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An Outline *of* The Field of Child Welfare

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Extension Department of Colorado State Teachers College,
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Parent-Teacher Associations Co-operating*



THE
STATE TEACHERS
COLLEGE OF COLORADO
Greeley, Colo.

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“THE cause of failure is seen to be the difficulty of *organization*. . . . To make good intentions effective, they must be *extended into a system*. . . . The central fact of history may be said to be the gradual enlargement of social consciousness and rational co-operation. . . . There has always been a democratic tendency, whose advance has been conditioned by the possibility, under actual conditions, of *organizing* popular thought and will on a wide scale. . . . If a group does not function through its most competent instruments, *it is simply because of imperfect organization*.”

CHARLES HORTON COOLEY

An Outline
of
The Field of Child Welfare

By EDGAR DUNNINGTON RANDOLPH

INTRODUCTION

THIS bulletin is issued jointly by the Extension Department of the Colorado State Teachers College and the Parent-Teacher Associations of Colorado. About a year ago Mrs. Fred Dick, who was then the State President, began to urge us to get together material which would be of use to mothers and fathers who are busy people and who have not taken time to "read up" on the essential problems of rearing children. Professor Randolph of the Department of Sociology of Teachers College has made extensive and intensive studies of the subject of child welfare and consented to put into form some of the most significant facts he has found in this field. This material is presented to parents of Colorado by the Parent-Teacher Associations and Colorado Teachers College in the hope that it may give information to some one seeking light upon the most significant of human problems—efficient parenthood.

W. B. MOONEY

Director Extension Department

DENVER, COLORADO, *June 24, 1918.*

TO THE COLORADO BRANCH OF THE

NATIONAL CONGRESS OF MOTHERS AND PARENT-TEACHERS ASSOCIATIONS:

My dear Co-workers—It affords me great pleasure, as the crowning act of my closing administration of six years, to be allowed the privilege of uniting with the State Teachers College in presenting to the parents and teachers of this state this valuable Bulletin.

Parents are realizing as never before in the history of the world their obligations and responsibilities in the rearing of their children. We are all seeking information founded on study and experience. I believe this Bulletin, including the reading references, will be of the greatest value for mothers' circles and the programs for parent-teacher associations. I also recommend it for serious consideration to Social Welfare workers and all others who are interested in the welfare of children and the future of the human race.

As retiring president, I wish to acknowledge to the State Teachers College my appreciation of their interest in, and willingness to serve, our great organization.

MRS. FRED DICK

Retiring President

Colorado Branch National Congress of Mothers
and Parent-Teacher Associations

To Dr. J. D. Heilman are due acknowledgment and thanks for careful reading and constructive criticism of the manuscript of this material.

E. D. R.

Outline

for the

Study of Child Welfare

EDGAR DUNNINGTON RANDOLPH

Colorado State Teachers College

ALL parents wish to do well by their children; but a great many do not succeed very well, and few of those who fail know the reasons for their failure. In this world (especially in a democracy) it is never enough to be good, to mean well: it is necessary also to be wise, to have useful knowledge and apply it. Up to the period of parenthood we learn a great deal about almost everything in our environment or likely to be in it—except children. After parenthood whether we learn the most important knowledge about children or not depends largely, in most cases, upon accidents of location or circumstance. For the great majority of parents there is no school for learning about the basic needs and dangers of children except the wasteful school of experience. In this school children pay for their parents' education. They pay perhaps in weak constitutions; or in shattered physiques; or in permanent handicaps of other sorts—most of which trace ultimately to preventable conditions, to needs not understood, to dangers not appreciated. And so the anxious care of mothers is measurably thwarted. Next to children it is mothers who suffer most. If all the parents and prospective parents in the United States could have and make use of the practicable knowledge now possessed and applied by the more fortunate few, there can be no doubt that the number of children who annually die under one year of age in our country could at once be reduced to half the present number; nor that the number of children who for lack of adequate protection from customary evils now reach the ages of childhood permanently handicapped could be similarly reduced.

The Gap
between Wish
and
Achievement

But this would be an Utopian situation. In the real world lack of adequate income, lack of leisure to rear children properly, lack of wholesome surroundings, lack of sufficiently liberal schools and churches, lack of sufficiently democratic social organization are quite as common features of life for the bulk of Americans as lack of knowledge of the needs of children. Under these circumstances we shall never be able to trust wholly to individual intelligence to provide wholesome and stimulating conditions for all children. The best that we can hope for is that gradually it may become clear that there must be established by an informed and democratic public opinion certain minimum standards of *family* welfare; for the fortunes of children are bound up with the fortunes of their families. Unless we still contemplate the separation of parents and children, child-protection often involves family protection. This is first a problem of educating public opinion. Modern child-protection finally waits upon intelligent public opinion that will support the necessary programs. After that it becomes a problem of social organization.

