

HEALTH VISITORS' LEAGUE SECTION

The Health of the Pre-School Child—(Contd.)

III. THE NORMAL HOME ENVIRONMENT

THE little child's home may be in a house in the country, in a city tenement in a crowded district, in a city flat with a roof for a playground or in a small city house with a tiny backyard. Wherever it is, the big necessary things to have in it are *fresh air* and *sunshine*. Fresh air is the *first* essential to life and growth, and sunshine is the *second*. We can see that some fresh air is coming into the rooms of our homes day and night. If we cannot have a yard for our little children to play in, we can make an open air room by opening wide all the windows in it and, dressing the children warmly as for outdoors, let them play there.

When the little child is indoors, the rooms must be warmed to as even a temperature as possible, and a *moist* temperature. A big pan of water kept on the radiator or over the register or on the top of the stove are simple ways of preventing the room from becoming dry and stuffy. Many mothers keep their children indoors, in hot, dry, stuffy rooms, because they say "Every time the children go out they seem to take cold." The fault here lies in the fact that indoors is all wrong as to air and the sudden change to the fresh outdoors is too much for the little child's resistance. Even in inclement weather, it is better to have damp fresh air enter the little child's lungs than no fresh air at all.

Sunshine in the open air is childhood's greatest ally. Whenever climate a weather permit, get your little children gradually accustomed to lots of sunshine on their bodies by letting them play outdoors with just a pair of abbreviated white rompers which you can make, sandals to protect small feet, and a light sun hat to protect the head. The sun's rays penetrate white or light colored clothing more than dark. *Doctor sunshine* is the greatest children's doctor we have; he both prevents and cures disease; he makes hourly visits and charges no fee!

Besides the daily sun and air baths, the runabout child needs his daily tub bath just as much as he did when he was a year old. There are two kinds of water baths—warm and cold. The warm bath is absolutely necessary to get him *clean*, and three or four times a week before he goes to bed (or just before his supper if you can keep him protected until he is tucked into bed), he should have a bath at 96° to 98° F. temperature. Have a room thermometer and a bath thermometer and *know* what you are giving him. Make the warm bath brief, give a dash of cold water to close the pores and rub the child briskly with a rough towel.

The cold bath is fine training for the child's skin to react quickly to temperatures and is thought by many to build up his resistance to colds. The room should be warm—between 72° and 75°. Never use a strong spray on a child until he is 5 or 6 years old and has gotten used to a cold tub bath. The only safe guide to a cold bath for any child is how *that child behaves* after it. If he fails to be warm and glowing and very evidently toned up by it and

remains shivering, blue and cold, there is either something wrong in the way you have given the bath, or the cold bath is not advisable for your particular child. The point about all these baths is that the child's skin needs daily care as it is one of the most important organs a child possesses.

The little child's eyes must be kept clean. Any abnormality of the eyes should have immediate care. After illnesses, such as measles or scarlet fever, great care should be taken that the child does not overstrain the eyes. His eyes should be used only during daylight; he should be kept from rubbing his eyes, from staring at strong lights, from the flickering light of moving pictures and from doing any eye work in a poor light.

The *teeth* of the little child are of *first* importance as well as being the *first teeth*! *Right living during the first five or six years* of life determines the strength and perfection of your child's second teeth because this is the period of the *formation* of the second permanent teeth.

A well chosen mixed diet helps most in forming sound teeth. Hard food that requires chewing, like toast, crackers, zwiebach should be given as early as possible to provide exercise for jaws and teeth. The habit of washing down solid foods with the glass of milk or water is a bad one as it destroys the value of enforced chewing of solid food. The tooth-brush cleansing by vigorous brushing up and down must be supervised at this age of 2 to 6. Mouth breathing has an immediate effect upon the teeth, causing prominent and crooked upper teeth and a narrow, arched palate.

