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HOW TO CONDUCT A CHILDREN'S HEALTH CONFERENCE

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HOW TO CONDUCT A CHILDREN'S HEALTH CONFERENCE.

DEFINITION AND PURPOSE OF A CHILDREN'S HEALTH CONFERENCE.

What is a children's health conference?—This is a conference of physicians and mothers to determine the development and present condition of children brought by their mothers for examination. It includes a careful physical examination of each child, in which the child is weighed, measured, and compared point by point with the normal child, in order that the mother may see where she is succeeding, where she is failing, and how she may secure better results.

The examination is noncompetitive and no score card is used. A children's health conference is not a contest or a clinic. It is intended neither for the child of exceptional development nor for the sick child, but rather for the great mass of children who, though apparently well, are yet rarely found free from defect. The discovery of such defects at an early stage when they may be easily remedied by proper hygiene or medical care is the chief aim of the conference. No medical advice is given. If defects are found which need medical treatment, the mother is advised to consult her own physician or a specialist.

The conference physician enters on a special record sheet the result of his examination and a summary of his advice to the mother and gives her a copy of this record sheet.

Purpose of a children's health conference.—The primary purpose is educational.

1. It points out to the individual parents ways in which they may improve the care of their children. Held in connection with a child-welfare exhibit on the care of babies and young children, it makes clear the practical application of the principles shown in the exhibit.

2. It is also a practical demonstration to a community of the value of keeping the well child well by periodic physical examination of babies and young children. It corresponds to the medical inspection of school children. In communities where the latter is already established a conference brings to the attention of local physicians, nurses, and parents the importance of preventive measures in the earlier years of childhood.

3. The conference may be a potent means of stimulating public interest in infant and child hygiene. The organization of infant-welfare or milk stations, establishment of a public-health nursing service either in the town or the country, etc., often follow the holding of such conferences.[1]

Age limit of a conference.—The conference may be limited to children under school age—that is, any baby or child under the age of 6 years free from communicable disease may be considered eligible for the conference.

In some cases, especially in communities where it is desired to demonstrate the value of medical inspection of school children, children of all ages up to 14 years may be admitted for examination.

Safeguarding a conference.—The most important consideration in arranging a conference is to provide conditions which are safe and comfortable for the children.

The bringing together of a large number of children always involves a risk of spreading infection, which is especially great at the time of any general epidemic, such as one of measles, whooping cough, infantile paralysis, grippe, or any other contagious disease. Where such an epidemic is present, or where there is any special reason to fear one, it is better to omit the conference altogether. At any rate, in such cases the local or State public-health authorities should be consulted before a conference is arranged.

At all times, even in the absence of any epidemic, great care should be taken to prevent the spreading of infectious diseases at a conference. This can be done if certain precautions are observed. Every effort should be made to prevent the crowding together of a large number of children. This can be accomplished if the children are examined by appointment only, the appointments being made in advance. Not more than two or three children, with their mothers, should be admitted to the waiting room at the same time. It has been the experience in the past that when appointments are not made, and the conference is a popular one, the conference rooms are sometimes crowded with mothers and babies awaiting their turn; many of them, after remaining several hours, go home without the examination. It is obvious that such conditions are very undesirable.

Moreover, children suffering from contagious diseases or those who have recently been exposed to them should not be eligible for the conference. This fact should be made known in all the publicity material. In addition, a nurse should be given the duty, at the conference, of looking over every child as it is brought in and of excluding all those with any evidence of contagious disease, including bad colds.

[1] For suggestions as to exhibits and other program features to be combined with a children's health conference, see Baby-Week Campaigns (revised edition), pp. 73–85, 89–92, U. S. Children's Bureau publication No. 15; also, Child-Welfare Exhibits: Types and preparation, pp. 8–13, 19–46, U. S. Children's Bureau publication No. 14.

COMMITTEES AND PRELIMINARY WORK.

By securing the cooperation of the greatest possible number of organizations and individuals in the community, especially those interested in child welfare, the organizers of a children's health conference should endeavor to make it a community undertaking.

All committees should be organized as soon as possible after it is decided to hold a conference, as much of their work must be done before the conference opens.

The following committees and officers have been found useful in carrying out the work of the conference.

General chairman and executive committee.—All committees report to the general chairman, and the executive committee shares with the chairman the final responsibility in all matters of policy. It is well to have the committee representative but small.

Publicity committee.—To attain the object of the conference it is necessary that the community become thoroughly interested in it. Wide publicity is, therefore, the keynote of success. Special care must be taken in choosing the chairman of this committee, which should be large enough to be thoroughly representative of the educational and civic agencies of the community, both public and volunteer. Each committee member is held responsible for presenting the matter to his or her own group and enlisting its interest, and the chairman should require frequent reports from each member.

The chairman should appoint a subcommittee of two to act as press committee, with herself as ex officio chairman. It should be the duty of this committee to see that the conference receives ample notice in local newspapers, both before its opening and during its progress.

A good outline for press work is as follows:

1. A clear explanation of the object and method of the conference.
2. Articles setting forth the need, local and general, of such activities.
3. An application for enrollment appearing as an enrollment coupon in every issue of every paper.
4. During the conference a series of articles, stories, talks to mothers, descriptions of activities, of models, and of demonstrations, etc., in the daily papers, so written as to give local color and interest.
5. Weekly notes concerning the activities of each of the committees.

Various forms of publicity, other than press work, will occur to an ingenious publicity committee. Printed announcements may be read from all pulpits and in Sunday schools, explaining the purpose of the conference and the method of obtaining appointment cards. Similar announcements may be made by all school-teachers, and through their pupils a circular letter like the following may be sent to every parent within the radius to be reached.

KEEP THE CHILDREN WELL.

To mothers of young children:

If you have a baby or a child under —— years you are invited to bring it to the children's health conference, to be held at (place), on (date).

