things should be done. We know that child development is more than the sum of sleeping, eating, and playing. The underlying attitude toward the child, interpreted to him through his daily life in a family, is the force which molds and shapes him.

In the belief that these understandings will help parents to feel more confidence in themselves in the enormous job they undertake, the Children's Bureau offers this new edition of a booklet which has been growing along with the Nation's children since 1918 when it was first published under the title *Child Care—the Preschool Years*.

This pamphlet reflects the contributions of many professional workers who gave time and thought to its content. Among them are child psychiatrists and psychologists, pediatricians, preschool and parent educators, nurses, orthopedists, and specialists in nutrition, child development, and safety. In addition, *Your Child from One to Six* has profited greatly by the comments of a number of parents who graciously consented to read it.

Detailed review of the contents was given by members of the Bureau's Pediatric Advisory Committee consisting of Dr. Stewart H. Clifford, Dr. Woodruff L. Crawford, Dr. Alfred H. Washburn, and Dr. Myron E. Wegman. To all the

reviewers, the Children's Bureau expresses its sincere thanks.

The pamphlet was written by Laura L. Dittmann, Specialist in Growth and Development, Division of Health Services, under the general direction of Marian M.

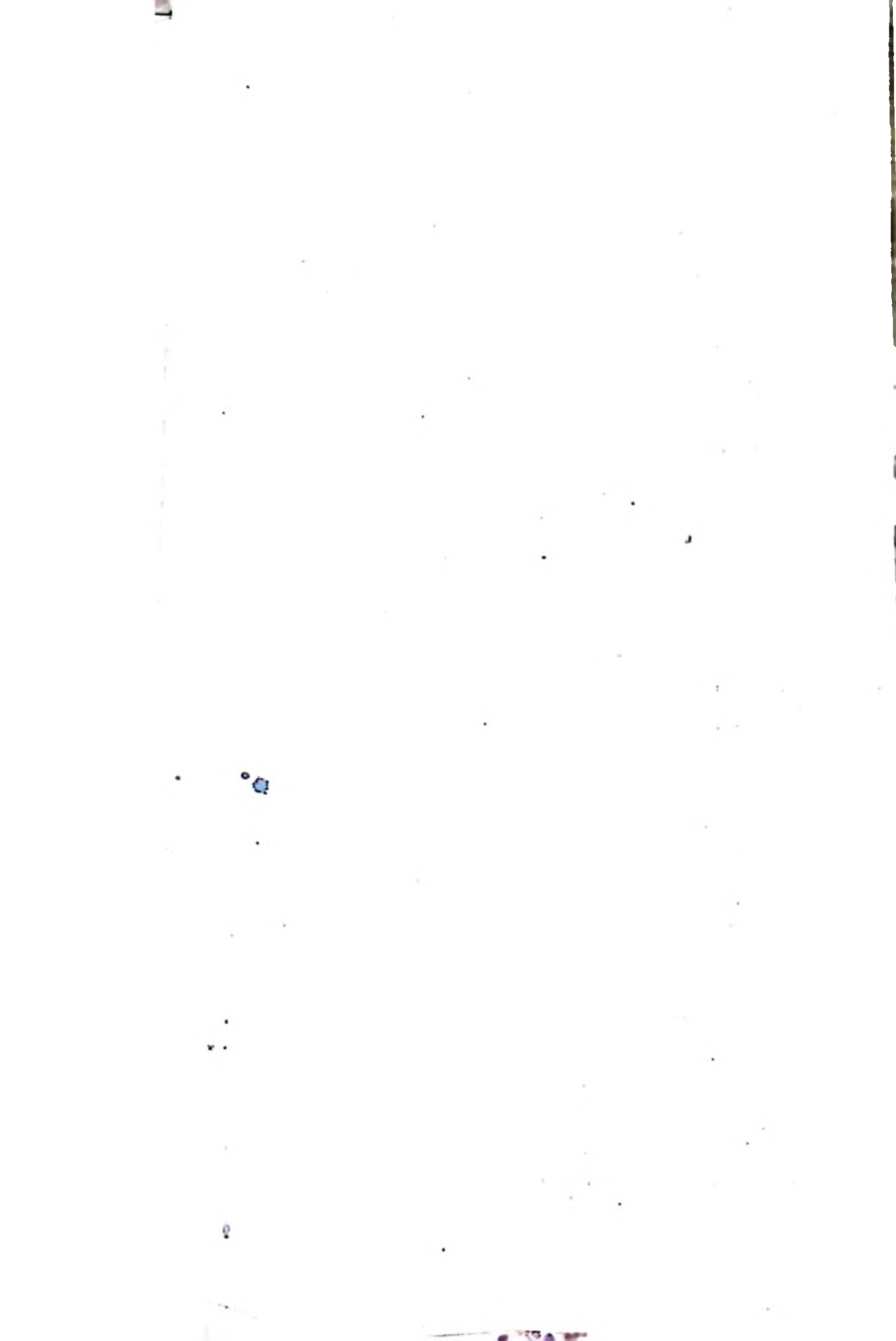
Crane, M.D., Assistant Director, Division of Research, and Muriel W. Brown, Ph. D., Parent Education Specialist, Child Life Studies Branch, Division of Research. The illustrations are the work of Edythe Alpert, Division of Reports

*Katherine B. Oettinger*

KATHERINE B. OETTINGER  
*Chief, Children's Bureau*

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# THESE PRESCHOOL YEARS

FROM ONE TO SIX, a child changes more than in any other 5 years of his life. A few, at age 1, walk alone part of the time. But when they really want to get somewhere, they drop down on all fours. By 6, a child can deftly park a tricycle, maybe even manage a two-wheeler, while keeping his hands on two master guns and chatting to his friends. An interior clock tells him that his favorite TV program is due and he's in a hurry to get the set tuned in.

It is a large order to trace this amazing development in one book. It's a heavy order for parents to keep up with their child, too.

To write about this bursting growth period, it seems useful to divide these years into rough stages. At first, a toddler is getting around and establishing himself as an independent person. He's no longer a baby, but he's not yet a child either. By 2½ or 3, he shifts from absorption in himself to a thorough study of people and things. He goes far afield, well, into an imaginative world. Between 5 and 6, most children want to know how to do things right, as adults do. The elementary school builds on this inner drive.

Throughout each of the three stages, a child grows more skillful in managing his body, more complex in mental activity, and more able to get along with others. These threads run throughout the early years, but at any one stage they have a different meaning. In this book,

topics will be treated, therefore, at roughly the stage in which they take on the greatest significance.

Speech development will be discussed in the toddler section because speech develops rapidly then and makes a profound change in the way a child thinks and in the way his parents think about him. Speech doesn't begin and end at this time, however. It starts in infancy as the baby plays with sounds, and it continues to be perfected all through childhood.

At any moment, the child is a composite picture of what went before, his present absorption in a new phase, and hints of what will come. Therefore, the device of dividing development into stages is but a method of making a book handy for reference, and in no way gives a picture of any one child at any one time.

Certain basic topics persist throughout the years of 1 to 6. Physical health, nutrition and food habits, and sickness are among these. Separate sections near the end of the book are devoted to these continuing concerns.

Experts in the growth of children have learned a great deal about the way development occurs. One step follows another, in a regular and predictable sequence. It may help to know that some of the annoying baffling behavior of a child is a part of what all children go through, and won't necessarily be happening (or even remembered) next year. Even so, a chart of normal development

breaks down when applied too closely to any one child, since he is himself, different from all others.

All parents know that each of their children is an individual, not like any of his brothers and sisters, and not like the child next door who may be exactly the same age. For this reason, any book about children tends to be oversimplified and does not portray the youngsters as complicated, as exasperating, or as engaging as they really are.

A child behaves the way he does partly because he is at a certain stage of growth. Equally important in determining behavior is the large package of influences that make him unique. Each child inherits from his parents a group of tendencies which, to some extent, determine how he'll develop. Events before and during birth itself differ somewhat for each. Each family has its own way of life. It's bound to make a difference if the baby is an Alaskan or an Arizonian, a boy after a series of girls, the first child or the unexpected last,

a crown prince or a baby arriving at a young mother whose husband is overseas.

Therefore, parents cannot be given a set of rules for bringing up their children even if they wanted them. Each family has to solve its problems by applying the best that is known today to its own situation. Such is the wonderful promise of babies, however, that most become, in time, reliable and valuable citizens who in turn, are ready to raise their own crop of bouncing, bustling youngsters. And such is the devotion and ingenuity of parents that they can, with a great deal or very little to work with, rear children who are ready to tackle the problems of the world with zest, good humor, and dedication.

Throughout the book, we talk about the child as "he," but, of course, we mean both boys and girls. It would become tiresome to repeat "he" or "she" each time. Often we speak of parents as "she" while we usually refer to both mother and fathers.



# FROM ONE TO THREE

YOUR BABY has already lived a whole year when this book starts. You may think that you've done all the work that first year, but your baby has been working, too. He's made a start on all of the learnings that will absorb him for the rest of his preschool years. He has felt to some degree all of the emotions which he will feel during the rest of his life.

He has learned a great deal about people from you, his parents, who for the present matter most to him. He's been teaching you to manage him. His arrival has pushed you into a new understanding of yourself, and has changed your feelings for each other. You gained in confidence, and your baby added to your confidence by becoming much more predictable as well as thriving on your care. It has been a full year, indeed.

## Taking stock at the first birthday

It's hard to remember how fragile he seemed at first. From fitting comfortably in the crook of your arm, your baby has grown about half as much again as his birth length, and he's probably tripled his birth weight. From being altogether helpless, he learned to control his head and trunk, and later his arms and legs. He can hold a rattle with his toes and use his fingers and thumb to pick up a speck of dust.

He may drink from a cup and perform

juggler tricks with his bottle. He reflectively tastes everything, and decides what he considers edible whether it's good for him or not. He gets about rapidly, creeping and crawling, perhaps even walking. He crawls up stairs and possibly worms down a few; he gets in and out of furniture. He contributes a few words to the conversation—hi, bye-bye, mama, dada. He has sounds which stand for many other words, and understands even more.

From a misty state of sleep, waking, and sucking which merged together, by his first birthday he wakes, sleeps, and eats in a definite pattern. Now he settles down to a long sleep and one or two naps. He's reduced his meals from six or more to three a day. He has learned to chew vigorously, although he may still have need to suck. He may have from four to six teeth which make his biting businesslike.

He knows his mother and father and other members of his family. Just as clearly, he distinguishes strangers, and somehow makes a quick decision on whether he can trust them. He's more interested in people than in toys, and loves to play little games such as patty-cake and peek-a-boo. Nevertheless, he can spend half an hour alone with his playthings.

At this age physical play, even roughhousing, is endlessly satisfying to him, especially if the game has an element of surprise or if you noisily follow him as



he creeps away, then delightedly catch or find him. When his father gets down on the floor to play with him, the baby shouts with delight and nearly bursts in his enthusiasm for the game and for life. He also knows when you're not pleased with him. He can tell how the people around him feel—if they are afraid, angry, anxious, affectionate, or upset. He catches his mood from them.

Through the first year he has begun to decide whether or not the world is a safe and dependable place. For most babies, the answer is loud and clear—the world is wonderful. They have developed a deep attachment to the people who take care of them. Through this attachment they can become human beings who can, in turn, care for others.

All in all, the first birthday finds most babies at a serene stage, responsive and absorbed in every detail of the world. Sociable and fun to be with, they anticipate with delight each step of the daily routine.

## He becomes a toddler

About this time, he begins to slide into a much more independently active and vigorous stage. He matches his new physical abilities with ideas and energy that seem boundless. The docile, manageable baby disappears and parents are dismayed at what a suspicious, bossy fellow they have on their hands.

Strange as it seems, the older the baby, the more he wants his mother. He doesn't want anybody else either, and may fuss if a familiar grandmother comes to fondle him, or daddy wants to pick him up. Even though he rejects them, at times he behaves better with them than he does with his mother. His father, for instance, may get him to eat better; grandma or a sitter may get him to sleep more quickly than either parent.

To explain these contradictions, it helps to know that a child's dependence on his

mother, or the one who has taken the most care of him, is really a sign that the job has been well done. He now begins to understand that he is a separate person. At first, he probably felt he was a part of his mother. It might be better to say he felt his mother was a part of him—the part that gets things done. She brought what he wanted, sometimes even before he was sure what it was.

As he grew, he became able to move away from his mother, by crawling or creeping. He could control his world to a much larger extent by fetching his own toys himself. He is on his own! This is a thrilling—and fearful—discovery, for he has learned to love his mother and responds to her intimately, finding assurance from her nearness that he is safe and all is well.

So, as he pulls away from her, he runs back even faster. This is shown clearly when a child crawls away from his mother to a different room. Suddenly he realizes that he is alone and howls, frantically eager to be "found" and reassured.

The toddler or creeper fares better when we don't add to his fears about losing his mother, so be cautious about planning any separation. This is not a good time for you to return to work. It's too soon to plan a vacation away from him. If the doctor feels that an operation for your child can be postponed, it is far better to wait. If a separation must occur, you will need to understand how deeply upsetting it is to the child, and be prepared for extra clinging and fearfulness afterwards. See "Going to the hospital," page 59, and "Jealousy," page 31.

At the same time the toddler is developing an increased awareness of how much he needs his mother, he is complicating life by wanting to run everything himself—without her. He wants to open doors even though he can't reach the knob. He sees steps and must march up them. He grabs the steering wheel. Parents are now faced with the problem

of how much to restrict and how much to give in. In the long run, the world likes people who have strong ideas and get things done. But the toddler can't be allowed to get into dangerous situations just because he wants to.

If, on the other hand, his parents over-restrict him, he may go one of two directions, neither desirable. The child may feel he must battle every step of the way, and become rebellious. Or, he may lose faith in himself and become docile, always seeking approval before he tries anything new.

### **Early experiences do count**

This baby, entering childhood, is really at a crossroads. If he continues to receive the warm assurance he has had, he will grow more sure of himself. If he is pushed out faster than he is ready to go, he will always be a little less confident, and a little more dependent on others, than he might otherwise have been. These early experiences have a lifelong effect. Even though the child doesn't remember what actually happened, and lacks words to give it shape in his mind, the feelings remain. He learns that he can count on people—or that he cannot; that he will be allowed to try things out—or that he'll be constantly thwarted. These characteristic ways of looking at things tend to persist and become a fixed part of personality.

Many problems of the preschool years result from normal growth which pushes the child into contradictions within himself. A serene, cooperative stage will be replaced by one in which nothing seems to go smoothly. Parents may find it hard to accept the changes in the child, and their mixed feelings may contribute to the child's lack of balance. If they do not understand the change as a result of growth, they are apt to struggle unsuccessfully to keep the child as he was. Even though they are proud their child

can do more things, they naturally mourn the lost babyhood.

The contradiction within the toddler of the urge to be on his own and his increased awareness of his need for his parents obviously produces problems for him, too. He can't have both at once. Gradually, he gives in a little at each end of his desire to be independent and dependent at the same time. But he's stirred up a big storm on the way.

Most of the rough spots in a day with a toddler occur over routines—meals, dressing, naps, going to bed. You come into the closest contact with the toddler's efforts to balance his wish for independence with his need for continued close mothering. Let us look at the toddler's interests.

### **Walking enlarges his world**

The age at which children walk alone varies widely. On the road to walking, they learn to sit, supporting themselves with their hands on the floor or crib mattress, then briefly without support, and finally alone indefinitely. They learn to move arms and legs together with swimming motions to propel themselves forward or backward—creeping, scooting, or crawling.

Later they begin to pull up, stand with support, and then move about, still holding on. The child who sat at an early age will probably learn to walk early. Children tend to keep the same overall pace in their development. Some are always quick, some slower at everything.

While some babies walk around 9 to 10 months of age, it is more common at 13 to 15 months. The actual age depends on many things: the heaviness of the child, his temperament—how cautious or courageous or timid and passive—and his general body build. These might be expressed as what he inherits. His daily life influences the age of walking as well.

Good nourishing food helps. So does an opportunity to kick and wiggle toes, to stretch and roll over unhampered by restrictive clothing. As you encourage him, and provide a safe place for his natural urge to use his muscles, you contribute to later walking skill.

A child can't be taught to walk until he is ready. And when he gets ready, it is almost impossible to stop him. He will spend most of his energy and time practicing. Once up, he hates to get down or be put down at all. He springs to his feet in the morning and walks all day long, frequently fussing about being stopped—even to eat. After he is put to bed, he may struggle to his feet again and again, practically walking in his sleep.

Keeping up with a child at this stage can be strenuous. If you interfere with his upright posture, or with his movements, he gives battle. He hates to be stopped or laid down to be dressed. It requires strength and determination just to get a diaper changed.

To balance when he begins to stand and walk, a child plants his feet wide apart and bends his knees a little. This tends to make him more steady. His feet are flat pads—no noticeable arch at all. His weight tends to fall on the inner part of the foot, so he may toe out.

His body makes other adjustments as well. The stomach becomes prominent and a curve develops at the lower part of the back. The pelvis will be tipped forward. The line of the upper back and head, however, is straight. He may be knock-kneed or bowlegged. He'll hold his hands up and out, and keep his elbows in to increase balance. Diapers give him a bunched look. Precariously poised, he can be knocked over with a feather.

Balance and coordination will increase as he grows and uses his muscles. By 6 years of age, the feet should point straight ahead, knock-knees will have straightened out and the foot no longer

tilts. His posture is greatly changed. Nowadays we place more value on natural development of good posture, rather than on teaching exercises or reminding the child to stand properly. The way you yourself stand and move will influence your child's posture, too.

Good posture is the result of—

Good nutrition.

Plenty of fresh air and exercise.

Sleep and rest taken on a firm flat bed.

Special attention to rest after an illness.

Properly fitted clothes. Check socks and shoes every few months for length.

Happy wholesome home atmosphere so that the child feels confident and loved, free to let himself go.

## The age of accidents

The ability to move around by himself makes it possible for a toddler to get everywhere. This, however, isn't the only reason toddlers need so much supervision. As a part of becoming more independent, they wish to investigate everything for themselves.

During the first year, a baby has been in a crib, a playpen, a high chair, a stroller or carriage, or held on a lap most of the time. It is not right to keep him so confined now as he must explore the world for himself. No one can do it for him. It is next to impossible to confine him, anyhow. So make the household and yard as safe for this venturesome little person as possible. Even so, he needs constant supervision.

Before a child takes his first step, check your home for safety. Remember he doesn't use his eyes alone in learning about the world; he will lick, taste, punch, squeeze, listen, and toss. He has keen interest and no sense about danger. Just how little we can rely on him is proven by the number of accidents which occur to



adventurous and curious toddlers.

Accidents are the leading cause of death in children, and a fifth of all poisonings happen at just this age. Poisons kill more children than polio, diphtheria, scarlet fever, whooping cough, and streptococcal infections combined. Other leading causes of deaths in young children are cars, falls, fire, and drowning.

Bathrooms, kitchens, and basements are apt to contain the worst traps. Pointers on ways to make your home safe are listed on page 74. Experience has shown that these pertain especially to children as they begin to walk.

Ordinary fixtures of the house become dangerous when a child reaches the exploring age. Among the common items are lamp cords, electric sockets, ashtrays, fireplaces, bottled beverages, irons left with cord dangling down, dressing table items such as pins and scissors, and pans with handles which protrude over the edge of the stove. Remove what you can. It is your job to protect him from those

which can't be spared. Telling him isn't enough. Firmly and consistently, remove him from danger. His ability to get around is considerably ahead of his ability to stop himself.

A child may tamper with forbidden items to get attention. When he seems unreasonably stubborn about returning to dangerous objects, be sure he is not being ignored or overrestricted in other ways.

Safety is the most important consideration in buying special equipment for a child. It is easy to be attracted to the color or extra gadgets, but sturdy construction is more important. Buy a playpen that will not pinch a child if he works the mechanism himself. He should not be able to get his head through the bars. Strollers, high chairs, and bouncing chairs should be well balanced.

Select a high chair that is solid as the Rock of Gibraltar. As a child grows older, he's going to insist on getting in and out by himself. For many children

a high chair becomes the first jungle gym. For this reason, a low feeding table may be the better choice.

### "Growing pains"

In spite of all care, children do get hurt. They fall off beds, tumble down stairs, find broken glass and "help" by picking it up. Parents—and children, too—have to learn to accept some accidents as a part of growing up. It is possible to make a child fearful instead of confident if you are overzealous or constantly remind him to be careful. Through a reasonable amount of experience with heat, sharpness, and pain, a child learns to temper his zest for exploration with caution.

### Sleeping habits change

The infant who snuggled willingly into bed may become a toddler who puts up a fuss. Going to bed interrupts everything he values—play and the nearness of people. He lives in the present moment and feels that he is being deprived forever. Tomorrow seems not to exist. Tired after a busy day, even groggy with fatigue, he battles to stay awake to keep his parents near and "the show on the road."

Some toddlers fight against bed because they aren't sleepy. A toddler may have somewhat lower sleep requirements than the baby and is ready to omit one of his daytime naps. Just which one will vary from child to child, and may be unsettled from day to day. For a few weeks, the household may face almost daily readjustment. The toddler, who didn't sleep in the morning, sleeps long and late in the afternoon, and is ready to go until midnight. In this transition period, try moving the noon meal up to 11:30 or so, and arrange for a nap in the early afternoon.

All of us vary in the amount of sleep

we need and no one can tell you exactly how much sleep your child will require. As long as he seems contented and satisfied with life, be relaxed about the exact amount. Around 12 hours at night, plus a daytime nap, seems to be the average until 6 or so. Small bodies need a balance of rest and activity. So rest or sleep during the day is better for most children than one long sleep at night.

From early infancy, a child should sleep in a room away from his parents. Everybody gets a better rest. Your activities can be very disturbing to the child. Your relationship with each other can be interfered with by the presence of even a very small outsider, as well as possibly being upsetting to him. Since children are apt to be restless sleepers, they are apt, in turn, to disturb the adults.

Whether the child is to sleep in a room with other children depends upon many things. The most important, of course, is how many rooms you have. Try various combinations of children for the one which works best. It may change from time to time. Partnerships may be made on the basis of temperament, feelings of importance, soundness of sleep, as well as those of age and sex. It sometimes works better to put the oldest and youngest together as their bedtimes may come at quite different hours.

Many sleeping difficulties can be avoided if you think of bedtime as a matter of course—it's not open to question. Make a plan for the day which allows for plenty of interesting activity, as much as possible out of doors. Then it is easier to be firm and clear about the bedtime hour. You're not so apt to feel you're depriving the child, but know you are offering him what he needs.

Allow plenty of time to get your child to bed. If he senses your haste, he'll find ways to prolong the performance just to keep you around. Do something with him for a few moments before bedtime, such as reading a story or listening to a



record. He may have been kept more or less at a distance from you by household and work demands all day. He will find it easier to say goodnight after you've shared some time together.

Reserve going to bed for times to rest and sleep. If you put him there as a punishment, he may resist bed for sleep.

Slow down the tempo before bedtime or naptime. Arrange for quiet play. If the father wants to roughhouse after supper with his family, he should allow for a cooling-down period rather than to expect the child who is squealing with pleasure in a game of ball one minute to give it up the next.

Even so, most children take a long time to settle down. They practice new sounds, and sing, and call out—just to be sure you're there. You rarely need to look in after a child is comfortably settled unless there is an imperative note to his call. Fretful, whining crying is

usually to attract attention, which might better have been given at another time.

When the child first gets out of bed by himself and arrives in the living room, damp and sweet from his bath and flushed with the success of "jail breaking," the achievement may both dismay and secretly delight you. Many toddlers go through a period of bouncing up and out of bed at all hours of the night for a while. Like the 2 a.m. feeding for the infant, this intrusion into the family's night rest will end, but it is a trying time. Some parents try to confine the night prowler to his room, and feel he will give it up sooner if neither encouraged or forcibly discouraged from his night activities.

### *The crib rocker and head banger.*

Some children get up on their hands and knees to rock in bed, roll their heads from side to side or bang their heads



against the crib. Some children do this only at bedtime. Others may do it during the day or when they wake up from their naps. Some children may do it only now and then, while others keep at it every day or night for months or even years. Usually a child begins in the second half of the first year if he is going to do it at all; most children stop by 2½ or 3 years.

No one is quite sure why some children do this. Rocking and head banging may first occur when a child is passing from one stage of development to another, such as going from sitting to standing or from standing to walking. High-strung, sensitive children are more prone to become rockers than those who are more placid and easygoing. Many more boys than girls will rock. Children who have suffered earaches may do so.

The sleep of the household may be disturbed, but you're more concerned lest the child hurt himself. While he probably won't, it may help to pad the sides of the crib with thick cotton quilting, or to remove the wooden headboard and replace it with canvas or sail cloth. To cut down on the noise, try shoving the crib against the wall, and tie it in position, placing padding between it and the wall. The crib itself may be placed on a thick carpet. It may help him to stop rocking if another rhythm is introduced, such as a metronome or a loud alarm-clock tick.

You might encourage the child to use his body in rhythm at other times with a rocking chair, a hobby horse or rocking boat, a swing, seesaw, or dancing to music. Be sure he has plenty of freedom to run about. Don't keep him in a playpen a great deal of the time, especially if he objects. Also look for sources of tension such as differences in parents' handling of him, or an over-severe relative in the home.

Spanking or other punishment does not discourage this activity but rather seems to increase it. Many children rock

for a time when no troubles can be found. However, if your child persists, consult a doctor.

## Feeding the toddler

Selection of food, meal planning, and feeding problems are discussed on page 66. Since how and what toddlers eat is tied in closely with their independent, crotchety stage, a few suggestions about this age follow.

By the end of the first year, a child usually has been having semisolid food for several months and has learned to chew. He has three meals a day, perhaps with planned snacks to supplement. He's probably taking milk from a cup, even though he may still want to nurse from breast or bottle. You plan to increase the amount of solid food you give him, as you cut down on nursing. But this isn't what he has in mind, at all.

It is a surprise to find that he loses interest in his food, and may actually eat less. What he does eat, he wants on his own terms, with his own method of getting it from dish to mouth. He may take a sudden dislike to foods which he has liked before, perhaps his cereal or vegetables. His behavior fluctuates from meal to meal. You had enjoyed feeding the baby, but now this satisfying time of the day for both you and the child has vanished.

It helps to know that these ups and downs are normal. The baby's rapid growth is slowing down, and he actually needs less food in proportion to his body size than he did a few months before.

You can't depend on the old system of feeding your baby with a spoonful of cereal first, a bite of fruit, and tucking in the less-cherished vegetable. He may snatch the spoon, as if simply possessing it is all there is to eating. When he finds this isn't the case, he may throw the spoon away and begin to eat with his fingers. Soon as you get another spoon, he may

grab it and the struggle begins all over again.

Your child's desire to feed himself is, in the long run, exactly what you want. Therefore, let him do as much as he can, even if he is awkward. By 2 years of age, many children can do a pretty complete feeding job, if not a neat one. If you place a toy in his hands to keep them out of his food, you miss a good chance to let him begin. It also confuses him by making it a playtime. He's willing enough to play with his food already.



What seems like deliberate messiness may have a purpose all its own. A child feels his food and pours his milk on the tray and onto the floor because he is so interested in how things behave. What will pour? Is this cold or hot? What will happen if I bite the cup? A child does not see the difference between pouring his milk and pouring water in his bath. He does not yet know about the proper place for his experiments.

There is a big difference between the awkwardness of a child who is trying hard to manage food, and one who plays with his food because he is being forced to eat more than he wants, is getting tired, or has found this gets his mother upset.