Conditions
that Make
Knowledge
Unavailable

Beyond this it is worth remarking that though it is true that the death rate of children from preventable causes is twice as high in the poverty-group as among the fairly comfortable, still the problem of child-welfare is not primarily a problem of poverty. From the point of view of the *numbers* involved it is a problem of those with incomes below \$3,000 a year—for this group contains nearly all the race. *Poverty, like war, only accentuates or intensifies the ever-present dangers to children.* What these dangers are is better and better understood—but not by most people. It will help to show the scope of modern

Whose the
Problem?

child-protection—and incidentally suggest the standards now set up—if we summarize the movement in a brief list of

THE RIGHTS OF CHILDREN

- A New Field for Conscience.** 1. To be well-born—*i. e.*, to have *normal* parents, well-nourished and free from disease. Sound heredity is the basis of child-welfare; but the good native equipment of parents must have opportunity to manifest itself. Disease and heredity may prevent the realization of the benefits of good ancestry.
- Blindness from Neglect; and Death from Improper Food.** 2. To have its eyes treated immediately after birth. In every 1,000 births there will be twenty cases of ophthalmia neonatorum, and eight of these will be blind, unless treated at once.
3. To be nourished during infancy by its mother's milk; and to be securely protected from all the diseases of infancy. The artificially fed infant is fifteen times as likely to die in the first year of life as the infant fed by its mother's milk.
- The Basic Educational Agency.** 4. To be reared in a normal family. There is no substitute for this. The best "institution" is not comparable to the "average" family—from the point of view of the normal mental and social development of children. According to Dr. Warner, children brought up in institutions learn to talk about two years later than children with the stimuli of family life—which, if a fact, is only one sample of the handicaps they suffer. The family (especially the mother) sets the varied standards of life—transmits attitudes and gives the basic sense of values. Most of this lessening is as unconsciously done as is the teaching of language, but none the less surely. We properly speak of "the *mother tongue*," for mothers are the teachers of language. We might equally well speak of "the *mother ethics*," and so on. From the efficient family the child has absorbed most of the standards of life before he enters the school. He is well adjusted to the normal pressures and premiums of life. The test of the family comes when the child begins to pass into the wider life of the community and the school. There should be little for the child to *unlearn*; and he should know all that he needs to know for his own well-being.
- Soundness of the Body the sine qua non** 5. To be protected securely during the pre-school and the school age from all children's diseases; and, of course, to have abundant nourishing food—not displaced by the substitutes of soda fountain and confectionery.
- Remarkable Handicaps** 6. To have all remediable defects corrected as soon as they are discernible.
7. To have much stimulation to active play, with wholesome companions, out of doors. Play with other children is essential to normal physical and social growth. Both aspects of play are suggested by President Hall's aphorism that "The boy without the playtime becomes the father without the job." If parents were all mindful of this imperious need of children our Juvenile Courts would be less imperious needs of society than they are. Play must not be confused with idleness; nor must intelligent people assume that the value of play lies mainly in the exercise it affords—great though that value is. In play the initiative lies always with the child and the exercise he gets is in response to the urge of his whole nature. In work the initiative does not lie with him, and the exercise he gets is not in response to his physical and social needs. It is enforced activity and often runs counter to his needs. Play with wholesome companions, while meeting physical needs, is highly educative. Parents must not be astonished if in the absence of due recognition of this imperious urge of nature children go astray.
- Penny-wise, Pound-foolish** 8. To be free from the necessity of earning income for the family during the school age. If the family needs the income the child can earn, it is in the long run far cheaper for society to provide it by taxes than to allow the child to provide it by injurious work. In the sense that it embarks children prematurely upon a career of self-support, child-labor shortens the period of childhood. In a different sense it prolongs childhood somewhat, because it usually postpones or delays the onset of puberty and nearly always shortens the period of transition. At the same time it often causes this period to be incompletely passed through. In this situation lie the very gravest dangers—the dangers of sexual abnormality. No amount of later

care or protection can repair damages of this sort. For all but ten per cent of the child-laborers there is a shortening of the period of maturity. Mr. Kingsbury's paradox that "If poverty is the cause of child-labor child-labor is the cause of poverty," and Mr. Roosevelt's terse analogy that "The farmer who put his colts to the plow when they were three years old would be considered a fool", both express conclusions of long racial experience with the wastefulness of child-labor. It is in effect a denial of physical and mental opportunity. It displaces school education and the normal play of children without offering stimulating experience instead. The less education, the less fitness for responsibility, and the smaller share in the beneficent undertakings of society; and—we may add—the less democracy, for democracy assumes intelligent participation in social enterprise. Those who know little and are "out of touch" must be prescribed to. They can not exercise initiative; they can not, as the British soldier says, "go on their own." The more complex life becomes the greater must be the fund of knowledge that is *common to all*. In a heterogeneous democracy like ours, little Mexicans, little Germans, little Italians, little Slavs, little negroes—all these no less than little Americans must be made the most of. It is the only way to do justice, first; and, second, it is the only way to secure safety, unity, and progress for our nation. Child-labor cuts off a part of each generation (two million in the United States) from the progressive currents of the time. In divers ways it creates low-standard families that can not give children a fair start. One low-standard family in a community may do much to negative the achievement of many high-standard families: if the single low-standard family contain girls who must grow up without privacy, then the standards of sex-relations built up by high-standard families for their boys may be set at naught. Childhood has a right to be free of economic responsibilities—free to play and grow with other children.