Children will be examined by a competent physician, and the mother advised how to keep them strong and well.

Every child must be free from communicable disease, rash, sore throat, cold, inflamed eyes, etc., and must not have been recently exposed to any contagious disease.

Fill out the following blank application for enrollment, send it to the chairman of the enrollment committee, and an appointment card will be mailed to you.

.....

Mrs. ..... (name printed), *Chairman of Enrollment Committee.*

(Address).....

Please enroll in children's health conference to be held at ..... (place), on ..... (date), ... (name of child), who is ..... months old, and send appointment card to

(Parent's name) ....

(Parent's address) .....

The exact form of the blank application for enrollment should be decided upon by the enrollment committee and should be uniform in all printed matter.

The letter may give in addition an announcement of the other program features, exhibit, meetings, demonstrations, etc., which have been arranged.

Another form of publicity is the window card displayed in all prominent stores, schools, post office, courthouse, railroad station, etc. A convenient size, 11 by 14 inches, may be attractively made up as follows:

CHILDREN'S HEALTH CONFERENCE.

——

(Place)

(Photograph of a healthy baby.)

Examination of children under .....

By appointment only.

Address.....

THERE IS NO WEALTH LIKE HEALTH.

Finance committee.—This committee of three or five members will confer with the general chairman and executive committee as to the amount of money needed and will devise means of raising it. The necessary expense of conducting a health conference is very small. If, however, an exhibit and other activities are undertaken in connection with a conference, an increase in expense will be involved. Methods of raising money for the campaign should be worked out on the lines which experience has shown are practicable

in the community. The chairman of this committee should act as treasurer and pay all bills upon order of the general chairman and executive committee.

Enrollment committee.—Upon the efficiency of this committee largely depends the success of the conference. It should consist of a chairman who is in charge of enrolling children for the conference and two members for each day of the conference.

As soon as the dates for the conference are decided upon the enrollment committee should furnish the publicity committee with the exact number of children whom it will be possible to examine in the given time, allowing not more than three an hour to each physician. It should be announced that any applicants in excess of this number will be placed upon a waiting list and substituted by the conference manager in the order of their application as vacancies occur.

The enrollment committee should decide upon a form of blank applications for enrollment and should see that a generous supply of such blanks, printed on cards of convenient size for mailing, is available for distribution by the publicity committee and others. This blank may follow the form shown in connection with the circular letter on page 6, except that the name and address of the chairman of the enrollment committee will be printed on one side of the card and the application to be signed by the parent on the other.

Such applications are referred to the enrollment committee and an appointment card similar to the one below is promptly mailed to each properly qualified applicant; a duplicate record is kept in an enrollment book ruled for the purpose.

Enrollment and appointment cards may be printed, typed, or mimeographed.

APPOINTMENT CARD.

Bring .... to ..... on ..... at .....
(Name of child) (Place of conference) (Day) (Hour)

Be prompt or you will lose your turn.

If the child shows any sign of communicable disease, such as rash, sore throat, cold, inflamed eyes, etc., on the day of examination, or has been recently exposed to any contagious disease, do not bring him to the conference.

Bring a small blanket to wrap around the child while he is undressed, and a towel to place under him.

If unable to keep your appointment, notify chairman of this committee by telephone, mail, or messenger in ample time, so that the appointment may be given to another child.

(Name of Chairman)
Chairman Enrollment Committee.

(Address and telephone number at which chairman may be reached at all times.)

Children should be enrolled in the order of application unless the convenience of parents requires a special hour. For instance, people living at a distance should be given a time in the middle of the day; also in small towns it has been found well to reserve one or two hours every day for country people who may not know that an advance appointment is necessary. Any portion of this time not needed for country people may be filled from the waiting list, so that no period is wasted.

Suggested form for enrollment book.

No. of entry.	Name of child.	Name and address of parent.	Age in months.	Day of appointment.	Hour.
1	John Doe, jr...	John Doe, 95 Monroe Street.	20	Monday..	9
2	.....	.....	.....	.....	9. 20
3	.....	.....	.....	.....	9. 40
4	.....	.....	.....	.....	10

The chairman of the enrollment committee must have a schedule carefully worked out for the entire conference and should know each night that she has two dependable assistants for the next day. One of these serves as conference manager and is responsible for all details of the day. To her must be reported any complication, such as lack of service or equipment. The other member assists her in every possible way, serving especially as hostess in the undressing room. Her duties will be described later.

As it is necessary for two members of the enrollment committee to be on duty each day of the conference, it simplifies matters, especially in a small conference, for them to be responsible for the daily ordering of many details which would otherwise belong to the committee on place and equipment. Among these are the light, heat, ventilation, decoration, janitor service, laundry, and supplies for the conference, furnished by the committee on place and equipment.

Committee on place and equipment.—This committee should arrange with the general chairman for a suitable building, such as the public library, woman's club, courthouse with public rest rooms, school building, or other available public rooms. One of these is usually available and may be easily adapted to the purpose.

Spectators will be deeply interested in watching the examinations. However, the conference, to be valuable to the mother and safe for the child, should be as nearly as possible like a consultation in the physician's private office. These conditions may be approached by separating the spectators from the examination room. One method

is described below; others may be devised. When no adequate provision can be made for this, it is better to exclude visitors altogether.