You will want to help a child who has

stopped eating because he is tired of feeding himself, although he is still hungry. And you'll try to give him food which is easy to handle; spacing his meals and time of rest so that he is not overtired before he starts. Cut down on distractions which pull him away from his food before he has had enough to eat. Such wise planning helps to make mealtimes smoother for the toddler.

When a child has had all he wants to eat, he knows it. You may deftly squeeze in another bite or two, but you run the risk of losing his natural appetite as the best incentive to enjoyment of meals. Remove the food when he refuses the next bite or begins to play. If he is too hungry before the next meal, give him a nourishing snack chosen from the list on page 68.

*If he won't chew.* A few children have trouble chewing solid foods. The longer you let them stay on strained or mashed food, the harder it is to get them to accept lumps. Frequently, these children will accept cookies or toast, but they refuse chewy or chopped items such as meats and vegetables.

Such a child may chew if you give him larger pieces of food and let him bite off what he wants. A leaf of lettuce, crisp bacon, a wedge of apple, or a whole cooked green bean may get him started. Permitting him to finger-feed himself seems to work better than shoving food into his mouth on a spoon. Start the meal with something he must chew. A lazy chewer needs a lot of encouragement. It rarely works to wait for him to change by himself. Peas, beans, and other foods with tough skins are frequently not popular with children and are especially unpleasant to a child who still prefers to have his food mashed.

*The time for weaning.* Children vary a great deal in the time they are ready to give up breast or bottle, and there is no reason to be in a hurry about



it. Some are weaned by the time they are a year old. Many continue to get much of their milk by sucking until well into the second year. Some wean themselves overnight; usually it is done gradually. Around a year of age, children are very sensitive to being separated from their mothers, and it is easy to see why nursing is associated with mother. The child of 12 to 18 months who still wants to suck, especially at bedtime, may need extra reassurance and would be especially upset if deprived of it. Later, he'll probably give it up more gracefully.

Help your child in this gradual process by offering him liquids in a cup for some months before you expect him to give up bottle or breast. Don't worry if he doesn't drink all the milk you offer him. If you're inclined to worry, you may worry about whether weaning will mean that the child gets less milk. Be assured that many children at this age drink less than a quart of milk a day, yet are well nourished because their diet as a whole is adequate.

Worrying mothers often defeat their purpose, anyhow. They go along with nursing for months and months. Suddenly one day they decide that the child is too old for this sort of thing, and throw all the bottles away, or abruptly withdraw the breast. In this way, despite their initial indulgence, they end by forceful and sudden weaning. An earlier start, and more gradual reduction would have been less upsetting.

### **Sucking may continue**

Nursing from breast or bottle satisfies a deep need. A child who has not had a chance to suck sufficiently as he drinks milk may begin to suck his fingers, his thumb, or a blanket. Some children suck such objects practically from birth. Nursing is more than just getting milk, however. The feel of warm milk flowing into an empty stomach and the comfort

of being cozily held bring emotional satisfactions as well. So what started out to be a physical response soon carries deeper meanings. Sucking re-creates the contentment of being held and fed.

In most cases, the child who is going to suck his thumb begins before he has been completely weaned. If he hasn't started by then, he probably won't except for brief trials during a time of particular stress, such as the discomfort of teething, or when he wants to test how it feels in imitation of a thumbsucker.

Many children will give it up of their own accord by the age of 3 or 3½. They outgrow the need for this type of comfort. Occasionally a child will suck his thumb when he is tired, or finds himself at loose ends, or feels temporarily unsure. At other times, he is his busy, sunny self.

A few children persist in sucking their thumbs long past the age of 4. They may suck so vigorously and for such a long period that they push the roof of the mouth up and may change the position of the upper teeth. Such children usually show in other ways that they are unhappy or feel discouraged. It works better to try to find out what the matter is than to interfere directly with the thumb-sucking. Splints, bad tasting medicine, and mittens do not work because they intensify the child's feelings of being unloved.

Parents who object to thumbsucking may say that they are worried about germs, or that it looks babyish. They may feel uneasy about the pleasure the child gets from his body. Yet the germs a child will get from his thumb are no more numerous than those he gets in the natural course of his day. Remember, he's at the stage where he puts everything he can into his mouth. It's a way of learning. If you object to the appearance, remind yourself that the child is, after all, quite a young thing and has years ahead of himself to look grownup.

Some parents prefer to give the young

baby a pacifier to give him all the sucking he needs. While it seems like the same thing, pacifiers and thumbs are different. Unlike a thumb, a pacifier can get lost, or become weakened by use and can cause choking if bits are swallowed the wrong way. If you decide to use a pacifier, keep two or three spares on hand in case one becomes mislaid or worn out.

One problem with a pacifier is that parents may get the habit themselves. It is so easy to reach for it automatically at the first whimper. They thus encourage the child to suck long past the time he might have stopped naturally. They need to be alert to little signs that the child is ready to give it up.

### When do you start toilet training?

The time to begin to toilet train depends on the child. How can you tell if a child is ready? Physically he needs enough muscle control to stop a natural release. He has formerly let go whenever he felt pressure of urine or bowel material. Training involves teaching him to hold back, then. Just holding back isn't all, however. He needs to be able to tell you with a word or a sound, or a look on his face—or be able to get to the bathroom by himself. Even so, he'll probably need help with his clothing. After all this, he is to let go—promptly. Good toilet habits are a complicated business and require timing. To stop a natural release, to hold, and then to let go at a right time and place is what we are asking the child to do. You help, but it is up to him to manage it somehow.

Here is another clue to success in toilet training. Take advantage of his eagerness to be on his own and independent of you. This is quite different from "breaking" him of a bad habit, or punishing him for all his misdeeds by confining him to the toilet or other harsh methods.

You know he is eager for your approval, and wants to cooperate. At the same time, however, he has ideas about being his own boss. A mother so often takes credit for training her child when actually the child should get the credit! He certainly gets the blame when things go wrong.

When the baby is 8 or 9 months old, some mothers begin to place him on a potty or toilet at a time when he usually has a bowel movement. If he is regular about his movements, they will be successful at catching him.

Success depends upon intimate knowledge of the child's pattern, and the fact that they began to place him on the toilet before he reached the stage where he wanted to be on the go every minute. They may proudly announce that they haven't had a messy diaper in weeks. As soon as their star pupil learns to crawl or walk, however, or if the rhythm changes, many find they are back where they started. The toddler acts as if he never heard of the idea.

Real bowel control can only be taught to most children after they learn to walk. If you're eager to get started, try it out to see if the child catches on. Supply a word for him to announce his wish to go to the toilet, or use his own sound. Place him for brief intervals on the toilet with the diaper on or off—so he learns how it feels.

Comfort and stability are important. A child should have good support for his back and feet. He may find a low seat less frightening than an adult fixture, with a child's toilet seat added. Bring him when you expect a bowel movement. Stay and talk with him. Take him off the toilet, success or no, after a while—seldom longer than 5 minutes.

If he struggles to be free, you gain nothing by forcing him to stay longer. He may be content to stand beside the toilet without removing his diaper. While this doesn't save a diaper, that isn't

the goal here anyhow. The goal is to gradually get the idea of right place, at the right time, accepted.

Little children feel quite possessive about the products of their bodies, and don't view bowel movements with disgust. They are sure, at some point, to dabble in the toilet bowl or smear a bowel movement on the crib or walls. Try to temper your dismay as you clean up smearing with an understanding of the child's experimental frame of mind. In fact, you yourself are apt to act joyous about bowel movements when the child places them in the toilet. Some authorities observe that it must seem quite callous to a child when his mother noisily flushes them away. For this reason, or because the child may fear being flushed down himself, some mothers tactfully wait until the child has left the bathroom. Later on, of course, children enjoy working the handle themselves.

Fear of being flushed down the toilet occurs at a time when a child may also fear that he will slip down the drain in his bath. Such fears seem ridiculous to adults, but the child has a very poor notion of relative size. He experiments with the bulk of things in his play, fitting little things into big ones, and tries to shove big things into small spaces. It takes months of practice to get it all figured out. He hasn't much of an idea of his own size, either, in relation to doors, and drains, to chairs or doll carriages.

Regular, daily bowel movements have become a symbol of good health in the minds of many people, but such a pattern is not necessary at all. Many children have movements every other day or so. Unless the doctor prescribes it during an illness, the use of suppositories or enemas is unwise. A diet which helps to keep the mass soft, plenty of exercise and fluids are better than medicines which lead to overconcern about a natural process.

*Training the bladder.* Training a child to stay dry is the next step. Without pressure, the child will gradually shift from wetness to dryness. This is better than an all-out push. "I'm training Bobby this week," implies that everything else is forgotten except concentrating on trips to the bathroom. There may be tension about the state of the diaper at any time of day. Wet? A defeat. Dry? Run up the flag!

Around  $1\frac{1}{2}$  or 2, a child will tend to increase the space of time between voidings, as the bladder will fill up instead of emptying automatically. He understands more and has a few words he can use. He may be in a more cooperative frame of mind than he was at 1 year. He will be wanting to imitate others. He isn't so completely wrapped up in learning to walk and has a little extra time on his hands. Training will probably go faster if you wait until 18 months or so to start. Girls may be ready somewhat sooner than boys, as they are with other activities which require control and maturity.

Start by taking the child to the toilet when you find him dry. Very often this will be after a nap if you've gone to the child promptly when he wakens. Put a child in training pants. They are easier for him to manage and may give an incentive to stay dry. If you've been premature about making the change, though, don't threaten him about returning to "baby" diapers.

Some parents set up a regular schedule, such as before and midway between meals. The child's own rhythm is the best schedule to follow at the beginning, however.

Frequently, a child who has been doing well will have relapses. His learning is not fixed, and will be easily unsettled for months by such things as cooler weather, a slight cold, a visitor in the house, or excitement about a trip. Try to take these relapses without fuss or comment.

Sometimes even more serious troubles show up. A child may refuse to go to the bathroom at all, or will plainly show that he is so worried about having an accident he can scarcely do anything else. When this happens, relax your training, or give it up for a while. Disturbances may show up that seem not connected to training at all. He may be quite upset about getting his clothes dirty, for instance, or avoid touching soft or gooey things, or refuse to cooperate at meal-times.

A child who has shown for a time that he understands what the toilet is for does not forget it easily. He probably catches on to things very quickly, much quicker than you want him to—such as where you keep the lemon drops. Therefore it is not necessary to scold or punish to fix the idea of toilet training in his head.

You may have started too soon. Or, he may feel he needs to boss this himself. A look at his life may give an answer. Does he have a chance to make decisions about how and what things are done to him? Is he getting any satisfactions from growing up, or has he decided that it is better to be a baby? Is he so afraid that he'll have an accident—he can't help having one?

Whatever the cause, you help him most by encouragement, not by punishment. Most children are 3 years old before they stay clean and dry in the daytime.

A child working on his toilet habits may be unable to perform in a strange bathroom or out of doors. The 2-year-old easily gets into a rut, and depends on familiar surroundings to respond. So, it is a good idea to vary the place and get him used to changes. On a trip, take along his toilet seat. You might tell him in advance that he will be using a new bathroom, or will have to urinate in the woods. Since his toilet seat may be a sign for release, parents may be able to hold the seat for him, over the grass or any suitable spot.

Little boys first urinate sitting down. The age when a boy learns to stand probably varies with the amount of male company he keeps (including father, of course) more than anything else. Male example will give the little girl ideas about a new way to urinate as well. While the results are discouraging to her, she will doubtless keep trying, on and off, until she accepts herself as she is.

**Night dryness.** Staying dry at night comes later and hardly belongs in a chapter on toddlers. However, since parents want to be consistent, night dryness can be placed here. Before 4 years of age, occasional night wetting is to be expected, although some children are dry at nights even though wetting in the daytime. If you haven't struggled over daytime training you'll usually find that night dryness comes just as easily with your encouragement.

Some parents take their child to the toilet about the time they themselves are going to bed or very early in the morning. Some children are able to perform quickly, still asleep. If the child doesn't succeed so easily, is annoyed or upset, it is well to give it up. Some people feel that taking a sleeping child to the toilet may make him urinate in his sleep longer than if he were let alone.

Cutting down on liquids after 5 p.m. may help a child who understands the connection between drinks and an over-full bladder. However, if he regards this as a deprivation or a punishment, he may become rebellious or fearful of an accident. When a child who has been dry at night feels unsure about the way things are going, when a new baby comes, for instance, wetting the bed may be a symptom of his doubts.

**Attitudes toward the body.** Long before training starts, a child senses how his parents feel about changing diapers. It is fortunate if you've been able to



handle this care matter of factly. While training, parents may become so absorbed in their teaching they scold the child for mishaps. He may get the notion that this part of him is disgusting. It is easy for him to confuse his waste processes with the genital organs themselves, and a shameful attitude toward his body may result.

Children learn very readily that society demands a certain amount of reserve about elimination. They can acquire this reserve, however, without the shame that often used to be developed about the body and its functions.

Some children discover one way or another that they can produce pleasant and soothing sensations by stroking or touching their genitals. They explore sensitive parts of their bodies as they do other interesting things. Their attention quickly wanders. Therefore, you don't need to do anything about it. If you're really upset, casually place a toy in his hands. Quietly pick him up and talk or play with him, offer him a drink of water or occupy him in some other way. If you interfere every time you see him reach for himself, you may give him the idea his body is bad or dangerous.

## He learns to talk

To be able to talk to another person is strictly a human feat. It sets man apart. When a baby first utters a sound which seems to have meaning, parents spring into action and even think about the child differently than before. They truly welcome him into the human race. Everyone was delighted with the first tooth, or the first steps. But these purely physical accomplishments do not carry the exciting promises of the first word, the delights of experiences shared through speech, the comfort of talking together, simple companionship.

In infancy, he amuses himself with throaty noises and bubbles, coos and

chuckles; authorities assure us he's learning how to talk. Before long, he'll have hit upon a great many sounds, some of which he'll discard because he won't need them in speaking English, although they may be needed for other languages.

From the very beginning he uses his voice by pitch and intensity changes, by crying, chuckling, or fearfully shrieking to tell you how he feels. Very quickly he selects your voice out of the other sounds around him and recognizes its friendly or unfriendly tones.

As time goes by, he hears a lot of talking around him—and to him—as you chat to him while bathing or feeding him. In his play with sounds, he begins to imitate the rhythm of the language which he hears. He seems to converse with characteristic pauses and inflections (be it Chinese, French, or English), although the individual sounds are meaningless.

Around 6 months of age, he can reproduce some of these random sounds at will. By the time he's a year old, through the encouragement and attention he got when he just happened to make a sound, and through having it repeated back to him, he begins to associate it with an object or a person. In this way, speech comes into being. It is the result of the maturing of the tongue and throat muscles (which have been strengthened by sucking), learning to hear what he's done, a desire to communicate, and sufficient intelligence that he can associate a sound with the meaning it has to others.

Learning to speak is the chief way a child becomes clear about what he knows. Of course, he thinks and feels before he can talk, but what he thinks and feels becomes clear to him as he learns to say it. He can use words to remember past events and to anticipate future ones.

He finds that words are very powerful, too. When a child can begin to command some language, he can begin to control his world. Parents are relieved

to find that it is much easier to manage a child who can talk.

The child is apt to overdo the power of words for a time, particularly when he discovers the strength of "No." Slowly he gains the ability to express his desires in more detail. He can say "In a minute," rather than "No." And he can be helped to use words to defend himself, rather than to rely on biting or hitting, crying or running away. Through language, then, he gradually becomes able to manage his affairs in a way to bring himself satisfaction in a manner acceptable to society.

*The "chatterbox" stage.* Some bright children begin to use half a dozen words before they walk. The exact age will vary. For most children, addition of words may be delayed as they concentrate on learning to walk, but by the second birthday usually they hit a tremendous spurt and may add 300 or 400 new words in the next year. They add new words by asking constantly "What's that?" A 3-year-old uses the words he knows over and over again. "Talks all the time," says his father. And it's true. He may be saying 11,000 or 12,000 words a day. He'll keep adding new words to his vocabulary all through the preschool years, and to some extent all through life, but the rate is never so great again.

At first he uses single words to express whole thoughts—"light," "car," "hat," "dinner." You know by his gestures and tone of voice what he means.

Soon the child, who is so active himself, wants to express action, so he begins to use verbs too: "Daddy go," "dog bark," "baby run."

Learning to use pronouns correctly comes somewhat later because they change constantly as they identify self and others, and he has a self-centered view of the world. He still feels that he is the only "me" that counts. How can

you be "me" when he is "me"? Furthermore, he is frequently addressed as "Baby" or "Tom." So he will tend to say "Tom get up." Don't make an issue of it, but sometimes you can phrase an idea correctly and have him imitate you.

*"Baby" talk.* Children make up wonderfully expressive words, which become a part of the family vocabulary. An excited 3-year-old, hearing a siren, shouts: "A sirengine." A breakfast cereal is christened "scrippies." As others in the family delightedly pick up these inventions, they help the child to fix meanings to words. They serve as a bridge between the child's words and adult language. Talking this kind of baby talk, in which the child's own words and simple sentence structures are copied by the adults, helps him to catch on to spoken language. He is baffled by long, elaborate sentences.

Children love to play with sounds long after they learn to speak, and 3- and 4-year-olds giggle over nonsense such as "gaggle, goggle, zoom, zoom, zoom." A good beat to a string of nonsense is all that is required to keep a group of preschoolers amused. Along with their pleasure, they are perfecting difficult consonants and emphasize the last or middle syllables of words which improves their articulation of speech, too. These word games are good practice.

Preschoolers like to play with words of doubtful social use—"pee pee" and "wee wee," as well as any other they happen to hear. They enjoy getting a shocked reaction—how powerful they are! If you ignore this kind of play, or substitute your own nonsense, you usually keep word play from becoming a problem. "You're an old mashed potato yourself" delights him just as much as his naughty word.

Neither of the above examples is to be confused with baby talk of the kind that keeps a child using immature sounds he long ago would have dropped had he not

discovered that baby talk gets results from parents who think it is cute. Children who hear good speech tend to copy it. Usually a child will outgrow baby talk when his parents do.

**Late talkers.** The age at which a child will talk and the amount of talking he does are highly individual matters. Girls tend to start talking sooner than boys, and may talk more clearly. Older brothers and sisters may interpret for the younger child so skillfully he does not need to talk. Twins and triplets are apt to be late in talking, and may continue to be hard to understand because they spend so much time with a partner who speaks no better than they do. The amount of talking a child hears influences the amount he will produce, too.

Children who live in institutions talk later than those under their mother's care. Temperament is also a factor. Some children are full of chatter from dawn until dark; others watch and observe silently. Some children begin to play with words early; others wait until 2 or 3 years of age to begin. Children talk more when they have something to talk about. A vacation trip to the beach, for instance, gives a great boost to the new words a child will learn as well as the amount he wants to say.

Circumstances sometimes require the child to learn two languages at once. They astonish us by knowing when they should use one language and when the other. Often the child's skill in both languages will be slowed down by the double task, but he'll catch up.

If you're worried because a child is slow in talking or because no one can understand him, recognize that there are many reasons for poor or delayed speech and each of them requires a different approach.

If a child does not talk by the age of 3 years, try to get a thorough study made. Your doctor may refer you to a speech or

guidance clinic. Your nearest university may have one. You might write to your State department of health or of education, usually located in your State capital. The Office of Education or the Children's Bureau, U.S. Department of Health, Education, and Welfare, Washington 25, D.C., can tell you where clinics are located. Since the public schools are very much interested in providing speech correction for children who need it, you may be able to get diagnosis and help through your local school district.

**Stuttering is common.** To think of the right word and get it said is a hard job for a child. It becomes harder around 2½ or 3 years of age when the child's ideas get bigger than his vocabulary. All through the preschool years children find it difficult to express their ideas smoothly, particularly if they are excited or upset. They may get in the habit of repeating everything to be sure that they'll be heard by an absentminded parent who is tired of hearing them chatter. Or they may hesitate and fumble over words if they fear that another child will beat them to the punchline.

Parents who are especially interested in speech, who may have had problems in speaking themselves, or have had someone in their own family with speech difficulties will be apt to worry about the jerky uneven speech of the child. They are sure he's beginning to stutter or stammer. Once they've noticed it, they hear the jerks and repetitions more clearly than ever, and what might have been smoothed out naturally gets everybody's attention riveted on it.

In worrying about it, parents are sure to show their concern in some way—in the expression of their faces or the tone of voice they use in talking about it. Then the child becomes worried about it, too. Parents are tempted to help by saying "Take your time," "Start over, now,"

"Say it slowly, Jimmy." The child realizes that he does not please his listeners and becomes more hesitant. Next time he wants to tell them something, he can scarcely get the first word out, sure he'll do it wrong. Then his speech does, in fact, become disturbed.

This is one way stuttering may begin. There are probably other causes as well.

All this can usually be prevented. Here are some simple suggestions for helping your child to develop good speech. These are the same as helping to prevent stuttering.

Allow your child to speak like a child. Children are still learning to manage words and ideas. They should never be teased about faulty pronunciation.

Allow your child to behave like a child as well. Children who are expected to be perfect and to excel in neatness, staying clean and dry, manners, quietness, and obedience are sure to show this strain in some way. It very often shows up in speech problems, or even refusal to talk, since talking is so closely tied up with what a person thinks about himself.

Listen to him. Talking takes two: one to speak and one to listen. Your child will be vastly encouraged if you listen attentively to what he has to say. Much of the time a little child is shut out of adult conversations—at meals, when guests drop in, when mothers talk on the telephone. It may take special effort to include the child.

Most children become self-conscious about speaking before strangers, if forced to say nursery rhymes or to show off. They may wish to share their own ideas, however, if given a chance with a friendly audience of one or two guests or a familiar neighbor.

Read to your child, sing with him, talk with him. Jokes, word games, and nonsense are good fun and valuable, too. Little children gain much from sharing words with others. Good speech is tremendously valuable to every child and

adult, and everything possible should be done to secure its advantages and pleasures.

## The toddler plays with everything

A little child makes no distinction between work and play. Adults envy the way a child can lose himself in what he's doing—in a story, a toy, the running of the bathwater, the dance of a butterfly. At the same time they become impatient that the child shows no sense of time ("don't you know it's lunchtime?") or annoyed when he finds it hard to tear himself away from whatever is so compelling.

The toddler squats on the kitchen floor amusing himself with a big spoon and a pan. He licks the metal, listens to the bang, polishes the rivets, puts the spoon in, tries to put the pan in the spoon, shoves it across the floor, turns it upside down to hide the spoon, finds the spoon again. When he can find no fresh discovery, we say he is bored with them. He'll start all over again if other items are added—sand, water, pebbles, smaller toys, clothespins, a lid, more spoons, other pans. He hits on new possibilities, he masters the old tricks. Then he trots off, finished.

He's not aimless; his play has a purpose, even though it may not be clear what he has in mind or just what he is accomplishing. What does he learn as he plays?

He first learns how to manage his body—to shove and push, lift and throw, climb and jump, pinch and squeeze, poke and break off. Awkward and clumsy at the beginning, he learns to guide his arms and legs and trunk, then his fingers and hands, into smooth, effortless performance by the time he is 4 or 5.

Then he must find out how things work, where they go, what fits into what. He must try out everything he sees others



doing, be it sweeping or cooking, cutting the grass or fixing the car.

Gradually a new element appears. A block of wood becomes a car, and the toddler makes convincing motor sounds. He circles, and drives in and out of traffic. He lines bits of cereal up to become marching men. He himself becomes a dog, or an airplane. In most children's lives, such imaginative behavior begins around 18 months. The brighter the child, the more imagination and the earlier it begins. Imaginative play increases rapidly to the age of 4 or 5, when it crowds out the world of reality.

Through imaginative play, he learns how it feels to be something—or somebody—else. He expresses how he feels as a little person in a world of big people and strong forces. He plays out real life roles, faithfully copying gestures and voice inflections; he releases angry or frustrated feelings; he relives experiences which have been upsetting, mysterious, or enjoyable.

*Where will he play?* As soon as the child begins to get about, he'll want to be wherever his mother is—in the kitchen, laundry, or bathtub. Parents who dream "the child's in his playroom and all's right with the world" are doomed to disappointment. A recreation room, removed from the hub of activity, is seldom used willingly by little children unless others are there, too. Since the child wants nearness to you so strongly, try to let him play nearby while you work. Your companionship is clearly important to him; your supervision is vital to his safety.

Even though you can have him near you much of the time, you'll want him to have a place of his own to play. It may be his own room, or an area elsewhere which he knows as his own, and where his main possessions are kept. Hopefully, there he can be free of many restrictions required in other parts of the

house. If he has his own place, you have a right to expect him to begin to respect the difference between his and your phonograph records, his tea dishes and your best china, a place he can climb and your upholstered furniture.

If he has his own place, don't lock him in or send him there as punishment. He can't enjoy a spot which is used as a jail. It seems to work well if a child has regular playtimes in his room each day, as well as regularly recurring time to be out of the place. You may find you need an hour in the morning to get a good start on household chores. Again, in the afternoon, expect him to play there quietly alone as you prepare dinner.

At times a child who usually is contented in his room alone becomes restless and bored quickly. He needs some deft "first aid." If you can take a few minutes to join the fretful child and "play" with him (by which he means having you accompany him in his activities), he may be contented again for a while alone. He may be showing that he needs greater variety in his experiences, more interesting things to do, or some friends to play with.

To be orderly, a child needs to have a place to store his things. It can be simple—an orange crate, a cardboard carton which you can paint to make it last a long time, or low open shelves which are deep enough to keep things from tumbling off. Very early, a child can begin to help put his toys away at the end of play. This is a good moment for friendly talk as you share the task. It will be many years before he can do it all alone.

Encourage him to put away as he goes along, too, but at best this takes a lot of adult supervision. Little children do not play with one thing at a time, returning it to the shelf before selecting another, and it is not reasonable to expect it.

One way to cut down on confusion and clutter is to keep only a few toys

available at any one time. If a child has many playthings, put some away to be rotated or brought out on special occasions, when he is ill, or tired of the other things. Many distract and keep him sitting from one to another.

Even though he has his own place, reserve a certain area for him in other rooms, too—a shelf in the living room for old magazines and his books, a low drawer in the kitchen for safe kitchen playthings.

A child will play on the floor a great deal of the time. Minimize drafts by using weather stripping, heavy drapes, or a screen made stable by hooking it to the wall. Select a floor covering which can take frequent washings, such as linoleum, cotton or straw rugs. They give a smooth hard surface for block building and rolling car wheels. Wax linoleum or bare wooden floors only enough to make them dirt resistant, but not slippery. Small scatter rugs cause falls.

Wall surfaces also require frequent washings. You might tack oilcloth, hard-surfaced masonite, or other protective fabrics to the lower third of the wall. Use really washable paints, for it is disappointing to discover that many water-soluble paints streak badly when cleaned. Check the label on all paint used in the child's room, on the furniture or toys, to be sure it is safe to use on surfaces which might be chewed by children. See page 76. Wall plaster contains lead, and if eaten by a child can cause poisoning.

**Fun out of doors.** Out of doors, a child needs a safe place where he can run about freely and climb. Ideally, he should have ground to play on. He likes to sit in the grass, to watch ants running in and out of their hills, to pick up pebbles, and to pull his wagon over bumps. He likes to have a place to dig. If there is no yard space, a portion of a porch away from the steps can be fenced

off. Be sure the railing is secure. Or check your neighborhood to see if a public park is within walking distance for periods of outdoor play.