9. To have a full period of school-life—and not this alone but also to have school-life of a sort that provides not only full opportunity to capitalize whatever talent they possess, but also due and constant stimulation of their powers. Schools are not ends in themselves, but, properly considered, are agencies to serve the best ends of society through capitalizing the powers of children for social purposes. Hence, communities are bound to provide schools that consciously adjust themselves to the known variety of both human nature and social backgrounds. Schools must *equalize* opportunity—must *offset family deficiencies* and forward the best designs of society by providing, for all the more significant social situations, a progressive public opinion. A hungry child has no opportunity in school; nor has a gifted child full opportunity except where there are gifted teachers who to their natural gifts have added training; and talent as a rule turns constantly to the fields of largest money returns—so that communities must consider that in buying the services of teachers they have to compete with all the alternative opportunities for remunerative work. If into the work of feeding, clothing, healing, defending, and amusing people go most of the first rate intellects of each generation, while into the work of shaping the attitudes of the rising generation, directing their interests, forming their intellectual habits *et seq.*, go mainly the second, third, and fourth-rate intellects, then of course school-education can not be the dynamic influence in society that we expect it to be. It must, under such circumstances, be more or less a routine—with only a pretense of adjustment to the needs of children and the deficits of community life. The practice of schools must no longer illustrate the ancient belief that human nature is "naturally depraved"—so that what runs counter to it is infallibly best for it. All the experience of observant people reveals, infelicitably, the fact that *interest is the clue to capacity*; or, put the other way around, that *capacity is the main cause of interest*. To those who succeed largely in life their work is play. "When one finds his proper place," remarked The Autocrat of the Breakfast Table, "there is no friction." But though human nature thus provides the raw material for education, civilization requires that it be shaped to the complex values of the time. So, schools have the difficult task of both stimulating and giving

Incompatibility
of Ignorance
and Kindness

If not for
Others' Sake
then
for Our Own

Unsolved
Problems of
Our Schools
which in
Some Respects
Wait upon the
Initiative
of Parents

scope to individuality and of harmonizing it with the welfare of society. For our purposes here it is the first of these tasks that needs emphasis. An education suited to his capacities is the right of every child in a democracy.

- Completing the Cycle 10. Finally, to be duly started upon a career of self-support in a useful occupation which will both provide durable satisfactions and sufficient income to maintain for him a normal family life—so that in turn he may rear and duly protect children of his own: this also is a right of every normal child.

Reading References.

1. Hill: *The New Public Health*. Macmillan, 1916, \$1.25.
2. Wood: *Sanitation Practically Applied*. Wiley, 1918, \$2.50.
3. Mangold: *Problems of Child Welfare*. Macmillan, 1914, \$2.00.
4. Devine: *The Normal Life*.
5. Lee: *Health and Disease and Their Determining Factors*. Little, 1918, \$2.00.
6. Children's Bureau, Washington, D. C. *The Infant Mortality Series*; and *The Child Care Series*. (Free and valuable.)
7. The American Association for the Prevention of Infant Mortality, Cathedral Street, Baltimore, Md. (Ask for pamphlets on infant mortality. Free.)
8. Newman: *Infant Mortality*.
9. Newsholme: *Vital Statistics*.
10. Spargo: *The Bitter Cry of the Children*.
11. Saleeby: *Parenthood and Race Culture*.
12. Saleeby: *The Progress of Eugenics*.
13. Kellicott: *The Social Direction of Human Evolution*.
14. Howard: *Confidential Chats with Boys*. Clode, \$1.00.
15. Howard: *Confidential Chats with Girls*. Clode, \$1.00.
16. Healey: *The Individual Delinquent*.
17. Lapp and Mote: *Learning to Earn*. Macmillan, \$1.50.
18. National Child Labor Committee, 105 East 22nd Street, New York. (Ask for pamphlets concerning Colorado, e. g.) (Free.)
19. New York Committee for the Prevention of Blindness. 130 East 22d Street, New York City. (Ask for pamphlets covering the preventable causes of blindness.) (Free.)
20. Flexner: *The Modern School*. (Free.) General Education Board, 61 Broadway, New York City.

Professional men subscribe to the journals dealing with their problems. Doctors take the *Journal of the American Medical Association*, *The Lancet*, *et seq.*; lawyers take the *Case and Comment*, or some other legal magazine. Farmers usually take a farm magazine. Business men take *System* or some publication dealing with the field of their special effort. In a home where there are children the mother should take and read a reliable journal dealing with the needs of children—say, *The Child* (Kelynack, editor). In addition to this she should know what is being done from year to year by the great child-protection societies, the Federal Children's Bureau, *et seq.*

II.

The Five Periods of Child-Protection

Without attempting a full discussion of the very numerous dangers to the life and normality of children, we here roughly classify the more important ones according to the four periods of life ordinarily covered by modern child-welfare work, in each case, after a few words of comment, indicating a few sources of reliable information—which may often be had at no cost beyond that of correspondence. The periods are: (1) The pre-natal period—up to the birth of the child; (2) The period of infancy—up to the age of one year; (3) The pre-school period—up to the age of six years; and (4) The school age—up to eighteen years of age. Upon the dangers to life and normality in each of these periods there exists a considerable body of information useful in the protection of children. The problems in each period fall into two large groups: (1) The problems connected with preserving life; and (2) The problems of securing normality of development. Of course the two overlap very greatly. Whatever menaces life also threatens normality. The basis of normality is sound heredity.