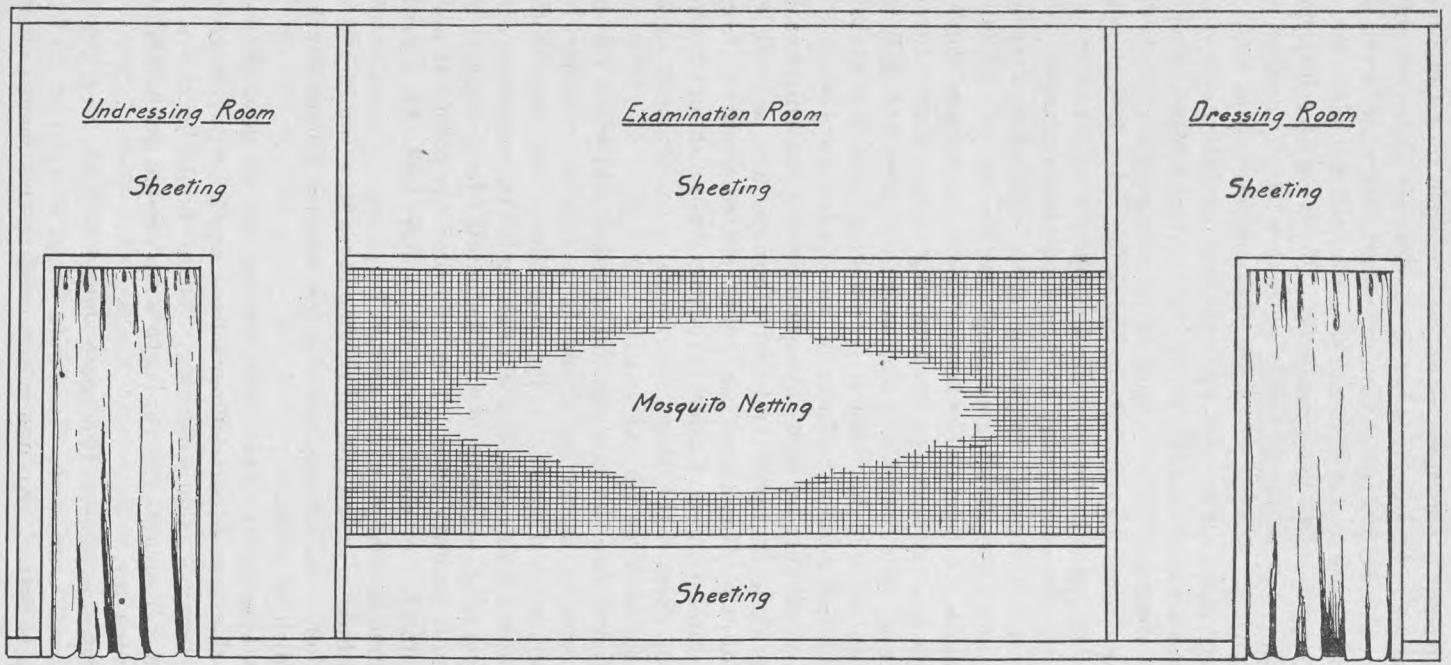
If an exhibit is held in connection with the conference, more commodious quarters are required, as wall space for panels, charts, etc., and floor space for models and demonstrations. For the conference proper, small adjoining rooms may be used, or the end of the exhibit room may be temporarily divided off by curtains or screens into the necessary compartments. If the exhibit room has a stage, this may serve for the conference provided the necessary compartments and waiting room can be arranged. The stage itself may be long enough to allow space for the undressing room, the examination room, and the dressing room. The space to be used for the conference, whether on the stage or on the floor level, may be inexpensively partitioned to provide the necessary rooms. In half a day a carpenter of ordinary ability can put up a scaffolding of rough lumber (2 by 4), building it 7 or 8 feet above the level of the floor. The upright studs should be so placed as to have an entrance way into each room. These entrances should be hung with sheets and the entire wall space—front, back, and partitions—should be covered by sheeting, except a horizontal space 2½ to 3 feet across the front of the examination room. This should be covered only by white mosquito netting, fastened neatly to the sheeting along its upper and lower borders and at both ends. (See illustration.) This allows the public seated quietly in front to watch the examinations. Under no circumstances should crowding be allowed in front of the stage, nor should any disconcerting noise to frighten the children be tolerated.

The sheeting above the netting and at either end where the dressing and undressing rooms are closed in makes an excellent background for charts or diagrams, or for an exhibit of children's clothing, which the audience may discuss while waiting for the conference hours.

The waiting room.—This room must have toilet facilities, and drinking water with sanitary cups. The following equipment is needed: A suitable number of chairs, large and small; table for literature; table for nurse in charge, which should be placed at main entrance. This should hold a tested clinical thermometer in a tumbler of antiseptic solution, a roll of cotton, and a few wooden tongue depressors in a clean dish or glass.

The undressing room.—This must contain two or three chairs and a table for the large paper milliner's bags, one of which is given to each mother for her child's clothing. There should be also a stock of outing flannel squares (1½ yards) to wrap around such children as are unprovided for.

The examination room.—This room should be light, airy, free from drafts, and well ventilated. It should be at least 10 by 30 feet; a larger room is better. No one is admitted to this room except the



Suggested Arrangement for Conference

working force, the child to be examined, and one or both parents. An examination table and chair for the examining physician should be provided. An ordinary deal table 45 inches long is perfectly satisfactory; it should be covered with a pad or folded quilt, an oilcloth, and a cotton sheet. This in turn should be protected by a fresh towel for every child. There should be also a small table or desk for filling out the records. A folding screen should be provided for any child who is old enough to feel embarrassed by the spectators, or for the private examination of genitals when the mother requests such examination. There should be facilities for washing hands, an enameled basin of antiseptic solution for the hands of the examiner and one for toys, a supply of paper towels and of wooden tongue depressors, a covered glass jar to hold them, and a wastebasket for used towels and depressors. The tongue depressors must be broken immediately after use. There should be a supply of sheets and flannel squares for emergencies. Toys should be provided to amuse frightened children; but to avoid any possible spread of contagion from one child to another, it is advisable, if possible, to provide a new inexpensive toy for each child examined. These may be donated; they will add somewhat to the expense of the conference if they must be purchased. If used repeatedly they should be such toys as strings of heavy glass beads or celluloid articles which can be quickly and easily disinfected after each use. Two or more chairs should be provided for parents and for other children in case it should be necessary for the mother to bring more than one.