Hours and hours of happy play, alone or with companions, are afforded by a sandbox. At first the child fills cups and digs with a spoon. Later he builds roads, tunnels, and forts. Sandbox play remains a favorite sociable activity well into the elementary school years, so it will pay the family to build a large, sturdy enclosure for sand.

The Children's Bureau Publication No. 238, *Home Play and Play Equipment* (p. 21), gives directions for making a sandbox. Sun and air can aid in keeping the sand clean, but it is well to provide shade for part of the day, if possible. If there are no trees, use a beach umbrella, sail cloth, or canvas stretched on a frame. It is helpful to locate the box where it can readily be filled by a dump truck or wheelbarrow.

Fencing a portion of the yard gives both you and your child peace of mind. Within it, he doesn't get into trouble, making you angry because he destroys flowers or precious shrubbery. He's safe from a spanking because he has gone into the street after his ball.

If you have a choice, place the enclosed area where you can see it from within the house. If you rent, you can use inexpensive wire mesh or snow fencing stretched between posts deeply embedded in the ground. One wall of the house may serve for a side of the play yard. A folding gate can often be adapted to close the entry. To keep a child happy, provide boards and boxes, an automobile tire swing, sandbox, assortment of sandbox toys, and wheeled toys. A place to climb makes it even better.

An agile child can get out of almost any enclosure if he really wants to, so the fence is more a reminder of safe boundaries than a corral. Cheerfully assume that the child will play in the fenced area



because he belongs there. Visit with him often, or provide a playmate if you can. Even a pet can give a child a sense of companionship.

*What will he play with?* A few simple toys, carefully selected for the child's interests and abilities, are all that is needed. Remember, he wants to play with everything that he is allowed to. Many of his play materials he finds around the house: pots and pans, clothespins, rolling pin, potato masher, plastic containers with lids, spoons, pie tins, empty boxes, spools, and so on.

Check all items for safety. Are edges sharp? Are they safe to lick? When broken, would they puncture or cut? Could parts be swallowed or inhaled, as with pieces of a rubber balloon, buttons, or marbles?

Many "educational" toys can be made at home. With few tools, a handy mother or father can saw out a puzzle, or make a pyramid of gaily painted wooden disks to slip over a dowel, a floor train of cigar boxes hooked together with screen door hooks and eyes, or a drum by lacing circles of inner tubing over the open edges of a large can.

Suggested toys for the toddler, somewhat in order of advancing age:

Sturdy rattles, telephones, noisy squeak toys.

Large ball.

Floating toys for the bath.

Push and pull toys (such as a bell mounted on wheels).

Low rocking horse or seat on rockers.

Stuffed animals or dolls (maybe he won't take any interest in these at all).

Sandbox toys (that don't rust):

Wooden jelly spoon or trowel may last longer than toy shovel.

Plastic pail or kitchen items may outlast thin tin toys.

A nest of blocks (treated cardboard or wood, boxes, painted cans, cups).

Small sturdy wagon or wheelbarrow, kiddie car or small tricycle.

Small chair (which he'll carry around) and table (at which he'll stand mostly).

Simple take-apart and put together toys.

Simple musical toys (triangle, bells, tambourine).

Pounding sets.

Bright picture books with large pictures.

Cars, trains that interlock, boats.

Rubber dolls, animals.

Suitcase or large pocketbook.

Big wooden beads (1 inch) to string on thick string such as shoelace.

Puzzles with 3 to 8 pieces.

Wooden planks and hollow blocks.

Sawhorses (low).

Avoid toys which—

Have small or easily removable parts such as eyes on a teddy bear.

Are fragile and easily broken.

Are electrical or need winding up.

*First friends.* The toddler enjoys friends. He gets along best with one or two. His first meetings will be most pleasant if short, simple, and supervised. An occasional half-hour with another child is much better than the free-for-all of a large birthday party. As a matter of fact, birthday parties are most pleasant for host and guests if kept small. One guest for each year of the child's age is a good formula to use.

Even with friends, he is apt to play by himself, stop to watch occasionally, argue over possession of a truck, or briefly get sociable with a ball. Toddlers seem to understand each other without words, and just like the idea of having someone their own size around.

They aren't born with a spirit of generosity, either, and are apt to be fiercely possessive about their toys. "Mine" is one of the first words children use. And they're willing to let others use their things only if they don't happen to want them at the moment. To take turns and to share require years to learn—in fact, some adults are more lacking in such graces than their own toddlers.

Adults can't force a spirit of generosity, but they can help. Be sure your child doesn't have to share too much, too often. If you suggest that a child share a toy, see that he gets it back in a reasonable time. If he's not forced to give up his possessions, he'll discover that it is fun to share—that two people can put blocks into a wagon together, with one to push and one to pull the load. Such brief encounters will tend to increase as children learn to trust each other, and become better at talking about their ideas.

To make playtime with others satisfying, an adult needs to be nearby. But don't be so quick to interfere that the children have no chance to settle anything themselves and get to know each other in the process. At the same time, don't be so withdrawn that children become upset and worn out with each other.

You're sure to be distressed when your toddler bites or hits another child. You're apt to be amazed at the interested, detached look on his face as he studies the tears of the injured party, apparently unaware that he caused them. As a matter of fact, he probably didn't plan it this way. He may have punched or squeezed his friends much as he does his beloved teddy bear. He is apt to regard them as similar. He needs information, then, not punishment. "Your teeth hurt, Sally, see—she's crying." If he has bitten because he is angry, tell him he can't do it. Don't make him feel that he's "bad," though, because he was angry.

Occasionally, toddlers who resort to

biting are provoked beyond their endurance, and may need closer supervision to protect them from equally immature, or unfair playmates. At any rate, biting a child back to teach him *not* to bite seems useless. "I'll show him that it hurts" usually fails. You've shown him instead that you hurt, too, and have taken advantage of his small size.

The child nearing 3 years of age who repeatedly bites or hits other children probably has some reason other than simply not knowing any better. Try to find out why he wants to hurt others. Usually his victim is a substitute. He may feel that he is hemmed in by his parents' demands, or gets so little support from them he's unsure of their love. Or, he may constantly be faced with competition against which he can never win—the competition of a baby or an older child. He's ready to charge at the slightest opposition.

It's bad enough when your child bites another, but it's even harder for most parents when their own child is hurt by another. Before you rush to send the visitor home—"the little savage!"—be sure that your interference doesn't keep your own child from learning a valuable lesson—that of defending himself. Little children are assured when their parents treat their friends with as much understanding as they themselves receive.

*Going visiting.* Short daytime visits to the homes of your friends can be pleasant and beneficial to a child. He's especially lucky if he has grandparents close enough for frequent, casual calls. From such contacts he can learn to know people of several generations and the rules of different households. He can begin to form a picture of what old people are like, and may profit from a little wholesome indulgence.

When he's out to visit, or friends come to your home, you're apt to be conscious suddenly of his manners. Preaching a

company set of manners is probably useless for preschool children. It seems to work better to encourage a child to express his friendly feelings naturally. Ignore adults who demand formal manners in these early years. It does help a child to be given simple tasks he can perform to add to the comfort and welcome you give your guests.

Long visits away from home, without you, don't always work well for little children. Frequently grandparents who live far away desire a long visit, especially if they seldom have the pleasure of "spoiling" their little ones, putting them to bed, fussing over a hairdo, and telling stories about the days when mommy or daddy were little. Despite their wishes, shorter visits usually work better for all three generations. Little children become homesick, even though they're with loving grandparents. Parents may resent the difference in methods their parents use. And the grandparents, in spite of themselves, are apt to find the care of active little ones more than they bargained for.

## Managing a toddler

Life with a toddler is a compromise between his fierce desire to manage everything and your good sense about what is harmful to him or to others. Through the routines of the day—such as feeding, toilet training, and play—you give the child his first lessons in how to behave. Thus begins discipline, yet it has less to do with obedience or disobedience than with patient teaching.

When a child adjusts to your wishes, he exchanges some of his strong ideas for your loving approval. It is one of life's first business deals. He behaves to suit you because he values you and depends upon you. Later, his behavior will be geared to enlist the approval of friends, teachers, and others, but right now his parents are all.

It is easy to expect too much of a tod-

dlar. Everyone wants to adjust the world to fit a baby. But as soon as the child begins to walk and talk, people tend to forget how immature he is, despite these impressive abilities, and they expect too much. Especially unfortunate in this regard are children who happen to be unusually big for their age.

Those responsible for a toddler's well-being have to strike a delicate balance. They need to anticipate dangers, and see that he gets sufficient rest so he doesn't add fatigue to his immaturity. Most difficult of all, they have to give him enough freedom that he doesn't become entirely dependent on them or rebellious about restrictions.

Some suggestions for handling a toddler follow. The way you handle him will determine whether he can retain his vigorous sense of power or will emerge with feelings of doubt about himself.

**Keep life simple.** From the repeated routines of the day a little child learns to trust in the world and feels able to produce what is expected of him. Remove knickknacks and breakables which you cherish. They can be brought out again when the child has more control of himself.

Crowds and noise and confusion should be the exception, not the rule. The modern supermarket, with its crowded aisles, flags that wave, and piles of cookies attractively stacked in arm's reach, is an everyday example of a situation which is almost more than a child can bear. It is no wonder he is frequently in tears at the checkout counter and his mother worn out with "You can't have that," "Don't eat the ice," and "Come here."

Mothers who can accept the child's plodding help in taking items in and out of the basket seem to fare better on marketing trips than those who try to keep their helper from touching anything. A lightweight stroller will keep the toddler confined. Some mothers like



a harness as a way to give a child some freedom within a safe radius.

### *Try to avoid head-on clashes.*

Channel the child's actions by suggesting something more—or equally—interesting. Avoid a battle of wills. "Here is a ball" is enough to make him absentmindedly hand over the cigar butt he has discovered. "I'll put your cup here" helps direct the child's interest away from your hot coffee.

Actions speak louder than words to him. If you begin to do the things you want done, he'll often go along while muttering "no." Walk toward the house when it is time to go in, start the bath water running when it is near bedtime, and he tends to trundle along. Doing something is what he likes best. Not doing is hard for him.

The words you do use should be simple and clear. Long speeches confuse him. "Now, your boots" is a short way to phrase "You have to wear your galoshes because it's raining." Stand beside the child, or kneel to be at eye level. This puts you on a more equal basis, and you're not so apt to shout when confronted with the solemn, steady gaze of a toddler.

Teach him the meaning of "hot," "hurt," "tastes bad" rather than just saying "don't" or "no." Try whispering your suggestions from time to time. He'll whisper back, enchanted with the air of mystery, and often astonishingly cooperative.

### *Follow through on your decisions.*

A child depends on you to help control impulses, whether they be physically dangerous or simply sufficiently annoying to cause him trouble. It is better for little Alice when her parents stop her, and are strong enough to weather the temper she displays than to let things go on too long and wind up furious at her stubbornness. When Alice needs to be stopped, her mother will substitute an-

other activity, or give simple directions. If these fail, her mother quietly picks her up and takes her where she wants her to be.

Sometimes Alice's mother will decide, on second thought, that she can accept her refusal gracefully because it really doesn't matter so much. Alice cheerfully patters off about her business when her mother says "Time to come in." Her mother may decide that a minute out of doors would be fun for them both, and lets the nap wait awhile.

If a change in activity does matter, though, both will feel better if her mother sees it through, promptly and without spite. If her mother strikes Alice in anger, that may give Alice the idea that temper tantrums and hitting are acceptable, and she'll use them, too. She may anyhow at this age, but the example of the adult convinces her the method is good. Alice's mother, being sure of herself, can take the time to make her point tactfully. The time saved by abruptly stopping a child usually gets used up in drying angry tears which follow hasty or harsh commands.

When a child continues to disobey, it may express an inner drive over which he has little control. For example, around a year of age he may throw toys constantly. At this time, he is learning to let go of things, as well as testing weight and whether it will bounce or break.

It's best not to start picking things up for him. If you do, he'll think you've made it a twosome and goes at it even harder. Put him on the floor so he can fetch his toys himself. Save your breath. This is temporary.

## **Your babysitter**

The babysitter is an important member of most households these days. We know that everybody is happier if parents can get out with each other now and then. Couples need to continue to enjoy com-



munity affairs and personal interests after the baby is born. We know, too, that sometimes children are better off at home than being dragged around from store to store.

Regardless of how long or how often you use a sitter, she must be someone who can be trusted. It is best if you use the same or few persons. Both sitter and children are more at ease when they know each other. When you hire anyone who will have more or less regular contact with your children, ask for references and a current physical examination, including a test for tuberculosis. Teenagers often have these tests at school.

The first time ask the sitter to arrive well before you expect to leave so that all can become acquainted. Even if you expect the child to be asleep while you are away, be sure he knows the sitter. The

soundest sleeper has a way of awakening on such occasions. Then both the child and the sitter have a harder time because the child is frightened by the stranger and your unexpected absence.

Such an episode can start persistent sleeping difficulties. Once frightened, the child may waken crying night after night, or refuse to go to bed, until he finally becomes reassured that he can trust you again.

By the time a child is 2 or 3, after he and the sitter have become old friends, he can be told ahead of time that you are going out. Put him to bed, and he'll be able to remember that you'll be gone.

Many young couples band together as a club to exchange sitting for each other. A volunteer secretary keeps track of the hours. By this plan many different

mothers and fathers may be used, but the problem presented by the changing faces will be offset, somewhat, because they usually have other contacts with the child and are also apt to be familiar with the home routines.

Teenagers do a lot of babysitting. They may or may not be experienced with the ways of young children and feel more confident if you take the time to show them how you feed, diaper, and care for your child. For that matter, any sitter, old or young, appreciates full information about your ways of doing things. As the child grows older, he's sure to announce "mother always does it this way," or "mother lets me have that." If you've talked your ways over with her, the sitter will be able to distinguish fact from the child's understandable wish to try her out.

Among the items a sitter likes to know are: Does the child expect food or drink

before bed? What time does he go to bed? Is he supposed to have any medicine? Should he have any medicine if he asks for it? What is his favorite toy? How do you arrange the covers? Does he go to the bathroom during the evenings? Where may he play—indoors and out?

In addition, the sitter should have other information: what is the telephone number where you, or some responsible person, can be reached; the telephone number of your doctor, and the fire department. How do you regulate the heat? Are there any extra jobs you have in mind? How about snacks, use of radio or TV? Do or don't you permit the sitter to have companions? What time do you return? If you are to be delayed more than 15 minutes, phone. People who are otherwise conscientious about promptness are frequently careless in their commitments to sitters.



## THREE- AND FOUR-YEAR-OLDS

AS THE THIRD BIRTHDAY NEARS, a child gradually takes on the looks and actions of a new phase. He's no longer a toddler or runabout, a walking baby, but one entering early childhood. Often this is called the preschool age. Since thousands of children ages 3 to 5 go to some school for part of each weekday, and the parents of the rest will tell you they are not "pre" anything, "preschool" seems not very appropriate. They are actively engaged—with every fiber of their beings—in being young children. They push out into the world noisily and eagerly.

In the next 2 or 3 years, a child becomes much more skillful in managing his body. He learns to run easily and freely, climb surefootedly, jump, hop, and handle a tricycle well.

If his growing interest in taking off and putting on clothing has been encouraged all along, he will be able to do a complete dressing job, except for tying shoestrings or bows, by the time he is 4. He'll need help still with a snowsuit, tight rubbers, or buttons in the back.

He is efficient with glass, spoon and fork, and he eats more neatly. Managing his utensils is not so all-absorbing and he is able to talk and eat at the same time. He gets carried away with his story, or with watching and enjoying other people, and a good many glasses of milk are spilled as his attention is directed elsewhere.

He no longer needs to concentrate to get up steps, one foot at a time. Now he runs up the stairs, one foot after another, in order to find his mother to tell her the ice cream man is outside ringing his bell.

Going to the toilet no longer requires much thought, either. He makes a hurried stop as he rushes to his play. Even the hurried stop may be postponed until too late because of the press of other interests. Little boys around 4 are too busy playing spaceman to bother about going to the toilet, and their mothers wail at the characteristic wet circle at the front of their pants.

Once a child can do a thing easily, it gets shoved to the background in his thinking as his horizons widen and he is absorbed in a new skill. He almost seems to go backwards in ability to care for himself nicely. Mothers may begin to nag their youngsters to do better because they know they have done so in the past. "Your baby brother is neater than you!" expresses this feeling. What the mother may have forgotten is that her older son ate more neatly when he was younger, too.

In eating, toileting, and dressing habits, a child may relapse during these busy years. Later on, routines, will seem important to him again as he reaches school age and likes to abide by rules and regulations.

Your job, as parents, changes too. You had to do everything for the infant—

feed him, keep him clean and dry. You taught the toddler how to do these things for himself, and protected him from physical harm. By the third birthday, you guide but arrange things so that he can do for himself. This means you have to be willing to "let go" a little. While many parents welcome this relief, others find it hard to trust the child enough to let him learn by trying things out, frequently making mistakes.

One thing helps a lot. The child actually becomes more trustworthy. If he has found that people listen to him and let him make some decisions, he doesn't need to fight to get his way. He now gets ready to cooperate.

He will ask for help. He wants to know if he may or may not do a thing. "Can I go out to play now?" He tries to understand. He takes refusals more easily. He can wait a little. In short, he becomes good company. Most of the time, that is. There are sure to be fluctuations from day to day, at times of stress and when he has been ill.

Now what a child learns depends less upon what his body can do, and more upon outside factors. Those around him determine to a large extent how much stimulation and challenge he gets, communicating to him their sense of values and their ways of life. Opportunities for him to learn come from a wide variety of materials, ideas, and experiences; his life is enriched by a wider circle of people important to him.

## **Fathers become important**

Up to this point, we have spoken of parents in a way which makes mothers and fathers sound practically interchangeable. In our society, most of the day-to-day care is the mother's responsibility, although often the two parents work side by side changing diapers, feeding, filling the washer, cooking the meals, and cleaning the house.

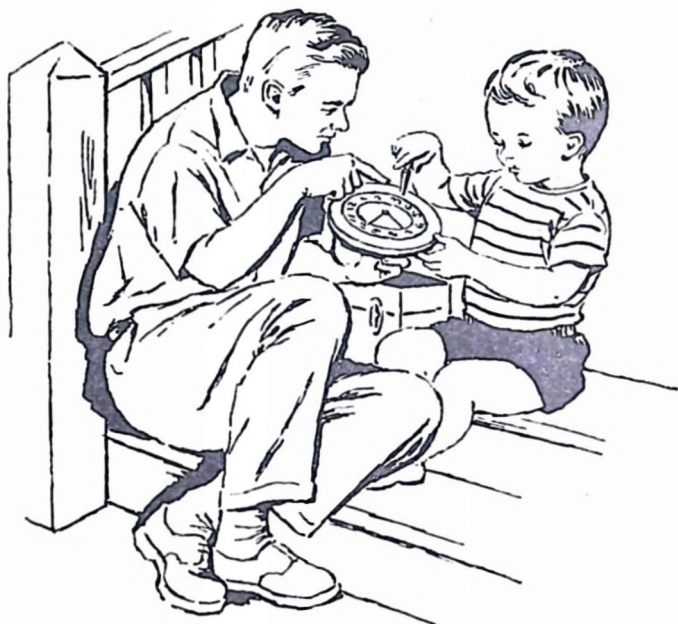
The toddler naturally turns to the one who has had the closest physical contact with him—close restraining arms which reassure and keep him safe, hands and face which wordlessly express joy. This could be either parent. Usually the mother has the most opportunity. Yet many fathers slip comfortably into supervising supper, bathtime fun, or goodnight intimacy.

Actually taking care of a child does much to give an understanding of little boys and girls, and the fathers who feel comfortable giving physical attention to their babies at the start are lucky. Others come into fuller appreciation of their children when they learn to talk; still others, not until the child can share more adult activities, such as fishing trips or carpentry. Fathers don't have to be exactly like mothers in their feelings or behavior toward their children. Their own way of doing things is equally valuable.

Whatever the difference in men, their children turn to them more and more, and as they do so, they are apt to feel more fatherly. The child turns to his father partly as he breaks away from closeness to mother. It may also be an expression of his pleasure in daddy as an important person in his own right.

The father's arrival home from work is greeted with glee. While he may have hoped to slump into a chair, he might find it better to give 15 or 20 minutes of undivided attention to his clamoring youngster—a rousing game of ball, or reading the paper together. Then he can tell the child "go along now, Daddy wants to read." This may satisfy the hero-worshipper somewhat and keep him from pestering and begging for attention all evening.

By the time a child is 3, he studies others and begins to see the differences in the way men and women act. Fathers, as men, become patterns for male behavior. Mothers show both their boys



and girls what women are like. The child carries this even further, and for a while wishes to become the husband or wife of his respective parent when he grows up. Little girls practice on their fathers how to win a man's heart; little boys fall in love with their mothers, see how a man earns a living, treats women, and—in short—behaves like a man.

### When parents disagree

If mother and father don't always see eye to eye on the way to handle the child, it's hard for everybody—but not necessarily a catastrophe. Children can become accustomed to different ways of doing things. By the time they are 3 or 4 they have learned to distinguish, and practice, quite different sets of expectations. There will be one set of rules among the neighborhood children, and another in the house with the family. Grandparents

may do things differently than parents. Dinner, when the father is home, may be unlike lunch when only the mother is present, and breakfast may be still another pattern.

As long as these expectations are roughly the same in various situations, children seem able to change behavior, or language, to suit the occasion. They become confused only when things are forever changing in the same situation.

If the mother says one thing and the father another, the child becomes uneasy because he needs approval from both. He'll continue to try to get his way, from one or the other, but he feels lost when his two protectors so betray him.

Of course, differences, even occasional quarrels, are to be expected. Friction is bound to occur between parents, between child and each parent, child and child. People who love and trust each other may honestly disagree now and then, but

can resolve their differences through discussion, even heated debates, or sharp conflict. A good row may clear the air.

There is evidence, however, that when the mother and the father basically disagree about almost everything involved in raising their child, the child suffers. He is apt to become aggressive and quarrelsome himself. This feeds the tension between the parents, and the home becomes heavy with outbursts and resentments. Hurt and hate pile up when people take fixed positions against each other.

It helps immensely if parents can frankly discuss their feelings about raising children. Only when they recognize differences can they work out a solution, or failing that, agree upon a truce. Sometimes one parent lacks information known to the other. Talking it over helps them see things more the same way.

Parents may find it a good rule to back each other up, even if the solution proposed is not one that either would have selected. The child suffers less from what might seem to one parent to be too easy or too strict, than he does from fear of losing the love of the other parent.

## Brothers and sisters quarrel

Some days children in a family don't get along at all. Neighborhood play doesn't always go well either, and loud shouts and cries pierce the air.

When quarreling and fighting break out, it is well to look carefully at the situation. You may feel that you've spotted the troublemaker right off, and know just what to do—send him home, or off to his room if he's yours—but this isn't necessarily the best way to handle it. Instead of fixing blame on somebody, try to get the children to work out a solution. Frequently, their ideas are much more fair, and their understanding of each other's motives more correct than ours.

Quietly join the group. Your presence alone may clear the air. You may suggest a new game or see further possibilities in the old one. "How about that train over there—doesn't it need a station?"

If you fall into the habit of playing referee, quarreling may increase as children try to use you in order to get even with each other. Of course you'll want to protect any child from overwhelming odds, but if you're constantly being a peacemaker you may need to try withdrawing.

When a child whines "What can I do now, Mommy?" it rarely means he doesn't have toys aplenty. Also if you do think up something fun for him to do, he is apt to turn it down. Behind this plea lies a hidden request. He may be really saying "What will you let me do now?" He may be implying that you'll stop him from anything he thinks up. Or he may be saying, "Please pay some attention to me for a change." The suggestion that you need his help to select buttons for his winter coat, or that you'll read him a story, often works like magic. "Let's do . . ." usually works better than "Why don't you . . . ?"

## Jealousy occurs in families, too

Jealousy is one of the strong feelings which all of us have. It is provoked by any situation that appears to—or actually does—mean we have been left out.

A child may feel jealous when another gets what he considers to be his. One of the commonest times—and keenest felt—is at the arrival of a new baby. He feels anger and fear toward his parents for having let someone else take his place. Fearing further loss, he dares not express his anger directly toward the parent. Therefore, he's apt to display his feelings to the baby, who stands between. He may try to remove the baby himself, or suggest that his parents return the baby to the hospital. He may decide if they're

so eager to have a baby around, he'll be one. So he goes back to baby ways, crawling, asking for a bottle, wetting his pants.

He may disguise his feelings completely in a show of love for the new-comer, hoping to win back the affection of the parent who has betrayed him. But such strong feelings usually find another way to come out. He may begin to have nightmares, dawdle over his food, whine or cling, or give in to sudden temper outbursts. He may mistreat younger companions or animals, taking out on them what he'd like to do to his mother or the baby.

Yet the anger cannot be expressed directly toward the baby either. Real harm might come to the baby, or the child might feel too guilty about what he has done. He needs to be protected from these results of his actions. He should never be teased about "having his nose out of joint."

Preventing an overwhelming amount of jealousy is the best method. This cannot be done in bits and pieces, simply telling the child ahead of time, for instance, or verbally assuring him that he is still loved. Months and years of steady loving care have given him a basis to feel valued for himself alone. If he feels so, his hurt or jealousy will not last too long or be too overwhelming.

Whatever parents can do to prepare the older child is good. As they talk and plan with him about the baby to come, they themselves understand more fully what the older child is going to feel, whether he be the first born or one of several children.

Such preparations should not be started until the child asks about changes in his mother, or, if he fails to ask, a few weeks before the expected delivery. Any shifts which will be necessary—a change in sleeping arrangements, handing down equipment, or starting to nursery school—should be done well ahead of

the event, not at the time. The older children can wash the small new garments, help arrange the nursery corner, or go to buy talcum powder. Talk about the baby as he really will be, instead of promising a future playmate. Babies aren't good playmates for many months—if ever—and the child who really expects a companion is sure to be disappointed. He may actually get into trouble if his awkward overtures frighten the baby.

*How to help.* No matter how well done, the older child cannot really be adequately prepared for the intensity of his feelings as mother leaves him to go "get" the new baby. Nor can he be expected to like it when she is giving the new baby a great deal of attention, cannot take him on his favorite long walk, or is short tempered because she has lost her usual night's sleep.

Mothers aren't adequately prepared, either, for their own strong feelings of outrage as they see their older child start to squeeze or pinch the little one. Without thinking, they are tempted to punish the child and thereby make him feel even less loved.

Everybody in the household, and those who come to visit, can be careful not to overlook the older child or children. When visitors come to admire, and bring presents to the baby, the older child can be given a share of special attention. You may have to discreetly coach Aunt Sally to remember to include older Tommy in her conversation. Tell about the new tricks Tommy has learned with his tricycle, or how tall he can build with blocks. Possibly the older child can be permitted to open gift boxes, to take the rattle to the baby or place a new garment where it belongs. Thoughtful visitors sometimes bring a gift to the older child as well.

Good things in life are not always equal, however, and parents can't make them so. If they try to equalize every-



thing, the situation may become artificial and strained. There *is* a new baby, no denying that. What the older child can learn is important for him. In small doses, he learns that there is room for another, that others have rights and special advantages too, but that he will not be forgotten or shut out as the circle grows wider.

Measures used vary with the age and temperament of the victim. A child under 3 gets the most relief from being babied himself again. The toddler who long ago gave up his bottle won't cling to it for long if it is freely given when he wants it again.