Children "take after" their parents, their *family, in all the traits of body and mind*, as certainly as do domestic animals. While there is always the *chance* of variations, there remains so much that is predictable that reasonable people will prefer to act upon the known sequences of qualities. The most significant differences among children are those that are inborn. By virtue of heredity alone they differ very greatly in energy, in ability to learn this or that, in taste for this or that, and so on, just as they differ in facial contour, ability, to run, *et seq.* The growing body of knowledge concerning the transmission of traits of mind and character has properly a place in the study of child-welfare—because, provided they know it before marriage, intelligent people can make use of it to improve the natural gifts of their children and lift somewhat the general level of racial potentiality. A woman of good inheritance and a fair knowledge of the laws of heredity will not "fall in love" with a man in whose inheritance the traits of unsuccess crop out at significant intervals. With these few general remarks we pass over the important field of eugenics, and assume that we are dealing with children of sound heredity, physical and mental.

1. *The Pre-natal Period*

The mother is the child's first environment. *After marriage*, the beginning of child-protection is the protection of the prospective mother. If the prospective mother understands that the life and usefulness of her baby depend heavily upon her own physical and mental condition during gestation, she may do much to insure it a fair start in life. "The normal outcome (of pregnancy) is the birth of a living child; and so powerfully does nature work toward this end that a very moderate amount of attention is usually sufficient to insure it." If this quotation from Devine's *The Normal Life* is held in mind, the emphasis placed upon the following points will not seem too ominous, since they can all be met successfully by "a moderate amount of attention."

- d. If the mother is under-nourished during gestation, so will her baby be under-nourished. Babies can not, either before or after birth, be under-nourished without bad results. Some of these may be mentioned.
- (1) It may be born dead (still-born)—as apparently about one in twenty is in New York.
 - (2) It may be born too weak to live (congenital debility).
 - (3) It may be born "weakly" and have a continual struggle for life.

Malnutrition of Mothers Affects Babies

Mothers must be "well-fed" for the sake of unborn children. It is better to say "well-nourished," probably, because the energy of the mother who has plenty of good food may be spent in late hours, "social dissipation," and the like.

- b. If the mother is overworked during the period of gestation, the unborn child suffers with her. Women differ as much as men in their capacity to "stand" hard work; but it must be remembered that extra energy is necessary to nourish a body for both work and the maturing of a baby. Some of the bad results that may follow overwork during gestation are as follows:

Overwork of Mothers

- (1) The baby may be still-born.
- (2) The baby may show congenital debility.
- (3) The baby may be born "weakly," so that life is a continual struggle. Such a baby has been robbed of the right to a *fair start*.

- g. If the mother is infected with syphilis—as often occurs innocently—the child is almost certain to be seriously endangered.

- (1) It may be still-born.
- (2) It may show congenital debility.
- (3) It may be prematurely born.
- (4) It may be born malformed.
- (5) It may be mentally defective.

Diseases which may be Eliminated by wiser Education of Women—Probably not Otherwise

- d. If the mother is infected with gonorrhoea—as often occurs innocently—the child may become blind soon after birth, unless the eyes are treated at birth with the proper medicine. Since there are at least

two other germs (colon bacillus and streptococcus) which may affect the eyes of *just any baby whatsoever*, it is *never wise* or safe to omit having the new-born baby's eyes made safe by this treatment. A blind baby is hopelessly handicapped for life. Now that the causes of infantile blindness are so well known we are entitled to say that the physician who neglects to give this treatment to *all babies whose birth he attends is not competent*—is ignorant. The same is, of course, to be said of the midwife. And the parents who do not insist upon this protection of their baby's eyes are either ignorant or criminally negligent. It is worth adding that Colorado is one of the three worst states in the United States in this respect. The other two are Vermont (the worst) and New Mexico (third). Is it the ignorance of our physicians, our mothers, or our midwives? To the blind children in our institutions it makes no difference. They are hopelessly handicapped.

Beyond this it is true that various other diseases of the mother by producing a toxic condition and interfering with nutrition may arrest the development of the unborn child. Where the parents are healthy and sound the whole force of nature operates to produce a normal child—but it is necessary to co-operate with nature.

Drugs and the Unborn Infant

e. If the mother uses alcohol or drugs, needless to say she poisons her infant. Patent medicines are for this reason especially obnoxious. They usually contain both, to the detriment of the child.

- (1) It may be still-born.
- (2) It may be prematurely born.
- (3) It may be born with congenital debility.
- (4) It may be idiot or mentally defective.

Probably schools can do a great deal to lessen the patronage of patent-medicine shops. Ignorance must be the main operative force—and schools are to dispel that. Pregnant women should be protected by the community from poverty that necessitates under-nourishment or over-work. It costs less in the end to prevent disasters to children than to pay for the results. Pregnant women should not be employed in factories, on farms, and elsewhere at hard work. Visiting nurses in every community should give pre-natal instruction to prospective mothers—especially the poor and the ignorant. This is probably the best missionary work now being done in the world. It is of the recommended charity that begins at home.