Measuring and weighing equipment.—Two standard scales must be provided, one with scalepan for babies and the other with platform and measuring rod for older children. Both scales should be tested for accuracy before they are used. An apparatus for measuring babies and young children may be made by nailing a headboard firmly across one end of the examination table. To this board attach one end of a linen tape measure and secure the other end firmly across the sheet which covers the table. Provide also a book end of the cheap enameled kind sold for office use.

Special equipment.—Besides the general furnishings described above there should be provided a stethoscope (most examiners will prefer to use their own), a pocket flash light with reserve batteries for examination of throats, a goodly supply of tape measures and of bichloride tablets, a clinical thermometer for the use of the nurse in the waiting room, wooden tongue depressors, and a liberal allowance of stationery, clips, hard pencils, a pencil sharpener, pens, ink, etc.

It may not be amiss to mention the matter of laundry, which may easily become a large item of expense and for which provision must be made.

An ample supply of record sheets which are used instead of scorecards in this type of conference must be provided. Record sheets

similar to those which have been used by the Children's Bureau in a number of conferences may be obtained from the Council on Health and Public Instruction of the American Medical Association, 535 North Dearborn Street, Chicago, Ill. In sending orders, mention should be made of the fact that record sheets, not score cards, are desired. A copy of this record sheet filled out for a typical case is given on page 17 of this pamphlet. Two copies of each record sheet should be made; one is to be given to the parents, the other preserved as a record for the examiners. The Children's Bureau will be glad if conference committees will send to the bureau, for study and tabulation, copies of the record sheets which have served their purpose locally. Two copies may be made at the same time if a piece of carbon paper is laid between two record sheets and a sharp-pointed pencil is used in filling out the record. A supply of sheets of new carbon paper of the kind made especially for use with lead pencil should be on hand. A supply of anthropometric tables (see p. 19) should be obtained from the American Medical Association for the use of examiners.

Where the conference is fortunate enough to have the services of a dentist, it may be necessary to provide a small table for his use unless, as is often the case, the local dental society wishes to install its own chair and equipment.

The examination room should present a very neat appearance at all times and should be carefully cleaned and arranged each evening after the close of the conference. Sheets can be used to cover objectionable walls or immovable articles. Windows should be bright; if possible a few growing plants or flowers should be included in the equipment.

Committee on examiners and assistants.—A committee on examiners, appointed by the local medical and dental society, may call for volunteers, or each society may appoint an adequate staff for every day of the conference. Usually a half day's service is as much as can rightfully be asked of a busy practitioner.

Another plan is for the committee to be composed of local women who interview physicians and dentists within their conference radius, soliciting their assistance and getting from each a statement as to the days and hours he or she would like to serve. In similar ways an adequate corps of nurses may be secured to assist in making the examinations, allowing two and if possible three nurses for each half day. Each doctor, dentist, and nurse should agree to furnish a substitute if, for any reason, the appointment can not be kept.

While it is manifestly unfair to impose upon doctors, dentists, or nurses, yet they have always been found interested in the examinations and will often be willing to have their names placed on a reserve list for further service. This list should be on file with the conference manager for use in an emergency.

The staff for each day consists of:

1. Examining physician, preferably a children's specialist.

2. First assistant nurse to aid in making the examinations. She must be quiet, swift, and skillful in handling children.

3. Second assistant nurse, who is on duty in the waiting room, where she makes a preliminary examination of each child.

4. Clerical assistant, who is preferably but not necessarily a nurse. A swift, level-headed woman may serve satisfactorily.

It is a great advantage to have the assistance of a dentist, especially if older children are examined.

Space permitting, and the demand being sufficiently great, this staff may be doubled. In that case one long examination table instead of two short ones may be used to advantage; the scale with pan for babies should be placed in the middle of the table, convenient to both examiners; each physician makes his examination at an end of the table instead of at the side. Each doctor must have his own nurse and clerical assistant and their desks are placed at opposite ends of the room.

It greatly facilitates the conference to have as few changes as possible in the staff. A system of rotation should be arranged so that not more than one new assistant is taken on in any one day.

A schedule of the medical staff should be arranged in advance, covering every day of the conference as completely as possible. A form like the following has proved practicable:

Day.	Hours.	Physician.	Dentist.	Nurses.
Monday...	9–12	Dr. E. R. Black..	Dr. W. T. Ray...	Miss Amhurst.
				Miss Gray.
				Mrs. Smith.
	2–5	Dr. G. Crosby....	Dr. J. S. Conn....	Miss Amhurst.
				Miss Gray.
				Miss Black.

Committee on general program.—This committee arranges for such programs and exhibits as may be decided upon by the executive committee. Suggestions will be found in the bulletins on Baby-Week Campaigns and Child-Welfare Exhibits, mentioned on page 4.

Literature committee.—This committee should obtain a supply of literature for distribution and have this displayed on a table in a convenient place, with a member of the committee always in attendance to give it out with discrimination.[1]

[1] For a list of sources from which literature for distribution may be obtained, see Baby-Week Campaigns (revised edition), pp. 118–131. U. S. Children's Bureau publication No. 15.

Committee on follow-up work.—This committee should hold a meeting with the executive committee at the close of the conference with a view to establishing follow-up conferences at stated intervals, so that mothers may be encouraged and helped to secure the definite and lasting results indicated at the initial conference. These may be conducted in a simpler, more private way than the original conference. Once a year, perhaps, the original conference may be repeated and the records compared with those of the previous year.