Here it is appropriate to emphasize the need for the *correction of preventable defects* in children before they reach the school age. We have a long way to go when we consider that still fifteen million out of twenty-two million school children examined were defective from preventable causes. When grown-ups are convinced that prevention is worth for more than it costs, there will be fewer cases of defective eye-sight among young children, of abnormal nose, throat and ear conditions from diseased tonsils, and adenoids, which might have been successfully removed, fewer cases of defective hearts and kidneys resulting from acute infectious diseases, of defective teeth from poor nutrition, of defective bones from the wrong food, of faulty postures, of faulty breathing leading to defective growth and of actual malnutrition resulting in active tuberculosis. Parents need to give attention to these conditions before their children enter schools.

The *very least amount of sleep* the child from two to six must have is from eleven to twelve hours and many children must have more than that. Besides sleep, the little child should have the daily rest periods, the usual afternoon rest time whether he sleeps or not. We must see that he *rests* when he is tired, or what is perfectly *normal tiredness* may become *real fatigue*, which is *not normal*. Wide-awake, restless activity is usually the danger signal of *fatigue*. No little child will gain weight or develop normally without plenty of sleep and rest. Train your little child in good *sleeping* habits in a quiet, dark room; fresh, comfortable bed to himself; light, warm coverings and plenty of fresh air.

In all these matters of personal hygiene, we do well to remember that we usually can accomplish more if we train our little child to *like* to do them. When brushing one's teeth or shampooing one's hair or taking a bath are sort

of necessary punishments for being little and at the mercy of grown-ups and their ideas, there isn't much joy for anybody!

But when our little child is aired, rested and bathed, we have *still to dress him*. Fortunately fashion to-day backs up the wise mother in her choice of *simple, light, warm, loose* clothing that hangs from the shoulders on wide bands.

How warmly to dress a child depends upon *how* the child reacts to the amount and kind of clothing you give him. You must judge by the *results* in the *child's health*, not in his looks! With the strong, well developing child, short socks and bare knees may be quite a secondary matter; with the delicate, under-developed child, the short socks may be a matter of primary importance.

The only safe guide in selecting the shoes for the little child is his *own* foot, not the style or the shop. Stand the child on a sheet of white paper and draw the outline of the foot; buy the shoe that is nearest that outline in shape and there will be little trouble with normal feet. Shoes should be soft and pliable. Flexible, heelless soles and lacing that permits of a better fit for the foot are parts of the ideal shoes for the child.

MIDWIVES' UNION SECTION

GOVERNMENT HOSPITAL
FOR WOMEN AND CHILDREN
EGMORE, 25th Oct., 1929.

DEAR EDITOR,

I have purposely delayed sending in an article for the Journal—because I felt certain that the readers of the Journal would be interested in the account of the informal Conference held on the 23rd at the invitation of the Acting-Surgeon-General, Lt.-Col. C. A. F. Hingston, I.M.S. The meeting was a great success and was representative, not only of the Women's and Children's Hospitals of the city, but of the Madras Corporation and the Red X Society as well. The object of the Conference was to find out whether the different institutions—the Corporation Maternity Centres and the Red X Centres would be willing, if a definite scheme of Antenatal work were drawn up, to co-operate with us in the furtherance of this valuable work, and all present entirely agreed to work, as far as possible on the same lines. As will be seen the special points the Surgeon-General emphasised were:—

1. That Health Visitors be attached to all Antenatal clinics.
2. That general practitioners and midwives be encouraged to bring their cases for consultation, and still retain their own patients.
3. That Health Visitors in training should receive practical knowledge of Antenatal work by visiting the clinics attached to the Maternity Hospitals
4. That Post-Graduate courses be commenced for Health Visitors, Midwives and Doctors at the hospitals.

Antenatal clinics have been commenced in this hospital. Before long another Conference is to take place to deal with the problems of Child Welfare, which are quite as great as those of the Maternal service.

I am,
Yours sincerely,
D. CHADWICK, S.R.N.
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