A somewhat older child has friends and interests outside the home, and may be less keenly upset by a new arrival. You help him most by encouraging these interests, seeing to it that he has outside companionship, and gets special treats—is taken shopping or for a walk—when the baby is left out. Sometimes mothers can give a half hour of attention to an older child when the baby is asleep. They join the child outdoors in the sun, read to him, make cupcakes together, or whatever seems fun for them both.

If a child seems to be completely withdrawing from his old friends and interests, or shows in other ways that his jealousy is more than he—or his parents—can handle, it is wise to talk it over with the doctor. Some special help may be necessary.

Jealousy is not always felt at the time the new baby comes, nor are babies the only cause. Rivalry may not appear until the new baby begins to intrude into the family life by learning how to creep and get into things. Jealousy may flare up whenever one of the children achieves a new skill.

When the baby walks, for instance, the old balance between the children is upset. Mothers notice increased quarreling or fighting until the children establish new ways of living together and

work out another set of rules.

The balance is upset again when the older child starts something new, such as riding a two-wheeled bicycle or going to school; things will be out of kilter the other way when the youngest begins to read. It seesaws back and forth, between or among children, but rights again when circumstances permit the one left out or left behind to feel important again in ways peculiarly his own.

## Learning right from wrong

By the age of 3, a child begins to know pretty well what you approve of and what you don't. From you—your example, your teaching, your facial expressions—he gets his sense of right and wrong. He's not born with it. Unless you know what you think yourself and stay reasonably consistent from day to day, the child is unable to know either.

At first you have to be there to tell him—or stop him. Later, your presence nearby is enough. As time goes on, he can apply brakes to forbidden actions by himself. He knows what you want him to do and tries to do it, even when you are not there. After a while, he is thinking for himself. This is the beginning of what is called a conscience. A little boy refrains from raiding the cookie jar when his mother is at a neighbor's house. Jenny shouts "It's mine!" instead of pinching or kicking her playmate. Such restraint on behavior shows real growth.

Over the years, a conscience becomes more reliable as a stop to misbehavior, and as a guide to good. This all takes time, of course, and somebody has to be ready and willing to backstop the child's developing conscience until he's fully grown.

A useful, working conscience develops most readily in an atmosphere of kindly patience which makes the child want to be like his parents. It's not much of a conscience at all when it operates only

because of fear—of you or your punishments, of being found out, of encountering a bigger opponent.

Fear of the consequences seldom stops a child. He may decide he'll trade a punishment in the future for the immediate pleasure—or take a chance on no reckoning at all. This is scarcely a way to develop a conscience which, in the long run, will mean the child can be trusted without supervision. You really are seeking to support him as he develops an inner control over his behavior.

The child learns what is right to do by being told, even more by observation, and to some extent, by praise or punishment. Unfortunately, some parents spend a great deal more time scolding their children for errors than praising them for their goodness.

Hard as it is to learn to control impulses, it becomes even harder for the preschooler because he scarcely can distinguish between what he has done, and what he has imagined or wished he could do. Wishing he's a cowboy makes him one. But if he's wished that baby sister would go away—a wish common to most children at some time—and the infant does get sick, he's bound to worry. Did his wish do that?

He hates his mother when she makes him come indoors from play. Did that send her away—to work, on a trip, or out for the evening? He may feel he's responsible for all that goes wrong. He may try very hard to keep things in order, or do them in the same way every day. He works out rituals for going to bed, or for saying goodbye. In his way he thinks he can control the world.

He likes to be in a rut, for it is tried and true. He won't give up his winter pajamas until late August, and then it's December before he can be persuaded to give up the summer ones.

Some children, through exaggeration of such signs as these, show us they are being too hard on themselves. Then we

look for ways to help them regain a sense of adventure and lusty pleasure in trying out new things. We certainly don't want a child's conscience to be so overstrict that he loses joy in simply being alive—in his body, in his feelings, in himself.

Probably you can help most by showing your youngster you trust and respect him. At the same time, you accept his conflicting emotions—his loves and hates, his bigness and littleness, his tenderness and destructive urges.

If he feels that he's altogether on his own, without you to watch over and help him control himself, he may not reach out at all lest he overdo. Your sureness gives the child freedom in the same way a fence of wire or boards freed the toddler when he needed a reminder against dangers.

Parents also help a great deal when they assist a child to sort out fantasy from reality, his dreams from his actions. "That's just pretend, you know" or "You're mad at Tom, but you can't kick him" are examples of the way you can assure the child that his feelings and wishes are natural, and harm no one.

## Learning to tell the truth

What a child wants to be—an engineer, a pilot, or a mother—he is. His piled-up boxes are an apartment. The sandbox furrow is a road.

Parents find it easy to go along with the "pretend" game. They may even extend the pretend to their suggestions for behavior. "Drive your truck over here. Then the driver has to come to the diner to eat" makes an easy shift from play to dinnertime.

Little boys who can spot minute differences in aircraft, as skillfully as a trained sky observer, can readily accept the story of the jolly fat man and his bundle of toys drawn through the sky by flying reindeer. Children who know all

about chickens and eggs—and rabbits and their babies—find the Easter bunny just as plausible. The whole world is full of wonders, and magic is expected.

Parents get upset, though, when a child says, "I didn't break that dish"—wishing so hard it hadn't happened—or "Sister ate the cookies" when they know perfectly well he did. Such untruths show that a child is getting a conscience, and knows when he's done wrong. They reveal how poorly he distinguishes wish from truth, or what he'd like to have done from what his awkward and heedless body did so.

Parents help children to tell the truth when they make it not too painful to do so. Getting a confession isn't nearly as important as helping the child acknowledge his mistakes. Perhaps you could say "What's happened?" "Did you break the dish?" puts him on the spot.

We must remember that our standards for telling the truth are apt to be pretty one-sided. We expect children to tell the unvarnished, incriminating truth, yet charitably call our own untruths "white lies," tact, or kindness. As you mumble some excuse for not coming to dinner to a neighbor you dislike, strict honesty gets blurred a bit. Yet to many people it is a sign of social maturity to refrain from telling the whole truth under such circumstances.

Such subtle shades of truth and half-truths are difficult to explain to children. Yet time, and tactful handling of the child's efforts to achieve honesty and kindness in his dealings with others, as well as honesty to himself, help him toward a workable solution over the years.

As for Santa Claus, and the Easter bunny, and the good fairy who comes at night to exchange a small coin for baby teeth under the pillow—all these loving ways to give to a child can stand, too. As the child nears the time to start school, he more fully lives in a world of reality and can begin to share in the giving. He, too, can play Santa Claus. He can

help the Easter bunny. And more often than not, he'll remind you about the fairy who must come to get his baby tooth.

## Imaginary companions

Every now and then a child will invent an imaginary playmate who becomes as real as life. The family can't sit on a chair or shut the door, lest they squash this imaginary friend. Sometimes the friend is horrible, and gets into all kinds of mischief, is responsible for all that goes wrong, doesn't like spinach, hates to pick up his pajamas, and hits his mama.

It may be an animal—a tiger or a bear. The friend may be around for only a few days, but imaginary friends have moved into homes and lived there, getting in everybody's way, for months and years.

Instead of inventing a friend, a child might "become" somebody else. "I'm not Ann, I'm Elsie," announces little Ann. She must be called Elsie, and treated as Elsie would be treated, which may mean that she doesn't take naps as Ann does, or wear rubbers.

Sometimes it is easy to see why a child needs an imaginary friend, if he has none of his own, or is unable to get along successfully with real children. He may be compensating for being excluded by others who are older and are apt to leave him out.

Actually, an imaginary friend causes no harm unless the child withdraws more and more from what is going on around him and fails to try to respond to others. If the imaginary playmate is taking the blame for all misdeeds, many of which were imagined in themselves, parents may feel they are being too harsh with the child and need quickly to change their tactics, more in line with what it is reasonable to ask.

If parents have any reason to believe the imaginary friend is an expression of a problem too deep for them to fathom,



they may wish to seek counseling from a child guidance clinic. As a rule, for a time at least, the best thing is to try not to sit on the friend, slam the car door on his toes, or do him other kinds of damage.

### **He has new fears**

The infant and toddler are afraid of real things, but many of the preschooler's fears are imagined. They seem real to him, nevertheless, and cannot be dismissed.

He may become afraid of dogs, even though he has happily scuffled with his own, and, as far as you know, has never been frightened by another dog. He, the most faithful fan of the lion, wolf, and bear at the zoo, dreams of terrible animals. He, who begged to work the vacuum cleaner as a toddler, screams with terror as it is turned on.

The brave 2-year-old is gone; at 4 he puts up such a fuss about shots at the doctor's office his howls drown out the soothing comments of the nurse. Adhesive patches sell by the thousands, mostly applied on youngsters of this age who are comforted only when the broken skin is held together or hidden by the tape.

Preschoolers are upset by broken toys, because they are no longer whole, not because they do not work. They dislike having only a part of a picture in a book or magazine—a table with only three legs, or a half a dog.

To the extent that such fears are common at this age, we can say they are normal. They spring from the child's growing concern about keeping his body intact and his new awareness of his sex. They are also related to his imperfect sense of what, and who, causes what. He still feels to a large extent that he is the center of the universe and that he controls a lot more things than he really does. With all the power he imagines he has,

he is frightened by his own impulses and wishes.

His fears are often the result of understanding hazards better, at the same time his active body and mind push him into hazardous situations. The toddler's fear of losing his mother was greatest when he himself moved away from her, by crawling or walking. The 4-year-old dares to pull away in many fashions. He extends his life out into the neighborhood. His ideas carry him even farther, into the world of space and the unknown and the depths of the ocean. His mind may be peopled with imaginary animals which scare him.

He overhears fragments of adult conversations about frightening and horrible events which he may or may not understand completely. Violence and injury are made all too real for him as his imagination is reinforced by unsuitable programs on television.

Since most of his fears are the result of a grain of truth embellished with a great deal of imagination, it is difficult to treat them directly. Easiest to do, of course, is to avoid frightening situations. Never shut him in a dark closet or threaten him with awful people. It may be well to postpone an operation which can safely wait until he is a little older so that fears of being cut are not verified.

When you show him that you are in control of the situation, you help him shed many of his fears. You carry for him the heavy burden of responsibility that is more than he can handle. You show him, daily, in dozens of ways, that you won't let him go too far. When he is frightened, treat him kindly and gently, giving him all the assurance that he shows he needs.

All fears cannot be prevented, however, since that grain of truth in them actually does exist. From that grain of truth comes a sensible caution which is necessary for a human being to survive. Parents who strive to protect their chil-

dren from the knowledge that life is dangerous somehow communicate that life is more dangerous than it really is, and their children are apt to be the most fearful of all. They do not learn prudence and caution, and have not tasted the precious feeling of being able to cope with whatever comes along, be it a close call on a tricycle or the beginnings of courage and bravery in the face of pain.

Many fears of preschoolers have to be dealt with indirectly. It may help to re-educate the child to the vacuum cleaner, patiently having him turn it on and off, experimenting with the power. It may help to buy a dog, if he has none. Sometimes, it doesn't, though.

You may have to look at the child's whole life. Perhaps you'll find that too much is expected of him in goodness, and control, and the many virtues which come slowly, at best. Your child may live with a growing fear that he can't do anything right.

Sometimes children cover up their fears by overreacting and becoming smarty and belligerent. Such a bluster will melt quickly if the child senses that you'll accept his fears and give him your steady, loving support.

Most fears for which you can find no apparent cause will disappear as the child gains experience and sureness. If teased or shamed, he may learn to hide his fear, but will continue to be upset inside. Nightmares may result. Or misplaced caution and general timidity may dampen the child's soaring spirit.

Frequently, adults continue to fight their old childish fears because they were never helped to deal with them openly.

## In search of answers: sex

"What's that?" the child asked when he first began to talk, and you endlessly gave the names for things while he increased his vocabulary by leaps and bounds. Now it's "why?" A 4½-year-

old, having asked "why?" all day long, burst out with these leftover questions one night as his mother tucked him into bed:

Well, anyway mother, why does hair stick to your head? Why does wood stay together? Why do jail bars stay together? Why does wallpaper stand? Why are eggs good for you? Why do cards have numbers on only one side? Why do books have pages in them? Why do lights turn on? Why are cakes for birthdays? Why do buttons sew on a coat? Why does fur stay on dogs? Why don't people have tails? Why do birds fly? Why are swords sharp? Why is money treasure? WHY is there such a thing as people?

Some of these can be answered, and some cannot. Peoples all through the ages have asked some of them. Some reflect the current preoccupations of youngsters today. Some show how imperfectly the child's sense of cause and effect is developed. Often they are reversed, as in the case of the little girl who announced: "My baby brother is a month old. You know why? Cause he's so little."

The boy might just as well have asked "Why are there mommies and daddies?" "Why don't we have a baby?" "Why doesn't Susie have a thing like mine?" A child expects the same reaction as when he asks "Why do birds fly?" He is apt to be dumfounded if he is told "You're too little to know."

Now it's impossible to treat questions which seem to touch on adult sex behavior in the same way you answer "Why do clouds move?" and you shouldn't expect to be able to hide the fact that you feel they are different. Birth and creation have deep meaning and involve basic human relationships. So you want to give a child information

on two levels when he asks about matters pertaining to sex. You want to give him the facts. Yet you want him to sense that they are special facts, with much meaning for you.

Though it may not be easy for you to reply, the child shouldn't feel he's done something wrong when he asks. To the best of your ability, give as much information about the world and its ways as you think he can understand.

"Where do babies come from?" They come from the mother. They grow in her. They grow in a special place. (That's better than in her stomach, and more accurate, besides.)

"How do they get out?" By themselves, when they're ready to be born. They come out of a special place between the mother's legs. The doctor will help.

Of course you'll have your own way of saying these things, and there is no one correct way. And every child will ask the questions differently. Usually they'll pop out when you least expect it, or when it seems least convenient. Postponing the answer until a later time is rarely necessary, though, since the information asked for is so simple.

The part that father plays in creating a child is the toughest of all for most of us. Usually children don't ask about this until they are 6 or 8 years old. Even then, they may be seeking less information than you think.

It often pays to ask "What do you mean?" and get a better understanding of what the child wants to know before starting a lecture. There is the old story of the child who asked where he came from and was told the whole process of human reproduction. He impatiently replied, "I mean, do we come from New York? Mary does."

Most children are content to be told that the father must start the baby growing. Be sure he knows that both a mother and father are needed to make a baby, just as both are needed to help take

care of him. You may wish to use such words as "sperm" without much explanation. Like "radio," the word cannot be simplified much without making it meaningless, so let it go at that. Later on, he can understand more. All along, it is helpful to children if they are given the correct names of parts of their bodies and their products: vagina, penis, BM or bowel movement, urine, and so on.

*Telling may not be enough.* Simply telling a child the facts of reproduction usually doesn't end the matter. Children rarely take anybody's word for anything, you know. They have to see for themselves. They check and try it out. How many times have you said "I told you so!" after the child has deliberately gone ahead to see if a knife was sharp, or if the balloon would break.

They usually don't take mother's word for how babies are born, either. It is pretty unbelievable after all. Except for farm children who possibly see animals deliver their young, today's children are accustomed to a world where new things are bought. So they check on this "special place" you've talked about in a young female playmate if they get a chance and they talk it over among their friends. Little girls practically turn themselves inside out to see where "it" is.

This curiosity is perfectly natural. Boys want to see if other boys are like them, and if girls are like their sisters. The practice of letting boys and girls use the same bathroom in nursery school provides an easy and natural way for them to satisfy their questions about sex differences. They are as absorbed and scientific as in watching how a turtle eats and as readily distracted by the next thing that comes along.

It may help a child who has no other opportunities to observe human anatomy to take him to see a baby bathed or changed. Plan your visit with the baby's mother so she can tactfully provide an

opportunity for such observation.

Only when a child continues to display the need to peek or is morbidly fascinated by such subjects in later years do we worry about it. A child who handles his sexual organs a great deal shows some fear or worry—you'll need expert help to relieve. By school age, most children have their curiosity satisfied, sense these are private matters, and have their interest directed to other things.

Remember, when children ask questions about sex or show interest in their own or other's bodies, they deserve to be given correct information—preferably by you, and not as twisted or garbled by another. If the child never asks, it may be that he has had his curiosity satisfied in the normal course of events in family living. It is very possible that his friends have communicated to him a secret or frightened notion about anything having to do with sex.

If you feel that for some reason he is ashamed or afraid to ask, you can help him by introducing the topic. "Did you know? Aunt Jane and Uncle Bob are going to have a baby. It is growing right now in a special place." By sharing this

fascinating knowledge, you may give your child the reassurance he needs to ask more.

### More questions: death

Sooner or later, your child will learn of death. His grandmother or a playmate may die, his dog gets run over, he discovers a dead bird. Adults feel a sense of loss and grief, and sometimes are revolted by an animal's dead body. Often the child sees the event in a very matter-of-fact way—what once moved is still and he loses interest after a poke or two; one who was present is gone.

Don't be too surprised if he seems very calm or unfeeling. There are lots of reasons for this. People come and go all the time, as far as he's concerned, and in his play, the "dead" cowboy rises to fight again. He is just beginning to develop a sense of time and just begins to realize that birthdays are repeated—at what seems endless intervals—so "forever" isn't an idea he can grasp, either. He's more apt to feel that you are upset, and much of his response will be determined by your own.



This reassures parents who might otherwise try to protect a child from the knowledge of death by replacing a pet so promptly the child scarcely realizes any sense of loss. Some attempt to soften death by suggesting that Grandma has gone to sleep, or gone away.

Actually such evasions may create trouble, for the child may be afraid to go to sleep at night, be upset as you mention "a special sleep" in connection with an operation, or worry as you plan to go "away" on a trip.

Use plain simple words to tell what has happened. If you use flowery or vague words, he may continue to think he somehow caused the death, especially if he has mistreated his pet or been rude to his grandmother or just, in general, thinks of himself as a "bad" boy. Sending a child away to relatives, as a way of protecting him or yourself at a time of grief, is usually not wise. Whatever the trouble, he is better able to deal with it in your presence.

Later on, he may reveal that he's been thinking more about the real meaning of death. He may ask if he will die, how it feels to die, and if and when you will die. Associated with these questions concerning death are his fears about losing you, about bodily hurt, and the unknown dark.

Perhaps he will be more satisfied if you attempt to reassure him about these related fears, building up his confidence and trying to clear up any misunderstandings he may have. A philosophy about death itself can only be achieved as the child lives, gains experience, and can begin to understand your own faith in the design of the universe.

## Teaching good behavior

When the subject of discipline came up, people used to think of a set of rules they could apply as needed—rules for "What should I do when my child dis-

obeys?" "When should I spank my child?"

Nowadays we don't think so much about hauling out rules for special occasions. We know—as sensitive parents and teachers have always known—that discipline is the result of everything that goes on between parent and child. It isn't something dosed out only to children, either. Good discipline is essential for grownups as well. It helps us all to be happy and comfortable. It enables us to enjoy others and to be enjoyed by them. It is a day in, day out background for productive living.

In broad terms, discipline is a matter of learning how to behave. We want the lessons to stick, long after children are grown and parents, teachers, or other authorities have bowed out of the picture. Teaching children how to behave is not a simple task. We don't want to merely stop them. Applying brakes does not show them what to do. As children they are active, creative, and positive. They get things done, and we want them to continue to do so. Yet, and here's where discipline comes in, we want them to consider others as well as themselves. We want them to be fair, not cheaters. We want them to be gentle yet strong; cooperative, yet able to stand alone for what they think is right.

Such big goals seem far removed from the playpen and tricycle years. But you begin when you teach the child to hold your hand when you cross a street and to park his tricycle out of the driveway. These learnings add up, and the sum total of your teaching over the weeks and months and years will surely determine how the child behaves.

A good teacher of anything—discipline or arithmetic—is most effective when he keeps the learner in mind. So how and what you teach depends on the child. His age partly determines what is appropriate. For this reason, there is a separate section on living with the toddler on



page 24. As the child grows, you let him take on more responsibility and make more decisions. You often give him reasons for your rules. You are less apt to need physical interference and are more apt to control him with words.

How you discipline also depends on the child's temperament, whether he be sensitive or stubborn, exuberant or quiet, docile or dashing. While such qualities are influenced by the child's experiences, to a large extent they are inborn and persist throughout life. Unless you can adjust your tempo and method to the child, the two of you just don't mesh. You'll be imposing your will on him, and he's sure to become balky. A mother who does everything quickly and efficiently has a hard time slowing down for a plodding, dreamy child. The reverse is just as taxing. Such combinations are not unusual, but they complicate life.

On the other hand, parents are sometimes surprised to find that the child who is just "like" them is the one they find it hardest to be patient with. Recognizing a trait in the child which they've always disliked in themselves triggers old, unsolved struggles. They may be over-strict with their "chip off the old block."

How parents teach depends on the whole situation, too. What is feasible for an only child may not be practical for a house full. Some activities are all right sometimes, but not at others. Most children can go along with very subtle distinctions by the time they are 3. They're bright enough to resent fixed rules that don't make sense. They can accept broken promises or unexpected changes if you are sure and clear about the necessity.

It is good if you can be consistent in dealing with children, or anybody. But in a busy household it is not always possible. Today nothing has gone right—the eggs broke in the grocery bag and the washer shrank a favorite sweater. The way you respond to your children on such

a day will doubtless differ from your poised serenity tomorrow. Or, today your child woke up cross, refused to get out of his pajamas, teased the cat, spilled his cereal. And that was just the beginning. "He's not himself today," you say. Tomorrow everything will be different.

No one day settles discipline. You can take your time, knowing that your example and your steady efforts will count.

*How you teach discipline.* By now we know a good deal about the ways children learn. We know that they learn by experience. So we let them try things out as far as possible. This is as true of the lessons of arithmetic (2 plus 2 makes 4 only after you try it out dozens of times with pebbles and lollipop sticks and marbles) as it is of behavior (if you hit your friends, they will go home).

Of course, you can't let a child try out things that would hurt him. But before you stop him, be sure it really matters. Lots of parents absent-mindedly say "Don't run, you might fall" when a tumble on the grass wouldn't hurt at all.

You can't let a child try out things which have long-range consequences he can't foresee, or which you simply don't like. While these probably are fewer than it might seem at first, they do exist. For these, tell him firmly and clearly, ahead of time if possible, what he can or can't do. And follow up on it. Fit your directions to the child, and phrase them in a positive way. "You can't do that" is a challenge to a bright, energetic youngster. He says, inwardly or by his actions, "I can, too. Just watch me." If you say, "Keep your tricycle on this side of the street. You can ride from this corner to that one," you've told the child exactly what he can do.

We know that children learn readily when they think they can succeed. Being able to succeed is more than an item-by-item list. It can be a whole atmosphere

of success—a heady, intoxicating feeling of “I’m all right”, or “I’m good” that bubbles inside a child whose parents have made him feel all along that he does things well. Of course, he is childish, immature, has little judgment and gets carried away with the moment, forgets, loses control of himself. That’s childhood. But his parents delight in his growing control, his knowledge, his eager attack on life. They secretly glow in their success at being good parents—not so secretly sometimes. They should be proud—it hasn’t been easy!

We know that children are apt to behave well when they have plenty to do and are challenged. A lot of discipline problems occur when they are bored or overrestricted. They become very busy—at producing mischief. Much has been written about the adolescent who rebels against supervision which is too close. The same process occurs around 5 years of age, but is less obvious because the child is smaller and his range is more limited. The 4- and 5-year-old feels able to lasso a bear, figuratively speaking. Let him try.

Be smart about the kinds of responsibilities you give him. Tailor these to his age and individual interests. He needs materials to work with. You can widen his world by taking him on trips to the zoo, factory, daddy’s office, the farm, library, museum, airport, and gas, fire, and railroad stations. He needs friends to play with, space to move about in, places to run and climb. He welcomes fresh ideas from books and conversations with you.

It isn’t necessary—or even desirable—to reach into school-type tasks, pressing a child to learn letters and numbers, or anticipating his pleasure in lessons of various sorts, such as piano, dancing, painting, and so on. At 3, 4, and 5, he still needs to experiment freely with a wide variety of materials. He cannot control his body well enough to accomplish deli-

cate or rapid movements. Pressure to do so simply causes frustration.

With friendly reminding, he can be expected to pick up his clothing, help with simple kitchen chores, be responsible for his tricycle and wagon, help care for a pet. He respects the reasons for things and will cooperate more readily if he knows “why” and “how.”

*Does punishment help?* When we look at discipline as a process of teaching a child how to behave, the thorny question of punishment becomes less complicated. We can view punishment as one of the methods you might use to make teaching effective.

Experts who have studied the subject agree that punishment may be useful to teach a specific prohibition: don’t walk on the flowers; stay out of that tree. Sometimes you need to teach such lessons, quickly. The rule won’t change; you want no exceptions. Punishment may fix the idea, and keep a child from repeating that one act.

But most of what you are teaching is more complicated than this. You can’t punish to make a child kind, or smart, or fair.

Experts also agree that when punishment is harsh and painful, the child forgets what he’s being punished for and remembers only that he wants to get even. That’s a healthy reaction. If he doesn’t dare to hit back directly, he may inwardly rebel. He may hand on his hurt to the next smallest child, or dawdle and slow everything down. It’s a less healthy reaction if he is so overwhelmed that he loses his spirit, and is broken by the attack.

Parents who punish frequently and severely almost always admit frustration. They find that they have to increase the frequency and severity and it does no good. They despair because the child who is spanked for wetting his pants wets again the next day, or that night.

The child who is slapped for grabbing, grabs again or slaps to get what he wants. The child who is put to bed for disobeying disobeys again, when it is most inconvenient to put him to bed.

Most parents feel they need to punish a child sometimes. Mild punishments make them feel they are doing something. Mild physical punishments are much easier for children to take than endless scoldings, strained silence, or the hurt air of being abused that an occasional parent adopts to make a child feel remorseful. Shame or ridicule is the hardest to bear. A mild physical punishment can actually relieve the child who wants to shed his guilty feelings. When mother spansks him, the score is even. He's paid for his misdeed, and is free.

Even mild punishments are seldom really necessary, though. And it's so very hard to punish a child without it seeming like revenge. Most times, the child has already learned what he should have done before the blow falls or the toll is extracted. He accepts the punishment as a reflection of the difference in size between himself and his parent; he accepts it as inevitable, but he's already learned what he can from his mistake. Rewards, and punishments, only work when the feeling between the child and parents is one of mutual respect, of pulling together. A general underlying attitude of "we're together on this" is the best known tool for discipline.

### Play at 3 and 4

Busy from dawn to dark, with enforced stops for eating and napping, the child from 3 to 5 stays on the go. At the end of a breathless day, his mother may wonder what he's been up to.

He has a lot to learn and he doesn't wait to begin until he starts school. Through play, he works on lessons appropriate for his age. He takes on more daring and complex physical feats—run-

ning, jumping, and climbing, turning pages, handling a pencil, lacing a shoe, buttoning a doll dress. All the while, he practices talking. Some social skills don't depend solely on language—how to wait for a turn, how to defend oneself. Don't get the idea that these learnings are consciously practiced though. They are the result of his activities, not the cause.

He seldom runs, just for the sake of running, or laces and unlaces his shoes for the joy of handling the string and hitting the hole. He does these things as part of getting somewhere or of being somebody. He tries out how it feels to be a mother, a father, a fireman, or a nurse. He imitates the grocery clerk, the husky trash collector, and any work he observes. When men arrive to build a house next door, there's a rash of carpentry among the neighborhood boys. They beg for odds and ends of lumber and nails for their play.