Other forms of follow-up work especially appropriate for children's health conferences are:[1]

1. The establishment of infant-welfare stations.
2. The establishment of a public nursing service.
3. The establishment of rest room for women and children, which may form the nucleus of a center for maternal and child welfare. A county center of this kind may be established at a county seat.
4. Establishment of medical inspection in the schools.

CONDUCTING A CONFERENCE.

The success of the conference depends largely upon the promptness, precision, and smoothness with which all details are carried out.

The committee on equipment must see to it that all equipment is in place the night before the conference begins.

Two members of the enrollment committee, the examining physician, and his three assistants must be present continuously at the conference.

Only one child can be examined at a time, and, even under the best conditions and with expert assistants, not more than three children can be examined in an hour by one physician. Failure to meet appointments promptly is unfair to the busy physician who is contributing his time and service and equally hard on a baby who is kept waiting so long that he grows tired and irritable.

The hours for the conference will be arranged to suit local conditions, but if 9 to 12 and 2 to 5 are chosen it means that the examining staff and the mother and baby with the 9 o'clock appointment must be there long enough before that hour so that the actual examination begins at 9 o'clock; and the same applies at noon. The 12 o'clock appointment will not conclude until 12.20, and the appointment card of the 2 o'clock applicant must be filed before the hour and the child prepared for examination at 2 o'clock. In fact, the interval between 12.30 and 1.30 is a busy one, unless the conference quarters are exceptionally well arranged. Supplies must be renewed and used ones disposed of. The rooms must be put in order, thoroughly

[1] For other suggestions on follow-up work, see Baby-Week Campaigns (revised edition), pp. 64–67, 94–99. U. S. Children's Bureau publication No. 15.

ventilated, and then made warm enough for the children to be undressed.

The mother and child are received by the conference manager who serves as hostess of the day. She verifies the appointment, files the appointment card, and directs the mother and child to the waiting room in order of their appointment, admitting only as many as can be comfortably seated. She controls the stream of applicants which must be kept quietly but steadily progressing.

The nurse on duty in the waiting room questions the mother tactfully as to any possible communicable disease to which the child has been exposed. In suspicious cases she examines the throat and takes the child's temperature. If in her judgment the child can be admitted safely she records his past history on the left page of the record sheet and sees that the mother takes the record sheet with her when she and the child go to the undressing room.

The hostess of the undressing room, as stated before, is a member of the enrollment committee. She receives the mother and child after the preliminary examination in the waiting room. She gives the mother a bag for the child's clothing, assists in undressing the child, and makes herself generally useful. She must see that the record sheet and bag of clothing accompany mother and child as they leave her room for the examination. She must also be custodian of lost articles until reclaimed by the mothers. And she must preserve order and quiet in the undressing room at all hazards. Upon her tact and resourcefulness largely depends the success of the conference. Her reassuring tone and manner will send the child to a trying ordeal feeling friendly and happy instead of panic stricken.

SUGGESTIONS FOR MEDICAL EXAMINERS AND ASSISTANTS.

The physician should undertake this work with the point clearly in mind that the conference is not a clinic and that gratuitous medical advice is not permissible.

The physician is supposed to give a physical examination with full report and explanation of the child's condition to the mother and detailed advice as to what *she* can do for the child. The examiner must remember that he is educating the mother and not treating a patient. He will be successful in this to the degree in which he is able to apprehend her difficulties and fit his advice to her individual case. Examiners are urged to remember the fact that in filling out records they are neither writing prescriptions nor instructions to nurses, and that the average mother, if given technical or general directions which she does not understand, will not be helped. The suggestions, to be of any value, must be simple, concrete, constructive, and easily intelligible to the mother. Moreover, in making them the

examiner must take into account the financial condition of the family. He should also be familiar with the foods available in the mother's locality, that he may advise her accordingly.

It is important for examiners and nurses to make friends with each child before beginning the examination. He has a right to resent his present predicament, and they will wisely assure him of their friendly intentions.

Filling out the record sheets.—The record sheet is a simple folder, on the outside of which a space is left for the name of the child. On the inside, the left-hand page is divided into four columns, two alternate columns containing the names of organs or tissues and two left blank. In the narrow blank columns all normal organs or tissues are marked ✓ and all those found defective, ×. In order to make sure that nothing has been overlooked, the examiner must see that the space opposite each item contains one of these marks. The wide spaces following the individual items are used for recording the child's early history and his present weight and measurements; an explanatory word concerning the organ or tissue marked defective is added when necessary.

The right-hand page is left blank for helpful suggestions which the examining physician will write for the mother's benefit. These suggestions must be numbered to correspond with the organ or tissue to which they refer.

SAMPLE RECORD SHEET.

Names of parents, *Mr. and Mrs. John Smith.* Address, *439 Fifth Street.*

✓	1. Male; ~~Female~~.....	✓	14. Mental development.....
✓	2. Age: *2 years.*	.....	.....
✓	3. Weight at birth: *8¼ pounds.*	✓	15. Nervous system.....
×	4. Breast-fed exclusively: *6 weeks.*	.....	.....
×	5. Partly breast-fed: *6 weeks.*	×	16. Fat: *Deficient.*
×	6. Age when weaned: *3 months.*	×	17. Bones: *Poorly formed.*
×	7. Why weaned: *No milk.*	×	18. Muscles: *Soft.*
×	8. Early feeding: *Condensed milk.*	✓	19. Skin.....
×	9. Present feeding:	✓	20. Hair.....
.....	*Family diet.*	✓	21. Eyes.....
.....	10. Previous illnesses (with age):	✓	22. Ears.....
✓	Measles.....	×	23. Nose: *Poorly developed.*
×	Whooping cough, *18 months.*	✓	24. Mouth.....
		×	25. Teeth: *Deficient.*
✓	Respiratory diseases.....	✓	26. Tonsils.....
.....	.....	×	27. Adenoids: *Present.*
.....	Digestive diseases:	×	28. Glands: *Enlarged.*
×	Cholera infantum, *10 months*.....	✓	29. Heart.....
		✓	30. Lungs.....
✓	Other diseases.....	✓	31. Liver.....
.....	.....	✓	32. Spleen.....
.....	.....	✓	33. Ext. genitals.....
.....	.....	×	34. Extremities: "*Bow legs.*"
×	11. Weight: *25 pounds 10 ounces.*	.....	.....
×	12. Height: *34 inches.*	.....	.....
×	13. Dimensions of head: *20 inches.*	.....	.....
×	Chest, *19 inches.* Abdomen, *21 inches.*	.....	.....
		.....	.....