Christian Standards of Community Protection Needed

The following are useful sources of reliable information:

1. Mangold: *Problems of Child Welfare*. Macmillan, \$2.00.
2. Children's Bureau, Washington, D. C. *Prenatal Care*. Care of Children Series, No. 1—by Mrs. Max West. (Gratis.)
3. American Association for the Study and Prevention of Infant Mortality: Pamphlets on *Prenatal Care and Instruction*. (Gratis.) Cathedral Street, Baltimore, Md.
4. New York City Health Department, Division of City Hygiene, Dr. Josephine Baker. Pamphlets on Child Protection. (Gratis.)
5. Devine: *The Normal Life*. 1916, \$1.00. Survey Associates, New York City.
6. Wood: *Sanitation Practically Applied*. Wiley, \$2.50.
7. Saleeby: *Parenthood and Race Culture*. A. C. McClurg, Chicago, \$1.50.
8. Bailey: *Modern Social Conditions*. McClurg, 1908, \$2.50.

II. THE PERIOD OF INFANCY

The Most Expensive and Least Protected Crop in the United States

From various causes there die annually in the United States about 300,000 children under one year old—probably 365,000. Ten per cent of these die the first day; about 60% die the first week; and most of the rest die within three months. Those who know most about it assure us that at least half of these deaths are preventable—provided we apply in the community the knowledge we now possess concerning the protection of infants. In the most enlightened communities—certain cities and a few countries—the death rate of infants has, through the application of modern knowledge, been reduced in the last decade to half its former figure; *but for the United States as a whole the rate remains*

essentially what it was twenty-five or thirty years ago, in spite of the great advance in the control of the causes of death for the ages above one year. Dr. E. B. Phelps has shown that our infant death rate at present is over eleven times as high as the death rate of *all the other age periods* (159.3 per 1,000 for infants, as over against 14.1 per 1,000 for the whole population above one year old). Dr. Newsholme has made it clear that "a high infant death rate in any community implies a high death rate in the next four years of life; while a low infant death rate implies a low death rate in the next four years;" and that "counties having high infant mortality continue to suffer somewhat excessively through the first twenty years of human life, while counties having low infant mortality continue to have relatively low death rates through the first twenty years of life." When we consider the size of our infant death rate and its relation to subsequent viability, in connection with the clear demonstrations we have had that it can be reduced fifty per cent by proper organization of community effort—including school education—it seems that there can be no legitimate excuse for the continuance of the old nonchalant attitude in the presence of a wastage of life that exceeds that of soldiers at the front. In the United States cities vary widely in their success in preserving the lives of the babies born in them. For example, Fall River, Massachusetts, loses 239.5 annually from every 1,000 children under one year old, which is a decline of 21% in the last ten years. Richmond, Virginia, loses 197.6, which is a decline of 31%. Los Angeles loses 100.1, which is a decline of 43%. Apparently Seattle, Washington, is the best city in the United States in which to rear babies, its loss per 1,000 being only 82; and Dunedin, New Zealand, is the best city in the world, its loss being less than 50. In Colorado, there is no town or city that *knows* its infant mortality rate, or can more than guess, perhaps closely, at it. Our towns may or may not be as good places in which to rear families as towns of similar size and social composition in other states. We can *know* when we insist upon *complete* birth registration—and not before. This is a problem for our women, apparently—especially our parents' organizations. What are the causes of our high infant mortality rate in the United States? They are:

1. *Diseases of early infancy*: congenital debility, premature birth, malformation. These account for about 31% of infant deaths—about 100,000 annually. Two-thirds of the deaths on the first day of life are from these causes; and over one-half of the deaths in the first month are similarly accounted for. Most of the deaths during the first three months are also attributed to these causes. We know less of how to control these causes than those that are mentioned later. What we do know is the following:
 - a. The death rate from these causes is much higher among the poor and the ignorant than among the most fortunate.
 - b. The death rate is higher among the *city* poor—where housing conditions, exposure to disease, and poor food (old milk, *e. g.*) all increase the evil chances.
 - c. The death-rate is higher among the children of the unhealthy than among the children of healthy parents.

We have discussed the causes under the caption "Prenatal period," and have suggested there some sources of information.

2. *Diseases of the digestive tract*: diarrhoea and enteritis. These cause about 25% of the deaths of infants—and about as many of the deaths of all children under 5 years of age. Practically everything that needs to be known of these diseases and their control is known. They are preventable. They are transmitted from child to child by flies, or by the unwashed hands of mother or nurse, or are introduced into the milk of the artificially fed baby, or are mere derangements of digestion caused by unfit cows' milk, *et. seq.* Cows' milk more than 12 hours old is unfit for infants, and the very best of cows' milk still was meant for calves, not babies. It must be modified by a scientific physician's direction to protect the baby from the dangers of an unnatural food. How great those dangers are may be seen from the following statement of New York experience: "In New York about one-fifth of *all* deaths are the deaths of children under one year old, and about nine out of each ten of these infants are *artificially fed.*" It is everywhere a maxim now that the bottle-fed baby has very much less

The Wastage of
Life in
Time of Peace

Our Own
State

A Field for
Church Missions

The Sources of
Summer
Complaint

Further Work
for Schools

chance to live a year than the breast-fed baby. To prevent infant deaths from diarrhoea and enteritis, it is necessary to know the *food requirements* of babies and while meeting these to protect the food from flies, dirty hands, *et seq.* Proper food and perfect cleanliness are the protection needed. These diseases do their mischief chiefly in the summer.