The 3- to 6-year-old is happiest when other children can join in, and he's fortunate if others are close by. Boys and girls play together enjoying much the same activities until around age 4. Then they like to have pals of the same sex. From casual, almost wordless play near another child, children become able to manage real cooperative efforts, where three or more children shift in and out of a game of playing house, putting out fires, or piloting an airplane.

### Aids to play

Children of this age use everything in their play. Acorn cups and cookies of leaves make a tea party; a yard of cotton material is a tablecloth, queen's robe, or a baby blanket; a mailing tube is a telescope. A perfect cowboy outfit, complete from hat to spurs, may not be half as grand as what a child could imagine from a coil of rope and wooden gun. The rope may next become a deep sea diver's tube or a guided missile. Parents who scurry



around for a detailed costume rob the child of a chance to imagine things much grander than in real life.

A miniature dollhouse with tiny rooms and furniture doesn't interest children as much as large cartons which they can move about freely and climb in and out of. Girls of school age, and grownup ladies, are the ones who like to assemble showplace dollhouses. Boys like trains they can shove about to suit themselves. Later on they respect the fixed track of electric trains.

Today it sometimes seems as if play and toys have become reversed in people's minds, and we have permitted toys to come first, as if play depended upon them.

Long ago, mothers lovingly dressed corncob dolls in corn husks, children collected hollyhock blossoms to serve as varicolored ballet dancers, balls were made of fabric or leather stitched and stuffed, and many games were devised using colored pebbles and sticks. Piles of leaves in autumn are the setting for

hilarious fun.

Possibly all of these simple objects and activities were more treasured in the past than are the toys and possessions of today's children who have far more than they know what to do with.

This does not mean that children should have no toys. It means that toys and play are not identical, not totally dependent upon each other.

Toys can be a means of pushing the child away. A parent may give his child an assortment of toys, hoping he'll take himself off somewhere to play. Or a parent may buy toys in an effort to make up for things he feels he hasn't done well. A mother who works, for instance, may shower things on the child with whom she can spend little time, although she may have made the best possible plan she can.

However, wisely selected toys and equipment can enrich play, provide enjoyment, teach and bring beauty or pleasure as well. The best ones appeal for

more than one of these values. In planning for happy play hours for your child, you may wish to select some things from each group below. You'll readily see, however, that an item listed under one heading may have value for others as well.

***For dramatic play, imitative of adult life.*** Playthings which stimulate this type of play attract other children and set off a lot of conversation.

Dolls and housekeeping toys such as dishes, furniture, telephones, broom. For the most part, children get more use out of these if they are somewhat near life size and are sturdy enough to be actually used. The child is going to be the baby himself, and will climb in the doll bed; the ironing board should be steady and strong enough to take pressure when the busy homemaker irons. Tiny, plastic miniatures have a place, but they demand more dexterity than most children this age have achieved.

Dress-up clothes, shoes, hats, pocketbooks, vests, neckties, lengths of fabric, a briefcase.

Hand puppets, animals and people. Wait until the child is older to introduce marionettes operated by strings.

Storekeeping toys, cash register, empty grocery boxes and food containers (except glass).

Farm animals, barn, fences, tractor, trucks.

Trains, trucks, boats, and airplanes, large and small.

***Toys for construction, special skills, "educational."***

Wooden building sets and interlocking blocks.

Puzzles, treated cardboard or wood, with from 4 to 30 pieces, depending on child's ability.

Hammer and peg sets, counting frame.

Magnet, kaleidoscope.

Live animals—dog, cat, frog, turtle, salamander, fish, guinea pig, rabbit, hamster, parakeet, canary.

Hammer, nails, saw, pliers, plane, and other sturdy tools which really work. Child-size miniatures which have dull edges and are lightweight frustrate the child. Provide a strong table or workbench with vise to hold wood.

Simple games, such as cards to match, lotto, large dominoes.

Musical instruments: bells, xylophone, harmonica, music box, record player and records.

***For large muscle development and energy release.***

Large hollow blocks (painted for outdoor use) and boxes.

Smaller blocks—a handy father can make these of hardwood, cut into lengths based on one unit (that is, 4, 8, 12 inches, etc.) and carefully sanded. Additions can be made from time to time to the original stock as the child's projects get larger.

Swing, climbing bars, rope ladder, gym sets. Set the frame into concrete, if possible.

Ladders, barrel, saw horses, smooth wide boards.

Wagon, sled, scooter, tricycle, doll carriage, wheelbarrow.

Hoop, roller skates, tire to roll.

Rubber horseshoes, beanbags.

Small sports equipment.



Inflated balls, bag or doll to punch.

Sturdy gardening tools—foxhole shovel, spade, rake, trowel.

**For sensory and creative experience.** Some of the most satisfying materials children can use are artist's supplies: crayon, chalks, paint, paper, clay. Blocks, sand, and water rightfully belong in this list also, for they too have endless possibilities for expression of ideas and feeling and serve as springboards to imagination. You could just as well add mud—for squishing, molding, and making pies. It's really no harder to clean up than finger paint. Simple musical instruments and phonograph records also encourage self-expression.

With clay and other molding substances, a child creates shapes and forms. He can make and remake, watching changes emerge under his fingers. He enjoys the feel. He can pound, dig, and pinch without harm.

Color alone is sufficient for the beginning painter. Later he'll paint designs and pictures. Through these, he can express beauty, sadness, anger, and other feelings much too hard to say in words. If the child is not expected to paint or mold to suit somebody else, these materials are truly a means of enlarging his life.

They are absorbing, too, and most children will spend more time with "raw" materials than with almost anything else if they can do as they like. This doesn't mean a child should be allowed to mishandle them, of course—to throw clay or paint on the wall—but it means that you should confine your comments to appropriate use, not results.

Coloring books don't provide quite the same opportunity. In them the ideas have already been given shape.

Lots of parents don't approve when a child becomes creative with a coloring book—giving a lady a green face, or scribbling over the page. Yet most children cannot stay within the lines as they color until age 5 or 6, and often the pictures mean little or nothing to them. A pad of plain paper would do as well.

**Paint.** Small cups of paint in boxes and tiny brushes are hard for a young child to manage. He wants to make a broad sweep of color in a hurry. Give him a half- or 1-inch brush and a small jar—or several jars—containing tempera or showcard colors. They readily wash out of clothing or off hands (as well as floors or walls). An easel, or other device to hold the paper at a good height for work standing up, makes a wonderful gift. The young painter may be just as happy with his paper on the floor, though. Put the paint in a muffin tin to avoid spills.

You may feel at first that you just can't put up with paint, or give the time to supervising and keeping the paints in working condition. You may feel better if you save paint for special occasions or rainy days, or decide that the easel should only be used outdoors, perhaps in the garage.

If you just can't see a way to have paint in your home, it won't change the child's whole future, of course, but be sure you don't tend to keep him from all other outlets for his feelings. Permit him to enjoy textures, colors, and the feel of things in other ways. Let him stir and "mess about." Painting with water, out of doors, satisfies children, too, while it pleases their mothers because it is clean.

Finger painting presents similar advantages—and problems. When

a child paints with his fingers—or elbows, fists, or arms—he gets tremendous pleasure from direct contact with the paint, blending and erasing color and pattern. He doesn't have to worry about a brush or crayon. Finger painting is deeply enjoyed by children of all ages, except by some who have become afraid to get messy as they are being taught to keep clean.

You can buy finger paint or make it by adding color (watercolor, tempera, powdered paint, or food coloring) to cooked or readymade starch or wallpaper paste. If you make a quantity at a time, store it in a covered container in the refrigerator. You can combine a dab of color and a dab of starch directly on the surface where the child is working.

You'll need paper with a high gloss so it won't scuff off as the child whirls and circles. Shelf paper, freezer wrap, or butcher paper work fine. You may have a formica tabletop or a piece of linoleum on which the child can work directly without paper. The paint has to be washed

away when the child is finished, but as with most of the work children do, the doing is more meaningful than the result anyhow.

Finger painting with a nice thick soapsuds sometimes follows a soap-bubbling session. While the child may start out with soap and water (detergents sting a child's throat if he accidentally inhales), and paper straws, empty thread spools, or a bubble pipe, he may wind up dabbling directly.

*Clay and dough.* You may be lucky enough to have a riverbank nearby which has a deposit of clay. Or you can buy modeling clay economically. Add water from time to time to keep it in working condition. Keep it in a covered rustproof container or tight plastic bag. Modeling clay hardens when exposed to air.

Plasticene is clay treated to keep permanent softness. It stays pliable. Plasticene has an oily base and will stain furniture or floors.

Dough for play can be made of flour and salt, half as much salt as



flour. Add enough water to make a workable mass. A small amount of salad oil produces a smooth texture. The salt acts as a preservative, so the mix will keep for a long time, especially if covered and refrigerated. Sometimes add food coloring to the water for a change. Play dough is a cheap, clean modeling substance, and stimulates domestic play with cookie cutters and rolling pins.

**Paper.** All kinds of paper have possibilities. Unprinted newspaper by the ream is the cheapest. Cut it in half or quarters as needed. A sheet 18 by 24 inches seems right for painting. A smaller size will do for crayons.

Printed newspapers can be used for painting, too. Smoothed paperbags make a good surface for crayon, chalk, or paint. Save colored papers from gift wrappings and attractive packages for use with paste and blunt-pointed scissors. An assortment of colored manila paper has special charm, too.

**Books.** While books can scarcely be called playthings, they do become treasured possessions, hauled around and taken to bed. A good story can bind all the family—even a nation—together. Children who are read to frequently are fortunate.

Select short, simple stories for the youngest children. Expect to read them again and again. The 2- and 3-year-olds like to hear about everyday events and people. You'll get rapt attention if you make up a story about the child's own daily experiences, but beware of changing even a sentence as you repeat it!

As children grow older, they like books about insects and shells, fire engines and dinosaurs, stories of far-away lands, and olden times. They

can understand a more involved plot. Still, the characters should be doing things he knows about; he should be able to understand their thinking and motives.

For this reason, many people feel that preschool children are not ready for fairytales yet. As they learn to tell fact from fancy they are better able to deal with dragons, fairy princesses, wicked witches, and animals that change into people.

You may wish to spend several dollars for a good book which will be enjoyed for its pictures first, loved when heard aloud, and rediscovered at age 8 or 9 as the child reads by himself. But most books need not be expensive. Well-written books, skillfully illustrated, abound. You will want to select carefully, however, for not all books published for children are worth their time or your money.

A good children's book will have a timeless quality, and appeal to adults as much as to children. It need not be dull or pointless, inaccurate or shabbily written.

Regular use of the library increases the variety of books available as well as introducing the child early to the delights of his public library.

## Nursery school

Many 3- and 4-year-olds go to school. Some attend a nursery school or an organized play group for a portion of the day. Mothers who work sometimes turn to groups, but the length of the schoolday is then extended to 8 or 9 hours. When a child is ready to be away from familiar home and mother for several hours of the day, a school geared to the special interests and needs of his age can be a most satisfying experience. Many 3-year-olds are mature enough; most 2-year-olds are not yet ready for long periods of play with

other children and need more individual handling by a substitute if mother must leave.

Not just any place will do. A good group is not easy to find, nor is it cheap to operate. By all means visit any school you are considering. A good one will welcome you.

Most States have some provisions for licensing schools for young children. Your local education, health, or welfare department can tell you what schools are licensed, and what is considered before a license is granted. Some States are primarily interested in zoning, fire regulations, and sanitation and do not check on the quality of teaching, equipment, or program. If this is so, you must judge these things yourself. You may wish to visit two or three schools in order to have a basis for comparison.

Some mothers have gotten together to set up a cooperative nursery school. They hire a trained teacher, and work closely with her as assistants with the children. They also manage the finances, purchase equipment, and perform myriad administrative duties. Since both fathers and mothers have intimate contact with the school and know what's going on, many of these schools have very high standards. Parent education is a basic requirement in cooperative schools.

A good school can provide more play space in and out of doors, and a wider variety of equipment than most homes. There should be a minimum of 35 square feet of usable floorspace per child indoors, and up to 200 square feet per child outside, planned so that it can readily be supervised. The rooms should be gay with color, yet arranged for hard, rough-and-tumble wear. The furniture fits the child's body proportions. Even the bathroom fixtures may be junior size.

With a small group of children around his own age, the child gets an even break in learning how to get along with others. He's not forever panting behind the older

ones, just as they round the corner ahead of him. Nor is he always king of the roost as he's apt to be if he's the oldest in the crowd. Everything is more fun when there's congenial company around.

In a good school, the teachers are specially trained to understand the physical and psychological needs of the young child. They should be warm and sympathetic as well. Enough teachers are needed that each child can be treated in quite an individual fashion, with enough laps to go around. One teacher for every five 3-year-olds is not too many, although recent standards suggest one teacher and one assistant for a group of twelve to fifteen 3- to 4-year-olds; or a group of fifteen to twenty children from 4 to 6 years of age.

The program should be suited to the children. Freewheeling, boisterous unhampered play (in or out doors) is balanced with quiet restful moments. Food is served at intervals appropriately spaced for small stomachs. The child has time of his own, and time spent with the teacher and others as they talk or sing together, use musical instruments, and enjoy books and creative materials.

There will be some regularly recurring activities and plenty of free choices sandwiched between. In all activities, the child will be encouraged to do things for himself. As one child said, "At this school, we have to teach ourselves." To do so, he'll be aided by arrangements convenient to him (low hooks for his coat, low open shelves for toys, steps which make it possible for him to reach the sink to wash his own hands). Also he will be aided by the attitude of the teacher as she allows enough time for his fumbling, awkward efforts.

No child should be admitted to school if he seems sick. A nurse or especially trained teacher will take a careful look at him as he arrives. In addition, an alert teacher checks throughout the day. She investigates why a little one droops



as he builds with the blocks or creeps listlessly to the corner. She removes an ill child from the others until he can be taken home.

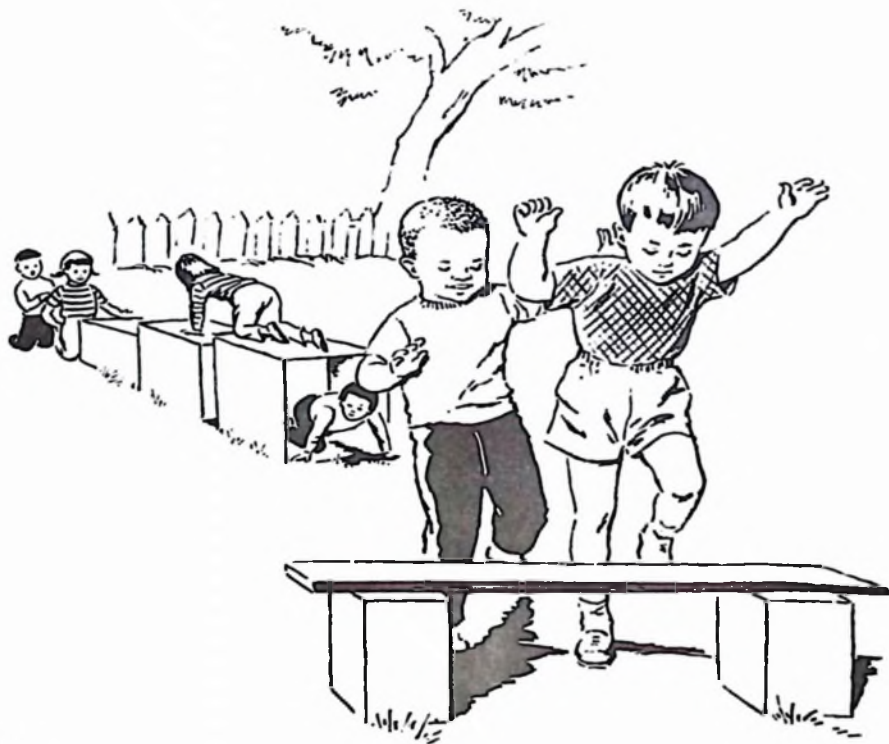
The first year a child enters a group, he may get more colds and minor illnesses. This seems to be true, however, whether he be 3 or 6 years of age, and most children build up resistance as they have contact with others. If your child is unable to throw off colds, or seems generally under par, you will want to discuss with your doctor your plan to send him to nursery school.

***First days at school.*** It usually takes time for a child to get used to the group. Avoid enrolling him just as a big change

comes up at home, such as the arrival of a new baby or as mother starts to work. Take the step well in advance.

Some vigorous, outgoing children latch on to nursery school the first day and love every moment thereafter. Not all are so eager to take on new ways, however, and will need a more cautious introduction. As a rule, plan first to visit the school together, staying only an hour or so. Go with him the next day, as well, and stay. You and the teacher can plan the next steps. Perhaps you will need to accompany him for a week or more.

When he is ready to stay without you, say goodbye casually, and tell him when you'll be back. This will pay even if he regards your departure as an unnecessary





interruption of his contented play. If you sneak away, you may set the stage for many uneasy moments.

Some children want their mother around, and cry at her departure, but stop protesting as soon as she is out of sight. They really want both school and their mother. For these, a firm goodby helps to get them over the hurdle. They almost seem to cry because it is expected of them. Having their father

take such children to school may eliminate their conflict.

If, after an unhurried and careful introduction, your child still fusses about going to school or seems unusually tired and cross when he comes home, arrange a conference with his teacher. Perhaps you'll decide to withdraw the reluctant child until he is a little older. Sometimes attending 2 or 3 days a week solves the problem. It may be that he should be in a smaller and simpler group.

# FIVE-YEAR-OLDS

**FIVE YEARS OLD**—as many years as there are fingers on one hand! It seems to a child of this mellow age that he's gone about as far as he can go. He's looked forward to this birthday for as long as he can remember. In fact, we're all inclined to regard the fifth birthday as a milestone. Probably this is because it marks, for about half the children of the Nation, the beginning of regular school.

There's nothing very remarkable about a child's physical growth which makes 5 such an important year. He is growing more slowly than at any other period between infancy and adolescence. He grows, all right, but his jeans last awhile and the girls hems stay put longer.

He may add 2 to 3 inches this year, and gain 3 to 6 pounds. In a group of 5-year-olds, there will be differences, greater than ever before, since they've been accumulating height and weight at such different rates all along. They may range in height from 39 to 46 inches; in weight from 33 to 52 pounds. A girl may be the slightest or largest, as the range is wider for girls.

The knock-knees and protruding abdomen of earlier years are disappearing, and the 5-year-old may have trouble keeping his pants up. It's of some help that adult curves are beginning to develop in the spine.

He's far from mature in many respects, however. There's still a tendency to be farsighted, and eye-hand coordination is imperfect. For this reason, the average

5-year-old isn't ready for concentrated close work, and cannot cope with even primer size print or writing without undue strain.

He expects a lot of himself, and may press beyond his endurance. He may show fatigue more by fidgeting and restlessness than by crying. Five-year-olds still need a rest period, if not a nap, during the day and at least 10 hours of sleep at night. Some need 11 or 12 hours.

## Which hand does he use?

By 5, most children prefer one hand or the other. While some children have a strong preference from the beginning, many continue to use either, until they are 3 or more. The preferred hand may change more than once during formative years.

No one is really sure what determines handedness, as well as which foot or eye is preferred, but experts agree that the preference is a basic part of the individual's physical makeup, possibly even inherited. Since it is so deepseated, forcing a child to go against his natural tendency is extremely upsetting to him.

About 90 percent of our children turn out to be righthanded. The number of left-handed people has increased in the last generation as we stopped making an effort to change those who naturally used their left. Some, of course, seem to use either hand equally well.

If a child seems unable to settle on either hand, and is markedly awkward

with both, you may wish to have a test made to determine which is better. Ask your doctor about this. Once it is settled, you'll want to encourage him to use his best one by placing his drinking glass nearest it, by handing things to him correctly, and in other ways. As far as school work or athletic ability is concerned, you don't need to worry if your child is left-handed.

## He becomes industrious

Growth continues its steady pace. In fact, most of what has been said about the 3- and 4-year-old applies to 5's as well. A more marked shift occurs in the 5-year-old's attitudes. He seems more settled and eager to get down to business.

Five-year-olds are often amusingly "manly" or "womanly." As a 5-year-old boy swaggers into the house and heaves a big sigh over his morning's work, he's for all the world a miniature of his father. A girl of this age mimics perfectly her ideas of motherhood as she plays with her dolls. This earnest copying of the behavior of adults is never quite so faithful, or so absorbing, again.

The 5-year-old is not as open and accessible as he was before. At 3 and 4, the child's behavior often clearly mirrors what he is feeling; but by 5, you're not always so sure what is going on in his mind.

At 5, children are beginning to make a doublecheck. They distinguish their world from that of adults. They stop to consider what their age-mates will think as against what adults might think or say. Sadly enough, the clear and direct communication which parents have treasured begins to blur a little.

Children candidly lump all adults—parents, teacher, and others—into a category called grownups who are set apart. Even banished, it sometimes seems.

Of course, this doesn't happen all at once. Nor is it "all or none" when it

does. The 5-year-old readily accepts his parents much of the time. He definitely wants them at bedtime, when he is ill, or when he's upset about anything. He may tend to stay closer home than the far-ranging 4-year-old. And he frequently will "touch-base"—just to check. Once he finds his mother available, he's ready to shove off again. He likes to have her at home when he comes in from school, and may be quite annoyed if she fails him. Never mind how good her excuse. Her explanations have little meaning to him.

In between times he's most independent, although this is a less foolhardy independence than at 2, for it is tempered with a fairly sound notion of his real abilities. If he says he won't fall from the tree, he probably won't. He honestly rates himself and his companions, with the result that there is less quarreling among 5-year-olds. They are not only able to express themselves better with language, but they are quite matter of fact about differences—differences of opinion and point of view, as well as in skill.

For the most part, they make friends on the basis of similarity of interests—an activity they both enjoy—or being able to do things more or less equally well. They like one whose ideas fit nicely into their own, but they respond also to a child who is a leader and manager.

All this is true if they have any choice. If there's no choice, they tolerate rather great differences rather than to be alone. As a rule, they get along better with one or a group at a time. Three is never more of a crowd than at age 5.

## Prejudice grows when a child has doubts

Children are not concerned about economic status, color, race, or religion in finding friends unless they have been

forced to do so by adults. Even at 5, a child may be quite oblivious of the skin color of a child he enjoys playing with. One observer tells the story of two boys who plot to fool their teacher by changing raincoats. "Well," said one, "we must change hats, too." Neither boy was aware that the teacher could distinguish them at a glance, one being from India and the other an English child.

Studies have shown that prejudice—racial, religious, or economic—grows more readily among persons who feel a need for security, status, or equality, and who doubt that they can achieve it. They then seek to insure a preferred spot for themselves by denying it to others. It becomes clear, then, that a child who feels uneasy about his position, unsure that he is a lovable person, or who can't trust others will be the first to show prejudice.

A child who has been helped all along to deal with his feelings of jealousy and anger is freer to make judgments about people based on their worth.

The child who has been treated with fairness is more apt to respect the rights of others. The child who has learned to control his impulses to attack those who stand in his way will have controls which brake prejudice. Through such everyday lessons, our world may some day realize more fully the brotherhood of man.

## He wants the rules

Around age 5, a child wants to do things right. Like a sponge, he drinks up facts about cars and filling station lore. Girls like to cook, using real ingredients. Their drawings begin to resemble objects and people and they want the things they construct to really work. They begin to see that rules are necessary to achieve the results they seek. They look to you—and perhaps to an even greater degree to their teacher and other authorities who know the answers. They begin to play

games which are governed by rules they themselves do not make up.

In fact, they may go overboard on rules. Some children tend to check on others in a bossy fashion. They're overstrict with themselves as well. Such high standards may lead them (frequently it's a girl who does so) to tattle to the teacher, or to mother, on the major or minor crimes of others. Adults generally abhor tattlers, and are apt to treat the one who carries tales with disdain. Others encourage tale bearing, which may put the child in a difficult role with his fellows.

Actually a child who tends to "tell" on others may need help. He may be showing you that he is worried about doing the forbidden act himself, and wants to check—just to be sure of the rules. He may need help to let go a little, and encouragement to express himself more spontaneously.

Some talebearers are envious of the other child, and seek the comfort of approval. This they should get. Meanwhile, perhaps they need some quiet assistance in learning how to get approval from their age mates as well.

This growing appreciation of rules and regulations may be the reason that the 5-year-old isn't afraid of much. He relies on outer authority to control the world. He is less apt to imagine terrible things, although he may worry about losing his mother, about the dark, or other unknowns. Even so, these worries are less intense than formerly. He may complain loudly about a scratch or a cut, but when he's up against real pain, he may be touchingly brave.

## Television requires management

Interest in television is by no means new to 5-year-olds for its appeal touches the very young. The combination of sound, light, and movement attracts, and holds, children. Many appear to be willing to sit all day.

As the child reaches kindergarten age, you may become more concerned, for he may want to stay with it longer, and be more completely absorbed. At an earlier age, he stayed near the TV set, but continued to play off and on with his trucks, blocks, or dolls. Now he understands better what he sees (or misunderstands it in a more upsetting way), so the content of the program becomes of deep concern to thoughtful parents.

Surveys show that children spend an astonishing amount of time glued to the television—as many hours as they spend in school. Many people wonder if such a lot of time is being well-spent.

Parents have to decide for themselves what values they prize—both for themselves and for their children—in their recreation hours. You have a right to make this decision, and no one else should make it for you.

In order to make up your mind, you have to know what is happening. This means you'll want to know how much time your child spends with TV by actually keeping track of it. And you need to know what he is taking in. Watch the programs he selects, not every day, perhaps, but often enough to form an opinion. As you talk over programs, you can help the child begin to make judgments on their value.

Many families are convinced that television has given them a new way to enjoy themselves together. They occasionally have a family party around the TV screen, eating supper or a snack. Certain programs are looked forward to by all. Age differences seem to matter less in watching some TV programs than for many other activities. Father and son can share a sports program more happily, perhaps, than actually trying to play together, particularly if father is inclined to be impatient with his son's efforts to throw or catch a ball.

Other families are distressed by TV as a source of friction. Yet the way you

deal with your child's wish to look at programs you have decided are unsuitable does not differ from your methods to keep him from eating things you regard as unwise. It is similar to the way you regulate any other activity which is good to a degree, but which can be overdone.

You'll want to talk over plans for the use of the TV set with the child so that you'll be reasonably united in your position. Then stick to them. Be resourceful, not flatfooted about reminders. You can suggest "time to go outdoors to play now. You haven't finished that fort." If the child resists, you can help him deal with his momentary disappointment.

In some ways, it is the same situation you may be confronted with as you read a good book. "Just wait until I get to the end of the chapter," you say. And then you're half way through the next before you know it. You need a reminder to stop.

You'll notice that a child rarely sticks to TV when there's something better going on. "Let's make cookies," or "Let's go for a walk" are sentences any child can hear over the loudest channel.

This gives you a clue to the steps to take if your child seems prone to spend all his waking hours with TV. Something better to do may not be available to him. Or, he may feel unable to deal with real life in a satisfying way, and uses TV as a substitute. A look at the child's whole life may provide answers you don't find just in searching the TV program guide.

## Getting ready for school

Most communities use age as the fairest and most convenient way to admit children to school. Some children must wait until they are 6. About half our schools provide kindergarten for 5-year-olds.

Many educators question the use of a birthday as the best way to measure a child's readiness to enter either. They





point to the wide differences among children not only in physical growth, but in intellectual and social maturity as well. But until other yardsticks can be devised, the calendar is generally relied upon.