SUMMARY.

8. He would probably have developed better on breast milk than artificial food. Cows' milk modified under a doctor's direction is the best substitute for breast milk.

11 and 12. He is over height but under weight, and chest expansion is not as good as it ought to be. He needs an out-of-door life.

16 to 18. He is too thin, his muscles are soft, and his condition shows that he needs careful feeding at regular hours. Give him milk, weak cocoa, eggs, beef juice, soup or broth, or a little scraped beef lightly broiled. He should have fruit juice, fruits stewed and mashed fine, and such vegetables as spinach, celery, carrots, or asparagus, boiled and rubbed through a sieve. Give also stale bread, toast, or zwieback.

23 to 27. He has pinched nostrils because adenoids are present and prevent proper breathing. This may prevent his growing into a strong, healthy boy and may retard his mental development. He must be examined by a throat specialist.

25. Teeth are slow in developing. Foods named above will make better teeth and bone. Keep his teeth clean.

28. The glands of his neck are enlarged. Would urge an examination by your family physician. Ask him whether your dairy is clean and safe.

A few summaries from other typical record sheets are given below as suggestions to the busy physician of the simple character of the advice mothers have found helpful when studying the record sheet.

This little girl is a credit to an intelligent mother and shows the advantages of breast feeding. She is well developed, in good proportions, and seems in fine condition.

Keep her so by an out-of-door life, regular habits, simple, wholesome food. No eating between meals, no late hours nor motion-picture shows, no crowding in school work.

Her teeth need her constant care and the oversight of a dentist. Decaying teeth mean decomposing food and indigestion.

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This baby is thin and poorly nourished. He shows that he is not getting the right kind of food. Don't waste your time and his strength experimenting. Take him to a good children's specialist and follow his directions.

He is also overclothed. The band is no longer necessary; it is full of wrinkles and very uncomfortable. Pin his shirt to diaper; also his stockings, which should be long enough to cover entire leg. He may need the short sack night and morning, but don't let his body get wet with perspiration, as it makes him susceptible to colds.

Change all clothing at night and air thoroughly. He ought to sleep only in shirt, diaper, and gown (flannelette in winter and muslin in summer). If he can sleep in a protected corner of the porch he will become less susceptible to colds. In that case make sleeping bags, only drawing in sleeves with draw string in winter to keep his hands warm.

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This is a tiny baby and needs breast milk. Try to get your own health in better condition, so that your milk will not give out. Drink milk and cocoa instead of tea and coffee, eat only simple, nourishing food, have a nap on the porch every day while the baby is asleep, and make up your mind to nurse him six months anyway. You can if you will.

Four-hour intervals will be better both for your baby and yourself.

Your doctor will help you when he sees that neither of you is in good condition.

—

James is a big, well-built boy, has good color, and seems in fine condition, except for his knees, which are too prominent, and his ankles, which are big and bulging on the inner side. He may have walked before his ankles were strong enough to bear his weight or his food may not have contained the right elements.

He needs careful feeding and special care to prevent a permanent malformation of the ankle and a flattened arch of the foot. Would suggest the advice of a good orthopedist in selection of his shoes and to give him any possible preventive care.

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Abram is suffering from faulty feeding. His bow legs and roughened, flaring ribs show that his bones are not developing well, and his teeth are slow in coming, because he needs a food with more bone-producing material. Cows' milk is more like mother's milk than the manufactured food you are using. He needs a little orange juice every day. Take him to a milk station, where you will receive help in securing the best possible food for your baby.

Baby Blank seems to be a happy, well-nourished baby. She weighs more than the average child of her age, but has rather more fat than muscle. Her abdominal measurement is greater in proportion to her chest and head than is considered normal. This is probably due to distention of the intestines.

Wheat cereal, bread, and potatoes are more starch than she needs. Don't give potato under 14 to 16 months. Try strained oatmeal, cooked slowly for two hours, instead of wheat cereal, for her constipation. Give also pulp of stewed apples, peaches, or prunes every day in addition to the orange juice. A tablespoonful of beef juice squeezed from a bit of lightly broiled round steak is better for a child of her age than so much starchy food.

Teach her habits of regularity in order to overcome her constipation.

Weights and measurements.—An anthropometric table giving the weights and measurements of the normal child from 6 to 42 months can be obtained from the Council on Health and Public Instruction of the American Medical Association, 535 North Dearborn Street, Chicago, Ill. A number of these tables should be obtained for the use of examiners. In Child-Welfare Exhibits, Children's Bureau publication No. 14, page 54, will be found a table of weights and measurements of normal children from birth to 16 years. The figures for children from 6 months to 3 years are taken from the table mentioned above; the other figures are those given by L. Emmett Holt in Diseases of Infancy and Childhood, page 20. The weights for children of 5 years and over include the weight of clothing. This does not mean that every child should be expected to conform exactly to the averages for his age. The average of a large number of children of a given age does, however, present a picture of a symmetrical, normal individual, and is of some assistance in making comparisons. An easy way to make the comparison is to draw a pencil under the average measurements for the given age, then note the actual measurements of the child, wherever found on the anthropometric table. If a child has well-proportioned measurements of head, chest, and abdomen he may be either shorter or taller than the average and still be normal.