1. Children's Bureau, Washington, D. C. *Child Care Series*, No. 2. "Infant Care," Mrs. Max West. (Gratis.)
 2. New York City Department of Health. Division of Child Hygiene, Dr. Josephine Baker. Annual reports. (Gratis—or only postage.)
 3. Children's Bureau, Washington, D. C. "*Infant Mortality Series.*" (Gratis.)
 4. New York Milk Committee.
 5. Federation of Day Nurseries. New York City, 105 East 22d Street. (Gratis).
 6. Spargo: *The Common Sense of the Milk Question*. \$1.25, Chicago, A. C. McClurg.
 7. Saleeby: *Parenthood and Race Culture*. \$1.50, Chicago, A. C. McClurg.
 8. Rosenau: *The Milk Question*. \$2.50, Chicago, A. C. McClurg.
 9. Children's Aid Society. 105 East Twenty-second Street, New York City. Pamphlets or annual report.
 10. Russell Sage Foundation, 130 East Twenty-second Street, New York City. Department of Child Helping. (Ask for *list* of pamphlets on child protection.)
 11. New York School of Philanthropy, 105 East Twenty-second Street, New York City. (Ask for list of publications.)
 12. New York Association for the Improvement of the Conditions of the Poor, 105 East Twenty-second Street, New York City. (Ask for pamphlets—especially *Flies and Diarrhoea.*)
 13. Hill: *The New Public Health*.
3. *Diseases of the respiratory tract*: pneumonia and bronchitis. These account for over 14% of deaths under one year of age. They, too, are largely preventable, but are harder to control than the diseases of the digestive tract. Exposure to infection is so much greater in the crowded quarters of the city; ventilation is frequently so poor; and the ignorance of poor parents in regard to the proper food, clothing, and care of infants—all these add to the difficulty. It is worth noting that it is in the winter that these diseases chiefly do their mischief. It is harder to get *good housing* for families than to get good food. In either case, however, *ignorance* can to some extent be removed.
- (1) Spargo: *The Bitter Cry of the Children*. Chicago, A. C. McClurg, \$1.25.
 - (2) Mangold: *Problems of Child Welfare*. Macmillan, \$2.00.
 - (3) American Association for the Study and Prevention of Infant Mortality, Cathedral Street, Baltimore, Md.
 - (4) Newman: *Infant Mortality*. McClurg, \$1.50.

III. PRE-SCHOOL AND SCHOOL AGE

In these periods the diseases of children continue to work their mischief. Measles, mumps, whooping-cough, chicken-pox, scarlet fever, diphtheria, *et seq.*, cause about 29% of the deaths under one year of age, and about 39% of the deaths under five years of age. A great deal of defect, deformity and abnormality are due to these and other preventable diseases. From scarlet fever comes a certain amount of deafness and mental defect, a certain amount of kidney trouble and heart disease. Sight and hearing may both be affected by measles. From malnutrition comes a certain amount of deformity (*e. g.*, the results of rickets); and tuberculosis also gives a considerable amount of deformity. Children should be protected to the very utmost from *all* the common diseases. It is *always* bad to have any one of them. It is not "God's will," but the ignorance of parents, the lack of adequately modern community protection, *et seq.* Cities can not have modern health protection for ten cents per capita. It costs Seattle ninety-eight cents per capita, for instance. Dr. Hill (The *New Public Health*, q. v.) asks the question, "Who preserves and transmits the infectious diseases from generation to generation?" and answers his own question: "Most emphatically it is the *mothers!*" Of course they would not willingly do that; but the force of an earlier statement covers this case:

Winter
Complaint

Mischievous
Beliefs about
Children's
Diseases
which
Schools
Can Remove

"It is never enough to meah well; it is also necessary to have useful knowledge." *Real* knowledge must displace pseudo-knowledge and superstition. High health probably does not offer any protection against contracting infectious disease; and it is certainly not protective to ignore the existence of "germs"—any more than in India it would be protective to ignore the existence of hungry tigers and cobras. "Germs" are real and always hungry. Ignorance and unkindness necessarily go hand in hand. Whoever would be kind or just to children must learn the *real* nature of the common menaces and what measures are really protective. The following table will show the folly of exposing children to diseases "to have them over."

The
Dangerous Age

The average age of death from various "children's diseases."

Diphtheria	3 years
Measles	1 year
Scarlet fever.....	4 years
Whooping cough.....	Under one year
Diarrhoea	Under one year
Broncho-pneumonia	1 year
Meningitis	2 years
Congenital debility } Malformation } Premature birth }	Under one week

(Mangold: *Problems of Child-Welfare.*)

1. *Diphtheria* is now a controllable disease—because there is a scientific treatment for it. That treatment is *anti-toxin*. Is anti-toxin "as dangerous as diphtheria?" Here are the facts:

Death rate from diphtheria—per cent of cases fatal.

	Before anti-toxin was used, 1890	After anti-toxin was used, 1900-11
Brooklyn	63.6%	5 to 10%
New York.....	36.5%	5 to 10%
Baltimore	74.0%	5.88%

All over the United States since 1895 it has fallen similarly wherever anti-toxin is used—just as small-pox, once a children's disease, has declined before vaccination. The average age of death from small-pox is now about twenty-eight years. Only those who do not know when a thing is proved can today oppose these protective measures.