Actually, you've been getting your youngster ready for school all these years. As you've given him rich and happy living in a loving family, and challenged him with more and more responsibility, you've been preparing him. You've been getting ready as you arrange for consistent health supervision, including all recommended shots and special attention to eyes, ears, and teeth. In addition, over

the years, you work toward getting him ready as you:

Teach him to dress himself. At 5, he can do everything except tricky fastenings, back buttons, and tying shoes. Some girls may be able to manage these as well.

Guide him to look after his possessions, including his outdoor clothing. If his outer garments are new, be sure to let him handle them enough that he'll be able to recognize them. It certainly helps to mark any

clothing that he will remove at school.

Expect him to get along without you, for short intervals. If he hasn't had nursery school, give him some practice by exchanging children with a neighbor from time to time. Sunday school also can give a child a pleasant introduction to a teacher.

Provide him with a lot of information about the world. As you encourage and helpfully answer his questions, you give him background for learning at school. You sharpen his powers of observation by pointing out the differences and similarities in animals and plants, cars and trucks. You have read to him and talked about books, and the TV programs he sees. You travel—not necessarily beyond the limits of your own town—but freely and fully within it.

Teach him to listen to and follow instructions. While the school works to strengthen his ability, it helps immensely if the child has a start before he begins.

Practice crossing streets. Your child should know how to obey traffic lights and crossing guards in order to get safely to school. Your example over the years is the best teaching he can have for this.

## Getting yourself ready

Few parents escape mixed feelings about sending their child off to another person, his first teacher. There's relief and pride, of course. But there are apt to be some troublesome feelings, too, even with the second or fifth child. They may feel concerned lest the teacher see, in their child, things to blame them for. As time for school draws near, they begin to look at the child through the eyes of

an outsider and become critical. What will the teacher think of him? And what will she think of them?

They may feel that no teacher will see how special their youngster is. And they're apt to be right if she has more children to deal with than any one person could possibly handle. Educators feel that 20 or 25 children in a classroom is the upper limit for kindergarten and early grades, but many schools are forced to take 40 or more. Parents who deplore having their children crowded and possibly ignored in the shuffle will want to work with parent-teacher associations toward correcting this situation.

Even if the school is ideal, parents may feel somewhat let down or depressed after the first day or two. This may occur whether the child likes school or not. You feel you've lost him. He either tells you nothing about school, or such scattered fragments you have the merest glimmer of what went on. And it may be a very one-sided glimmer at that.

Be prepared for a letdown in the child, too. For months he's dreamed of school. He may have been afraid of what would happen, if he has heard older children tell of the awful things that go on. During the first 4 or 5 weeks, almost all children show signs of strain. Many return to bedwetting, begin to bite their nails, eat little or no lunch or breakfast, or are irritable and cry easily. If such symptoms of tension do not disappear in a few weeks, make an appointment with the child's teacher so you can talk it over with her.

Some parents have such a hard time letting their child go they actually make adjustment more difficult. A mother may deeply resent her child's absent-minded call to her, "Miss Thomas, may I . . .?" Of course Miss Thomas, presiding over her kindergarten, is just as frequently addressed as "Mother, may I . . .?" but mothers don't know this!

Both you and your child get off to a

better start if you visit the school together, ahead of time. Go more than once if possible. Check with the principal on a suitable time. Many schools set aside days for preschool children to visit. The child will want to know which door he goes in, where he puts his coat, what toys are there, where the bathrooms are, and what his teacher looks like. Mothers feel better, too, if they can visualize these details.

As time goes by, you'll find close con-

tact with your child's school rewarding. There are so many ways to help. A mother or father with very little time can contribute, if not directly in the classroom, by becoming well informed about the school's goals and the ways it goes about teaching their children. Better schools for all children result from the strong partnership of teachers and parents who understand the school's methods and problems.

## SPECIAL PROBLEMS

ALL CHILDREN are special, in one way or another, and all meet more or less serious problems as they grow up. Life does not always go smoothly, in spite of our best efforts, and troubles which threaten the family are unavoidable. The immediate and long-range effect on the child will vary with many factors including his age and temperament. Separation from mother, for instance, carries a somewhat different impact at age 1 than at age 4 or 5. A placid, easy-going child will feel the same set of circumstances differently than the sensitive, timid one.

To a large extent, however, your attitude toward the event will determine the impact. Wise planning can minimize the undesirable effects of a situation which may be in itself undesirable. When distressing circumstances come up without warning, your resourcefulness will make the problem more bearable for the child.

A few of the problems which face families will be discussed in this section.

### Moving

Each year, one out of every five families packs up its possessions and moves. Sometimes this is only a few blocks, sometimes many miles away, leaving behind the familiar world.

For a young child, moving may not be as upsetting as it is to somewhat older youngsters who do mind terribly saying goodbye to beloved teachers and friends. As long as the young child stays with his

family, things right themselves rather quickly as a rule, especially when he sees his familiar bed and toys and chair again. For this reason, it is worthwhile to haul along shabby or outgrown objects important to him. Through these possessions, the child re-creates the familiar in his new setting. Seeing the objects he treasures thrown into the trash pile is not an easy thing to take at any time, but it is more upsetting when grownups are busy and preoccupied, or upset themselves in the process of upheaval.

Moving does threaten some children. Occasionally a child takes it in stride at first but shows balkiness or irritability some weeks later. Others are upset from the beginning, and may show it in nightmares, bedwetting, timidity, or unusual clinging.

These signs of upset are particularly annoying at just the moment you have your hands full getting settled. You're eager to get out to buy new curtain rods, shelf paper and the million and one things the new house needs. Nevertheless, you'll be rewarded if you try to devote as much time as possible to the reluctant transplant. In the long run, you are apt to save both time and emotional energy. The child whose needs are ignored may take up even more time later on.

### Going to the hospital

When your child goes to the hospital, you're already worried about the outcome

of his illness or operation. It's no wonder that he may become disturbed. In addition, you aren't just sure what the hospital rules are. You don't want to be in the way lest somehow you interfere with the care your child will receive. You're uneasy about your own behavior. Your child senses your anxiety, not knowing it may stem from a cause somewhat removed from himself. To the strangeness of the hospital—even its smell—is added whatever pain or discomfort he feels. All this would not be so hard for him, however, if you could stay.

In this way, going to a hospital is typical of other unavoidable separations. Much of what follows applies generally to any situation when a child is taken away from his home, or his parents leave him.

Babies of a few months of age may not be particularly ruffled as long as they get a lot of individual attention and don't have to be away too long. As the child develops a strong attachment to his mother, however, it's not easy for anyone to take her place. Both parents are important, of course, but the child has usually developed a more intimate relationship with his mother, and at any time of stress, turns more eagerly to her.

A child under 3 cannot really be prepared for the experience. Even though you tell him you'll have to leave, he cannot really imagine how it will be without you, day after day. For that matter, even an older child doesn't really know how lost he'll feel when the time comes.

For children over 3, you can do some things ahead of time. Talk about hospitals in a casual way when driving by one, or when some friend is having a baby, just as you point out any place of interest. Perhaps you can show your child the hospital where he was born.

Speak of the things that can be done in a hospital. Most 3- and 4-year-olds will be interested in hearing how an X-ray machine can take pictures of the bones

inside a body, and about beds which have cranks to raise up your head or feet.

There are picture books which show life in a hospital in some detail—how to eat meals in bed, wear a funny nightgown, the friendly nurse who will help, the doctor who may wear a mask. Most books don't mention the unpleasant parts of going to a hospital, however, and emphasize the fun and the ice cream after the tonsils are out. The child should know he will have pain or feel bad sometimes.

If the hospital trip is planned in advance, tell your child a few days ahead of time. When you do it doesn't matter as much as how. Give a little information at a time, and encourage him to ask questions. You'll want to be truthful without dwelling too long on the unpleasant parts. Don't go into detail about everything that might happen, such as injections or enemas. But let him know about bedpans and the special sleep from which he will wake up in a different room. Assure him that you'll know where he is, and can find him when you come. Tell him that other children will be there, too, and that some of them will be crying sometimes.

Together you can pack his things. Be sure to include any favorite going-to-sleep top or scrap of blanket he counts on. Let him see that things are being arranged for the time he'll be coming home again—his clean clothes in the drawer and his tricycle safe in the corner.

Your child should know why he is going to the hospital, and that anything which is taken "out"—tonsils, for instance—will leave him the same as before. Without this assurance, he may decide he's been naughty and is being punished. It is not unusual for a child to say "I'll be good now. I want to go home."

The more time you can spend with your child the better, even when it means that things do not go as smoothly at home without you. Some hospitals let



mothers stay overnight and ask them to take over much of the child's routine care such as bathing, feeding, toileting, and dressing. More and more hospitals recognize how important mothers are to the well-being of their young patients and have flexible visiting hours.

Your patient may not always appear glad to see you, for he may want to hide from both you and himself how much he misses you. But your frequent visits assure him that he still has a mother and father. When you come he may be relieved of anxious feelings which otherwise can remain frozen within him too long, causing a lasting disturbance. Let him tell you in actions and words how lonely he is, or how angry, and don't expect him to reassure you.

When it is time to go, leave something you value behind—a small purse or pair of gloves. These tell him you will return. Take leave quickly. A goodbye ritual

may help. "I'll wave to you at the door. You make your teddy bear wave to me."

When the day to come home finally arrives, everybody expects the end of the matter. Hospital days are over, so all is well. It seldom works this way, however, for the child will frequently let down completely after his bravery throughout the separation. He may become extremely difficult to handle for weeks or even months. The best "soldier" may be the worst. This depends somewhat on how long a child has had to stay. But even after a brief period the difficulties may be all out of proportion to what you expect.

It requires a lot of patience to deal with a child who shows these effects of a hospital stay (or any other painful separation). It is very important to give him what he shows he needs—loving reassurance.

Stop teasing, naughty behavior of



course. As you do so he is assured in another way that he is important to you. He feels that you've betrayed him, and has to learn again that you can be trusted. If a child has repeated experiences which finally destroy his trust in the people who are important to him, he has no basis for faith in anything.

## When a child has a handicap

Many children have a physical, mental, or emotional handicap that interferes with normal growth and development. The problems vary widely. One child is born with a cleft palate or a missing arm. Another frightens everyone on the block with his bully tactics. One child may not see or hear. Another needs braces before he can walk. Some have much less intelligence than average. Still others have several handicaps to cope with, perhaps both mental and physical.

Each of these situations makes a different demand on the child, and on you, his parents. How you feel about it may be all out of proportion to the way it appears to others. A mild defect can be as distressing as a major one. A slight difference may seem overwhelming at first.

Each type of problem requires treatment tailored to the child and his family. Most of these children need special care, and sometimes a team of specialists is needed. Among these are the pediatrician, psychologist, social worker, public health nurse, an orthopedist, sometimes a psychiatrist or other medical specialist. Depending on the type of problem, additional workers may be called in—occupational or physical therapist, neurologist, speech therapist, audiologist, dental specialist, or others.

It is not possible to discuss individual handicaps in this bulletin. Many are explored more fully in other publications of the Children's Bureau which are listed at the back. Although you will want to

consult these, keep in mind a few things which apply to any handicap.

## Get help early

Whenever you are worried about the way your child behaves—about what he does or doesn't do—it is important to seek the best professional advice. You can easily postpone nagging worry by cheerfully insisting, "Oh, he'll outgrow it. It's just a phase he's going through." This may be true, but chances are, if you're concerned about it, more than time alone is needed.

A child's short attention span may be perfectly normal for his stage of development, but it may be a clue to a hearing problem. Your doctor is the one to decide. A child who is unable to get along with others, who is so shy he cries at the thought of being with other children and won't talk to anybody, needs help now. If he waits until he goes to school for teacher to "bring him out," he starts with an even greater handicap.

For some problems, getting help early may make the problem much less serious than it will become if neglected during these formative years. Treatment may mean fitting a child with corrective shoes or a brace; it may mean a long series of discussions with a social worker, psychiatrist, or others trained to help people with their feelings.

If the problem is physical, the doctor may send you to a special diagnostic clinic or crippled children's service. Some frustrating behavior problems rest on a physical disorder, so you'll want a good medical checkup first. The doctor may have you talk to a social worker, family agency, or child guidance clinic about problems with an emotional basis.

For some problems, early treatment will make it possible to prevent side-effects and related new problems even though no cure is known for the original condition. Some things go in chains,

one link caught in the next. Getting help early can keep the chain from growing longer, heavier, and more tangled.

*The handicap is but a part.* Being handicapped or different is a hard blow for a child. But it is even harder if those important to him become so involved in the handicap they see it only. Some parents may feel they caused the problem. So they seek to make amends by indulging the child.

Occasionally, such words as "blind," "retarded," "divorced parents" or "emotional disturbance" become so large parents forget a child is hidden behind them. Then they forget that, as a child, he needs all of the things we know are good for children. He will need good physical care including his "shots" and going to the dentist. He needs fun and friends. He needs to be taught how to behave. He needs training and education. Whenever you can, give him the most normal experiences he can take.

In the past, many handicapped children were placed in institutions in order to give them special care. As resources become available in the community, more children are able to stay with their families and still get the special training and therapy they need.

Rarely does a child who is handicapped need, or want, the center of the stage. All family life cannot revolve around his differences. From time to time, of course, any one of the children may need concentrated care and other things have to take

a back seat temporarily. Long-range plans, however, must take into account the individual needs of all members of the family, including your own.

From the outset, frankly admitting the defect to others in the family—outsiders, too, as a matter of fact—makes life easier for both you and the child. Other children in the family profit from being told honestly what the trouble is. This relieves them of doubts and fears that they or their parents may, in some vague way, be to blame for it. If they understand, they are in a better position to interpret the handicap to their friends.

You'll want to get a clear notion of what the handicapped child can be expected to achieve, insofar as it can be determined. With such a yardstick, you can judge your relative success in managing him. Without some idea of the degree to which your child's handicap will alter his development, you may be struggling to achieve the impossible. On the other hand, you may be underestimating his real ability.

Parents who are faced with a variety of special problems have received much comfort as well as practical help from joining a group of parents who have similar problems. There are many national organizations, and new groups are being formed all the time. Your State or local health department can supply addresses for the various groups, to which you can write for current information and educational pamphlets.

# KEEPING THE CHILD HEALTHY

A HEALTHY CHILD is active, alert and interested in things. His color is good, eyes are bright, his hair shiny. According to his age, he plays vigorously, creeping, running, climbing, jumping. He is a strenuous companion, with his never-ending desire for activity. He is usually a bit noisy, chattering happily to himself and others, singing, banging. But when it is bedtime, he sleeps soundly. He needs no coaxing to eat. His teeth are clean and in good condition. He does not have aches and pains. Over the months, he gains steadily in weight and height.

Parents used to feel that a big child was a healthy child. They would check the tables of average height and weight for children. If their child was above average, they were satisfied. If not, they worried and tried to find ways to make him eat a little more to grow "big and tall." Nowadays they are more apt to see that comparing a child to an average is not really useful because so many factors determine size.

Standards for height and weight are now expressed as a range or curve which allows for normal differences. A perfectly healthy 3-year-old may be 34 inches in height. Another, unusually tall for his age, may measure as much as 43 inches. In weight, the normal range extends from 25 to 42 pounds. As the years increase, the normal range widens.

Even so, inches and pounds are merely measures of quantity. The preceding de-

scription of a healthy child mentions more basic indications of well-being. The proportion of fat to bone and muscle, and the ability of the tissues to resist disease are also important in determining the healthiness of a child.

## What determines size?

Children tend to have the same body build and stature as their ancestors: slender, stocky, tall, short. What they inherit, of course, comes from two sets of families, so already the outcome is unpredictable. From generation to generation, children are getting somewhat larger. Their growth is affected, just as their parents' was, by diet, climate, health or sickness, and general atmosphere of contentment or tension. Since some unfavorable conditions have been removed over the years, young bodies are more apt to reach their maximum growth possibility without interference.

There are fast and slow growers. Although exceptions occur, a child will tend to keep the same tempo. The toddler who is heavier and taller than other 1- or 2-year-olds will tend to retain his head-start throughout childhood.

Even though the individual has his own rate of growth, all children follow much the same overall pattern. Babies grow very rapidly their first year, and slow down in the second. At 2, the child is about half as tall as he will be when fully grown, although he weighs only a fifth as much. If his growth continued

at the same rate as the first year, he would wind up about half a mile tall. The total gain in height and weight for the next 3 years will be less than the amount added during the first year of life. Preschool children usually grow about 3 inches and add from 4 to 5 pounds yearly.

All through the first years, boys tend to be somewhat taller and heavier than girls. But girls, from birth onward, possess a somewhat larger percentage of their mature height and weight. Their bony structure, although lighter, is also more mature. At the start, a girl baby is about a month ahead. By the age of 6, she may be a whole year ahead of a boy her age in physical development. By 12, she may be 2 years ahead. This gives girls an advantage in learning how to dress themselves, to write, and to do other things that depend upon muscular control.

## Good teeth are important

The child gets two sets of teeth. While only the baby or "milk" teeth are visible during the first 5 years of life, the permanent teeth begin to form in the jaw soon after birth, and are nearly completed by the time a child reaches school age. Whatever nourishment is in the child's body during these 5 years has to be the building material for adult teeth. It is no wonder that dentists emphasize a diet adequate in minerals and vitamins for young children.

Brothers and sisters are apt to be like each other in the time their teeth erupt. Most children cut a tooth by 8 months of age. They will have anywhere from 2 to 10 teeth a year, with 4 to 6 as average. If a 1-year-old has no teeth at all, see the doctor.

Teeth continue to come in—usually in pairs—until the age of  $2\frac{1}{2}$  or 3, when 20 of the first set are in and the child can handle an adult diet. When a tooth is coming in, the child may be irritable

or fretful, and may not eat well for a few days. But teething alone rarely accounts for an illness. Because teething goes on for such a long time, it is easy to blame all childhood upsets on cutting a tooth, but it is safer to rule out other causes first.

The first 4 permanent teeth to come through are the 6-year molars which appear sometime between the fifth and seventh birthdays. They come in behind the last baby teeth on both sides of upper and lower jaws, and are sometimes mistaken for temporary teeth. Take good care of the 6-year molars, for they must last the lifetime.

All of the child's teeth are important, however. They enable him to chew his food properly as an aid to digestion. The presence of baby teeth helps to form a proper jaw line. The child's bite, or occlusion of the teeth, is determined largely by his heredity, but premature loss of baby teeth can alter its shape. Therefore, baby teeth need to be examined regularly by a dentist and checked between times if decay appears or a tooth is chipped or broken by a fall. Before age 3, a child can begin to brush his teeth. He'll need reminding and supervision for many years, though.

To be sure that their children have the lifetime benefits of good teeth and sound jaw structure, all parents will want their children to have:

A diet which emphasizes milk, vegetables, and fruits and minimizes sugars and sweets. Too many sweet foods and soft drinks make the child neglect other more essential foods.

Regular check by the dentist beginning at age 2 or 3. With an early start, the child will be able to make friends with his dentist through the examination and cleaning. Cavities will be found early and easily treated. If the first visit is postponed until a later age, the child's introduction to the dentist is apt to be less pleasant.





The advantage of a water supply which contains sufficient fluorine to help prevent cavities. Many communities vote to add appropriate amounts of fluorine to their water if it does not naturally contain enough. There is no doubt that a proper amount of fluorine in the drinking water is harmless and can reduce by two-thirds the number of cavities in the teeth of its growing citizens. If your water supply does not contain sufficient fluorine, a dentist or dental hygienist may wish to apply a fluorine solution to your child's teeth at regular intervals.

### Food for children

Little children need foods that will help them grow—that build muscle, bones, blood, and sound teeth. They need food which help them to stay well most of the time and to get over colds and other sicknesses. Children use tremendous

amounts of energy—running, climbing, and pushing play equipment around. Good food for children means food which gives plenty of building material, regulating material, and energy.

A child will get the substances that do these things if he eats regularly some foods from each of the groups shown in the table on page 67. All these foods are available at the grocery store, though for the many children who do not take a quart of milk a day it is usually necessary to supplement with additional vitamin D.

Vitamin D is the sunshine vitamin which does not occur naturally in sufficient amount in food, but which sunshine helps the body manufacture. Most children in the United States do not get enough sunshine because of the weather, the clothing they wear, and the amount of time they spend indoors. Therefore, doctors prescribe 400 units of vitamin D

per day the year round, winter and summer alike, all through the preschool years.

This may be in the form of drops, capsules, tablets, or milk to which vitamin D has been added. If your child does not take a quart of milk a day, it is wise to give him sufficient additional vitamin D to make up the 400 units per day. An

excessive amount of vitamin D is dangerous. Don't give more than the doctor prescribes.

*Planning the meals.* Mothers have always wanted their children to eat a lot, and probably always will be worried when they don't. That's natural. When

### *Foods to meet the needs of children and their families*

	type of food	each day
<b>MILK GROUP</b>		
Milk.....		3-4 cups (there will be times when a child may take less).
Cheese and ice cream	}	Occasionally in addition to milk.
Cottage cheese		
Creamed foods		

### **VEGETABLE FRUIT GROUP**

- One source of vitamin C..... One or more servings.
- Grapefruit, orange, tomato (whole or in juice); raw cabbage, green or sweet red pepper, broccoli, fresh strawberries, guava, mango, papaya.
- One source of vitamin A..... One or more servings.
- \* You can judge fairly well by color—dark green and deep yellow: apricots, broccoli, cantaloup, carrots, greens, pumpkin, sweetpotatoes, winter squash.
- Others, including potatoes..... One or more servings.

### **MEAT GROUP**

- Meat, poultry, fish..... One or more servings.
- Dry beans, peas, peanut butter..... Occasionally in place of meat.
- Eggs..... One a day.

### **BREAD AND CEREAL GROUP**

- Whole grain, enriched or restored bread and cereals..... 4 or more servings daily.
- Grits, macaroni, spaghetti, and rice.

### **OTHER FOODS**

- Butter or fortified margarine (contain vitamin A) and other fats..... Some each day.
- Vitamin D in some form..... 400 units daily.
- Sugars and sweets..... Small amount occasionally.

you see important foods listed as in the preceding table, you probably feel that you have a big job to get it all in. Divided into a day's meals, it becomes easier to see how to manage it. By choosing different kinds of meats, vegetables, fruits,

and cereals, you can provide variety, match your pocketbook, and cater to your family's tastes. The following sample meal plan for a child shows how little adjustment, if any, needs to be made in the pattern you use for the whole family.

Breakfast	Lunch or supper	Dinner
Fruit or juice	Main dish—mainly meat, eggs, fish, poultry, dried beans or peas, cheese, peanut butter	Meat, poultry, or fish
Cereal with milk		Vegetable
Toast	Vegetable or salad	Relish or salad
Butter or margarine	Bread	Bread
Milk	Butter or margarine	Butter or margarine
	Dessert or fruit	Fruit or pudding
	Milk	Milk

**Snacks between meals.** Because a small child frequently cannot eat a great deal at one time, you may wish to plan for a snack once or more during the day. This gives him renewed energy at a time when he needs it—mid-morning, mid-afternoon, or before bed. At this time, give him food which is a part of the whole day's plan, food which will make a real

contribution to his nourishment. Nibbling off and on, on cookies, crackers, bread, potato chips and the like, with soft drinks to wash them down, spoils the appetite for the well-balanced meals. Frequent nibbling also creates mouth conditions conducive to tooth decay.

Good snacks may be selected from one or both of the following groups:

Dry cereal, with milk or out of the box  
Simple cookie or cracker  
Raw vegetables  
Canned, fresh, or dried fruit  
Toast, plain or cinnamon  
Cheese wedge  
Fruit sherbet or ice cream

Fruit juice  
Milk  
Fruit drinks made with milk and juice

If a child has a small appetite, use fruit or fruit juice, skim milk rather than whole milk, or milk rather than ice cream between meals. Because these contain less fat, the child is less likely to feel full

when he comes to the next meal.

**Other aspects of planning.** There are other things to consider along with the food values. Children appreciate

foods which are easy to handle. While they are learning to feed themselves, they are easily and become more awkward if foods are difficult to manage, even if their intentions are good. They are apt to give up the job. Soups may be offered in a mug to be drunk. Many foods can be handled with fingers. Even an adult enjoys picking up bite-size pieces of food, or gnawing on a chicken leg. Children can be given meat, vegetables, and fruit for finger feeding.

A variety of texture appeals to children. Foods can be soft, chewy, or crisp, and at one meal, not all should be the same. Mashed potatoes, baked squash, and meat loaf all feel alike; changing squash to green beans makes the plate more interesting. Children prefer moist meats and vegetables rather than dry, hard, or gummy ones. Liver loaf, for instance, is more popular than broiled liver.

Color appeals to young eaters. They enjoy sparkling gelatin desserts, colorful vegetables, or a bit of parsley or lettuce on the plate.

Temperature extremes are unpleasant to most children, and they like their food, like the Little Bear in the story, "just right." Milk and other beverages are often more pleasing to a child when served at room temperature rather than iced. Usually a child does not object to his food being lukewarm.

Strong flavored cooked vegetables are not very popular. Children accept cabbage, broccoli, or kale better when served raw, or with mild foods.

Most children object to having foods mixed together. They get suspicious of what the next bite of a casserole mixture will contain. A divided plate is welcome to some who are very fastidious.

As a nation, we are apt to put undue emphasis on desserts. It is no wonder children think of them as rewards for good behavior if the adults think that way themselves. If meals can be planned so that the dessert is a worthwhile

part of the meal—sliced oranges or a custard for instance—it can be eaten anytime the child wishes, first or last. In general, however, desserts are served as a finish for the meal, in any country. So it is not expecting too much of a child to ask him to follow this custom, too.

Comfort and convenience in the way the meal is served add to mealtime zest. A child's feet should touch a support or the floor. The chair should be of height appropriate to the surface on which his utensils rest. Small cups or glasses don't tip over so readily, and if spilled, the loss is less. Plastic dishes and cups can be attractive, and give child and mother peace of mind. Plan a washable floor covering (linoleum squares or newspapers) and washable walls for the beginner.

If a child is too tired to eat, help from an older child or adult may tide him over. Avoid overfatigue by planning a short rest before meals. Let him lie down, play quietly, or sprawl over a picture book. Call to lunch is welcome when the child is about to become bored with resting.

During the meal, a child can often be allowed to get up for a stretch. He can carry his empty dish to the kitchen counter, and come back for fruit or dessert. Discourage playing at mealtimes, of course, but a resourceful mother can find ways to let her child move around a little. When he has finished eating, excuse him, for he finds it agonizing to sit while others linger to talk.

*The amount will vary.* Give your child reasonable portions. Base this amount on what you know he will manage, not what you wish he would consume. If you're feeding him, place a small amount on the spoon. A teaspoon of a new food is enough to start on, for a trial taste. If he likes it, he can have more. If he doesn't, he may accept it the next time it is offered. If you give him reasonable servings, he's likely to eat it

all. Often children will clean the plate, but are distracted by other things and will refuse to bother with the second helpings you are counting on them to ask for.

Like the rest of us, children vary from time to time in how much they want to eat and in what foods they prefer. They have spells of wanting the same things over and over, then suddenly refuse these favorites altogether. A mother is understandably annoyed when her child refuses to eat the things she has prepared especially for him, anticipating his pleasure. If she knows that likes and dislikes will change from time to time, she can take whims more calmly.

Sometimes children go on food "jags." If a child wants two or three eggs at a meal for a while, it's all right to let him have them. In time he will settle down and eat a normal meal. The overall pattern, from week to week and month to month, is the important thing to keep in mind.