The most important things to bring to the attention of the mother are those which she may improve; e. g., if a child has a small chest circumference in proportion to his other measurements, she should be directed to endeavor to increase it. If the abdomen is too large, she should give particular attention to diet and elimination. Discrepancies in weight should be noted, as they often indicate excessive, deficient, or unwise feeding.

The child is entitled to every consideration compatible with accuracy, and the skillful examiner will avoid all undue handling and manipulation. The child to be examined is taken by the nurse from the mother and weighed; if he is old enough to stand, the weighing is done on the platform scale, when the height is also secured on the measuring rod. Babies must be weighed in the scalepan. The length of the baby may be swiftly and accurately found by laying him

upon the examination table, directly over the tape measure, with his head resting firmly against the headboard. Press the enameled book end squarely against the feet and read his length as indicated upon the tape measure. Other measurements are then made with the child lying or standing, not sitting. The head is measured around the largest circumference, the chest around the nipple line, and the abdomen on a line with the umbilicus.

Mental development.—It is impossible in this type of conference work to give the child the quiet and privacy necessary for an accurate examination of his mental development. The careful physician will, however, bear in mind the child's ability as compared with that of the normal child, and in case of any doubt he must urge the mother to secure a more thorough examination than can be given at the conference.

Nervous system.—The statements made in regard to mental tests apply also to the examination of the nervous system. The necessary element of strangeness and the unaccountable circumstances may place the child at a disadvantage unless he has an exceptionally well-balanced or a phlegmatic temperament. However, the physician may satisfy himself if the child seems unduly high strung, irritable, or hysterical. In this case the mother should be questioned closely as to the child's habits. Has he regular hours for eating, sleeping, bathing, etc.? Does he have a nap every day? Does he sleep in the fresh air day and night? Is he kept away from noise, crowds, and excitement?

Physical examination.—The method in which this examination is carried out will vary with different examiners, but the following order has been found convenient:

General inspection.—After securing weight and measurements, the nurse places the child upon the examination table and the physician will observe its general appearance and proportions, calling the mother's attention to any gross deviations from the normal, such as faulty posture, mouth breathing, color and condition of skin, general nutrition, evidences of rachitis, distended abdomen, etc. He will note also any lack of symmetry of head, eyes, ears, shoulders, spine, hips, ankles, etc.

Fat.—Mothers are often misled by the apparently well-nourished condition of babies fed on manufactured foods. Their attention should be called to the fact that a fat child is not necessarily a well-nourished child. He may be much overweight and yet his bone, muscle, skin, and teeth may show evidence of poor nutrition. Even in older babies this accumulation of fat may often be the result of a too starchy diet and the mother should be given a list of fruits, vegetables, and proteid foods suitable for a child of this age.

Bones.—The physician should make the most of this opportunity to show the mother the relation between feeding and bone development, beginning with the fontanel, roughened sutures, beaded ribs, curvature of spine and of long bones, thickening of articulations, poorly developed ankles, etc.

Muscles.—The musculature of a young baby is not easy to gauge, but his grasp, the strength and eagerness of response to pressure against hands and feet, his pulling power, etc., may be ascertained. And in the older child posture, symmetry, and resistance are all an indication of muscular development. The physician should see also whether any paralysis exists. The mother should be shown whether muscles are firm or flabby and instructed in the selection of food for her child.

Skin.—The skin and mucous membranes will often indicate an anemic state, and any roughness, redness, or eruption requires investigation. Many young mothers need advice as to how to keep the baby's scalp free from crust.

Hair.—The condition of the hair is often related to that of skin, nails, and general nutrition. Moreover, the physician should always be on the alert, especially in the case of older children, for alopecia due to ringworm or other causes. Many mothers do not appreciate the importance of early medical care in such cases.

Eyes.—Without the aid of a specialist no detailed examination of the eyes is attempted. The examiner has noted upon general inspection any unusual position, as in certain oriental and psychiatric types. He must satisfy himself that the baby can see; that he is free from strabismus, ptosis, or inflammation; that there is no discharge other than tears. The mother may be questioned as to the use of "drops" in his eyes at birth. The importance of this precaution should be stressed.

Ears.—Lack of symmetry has already been noted. Ears must be tested for hearing, tenderness, or discharge, and mothers cautioned against using any medication without the advice of a physician.

Nose.—The examiner has observed whether the child breathes through his nose or through his mouth. Any stenosis or obstruction should be called to the mother's attention, and if necessary she should be shown how to cleanse the nostrils gently.

Mouth, teeth, and throat will be reserved for the last, as their examination constitutes the only justifiable cause for crying.

Glands.—Enlarged glands must be sought in neck, axillae, and groin, and their cause and significance explained to the mother, especially their relation to decayed teeth, to infections of the throat, ears, and head, and to tuberculosis.

Chest.—The poorly built chest, barrel shape, pigeon breast, or depressed sternum were noted on general inspection and again in

observing bone development, as were also the presence of rosary, flaring ribs, or other evidences of rachitis. With the child sitting on the table, squarely in front of him, the examiner now carefully examines the heart and lungs by percussion and auscultation. Heart murmurs are especially noted.

Abdomen.—This should be examined for abnormal depression or distention; in case a distended abdomen is found the mother is urged to feed her child only at regular hours and under the guidance of a physician.

The liver should be outlined; it should be remembered that this is palpable in the normal young child. The spleen, on the other hand, is not demonstrable in the normal healthy child.

Hernia, both umbilical and inguinal, should be looked for; if present, advice should be given.

Extremities.—Extremities must be examined for absolute and for comparative development; the symmetry and strength of feet and ankles should be especially noted. Mothers must be cautioned against the common custom of urging children to precocious accomplishments such as standing or walking at an unduly early age.