It is important to have the treatment given very early, as the following figures show. They are based on over 8,000 cases in Chicago between 1897-1906.

Death from diphtheria after giving anti-toxin:

Day of giving treatment	per cent of deaths
First day.....	.32% (1-3 of 1%)
Second day.....	1.51% (1½%)
Third day.....	3.38%
Fourth day.....	11.15%
Fifth and later.....	22.01%

Other
False Beliefs
which are
Mischievous

It seems decidedly unwise to postpone the treatment to see whether the case will be able to get along without it.

(Mangold: *Problems of Child-Welfare.*)

2. *Measles and scarlet fever*: Both these diseases are far more dangerous than popular opinion is aware of. Both may be followed by grave after-effects. Children may survive scarlet fever only to die of acute Bright's Disease. It is worth remembering that scarlet fever is confined to those countries that use cow's milk. In an epidemic this may be useful in protection. Measles causes more deaths in the United States than scarlet fever, because it is so much more prevalent. There are some common misconceptions in regard to both measles and scarlet fever that are responsible for many deaths and much needless suffering. One of these is that a mild or light case is *less contagious* than a severe case. This is not true. Light cases are just as contagious as severe ones. Some children are more

resistant than others. A light case in your child may kill your neighbor's child, and the other way around. A child does not have to be "run down" to catch a disease. Children in the pink of health only need to get the germ to have the disease—just as soldiers and sailors in the pink of condition succumb to German measles, typhoid, *et seq.*, so soon as they get the "germ." To escape the infectious diseases it is necessary either to have *immunity* (natural or artificial) or else to avoid taking the germ into one's system. Another mischievous belief is that a disease is not contagious until the doctor has named it. Unhappily many diseases are especially "catching" in the early stages—which is one reason they keep going. The belief that scarlet fever is "catching" from the *scales* is mischievous. It is not. It is the slightly inflamed *throat* of the child which carries and spreads the germ. By coughing, laughing, singing, whispering into neighbors' faces, as in school, the infected child spreads the disease to those near him. By putting his pencil into his mouth or handling things that others handle and put into their mouths he spreads to them the infection. Most *contagious (or infectious) diseases pass from person to person by way of infected hands.* That is the *usual* method. Sick children should never be allowed to go to school, or allowed to visit. A cold, slight or bad, is a most *admirable* excuse for staying at home. Careful cleansing of hands before eating is a protective habit; and the cleaning of nose and throat each day is a good routine.

3. *Whooping cough and other respiratory diseases.* About the same number of children die annually of whooping cough as of measles (about 10,000 in the United States). This is one of the few children's diseases which shows a higher death rate in country than in city. The reason is that whooping cough is less likely to be quarantined in the country. A boy can play ball even though he has the whooping cough. Thus he spreads the infection by mouth spray, by handling with infected hands the ball and bat which other boys handle, *et seq.* From mouth to hand and thence from hand to mouth goes the germ, and so from person to person goes the disease. The quarantine is an essential part of a system of health protection. Where there is no physician equipped to determine by bacteriological methods when the danger is over, it is wise and Christian to quarantine for the full period for each of the diseases.

Christian Ethics
for Parents
with
Sick Children

Chicken-pox	16	days	for patient	(three weeks for exposed)
Diphtheria	21	"	"	(one week after exposure)
German measles...	16	"	"	
Measles	16	"	"	(two weeks beginning 7 days after first exposure)
Mumps	16	"	"	(ten days beginning 10 days after exposure)
Scarlet fever.....	30	"	"	(two weeks after first exposure)
Small-pox	30	"	"	
Whooping cough...	30	"	"	(three weeks or as long as whoops continue)

(From Wood: *Sanitation Practically Applied*)

1. Wood: *Sanitation Practically Applied.* Wiley, 1918, \$2.00.
2. Hill: *The New Public Health.* Macmillan, 1916, \$1.25.
3. Mangold: *Problems of Child Welfare.* Macmillan, 1914, \$2.00.
4. New York City Department of Health, Division of Child Hygiene. Pamphlets on Contagious Diseases. Gratis.
5. New York State Department of Health, Albany, N. Y. Pamphlets on *Contagious Diseases.* Gratis.
6. Children's Bureau, Washington, D. C., *Care of Children Series,* and *Infant Mortality Series.* Gratis.
7. Devine: *The Normal Life.* 1916, \$1.00, A. C. McClurg.

Important
Handicap
of the
Pre-Scientific
Age

4. Besides these infectious diseases there are various other handicaps of children in these two periods of life which the competent parent will wish to make safe against. The following are some of the important minor defects of children which are correctible.

a. Defective teeth.