*Unsuitable foods.* By and large, foods which are good for adults are good for children, too. If the family tastes run to highly spiced dishes, rich pastries, and many sweets, special plans do need to be made for the children. Even though a family eats wisely, children will soon discover soft drinks, candy, and other items that have little food value. You have every right to place foods which you do not consider good for your children on a forbidden list. Some hesitate lest they be considered fussy or old-fashioned, or mistakenly feel they are depriving their child. Your child has no way of knowing what is good for him unless you help him select. He is governed by taste alone. Actually, children sense that their parents love them as much from what they are not permitted to do as well as from what they are. "My mother won't let me have that" can be said in pride.

A few things cause trouble. Nuts of any kind aren't good for children under

2. If the child chokes, hard fragments can easily be drawn into his lungs. The outer part of corn kernels has the same danger. The kernels of corn on the cob can be sliced through with a sharp knife. Then, as the child bites, the soft contents of the kernel will pop out, leaving the outer skin. Popcorn should not be given to children under 2.

*Variations in appetite.* After allowing for ups and downs in the amount a child eats from day to day, and for the variation in different children, you may still feel your child is a problem because he eats so little or is so fussy about what he eats. Before you coax or wheedle, force, or punish—stop to take stock of the whole situation.

First, since you are worried partly because of the child's health, check with his doctor. The doctor may find you haven't counted up everything your youngster is eating or that you have an unreasonable idea of the amount he needs. This is often the case when the child is around a year and a half, as his growth slows down and he needs less food than before. The doctor will know if there is any cause for worry. He's the one to prescribe any special medicine or drugstore preparations.

Then, you'll have to admit that you're partly upset because you feel that you—and the food you prepared—are being turned down. You're a bit angry at your rebellious eater. You can't help your feelings, but you'll be wise to keep them under control. You'll find it easier to deal with the child if you can recognize that only part of your worry comes from fears for his health.

It's almost impossible to be truly open-minded and casual about what your loved ones eat, or do not eat. A child very quickly realizes that what he consumes is terribly important to his mother. Then there are times—around age 2 and again at 4 or so—when a child wants to be in-



dependent. He's apt to be independent about what he eats—and how and where—as well as whether he will come when you call him or go to bed at the proper time. Since this is a normal stage of trying "his wings" go along with him, within reason, and avoid head on clashes that set the stage for lasting battles over food.

What is "within reason?" Families vary a great deal in how flexible they can be about meal practices. However, no one member of the family should be allowed to spoil the meal for everyone else. Perhaps a child in a rebellious frame of mind will do better to eat alone, ahead of the others. His mother can keep an eye on him, but there won't be such an audience for dawdling or naughty behavior. The effectiveness of an interested but casual attitude toward the child's eating is often seen in nursery schools or day-care centers. "Problem eaters" disappear in the relaxed atmosphere where everybody eats.

Children who feed themselves, despite their initial messiness, often retain a zest for eating lost by those who are fed too long. A child may refuse food if he feels neglected or lonely, or wants to get even with people. He finds it very satisfying to discover this way of getting a lot of extra attention—mother pleads, daddy stands on his head, and auntie plays his favorite records. At the other extreme is the child who eats all the time. He, too, may be substituting food for love. It is better to show an interest in the child himself all through the day, and not center only on what he eats.

The child who has a small appetite may find himself lured into eating or drinking more if he is permitted to serve himself, and to pour his own milk from a syrup pitcher or small teapot. If the glass is too large, he gets to pour less often, and is discouraged by the amount.

Birthday parties are best planned to coincide with a regular mealtime.

Otherwise, the refreshments served are bound to spoil the succeeding meal. Sharing the lunch, or an early supper, with 2 or 3 friends makes the occasion one to be looked forward to eagerly, and long remembered.

Party fare need not be elaborate. Children like foods which are familiar to them, and easy to eat.

## You and your child's doctor

Modern parents believe in going to a doctor to keep their children well, instead of waiting to call him when sickness comes. They select a doctor before or soon after the baby comes. Through regular visits, the doctor keeps track of the child's progress, can advise the parents about his health care and needs, and sees that he is protected against certain diseases by inoculation or vaccination. (See back cover.) When you take your child to the doctor regularly, you make sure that defects or unusual conditions are found early, and you can start appropriate treatment before further damage is done. These preschool years are the best time to detect problems such as with hearing, vision, speech or feet.

This doctor may be a pediatrician—a doctor who specializes in the care of children—or a family doctor (general practitioner). Or you may take your child to a well-baby clinic (child health conference) to obtain medical supervision until he is of school age.

The doctor will want to see the young child at least twice a year up to 6 years of age. This is in addition to visits for immunizations.

Children show some doubt about a physical examination during the years of 1 to 6. Around a year of age, a child may be very suspicious of strangers, and resist having his ears, eyes, or mouth looked at. Some of this wariness will disappear by the age of 2½ or 3, especially if a child knows his mother will stay

with him. At age 4 or 5, a child may once again be upset by shots, despite his increased age.

Parents help children most when they are calm and firm about the importance of anything the doctor does. By the age of 3, a child profits from knowing ahead of time what the doctor is going to do. Even so, there may be tears. Never tease a child about his fears or call him "sissy."

## Preventing disease

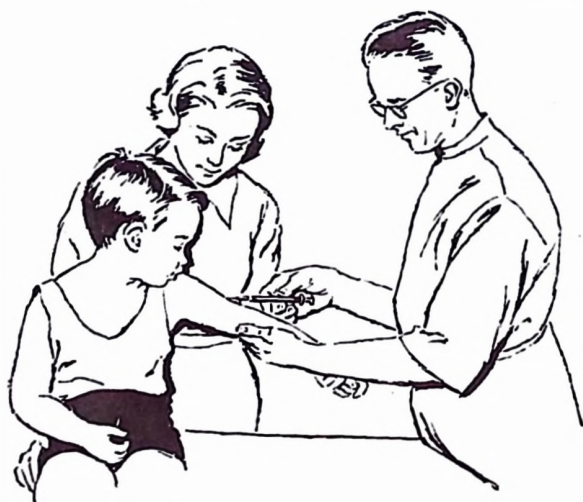
By giving your child good everyday care, you go a long way toward prevention of illness. It doesn't depend on drastic measures every now and then. As you give your children a clean and happy home, nourishing food, plenty of rest and sleep, play out of doors, and appropriate clothing, you are working for health. When you plan regular checkups with the doctor and see that your child is immunized against diseases, you further progress.

Every child should be protected by im-

munization against 5 diseases which formerly caused many deaths. These are: diphtheria, whooping cough, tetanus, polio (infantile paralysis), and smallpox.

Fortunately, fewer separate injections are required now. The doctor may give an injection which combines material to combat the first 4 in the list. Known as DPT plus polio, it is named for the first letter in diphtheria, pertussis (whooping cough) and tetanus, with polio added. Some doctors give the DPT and polio shots separately. In addition, your child will need a smallpox vaccination. Probably you have already tended to these, for all are recommended before a child is a year old, but you will need to repeat them at intervals.

Keep a record of the shot and the date given. This information is needed if you change doctors, if you move to a new locality, and when the child enters school or goes to camp. Your doctor may give you a card on which to write this information, or you may wish to write it in the space on the back cover of this book.



Keep it with other important papers such as the child's birth certificate.

The reaction to DPT and polio injections is usually mild—there may be low fever, fussiness, or soreness around the point of injection. This is indeed small compared to having the disease. The shots do not cause colds or cough. Any such symptoms are the result of an infection and have nothing to do with the injection.

When a child is vaccinated against smallpox, the reaction will come a week or so afterwards as it begins to "take." Leave the blister which forms uncovered, except by clothing, unless a small gauze dressing is needed to keep a child from scratching it. Discontinue tub baths or showers from the time the blister appears until the scab falls off. A sponge bath will do.

It takes some time for immunity to develop in the body after these shots are given. If your child is exposed to any of these diseases, and has not had the shots, it is too late to start giving them. Ask your doctor or your local health department what to do if you know your child has been exposed.

### Additional preventive measures

There are some other procedures that play a part in safeguarding your child's health under certain circumstances.

**Tests for tuberculosis.** Tuberculosis (TB) is spread from one person to another, and little children have even less resistance to the disease than do older children and adults. Detecting the disease in its early stages gives the best chance for successful treatment. Many doctors like to include a test for tuberculosis as part of their regular physical examinations up to age 18. If you suspect that your child has come in contact with tuberculosis, have him tested immediately.

The test is done by injecting a small amount of fluid into the skin of the arm. Thickening of the skin at this point 2 or 3 days later shows that, at some time, the child has had tubercle bacilli in his body. Further testing will be done to determine whether the disease is active, or is already healed.

Tuberculosis is much less prevalent today than formerly, but is by no means eradicated. Ask a new maid or nurse or anyone coming into continuing close contact with your family to prove that she (or he) is free from the disease. Always keep children away from a person who has a cough of unknown origin, or who is known to have tuberculosis. Raw milk, or food products made from raw milk, may also carry tuberculosis germs.

In children, the disease may not be confined to the lungs, but may attack the skin, glands or lymph nodes, the joints or bones, or the lining and membranes covering parts of the body. Some of the symptoms common to all types of tuberculosis are loss of weight, failure to gain weight, unexplained fever, enlarged neck glands, paleness, and chronic fatigue. Unlike adults, children seldom have a cough as a symptom of the disease.

**Measles may be modified or prevented.** Measles is often lightly considered a "childhood" disease which everybody has to get sometime or another, and is not treated with the respect it deserves. Measles, and the complications which can result, may be very serious to a young child so most doctors prefer to postpone it until a child is older and stronger. If you know your child has been exposed, check with the doctor. He may wish to give an inoculation which, if given in time, may protect the child from the current exposure, or it may make the measles, if contracted anyhow, quite mild.

The injection has a temporary effect. If the disease has been prevented, an-

other injection will be required next time the child is exposed. If, however, he contracted a mild form of measles, his immunity will be as good as if he had an unmodified case.

**Typhoid fever.** Routine shots to prevent typhoid fever are unnecessary because it is not common in most parts of the United States today. A vaccination is advised if typhoid is known to exist in your locality, if you plan to travel to a place where it is common, or if there is to be other unusual exposure. The preventive doses are given in a series of 3 or more injections, 1 to 4 weeks apart.

**Animal bites.** Whenever a child is bitten by an animal (cat, dog, squirrel, bat or other), even if it is a family pet, he should be seen at once by a doctor. Though the bite itself may not be a cause for concern, the saliva of the animal may contain germs including those of rabies (hydrophobia). Frequently a booster shot for tetanus is called for even if treatment for prevention of rabies is not. If you are unable to reach a doctor, check with your local health department or hospital.

It is important to capture the animal, alive if possible, so that it can be kept under observation for 10 days. Rabies will develop in that time if the animal has the disease.

Every parent should make sure his own pets are vaccinated against rabies. Teach children to stay away from any animal, domestic or wild, whose behavior seems strange.

Many dog bites and cat scratches, with their unpleasant aftermath of fear and pain, could have been avoided. A little child is apt to treat a pet like a toy, without regard for the animal's feelings or instinctive responses. Show your children how to care for pets, and not to abuse or tease them. Try to avoid the combination of a young dog or cat (under a year) and a young child (under 3 years).

**Radiation.** Let your doctor or dentist use X-ray on your child when he thinks it is needed, but do not urge him to use X-ray if he thinks it unnecessary.

Do not let salesmen use X-ray shoe fitting devices. Many States no longer permit shoestores to use these.

There has been much publicity about fallout from atomic bomb tests, but the chief source of radiation to which people in this country are exposed is X-ray used for medical and dental purposes. X-ray can do more harm than good if not used correctly.

## Safety at home

More children die from accidents each year than from any other cause. Accidents leave more children crippled than do diseases. And yet the majority of these accidents could have been prevented. Look at your home from time to time to see how safe it is for your child to live in.

It wasn't too hard to keep the baby safe. But when he begins to get around you have to do a lot more planning. A toddler doesn't understand safety, or the lack of it. Since he is curious, keep all nooks and crannies free of hazards. Since he will taste and test things out, don't leave poisons within reach. Since he is a great imitator, he'll do the things he sees you doing. Show him how to do things safely.

As children grow older, they cover more territory, indoors and out. Their range widens, but if you've been carefully teaching them how to do things correctly all along, you can begin to rely on their judgment by the age of 4. Don't make temptation too great, though, by leaving dangerous objects around for curious hands. Never leave a child alone in the house.

Explain why you think a thing is dangerous. Instead of forbidding an act, show him how to accomplish it safely—to cross a street, handle a saw, climb a

tree. Give him practice with you right by to catch—or coach—him. You want to encourage the child to reach out into the world, and you prize his confidence and courage. Above all, while you want him to live to tell the tale, you do want him to have some tales to tell.

Listed below are steps you can take to protect your child.

### *Automobiles*

Don't expect a child of 3 or under to stay out of the street. Fence his play yard, or stay with him every minute.

Know where every child is before you back out of the driveway.

Practice safe driving yourself. Obey all traffic regulations.

Always demonstrate the safe way to cross a street.

Never drive over a carton, or a pile of leaves in the street. Children love to crawl into these to hide.

Install safety belts in your car for all passengers as well as the driver.

Teach a child safe practices for riding in a car. Never let a child stand in a moving automobile, or put his head or arms out the window. Provide safety locks for rear doors. If children misbehave while you are driving, pull to the curb and stop. Don't start again until you have them settled.

### *Burns and fire*

Keep a fire extinguisher readily accessible. Have it checked annually.

Don't be casual about matches and cigarette lighters.

Screen your fireplace. Never leave a baby or a toddler alone in a room with an open fire or heater.

Replace electric cords and equipment when they show wear.

Place steam kettle or vaporizer out of a child's reach.

### *Poisons*

Follow the doctor's directions exactly in giving medicine. Measure the dosage





carefully. Never refer to medicine as candy.

Flush old medicines down the toilet.

Keep medicines and cleaning materials on a high shelf or in a locked cupboard. Put them away immediately after use. Don't hide candy or other prize edibles near dangerous items.

Teach children never to taste unidentified things they find: berries, roots, fruit or mushrooms; pills or tablets; liquids left in bottles.

Never store cleaning materials, paint thinner, hair waving lotions, boric acid solutions or other poisons in food or beverage containers.

Read directions and cautions on drug and chemical containers each time you use them.

On furniture, toys, and inside walls use paint which does not contain more than 1 percent lead. Look for the label which says: "Conforms to American Standard Z66.1—1955 for use on surfaces which might be chewed by children," or a can marked "for indoor use."

### *Suffocation and choking*

Never give a plastic bag (such as those which protect dry cleaning) to a child or use it to cover a mattress or pillow. Destroy these, or keep them out of reach as they cling to the nostrils and can cause smothering.

Remove the catches or doors on old ice-boxes or chests. Children love to hide in these. Suffocation easily results.

Be sure that gas fixtures don't leak; use rigid metal connections instead of rub-

ber tubing which may crack.

In cold weather, when the furnace is on, leave a window somewhere in the house open a bit at top and bottom to provide ventilation.

Open a window when you use cleaning fluids, and keep away from flame.

Remove small bones from fish or chicken for children under 3.

Blow up balloons before giving them to children to play with. A young child who doesn't know how to blow may suck the balloon into his throat and choke on it.

### *Washing machine wringers*

Be sure the wringer of your washing machine has a safety release.

Unplug the washing machine when it is not in use.

Keep the cord out of the reach of children.

Never leave the wringer operating as you leave the machine.

### *Water*

Keep your eye on your child every minute you are at the beach, near a pool or lake.

Expect a child to seek out interesting water in the neighborhood—the swimming pool, storm sewer, excavation, wading pool, or whatever. Make sure such areas are securely fenced off or supervised.

Don't leave a child under 2 alone in the bathtub, even for an instant. Empty wading pools after the day's use. Even 2 or 3 inches of water in the bottom are dangerous.

# WHEN A CHILD IS SICK

IN SPITE of the good everyday care you give your child, he's going to get sick. Many of his illnesses will be minor, but some will be serious. All take your patience, ingenuity, night's sleep, and nursing skill.

Be conservative about the slightest indication that a child is not well. It's impossible to determine at the outset what course the illness may take. You have no regrets the next morning if he wakes up good as new, but if you ignore the first signals, you may expose others to the disease, or prolong his illness.

Here are some of the signs which indicate that a child is not well:

Flushed face and hot dry skin; or unusual paleness and coldness.

Unexpected profuse sweating.

Drowsiness, especially at times he's usually wide awake.

Watery or glassy appearance of the eyes.

Runny nose, sneezes, coughs.

Sore throat, hoarse or husky voice, swollen glands.

Nausea, vomiting, diarrhea.

Stiff back or neck.

Pain in ear, head, chest, stomach, abdomen, or joints.

Rash, bumps, or breaking out on the skin.

Convulsions, "fits," or spells during which a child stiffens and twitches.

Any of these may signify a slight or serious illness. Only time will tell. Meanwhile, keep the child quiet, in bed if he has fever. Keep him away from others as many illnesses are most contagious in the early stages. And keep a close watch. He may not eat as much as usual, but this is no cause for alarm. Offer him liquids frequently—water, fruit juice, milk or broth.

If your child is vomiting or having diarrhea, stop all food but offer small amounts of water occasionally. If he vomits again, stop giving even water. In 2 hours, try a few sips of water, cola syrup, ginger ale, sweetened weak tea or cracked ice to hold in his mouth. If this stays down, give him one of these every hour or less. A small thermos bottle by the bed will save you steps.

As soon as you can tell somewhat the nature of the illness, check with your doctor on what to do next. He'll want to know if the child has fever, as well as any other symptoms. Do not give any kind of medicine until directed by the doctor.

Nowadays, children who are quite ill may be kept at home rather than placed in the hospital. Today doctors are more

aware of the unfavorable psychological results of taking a child away from home. They consider this as well as the illness in deciding whether to admit the child to a hospital. Furthermore, new medicines have changed the course of many diseases. However, not all diseases respond to antibiotics or drugs, so do not insist that the doctor prescribe medicine if he thinks it is not indicated.

If you need help in knowing how to take care of a sick child at home, call your health department. A visiting or public health nurse may be available to talk with you. Such help will enable you to carry out the doctor's orders more effectively. Taking a home nursing class through your local adult education program or the Red Cross will be worth your while.

### **Arranging the sick room**

If you have any choice, place the child in a room convenient to the bathroom. Remove extra furniture. It is pleasant for the child to be near a window he can look out of, but place the bed so that no draft will cross it if the window is open. Many children enjoy having a bell to call you when they need company or help.

A makeshift bedside table may save many steps. Use a snap clothespin to fasten cloth or brown paper bags to the bed to keep play things, nose tissues, and other items convenient to the patient.

### **Amusing a convalescent**

Usually a child is very good about staying in bed when he is acutely ill. A child who is getting well is, however, another matter. Children have such remarkable come-back powers that, once an acute illness is over, they soon feel fine and begin to clamor to get up. Instead of nagging a child to stay in bed, a wise mother will try to find ways to keep him

contented there. But if restriction is upsetting, it may do more harm than letting him get up. Sometimes the child will lie quietly on the sofa or on his parents' bed, nearer the base of family activity. A steady diet of television is to be avoided.

For young children, a new cuddly animal or doll, or an old and loved one, large beads to string, coloring books, or a toy telephone are entertaining. Fish, a tiny turtle, or a bird will provide company and amusement. A homemade mobile is fun—both to make and to watch after it is suspended.

Older children enjoy pegboards, weaving sets and jigsaw puzzles (make your own by pasting picture to cardboard and cutting it up). Magazines or mail order catalogs provide an unending source of interest. Old greeting cards can be cut apart and pasted into a scrapbook made of paper bags or colored paper tied together to form a book.

You may feel that paint, clay and water play are too messy for the child in bed. If you can stand it, though, they are prize activities for keeping a child amused and quiet. Try the water color sticks which have the paint inside. A 10-cent store jar of soap bubble liquid is fine for a child of 4 or more. Most can handle it without spilling.

Sick children usually prefer less complicated activities than those which appeal to them when they are well.

### **Home nursing techniques**

A child who has had fever should be kept quiet (preferably in bed) at least 24 hours after his temperature has returned to normal. If he had fever more than 2 or 3 days, the doctor may advise another day or two in bed. With this precaution, many serious after-effects of an illness can be avoided.

A sick child needs a daily sponge bath in bed, or a tub bath when he is better.

Take care that he is not chilled during or after the bath.

Offer the sick child a drink every hour or so when he is awake, especially if he has fever. If he has not had a bowel movement for 48 hours, or has pain in his abdomen, check with your doctor. Never give either a laxative or an enema without a doctor's advice. They may be very dangerous, especially if there is pain or swelling of the abdomen.

**Taking the temperature.** You can usually tell if a child has fever by the way he looks and acts—listless or drowsy, flushed, eyes bright, face and neck hot. At these signs, put him to bed. You may want to measure the actual body temperature by a thermometer. Your doctor may want you to keep a record of this. Therefore, you'll want to buy a thermometer, and learn how to use it.

Grasp the end opposite the bulb and rotate the glass shaft until the mercury column comes into view.

Normal body temperature fluctuates between 98° and 100°. On most thermometers, the bar above 98.6° is red, but a reading somewhat above or below this so-called normal may indicate individual variations, activity, time, or other influences.

Take a temperature in one of three ways. Any thermometer will do for any method you select. After use, wash the thermometer in warm water and soap. Hot water will break it.

**Taking the temperature by mouth:** For a child over 3 or 4, place the thermometer under the tongue and tell the child to keep his mouth closed. Caution him not to bite the slender glass rod or the bulb. Keep it in place for about 3 minutes.

**By rectum:** Used for younger children, or a child who is very sick. Hold him on your lap, face down, or place him on his side. Grease the bulb of the thermometer with cold cream or petroleum

jelly. Gently insert the thermometer for an inch, and hold it in about 3 minutes. Watch against sudden movements which might cause injury. A rectal thermometer has a round stubby bulb which makes painless insertion easier. In other ways, it is identical to the mouth thermometer.

**By armpit (axillary temperature):** Remove enough clothing so that you can slip the thermometer into the child's armpit. Hold the child closely to you, in order to press his arm against his side. Allow the thermometer to stay in position 4 or 5 minutes. The temperature may be slightly lower than when taken by other methods, but it will be satisfactory for most purposes.

Tell your doctor the method you used.

Usually taking the temperature morning and evening is sufficient. An evening recording is apt to be higher, although this will vary with both the child and the illness. You can't be sure that the fever has disappeared until the temperature is normal at the time of day when the reading has been the highest.

The amount of fever is not a true indication of how serious is an illness. A sudden high temperature may mark the onset of a simple cold, while a more serious condition may never send the temperature up more than a degree or two. In general, children run temperatures more readily and to a higher degree than adults.

If a child's fever shoots up to 104° or more, temporarily ease him by sponging him with cold water. Guard against chilling. If he begins to have convulsions, watch him closely. Send somebody else to phone for the doctor. Keep him from injuring himself, but you can't stop the convulsions themselves. See page 90.

**Steam inhalation and vaporizers.** Young children who have bronchitis, laryngitis, colds, croup, or asthma are often helped by breathing warm air which



is heavily laden with moisture. Let the child breathe steamy air for 10 or 15 minutes three or four times a day to make him more comfortable.

There are several simple ways to provide extra moisture. All of them require great care to prevent burning or scalding. Stay with a child under 3 whenever live steam is being used.

Place the child in the bathroom, with hot water running, or in a small room where a kettle is boiling. Keep the kettle or vaporizer out of reach of the child.

A steam tent is any arrangement to guide steam toward the child and keep it there. This may be done by draping a sheet around the sides of the crib. An umbrella behind the child can serve as a shield.

## Diseases and disorders

The following brief descriptions of common diseases and disorders give background information needed by parents as they live with children—children and their spots, runny noses, and wheezes. Of course, such information does not replace the doctor's diagnosis of your child. And, while the list may look alarming, no child contracts them all.

The disorders are grouped so parents can look up any group of symptoms, not as they would be in a medical textbook.

### Allergies

*What are they?* When a person is sensitive to a normally harmless substance, he has an allergy. If he receives more of the irritant than he can tolerate, he will show an allergic reaction. An allergy may look like a cold, an upset stomach, a skin disease or a number of other disorders.

There is such a variety of allergic reactions that a series of tests are usually necessary to determine their true nature. Allergies are not infections and cannot be "caught" or given to anyone else. While seldom fatal, they cause discomfort and inconvenience—mild to severe—and can lead the way to infections.

A child with an allergy should be under the care of a doctor who will, by means of tests, trial diets, and changes in the child's surroundings try to determine what the child is sensitive to.

*What causes allergies?* A child may inherit a tendency to allergy, but his reaction to a substance may differ from the reaction of his parents, or, he may be allergic to quite different substances. Any child may develop an allergy, however. Climate, season, degree of exposure, state of mind and other factors seem to contribute to the frequency and intensity of reaction. And the reaction itself may change or disappear as the child grows older. Frequently the doctor will study the child's whole life—the stresses and tensions he lives with—as well as specific irritants in order to get at the cause.

A person may be allergic to certain foods (such as eggs, chocolate, strawberries, milk, fish); to fine particles which are breathed (dust, pollen, feathers); to irritants which he touches (poison ivy, dog or cat hair, wool, glue, soap, detergent); to drugs which are taken by mouth or injections (sedatives, antibiotics, antitoxins); or to germs which are released in the body by an infection.

Sometimes it is relatively easy to find the cause and eliminate it from the child's life so that he gets complete relief. In other cases, the child is sensitive to so many things or to such widely present or obscure substances that the particular offenders cannot be eliminated.

Some common allergic reactions are:

*Asthma*, an irritation of the bronchial tubes, narrows the air passages and produces mucus so there is difficulty in breathing. The child wheezes and coughs in an alarming fashion. It may be worse when the child lies down, and he has to sleep propped up. Attacks frequently occur at night, and will vary considerably with the season of the year. Sometimes a cold precedes an asthmatic episode.

*Hay fever* resembles the common cold, with sneezing, itching and weeping eyes, and a stuffed-up head caused by swelling of the membranes of the nose. It is usually caused by pollens of weeds, grasses, and trees and therefore, unlike a cold, usually comes only at regular seasons of the year. It is rarely seen in children under 3 years of age.

*Eczema* is a red, thickened rough patch on the skin, frequently on the cheeks, folds of skin at the elbow and behind the knee. It will itch, and scratching causes oozing which forms crusts. While it is not con-



tigious, the open sores may readily become infected.

**Hives** are itching, raised welts on the skin which resemble large mosquito bites. They usually appear and disappear suddenly. The child with hives can be made more comfortable by applying ice to the welts, or giving a warm soda bath (1 cup of baking soda for a small tub).

### Child who is under-par

If a child tires quickly, is pale and listless, and lacks the bounce you expect, something is wrong although no sign of acute illness develops. Chronic ill health and lack of vitality have various causes. Until you know the source, you can't treat the condition effectively. Don't buy special foods and tonics. Get a physical checkup for the child. Then, if the doctor prescribes something special, you'll know you're treating your child's specific needs.

The child who lacks energy and seems run down may be suffering from:

**A chronic infection** which drains him of vitality.

**Lack of sufficient rest.** Slow down the pace of the child's day, plan for a mid-day rest, and arrange an earlier bedtime. It may do wonders for him, and you, too!

**Anemia**, lack of sufficient red coloring matter (hemoglobin) in the blood. Anemia may occur when a child loses a great deal of blood or has had a severe illness. Unless the loss is severe, he'll build new red blood cells in time, but the doctor may feel that a transfusion of whole blood is necessary to replenish the supply quickly. Or the doctor may prescribe iron as a medicine. Otherwise, good general care is all that is needed, with special emphasis on foods rich in iron, such as meats (especially liver, kidney, and heart), egg yolk, green leafy vegetables, whole-grain and enriched bread and cereals, molasses, raisins and other dried fruits.