Mouth, teeth, tonsils, adenoids.—The examiner will dip his hands in the bichloride solution, dry them carefully, and examine, in a good light or with the aid of a pocket flash light, the development and condition of the child's mouth, teeth, and throat. This is of sufficient importance to warrant a thorough inspection even at the expense of arousing a child's resistance. If the blanket is wrapped securely around his arms and his head held firmly against the nurse's chest, the examination is greatly facilitated. Mouth breathing, if present, has been called to the mother's attention during the general inspection. It is well, in some cases, to show her the cause or, in others, to urge that the child be taken to a specialist.

The color and condition of the mucous membrane and of the gums must be noted, and especially the condition of the teeth, as few mothers realize the importance of their prophylaxis.

External genitals.—At the request of the mother the external genitals of the child may be examined behind a screen for phimosis, irritation, or discharge. The mother should be instructed in the importance and the means of keeping the parts clean and in the need of teaching the young child habits of cleanliness.

This completes the examination, and, while the examining physician finishes the record by writing practical suggestions for the improvement of the child, the nurse prepares for the next examination.

PUBLICATIONS OF THE CHILDREN'S BUREAU.

Annual Reports:

Third Annual Report of the Chief, Children's Bureau, to the Secretary of Labor, for the fiscal year ended June 30, 1915. 26 pp. 1915.

Fourth Annual Report of the Chief, Children's Bureau, to the Secretary of Labor, for the fiscal year ended June 30, 1916. 27 pp. 1916.

Care of Children Series:

No. 1. Prenatal Care, by Mrs. Max West. 41 pp. 4th ed. 1915. Bureau publication No. 4.

No. 2. Infant Care, by Mrs. Max West. 87 pp. 1914. Bureau publication No. 8.

Dependent, Defective, and Delinquent Classes Series:

No. 1. Laws Relating to Mothers' Pensions in the United States, Denmark, and New Zealand. 102 pp. 1914. Bureau publication No. 7. (Out of print. Revised edition in preparation.)

No. 2. Mental Defectives in the District of Columbia: A brief description of local conditions and the need for custodial care and training. 39 pp. 1915. Bureau publication No. 13.

Infant Mortality Series:

No. 1. Baby-Saving Campaigns: A preliminary report on what American cities are doing to prevent infant mortality. 93 pp. 4th ed. 1914. Bureau publication No. 3. (Bureau supply exhausted. Copies may be purchased from Superintendent of Documents at 15 cents each.)

No. 2. New Zealand Society for the Health of Women and Children: An example of methods of baby-saving work in small towns and rural districts. 18 pp. 1914. Bureau publication No. 6.

No. 3. Infant Mortality: Results of a field study in Johnstown, Pa., based on births in one calendar year, by Emma Duke. 93 pp. and 9 pp. illus. 1915. Bureau publication No. 9.

No. 4. Infant mortality, Montclair, N. J.: A study of infant mortality in a suburban community. 36 pp. 1915. Bureau publication No. 11.

No. 5. A Tabular Statement of Infant-Welfare Work by Public and Private Agencies in the United States, by Etta R. Goodwin. 114 pp. 1916. Bureau publication No. 16.

No. 6. Infant Mortality: Results of a field study in Manchester, N. H., based on births in one year, by Beatrice Sheets Duncan and Emma Duke. Bureau publication No. 20. (In press.)

Industrial Series:

No. 1. Child-Labor Legislation in the United States, by Helen L. Sumner and Ella A. Merritt. 1131 pp. 2 charts. 1915. Bureau publication No. 10.

Reprints from the above are also issued as follows:

Child-Labor Legislation in the United States: Separate No. 1. Analytical tables. 475 pp. 2 charts.

Child-Labor Legislation in the United States: Separates Nos. 2 to 54. Text of laws for each State separately.

Child-Labor Legislation in the United States: Separate No. 55. Text of Federal Child-Labor Law. 1916.

No. 2. Administration of Child-Labor Laws:

Part 1. Employment-Certificate System, Connecticut, by Helen L. Sumner and Ethel E. Hanks. 69 pp. 2 charts. 1915. Bureau publication No. 12.

Part 2. Employment-Certificate System, New York, by Helen L. Sumner and Ethel E. Hanks. 164 pp. 3 charts. 1917. Bureau publication No. 17.

No. 3. List of References on Child Labor. 161 pp. 1916. Bureau publication No. 18.

Miscellaneous Series:

No. 1. The Children's Bureau: A circular containing the text of the law establishing the bureau and a brief outline of the plans for immediate work. 5 pp. 1912. Bureau publication No. 1. (Out of print.)

No. 2. Birth Registration: An aid in protecting the lives and rights of children. 20 pp. 3d ed. 1914. Bureau publication No. 2.

No. 3. Handbook of Federal Statistics of Children: Number of children in the United States, with their sex, age, race, nativity, parentage, and geographic distribution. 106 pp. 2d ed. 1914. Bureau publication No. 5.

No. 4. Child-Welfare Exhibits: Types and preparation, by Anna Louise Strong. 58 pp. and 15 pp. illus. 1915. Bureau publication No. 14.

No. 5. Baby-Week Campaigns (revised edition). 152 pp. and 16 pp. illus. 1917. Bureau publication No. 15.

No. 6. Maternal Mortality from all Conditions Connected with Childbirth in the United States and Certain other Countries, by Grace L. Meigs, M. D. 66 pp. 1917. Bureau publication No. 19.

No. 7. Summary of Child-Welfare Laws Passed in 1916. Bureau publication No. 21. (In press.)

No. 8. Facilities for Children's Play in the District of Columbia. Bureau publication No. 22. (In press.)

No. 9. How to Conduct a Children's Health Conference, by Frances Sage Bradley, M. D., and Florence Brown Sherbon, M. D., 24 pp. 1917. Bureau publication No. 23.