From the third year every child should have his teeth regularly examined and attended to. With this care should, of course, go careful instruction in the cleaning of teeth and insistence upon a habit of regular cleaning of the teeth after every meal. In communities with many poor, free dental service should be provided for children not able to pay for work. To have bad teeth is a very real handicap. We now know that decaying teeth and pus-sacs about gums or at the roots of teeth often give serious cases of rheumatism in adults. Bad teeth, aside from their relation to health, are usually lost and their loss may affect the development of the jaw. All teeth should have treatment as soon as they need it.

b. Enlarged or diseased tonsils are responsible for many systemic infections. From a diseased tonsil the whole system may be poisoned. They should be removed by a competent specialist. Once it was the practice of specialists to merely snip the *tops* off; this is now the practice only of the uninformed. This makes the condition *worse than if nothing is done*. The tonsil must be *completely removed* to get the benefits of the operation.c. Adenoids are *usually* indicated by the habit of breathing through the mouth. They should be removed—since where they are large they may cause permanent deformity of the face and many other disturbances, both physical and mental. Dr. Wood insists that no health officer should insert his finger into the pharynx to examine for adenoids. He should, it is said, make a rhinoscope examination. The practice, however, is common among very successful specialists, so that possibly Dr. Wood is too emphatic in his disapproval.d. Vision and hearing should be known to be normal. *School work and normal growth and happiness* may be rendered more or less impossible where either sight or hearing is below par. Accumulations of wax often give *complete deafness* in one ear, and not infrequently make children seem dull. There are few defects which derange conduct more than defects of vision.

Delinquency
Often Related to
Defect

In a brief outline it is not feasible to go further in discussion. If it is understood, as it should be, that from any of these minor defects *derangement of conduct* as well as *impairment of health* may follow, the importance of attention to them will be clear. Delinquency, crime, truancy, apparent great backwardness—these and other effects may follow from the presence of such removable handicaps. The child has a right to a fair start in life. It is unhappily the case that many do not get it. But it is not too much to believe that if the importance of it were known they would. (See Healy, *The Individual Delinquent*, for cases.)

III

In conclusion we may reiterate that the welfare of children is inseparable from the welfare of mothers. Child-bearing is a natural function and should not be attended with either a large amount of sickness or mortality, or followed by invalidism. In connection with this it is worth noting that in the United States in 1913 a larger number of women between 15 and 44 years of age died in child birth and of its unnecessary sequelae than of *any other cause except tuberculosis*. This indicates the poor obstetrical service which was rendered, and should call attention to the fact that the United States alone of the important nations of the world offers very little protection to its mothers from the untaught midwife. In America we protect infants and mothers by a general requirement that physicians shall be of good character, spend four years in the study of medicine, and pass a state board examination before being licensed to practice medicine; and that nurses shall spend two or three years in hospital training before they are considered competent to carry out a physician's orders in caring for mother and infant in the period during and following child birth. This protects about *half* the mothers in the United States—in some states only one-fifth. For the rest, not trained physicians with the assistance of trained nurses, but *untaught*, usually ignorant and therefore careless and dirty, women called midwives must suffice. In all except a few localities

A Reproach
to America
for Her
Wastage of
Women

(New York City, *e. g.*) the expert service of both doctor and nurse are left to too large an extent to be covered by any woman who chooses to call herself a midwife. The United States is the only civilized country in the world where the health and life and future well-being of mothers and infants are not safeguarded by statutory requirements for *at least the training and licensing* of midwives. In most countries the practice of midwives is also supervised by the state. In the United States there are thirteen states that place no restriction whatever upon the practice of midwifery. In fourteen states there are no general laws relating in any way to the training, registration, or practice of midwives; and in twenty-one states and the District of Columbia where there are laws relating to midwives the condition is as follows:

1. In twelve states and the District of Columbia, it is required that they shall pass an *examination* before receiving a license to practice.
2. In six states, midwives are restricted to service in *normal* cases of confinement.
3. In seven states, the statutory provisions are so irregular and meagre as to be practically without effect.

(See Dr. Carolyn Van Blarcom: *The Midwife in England*, from which we have drawn generously for this section.)

Defective Public Opinion Colorado belongs in the last group. If we were to draw up an indictment of our state's child-welfare organization it would have to contain at least five important complaints.

Defective Public Education

1. That we lack birth registration—in spite of a good statute requiring it.
2. That we lack compulsory school attendance for all children—in spite of a good statute requiring it.
3. That we are one of the three worst states in the Union in regard to the number of children who become blind in infancy as a result of failure to treat the eyes of all children at birth.
4. That in prosperous communities we have a tremendous amount of child labor and school retardation (with early elimination)—in spite of good statutes.
5. That with us mothers and infants are not protected from the obstetrical practice of ignorant and dirty midwives.

The Duty of Those Who Know

Of course, where good statutes exist and poor enforcement is the rule, we have to recognize the distinction between *laws* and *statutes*. *Laws* always receive the support of *public opinion*. Statutes may only reflect the most enlightened opinion of the state. Here, as elsewhere, the improvement of our practice will have to come through the education of public opinion; and, historically, this has always proceeded through conscious organizing and sustained effort on the part of the elite—the enlightened groups who represent the best will and knowledge of the community in which they live. Where (as in the practice of midwives) we lack statutes, it is the function of the enlightened to secure them. "Progress is possible but not inevitable. It is dependent upon our efforts."

1. New York Committee for the Prevention of Blindness, 130 East Twenty-second Street, New York City. *Pamphlets on Prevention of Blindness*—especially, *The Midwife in England*, by Carolyn Van Blarcom. (Gratis.)
2. New York City Health Department, Division of Child Hygiene, Dr. Josephine Baker. Pamphlets on *Ophthalmia Neonatorum*. (Gratis.)
3. Fifth Annual Report, Children's Bureau, Washington, D. C. (Gratis.)