Anemia may also be caused by disease which destroys the blood, by faulty diet, or by an inherited condition. In each case, the cause will determine the treatment.

**Poor nourishment.** In some instances, a child is run down because the foods he eats fail to supply his body with energy and the building substances he needs.

If he receives a faulty diet, correct this by offering foods from the list on page 67. In rare instances, a child's body is unable to use the materials present. Your doctor will have to prescribe for such a condition.

**Emotional problems.** A child who lives in a tense, unhappy home is sure to suffer deeply. So much of his energy is bound up in worry and distress, he is apt to tire readily and care little about play. Even his posture will show dejection. Sometimes a child may be disturbed by problems and you have no idea why.

If you suspect that your child is trying to handle emotional problems which are beyond him—and you—don't hesitate to seek professional help. Your doctor, or a social worker in a family agency, may be the one to start with. You may wish to seek psychiatric aid through a child guidance clinic.

### Colds and other respiratory infections

During the preschool years, children seem to get a discouraging number of coughs and colds and sore throats. There is an array of possibilities: croup, aching or running ears, flu, grippe, swollen glands and so on. Some are named for the part involved: laryngitis, tonsillitis, adenoiditis, bronchitis, pharyngitis. Many mothers feel as if they can name them all. It is some help to know that the child will be less susceptible as he grows older and will have less severe reaction to those which he does get.

You never know at the beginning what you're dealing with. What looks at first like a simple running nose may become in a day or two a common childhood disease with typical eruption, chickenpox for instance. It may be the first sign of a more serious infection. Or it may, despite a furious onset with high fever or a convulsion, settle down to be an ordinary cold. Many times children produce their own typical response to infection. One will get croup every time. Another never does, but screams with earache.

About all a parent can do is to decide that every cold and cough and sore throat deserves the safest treatment. Check with the doctor, and keep in touch with him as symptoms change. He'll decide whether he needs to see the child. Keep the child indoors, in bed if there's fever, and unroll all the tender-loving care routine you know so well.

(Continued on page 85)

### Common Communicable Diseases

Disease	First signs	Incubation period*	Prevention	How long contagious	What you can do
Chickenpox . . . . .	Mild fever followed in 36 hours by small raised pimples which become filled with clear fluid. Scabs form later. Successive crops of pox appear.	2-3 weeks usually 13-17 days.	None. Immune after one attack.	6 days after appearance of rash.	Not a serious disease; trim fingernails to prevent scratching; a paste of baking soda and water, or alcohol, may ease itching.
German measles (3-day measles).	Mild fever, sore throat or cold symptoms may precede tiny, rose-colored rash. Enlarged glands at back of neck and behind ears.	2-3 weeks usually 18 days.	None. Immune after one attack. Girls are often exposed intentionally since later contracting the disease in early months of pregnancy, may harm the unborn baby.	Until rash fades. About 5 days.	Not a serious disease, complications rare; give general good care and rest.
Measles. . . . .	Mounting fever; hard, dry cough; running nose and red eyes for 3 or 4 days before rash which starts at hair line and spreads down in blotches. Small red spots with white centers in mouth (Koplik's spots) appear before the rash.	1-2 weeks usually 10 or 11 days.	Gamma globulin, if injected shortly after exposure, may lighten or prevent the disease. This is of special importance for children under 3 or 4 years of age. A vaccine to give permanent immunity may be available soon.	Until rash disappears, usually 7 or 8 days.	May be mild or severe with complications of a serious nature; follow doctor's advice in caring for a child who is a disease.

Mumps.....	Fever, headache, vomiting, glands near ear and toward chin at jaw line ache and these develop painful swelling. Other parts of body may be affected also.	11-26 days usually around 18 days.	Is apt to be milder in childhood than later. Some doctors like little boys to get mumps over with before school age.	Until all swelling disappears.	Keep child in bed until fever subsides; indoors unless weather is warm.
Roseola .....	High fever which drops before rash or large pink blotches covering whole body appear. Child may not seem very ill despite the high fever (103°-105°) but he may convulse.	About 2 weeks.	None. Usually affects children from 6 months to 3 years of age.	Until seems well.	No special measures except rest and quiet.
Strep throat (septic sore throat) and scarlet fever (scarlatina)	Sometimes vomiting and fever before sudden and severe sore throat. If followed by fine rash on body and limbs, it is called scarlet fever.	1-7 days usually 2-5.	Antibiotics may prevent or lighten an attack if doctor feels it wise.	7-10 days. When all abnormal discharge from nose, eyes, throat has ceased.	Frequently less severe than formerly; responds to antibiotics which should be continued for full course to prevent serious complications.
Whooping cough.....	At first seems like a cold with low fever and cough which changes at end of second week to spells of coughing accompanied by a noisy gasp for air which creates the "whoop".	7-21 days, usually around 7 days.	Give injections of vaccine to all children in infancy; if an unvaccinated child has been exposed, the doctor may want to give a protective serum promptly.	At least 4 weeks.	Child needs careful supervision of doctor throughout this taxing illness.

\*Incubation period is the usual amount of time which elapses between exposure to the disease and onset of the first symptoms. For example, if a child is exposed to chickenpox, he can safely play with other children until 12 or 13 days afterwards. The following week, he should be kept away from other children since he may be in the early stages of the disease and it will be contagious before you note any symptoms.

### *Less Common Infectious Diseases*

Disease	First signs	Incubation period	Prevention	How long contagious	What you can do
Infectious hepatitis (catarrhal jaundice).	May be mild with few symptoms or accompanied by fever, headache, abdominal pain, nausea, diarrhea, general weariness. Later, yellow skin and white of eyes (jaundice), urine dark and bowel movements chalklike.	2-6 weeks commonly 25 days.	Injection of gamma globulin gives temporary immunity if child is exposed.	May last 2 months or more.	May be mild or may require hospital care.
Infectious mononucleosis (glandular fever).	Sore throat, swollen glands of neck and elsewhere, sometimes a rash over whole body and jaundiced appearance, low persistent fever.	Probably 4-14 days or longer.	None.	Probably 2-4 weeks but mode of transmission is not clear.	Keep in bed while feverish, restrict activity thereafter.
Meningitis.....	May be preceded by a cold; headache, stiff neck, vomiting, high temperature with convulsions or drowsy stupor; fine rash with tiny hemorrhages into the skin.	2-10 days.	None.	Until recovery.	Immediate treatment is necessary. Take child to hospital if doctor unavailable. Continue treatment with antibiotics as long as doctor advises.
Polio (infantile paralysis or poliomyelitis).	Slight fever, general discomfort, headache, stiff neck, stiff back.	1-4 weeks commonly 1-2 weeks.	Give all children 4 injections of polio vaccine plus booster shots regularly. If an oral vaccine becomes available, your doctor will advise.	1 week from onset or as long as fever persists.	Hospital care is usually advised.



Smallpox.....	Headache, pains, nosebleed occasionally, headache, rash on 3d or 4th day.	About 1 week after bite of infected tick.	Injectations can be given to a child who lives in heavily infested area.	Spread only by infected ticks.	New drugs have improved treatment.
Spotted fever.	Sudden fever, chills, head and back ache. Rash which becomes raised and hard, later blisters and scabs.	6-18 days commonly 12.	Vaccination practically perfect protection. Vaccinate during first year and again before school.	Until all scabs disappear.	Doctor's care necessary.

In this way, you're going to avoid complications which can result when a slight infection opens the way for a more serious one.

Be wary of nose drops or cough medicines without a doctor's instructions. These will not cure the infection. Keep the child comfortable, with grease or cream under his nose to prevent soreness; keep the room warm but not overheated; add moisture to the air if you feel it will help; and keep the child away from others.

**Diphtheria**, a serious disease, can be avoided. A child who has received 3 injections in infancy, and booster shots on schedule (see back cover) has practically no chance of catching it. It begins with sore throat and fever; hoarseness and sharp cough may develop. The throat and tonsils may become whitish in appearance. If a child who has not been immunized is exposed to diphtheria, the doctor will give him antitoxin immediately in an effort to prevent the disease.

A sore throat caused by a streptococcus is called a "**strep throat**" or, if a rash is present, **scarlet fever**. (See p. 83.) Be sure to continue the medicine the doctor advises for the full period he prescribes even though the symptoms clear up quickly. To avoid later complications it should be continued for the full course of treatment.

A sore throat that gets out-of-bounds may lead to infection elsewhere in the body. **Rheumatic fever** is one such complication, and a serious disease because it can affect the heart. School-age children are more apt to be affected, but it occasionally occurs in preschool children.

Rheumatic fever takes on different forms, and may be deceptively mild—simply a low recurrent fever—or acute with pain and swelling in the joints. It tends to recur again and again, so take seriously the first attack, however mild. Furthermore, the mildness of the symptoms bears no relation to the damage it can cause. The doctor can guide you in ways to ward off further attacks, and may prescribe regular preventive doses of medicine.

A doctor needs to check any child who complains of aching legs or mild joint pains, who is pale and tired, or who has slight fever for more than a few days without obvious cause.

**Chorea**, or **St. Vitus Dance**, may be a symptom of rheumatic fever. The child has jerky movements of face, arms, trunk, or legs which may vary each time. Don't confuse chorea with the restlessness of a child who's tired of sitting, or with nervous twitches such as eye blinks, head jerks, or other mannerisms which the child repeats. A child with chorea



should be under a doctor's care. He needs sympathetic handling at home, too, for he's apt to cry easily and be frustrated by the jerkiness that appears when he wishes to dress or feed himself, pick up small objects, or use a pencil.

Infection following a sore throat may center in the kidney, causing *nephritis*. With *nephritis*, the urine is scanty, dark-colored or bloody. Tell your doctor at once of any change in the amount or color of a child's urine. (See diabetes, pyelitis, vaginal discharge.)

*Pneumonia* is a general name for infection of the lungs and can be caused by a virus, bacteria, or foreign object. Each type has a different treatment. As a rule there is fever, cough and difficult, rapid breathing. Modern drugs bring about prompt recovery in most cases when the treatment is started early. A child with pneumonia may not seem to be very sick, but the disease may last a long time and needs medical supervision throughout.

*Tonsils* and *adenoids* are small, spongy masses of tissue at the back of the throat which are similar in their function to other glands in the body, particularly those at the side of the neck, in the armpit and groin. Like these other glands, tonsils and adenoids combat germs; they become involved whenever the child has a cold or throat infection. After repeated respiratory

troubles, they may remain so swollen they can interfere with breathing or swallowing. If the situation becomes urgent, the doctor may feel that obstructive tonsils or adenoids should be removed. Nowadays, the operation is never done routinely, in a general attempt to improve the child's health in some vague way. Don't urge your doctor to remove tonsils or adenoids; he'll do it if he's convinced it is necessary.

## Skin and eye infections

Itches and bites and sores on the skin are common with children. Some can spread to other members of the family. Treat any break in the skin with care, since it offers an easy entry for germs. Therefore, try to keep any sore place clean, and discourage a child from scratching even a mosquito bite. If you trim his nails short it may help to prevent damage if he scratches while asleep.

You'll need the doctor to treat all of the following conditions. Using patent medicines may waste time, or further irritate. If anyone has a skin disease, be careful to keep his towels, washcloths, linen and clothing separate from others. Launder them with very hot water and press with a hot iron.

*Athlete's foot* is a fungus infection that usually occurs between the toes where the skin



is warm and moist. The medicine you use should be prescribed by a doctor. Keep the child's feet clean and dry. Dust them with talcum powder. Athlete's foot is most stubborn and prevalent in the summer. Change socks daily, and air the shoes. Open shoes and sandals may cut down on foot perspiration.

**Cold sores** are uncomfortable blisters on the lip, in the mouth, or on the tongue which generally heal by themselves and respond to simple cleanliness. They do seem to appear in some children when they have colds or other illness. Rinsing with warm water, containing  $\frac{1}{2}$  teaspoon of salt or bicarbonate of soda per glass, may provide relief for sores inside the mouth. If the child has fever, complains of a very sore mouth, or has bleeding of the gums, call the physician or dentist. These may be symptoms of "trench mouth" or other infections.

**Conjunctivitis**, often called pinkeye, is an infection caused by a variety of bacteria, and is extremely contagious. You may be first aware of conjunctivitis when the child wakens with his eyelids glued shut by pus. It readily spreads from one member of the family to another unless extreme care is taken to keep towels, wash cloths, and other toilet articles separate.

You can soothe the inflamed eyes with warm compresses, but check with the doctor about treatment. Neglect may damage the child's vision.

A child's eyes and eyelids may become reddened for a variety of reasons. Allergy (see p. 80) sometimes causes red or inflamed eyes. Consider the possibility of eyestrain if a child blinks, squints or is generally irritable. Even very young children can be fitted with glasses.

**Eczema and hives** are discussed under allergy (page 80).

**Impetigo** is a very contagious skin infection. It usually starts on the face with an itchy blister which oozes pus and crusts over. The child can readily infect others, or other areas of his own body, by carrying germs from the first sore.

Prompt treatment can clear up the infection. See your doctor. If neglected, impetigo spreads rapidly and paves the way for other infections.

**Lice** are tiny animals which attach themselves to the hair or skin and cause irritation. If the child scratches, which he's sure to do, the excretion of the lice causes further irritation. Usually lice or their eggs, called nits, can be seen. The doctor can prescribe a treatment. Often DDT, 5 to 10 percent in talcum powder, is used to de-

stroy lice and their eggs. Keep all clothing, bedclothes, and the child himself clean to avoid spread and reinfection of lice.

**Ringworm** is a fungus which may attack the scalp. It heals in the center and spreads outwards, resembling a ring. Frequently the hair will break off. It is stubborn and quite contagious. A doctor must treat ringworm.

Sometimes a child wears a tight-fitting skull cap (a stocking is often used) which can be changed frequently and boiled to kill the germs. This prevents the spread of ringworm to others. It has nothing to do with treatment of the infection.

Another form of ringworm causes round, scaly patches on the skin. It is more readily treated. Athlete's foot is another form of ringworm.

**Scabies**, sometimes known as "the itch," is caused by a tiny animal which burrows under the skin to live and lay its eggs. The intense itching is apt to be worst at night, and the child may cause sores as he scratches himself in his sleep.

Your doctor will prescribe a suitable ointment. Apply it after the child is bathed, while the skin is still moist. Bed clothes should be sterilized if scabies is present.

**Styes on the eye and boils** are caused by bacteria. Pimples are related infections. Warm moist dressing or soaks will relieve the pain and help to localize the infection. Do not open a boil or sty. When it erupts, wipe the pus away with a sterile pad. For a boil, apply a sterile cover.

If a child has a series of boils or styes, get advice from the doctor.

## **Stomach, intestinal and urinary disorders**

Nausea, vomiting, diarrhea, constipation and abdominal pain are all symptoms of a great number of ails which range widely in degree of severity. Eating too much, or of the wrong foods, may cause vomiting. On the other hand, it may be the first sign of a common childhood disease or an internal disorder. Stomach ache, loose or hard bowel movements may mean anything from emotional upset to having worms.

Check with the doctor when anything unusual appears. Treatment will vary according to the cause, not the symptoms. If the child is vomiting, see page 77.

There is seldom any rush about relieving a child who is *constipated*, and routine use of

laxatives or enemas is unwise. In fact, they may gravely complicate the situation if the child's appendix is inflamed. Plenty of fluids, and fresh fruits and vegetables do no harm. Check with the doctor before giving any medicines.

**Diarrhea** in a small child is of greater concern. A child with frequent, loose stools should be carefully watched. Diarrhea may occur when a child eats some irritating or spoiled food, when he is cutting teeth, or has a head cold, sore throat, or other infection. It may be an infection known as *enteritis* or *dysentery*. This is very serious. If the child is vomiting as well, his body can become dehydrated which may threaten his very life. Until you can check with the doctor, keep the child quiet and try liquids frequently.

**Worms** can cause either constipation or diarrhea. Neither may be present, however. Actually seeing worms in the child's bowel movement, or noticing that he seems itchy and irritated around the rectum may be the first sign of their presence. The common worms of childhood are pinworms, which appear to be active, white threads about half an inch long; and round worms, which are pale and smooth and about the size of an earthworm. Tapeworms are less common, and hookworms are confined to some regions of the South.

A child may pick up the eggs of worms anywhere. Try to keep his hands and nails clean.

The doctor will want to see a portion of bowel movement if he suspects worms. He needs to know exactly which type he is treating. In order to kill worms, the medicine must be strong. Therefore, it must be given in exact dosage and under certain conditions in order that the child himself not be injured.

An unusual appearance of bowel movements is one of the signs of *cystic fibrosis*. Large and foul stools may be passed because of poor absorption of fats from the foods the child eats. This disease is inherited from parents who carry the trait but usually have no symptoms themselves. Eventually, it disturbs many of the functions of the body. A child with cystic fibrosis

is apt to have repeated or chronic lung infections. He usually has a large appetite, but may nevertheless gain weight slowly. Careful and continued supervision by a doctor is necessary.

Unusual appearance of the bowel movements can also be a sign of *celiac disease*. This is a chronic intestinal indigestion resulting from intolerance to certain food substances, most often to a protein found in wheat and rye. Frequent bouts of diarrhea during the first year of life may be the first sign of the disease; later the bowel movements are likely to be bulky, pale, frothy and foul-smelling. If the disease is not treated, growth may be slowed. Treatment consists of a diet planned by the doctor to meet the child's nutritional needs while avoiding the foods which he cannot tolerate.

Any change in the child's urinating habits may indicate illness. In wet or chilly weather, he may naturally urinate more often. A persistent increase in voiding, however, may mean *diabetes* (diabetes mellitus), inability of the body to use sugar and starches. Untreated, the diabetic loses weight, no matter how much he eats, and eventually dies. A special diet and use of medicine now make it possible for a child with diabetes to live a full, normal life.

Cloudy or smoky urine may contain pus, the result of kidney infection. *Pyelitis* is more common in little girls than boys. The child may seem perfectly well except for the cloudy urine. In other cases, the child may seem sick, but without fever or pain, or there may be a headache and low fever. In any case, get a doctor's diagnosis. Take a sample of urine along with you in a clean, small bottle.

**Vaginitis**, a discharge from the vagina (the opening into the female reproductive system) may vary from mild and brief, to mild yet persistent, or to thick and profuse. The urine may appear clouded or bloody if it becomes merged with the discharge. The doctor should be consulted to clear up what may be a mild or more serious infection. Occasionally, a little girl has pushed some object into her vagina.



# EMERGENCIES

WITH CHILDREN, seldom a day goes by without a bumped knee, a skinned nose, or some minor injury. "Mother, it's bleeding," chills your heart every time. Usually it turns out to be just a nick. You clean the wound, soothe the feelings, and go on with your housework.

Every now and then, though, something more serious happens. Then you are really challenged to know what to do. You can learn by taking a Red Cross class in first aid or an adult education program. It is almost impossible to understand some techniques from a book, such as artificial respiration. If you can't take a class, buy a handbook to keep in your kitchen or bathroom.

In any case, remember that first aid is only the first step. For all but the most minor accidents, have your child seen by a doctor at once.

Suggestions covering some common household emergencies follow:

## Bites and Stings:

*Animal bites* are discussed on page 74.

*Insect bites* (bee, wasp, hornet, yellow jacket, ant, mosquito):

Remove the stinger, if any, with tweezers. Apply vinegar, diluted ammonia or a thick paste of baking soda and water. Get medical help if the child shows an unusual reaction (paleness, nausea, vomiting, loss of consciousness, drowsiness, convulsions).

### *Snake bite:*

Try to kill the snake so it can be identified. There are four poisonous types in the United States—rattlesnakes, copperheads, moccasins, and coral snakes.

Go to a doctor or hospital as quickly as possible if you suspect your child has been bitten by a poisonous snake. Unless you have had instruction in the use of a snake bite or venom kit, you may do more damage than good by attempting to inject an antidote or use suction.

While waiting for the doctor or en route to the hospital, apply a constricting band just above the bite to slow the flow of venom into the body. Watch it carefully, though, as swelling from the bite may cause it to become too tight. Keep the child quiet and soothe him. Let the bitten limb hang down.

### *Tick bite:*

Most ticks are harmless, but some carry Colorado tick fever or the more serious Rocky Mountain spotted fever. (See p. 85.)

Check children who live in a tick infested area twice daily. Look for ticks especially in hair and folds of skin. Remove ticks (from humans or animals) with tweezers. Be sure to get the head as well as the body. If it clings, loosen its hold by smearing it with grease, oil, or turpentine. Crush the tick (but not with your bare fingers), flush it down the toilet, burn it, or drop it into turpentine or kerosene. Clean the wound with soap and water or mild antiseptic.

## Broken Bones:

If you suspect a break or fracture, don't let the child use the limb or part and don't move it yourself. Leave him where he is, if possible. Keep him warm and call a doctor. If a bone fragment protrudes through the skin, cover the wound lightly with sterile dressing.

If you must move him, apply a splint to the injured limb.

*Arm:* a sling may be the easiest way to keep the arm immobile. Or use a pillow as suggested below.

*Leg:* slide a pillow under the leg. Be sure to include the joint at each end of the broken bone. Tie strips of cloth or bandage around the pillow at 3- or 4-inch intervals. A long board can be used if no pillow is



available. Or, tie the injured leg to the other leg, spacing the ties every 6 inches or so. Make sure they are not too tight.

**Back or neck:** If necessary, slide him on a board or door, but leave him where he is if you can. Get a doctor immediately.

### Burns:

Treat minor burns with petroleum jelly or a burn ointment. Soda and water paste or a wet tea bag are also soothing. Cover with clean gauze or sterile dressing. Leave blisters alone. Any large or deep burns need medical attention promptly. Wrap the child in a sheet, or cover the area with clean cloths; keep the child warm; and get him to a hospital.

### Choking:

Pick up the child by his feet, and slap his back sharply. If a child is too heavy to pick up by his feet, place him in jackknife position over your shoulder or a chair back. If the object does not come out, go to a doctor or hospital at once.

If a child swallows something small and smooth, such as a fruit seed, button or small coin, check his bowel movements for a few days to be sure he has passed it. If he swallows a sharp

object, such as a pin or a needle, call a doctor immediately.

### Convulsions (seizures, spells, fits):

While a convulsion is alarming, don't lose your head. Most last only a few minutes. Your main effort is to keep the child from hurting himself. Place him on a bed or rug, away from sharp objects and furniture, on his abdomen with chin raised. In this position he can breathe easily, is less likely to draw saliva into his lungs, and cannot swallow his tongue.

Watch him closely. Do not put a child having convulsions into the bathtub. When it is over, put him to bed.

Call the doctor when you can. Often a convulsion marks the onset of an infection or disease. Convulsions repeated at intervals and without fever usually indicate epilepsy. The child with epilepsy will need medical supervision to keep him from having seizures.

### Cuts and Bleeding:

For a small cut, wash out well with soap and water and apply a clean bandage or freshly ironed piece of cloth. If the cut is deep and large, cover with sterile gauze, press firmly over the wound to stop the bleeding, and hold in place until you can get to a doctor or emergency room



of the hospital. If bleeding doesn't stop, place a clean towel over the bleeding point and apply strong pressure. Add more towels or clean cloth as needed, but don't remove the first pads.

For severe bleeding, apply pressure to an area on the side of the wound toward the center of the body. Blood flowing to the hand, for instance, can be slowed down by gradually and firmly pressing on the inner surface of the upper arm. If you have taken a first aid course, or have a first aid handbook, you will know where such pressure points are located.

## **Ear Troubles:**

If an insect has crawled in, stop the buzzing which frightens the child by dropping in a little lukewarm olive or mineral oil. The oil will still the insect and may wash it out. Don't attempt to dislodge any other object yourself (candy, pebble, bean). Get a doctor.

If a child complains of earache, call the doctor. Apply either heat or cold for temporary relief. Use a partially filled ice bag or hot water bottle, with warm, not hot, water. Or let the child lie on a heating pad with temperature control set on a moderate degree. You can warm a small bag of salt in the oven and place it over the ear. Warmed salt keeps heat a long time.

## **Particle in Eye:**

Wash your hands before attempting to remove a particle from the eye. Tell the child not to rub his eye. To dislodge the speck, bring the upper lid down over the lower for a moment or two while the child looks upward. This causes tears which may wash the speck out. If this fails, look for the speck. If you see it, try to remove it by gently touching it with the corner of a clean handkerchief or small bit of sterile gauze folded over to make a point.

Washing the eye may help. Drop fluid into the eye with a medicine dropper or use an eye-cup. Use only boiled water, cooled to room temperature, to which a quarter teaspoon of salt is

added per cup. If the irritation continues, get a doctor's help.

## **Nosebleed:**

Reassure the child and keep him quiet, sitting up. Tell him to breathe through his mouth. Press gently against the nostril, for 5 or 10 minutes. If this does not stop the bleeding, try ice packs against the back of the neck or cold wet cloths over the child's nose. If bleeding continues, call the doctor. If nosebleeds are frequent or heavy, get the doctor's help to diagnose the cause.

If the child pushes an object into his nose, get a doctor to remove it.

## **Puncture Wounds:**

Gently press near the hole to encourage bleeding which will wash out the wound. Cover lightly until the doctor can see it, but don't try to close it with bandage or adhesive. Be sure to check with the doctor on the advisability of a tetanus shot, or if your child's shots are up to date, a booster dose. (See back cover.)

## **Splinters:**

Wash the area thoroughly. Soapsuds will help to soften the skin around the splinter and ease its removal. Use sterilized tweezers, needle or knife point to pluck out the splinter. The tweezers may be less upsetting to the child, but sometimes it won't catch hold unless the splinter is eased up with a sharper instrument. To sterilize, pass the instrument through a flame or wipe with alcohol. A child of 4 or more may remove the splinter himself. He'll be much less upset if you let him try.

After the splinter is removed, press the area gently to make it bleed a bit, then wash carefully or apply a mild antiseptic. A sterile bandage may be needed to protect the area. A splinter deeply imbedded in the child's flesh should always be removed by a doctor.

## Poisoning:

If possible, get the child to a hospital. Carry along the container of poison so the doctor will know what the child has taken.

Depending on the type of poison, you may may not want the child to vomit. If you can get to a doctor immediately, proceed as follows:

### DO NOT MAKE THE CHILD VOMIT IF HE HAS TAKEN:

#### *Oily substances such as:*

Kerosene

Gasoline

Benzene

Cleaning fluids

Insect sprays

Furniture polish

#### *Strong alkali such as:*

Lye

Ammonia

Caustic soda

Carbon tetrachloride  
(fire extinguisher)

#### *Strong acids such as:*

Hydrochloric acid

Nitric acid

Sulfuric acid  
(battery acid)

### MAKE THE CHILD VOMIT IF HE HAS TAKEN:

most other things including:

*medicines* (aspirin, iron pills, iodine, paracetic, sedatives, etc.)

*heart medicine* (with digitalis) if you find him immediately after swallowing it. If later, do NOT induce vomiting.

To make a child vomit, tickle the back of his

throat with your finger or have him drink warm water containing table salt, baking soda, or mustard (one tablespoon for each glass of water or soapsuds. If he won't vomit, give him large amounts of liquids to drink. Don't try to induce vomiting or force liquids if a child is unconscious. If a child has breathed poisonous fumes, take him to fresh air immediately. Get him to hospital at once.



## Burns:

Treat  
burns  
tea bath  
gauze  
Any liquid  
promotes  
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## Cholera:

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