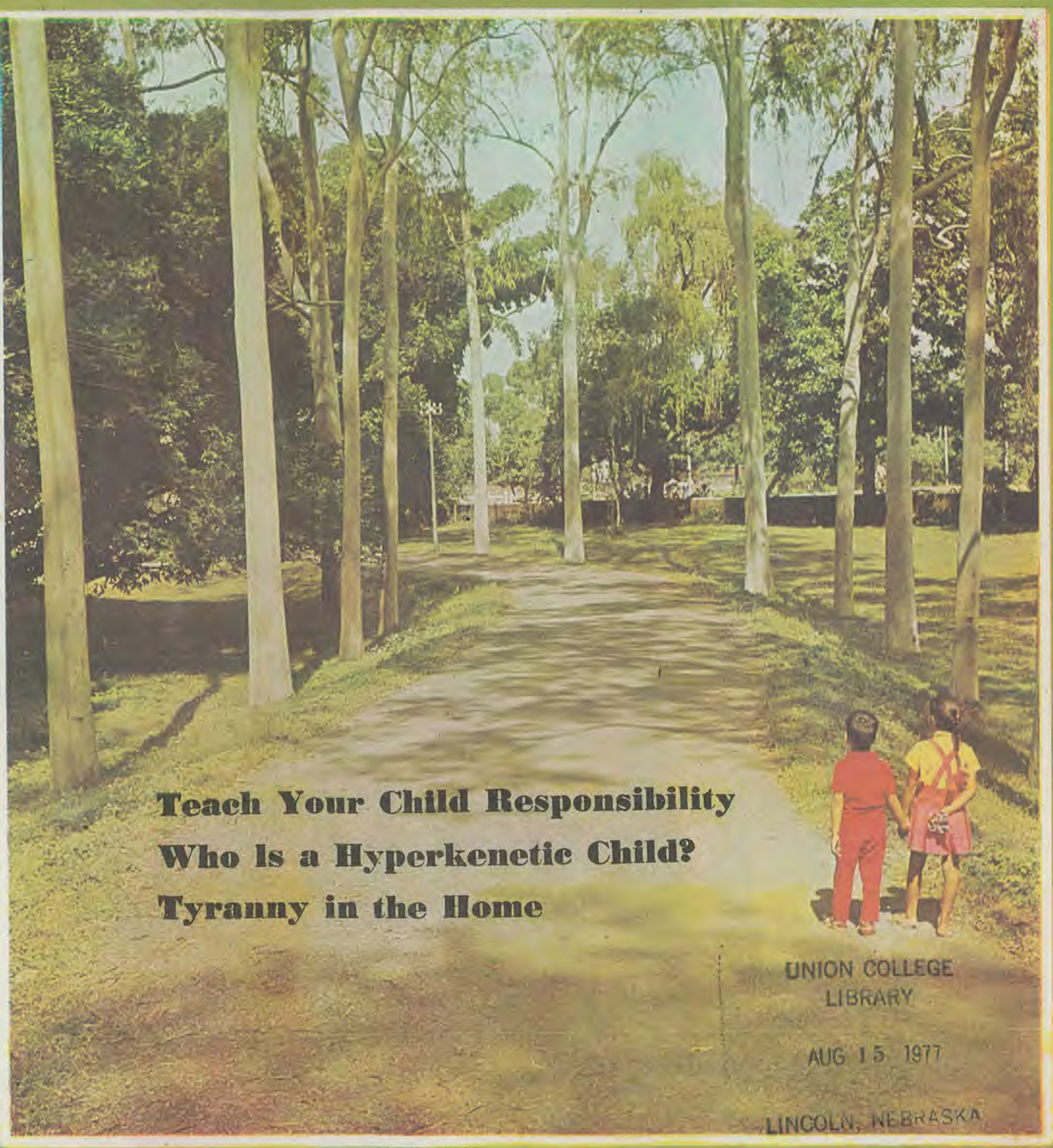
herald of health

JUNE 1977



Teach Your Child Responsibility

Who Is a Hyperkenetic Child?

Tyranny in the Home

In his most impressionable years

How Sensitive Is a Child?

If a child lives with criticism	☐ He learns to condemn
If a child lives with hostility	☐ He learns to fight
If a child lives with ridicule	☐ He learns to be shy
If a child lives with shame	☐ He learns to feel guilty
If a child lives with tolerance	☐ He learns to be patient
If a child lives with encourgement	☐ He learns confidence
If a child lives with praise	☐ He learns to appreciate
If a child lives with fairness	☐ He learns justice
If a child lives with security	☐ He learns to have faith
If a child lives with approval	☐ He learns to like himself
If a child lives with acceptance and friendship	☐ He learns to find love in the world

herald of health

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did you know

"Coronaries" in Children

Evidence is growing stronger that the earliest bodily changes leading to heart disease begin in infancy, according to noted heart specialist John T. Kimball, a University of Colorado cardiologist. He also follows his own advice to take early countermeasures. His two boys, aged one and two-and-a-half, follow what Kimball feels is a very prudent diet; they eat no eggs, only small quantities of cheese, drink skim milk, and eat almost no fatty foods like bacon and sausage. Kimball notes that more and more autopsy reports on infants show that their blood vessels have already begun to clog with fatty deposits that can eventually lead to heart attacks.

Early Weaning Related to Obesity

A direct relation may exist between early nutrition and the development of obesity in infants. A recent study of 300 infants reinforces the concept that overnutrition is largely a result of a low incidence of breast feeding, early introduction of solid foods, and early weaning. It is suggested that infants with a genetic predisposition to obesity may be helped if they are not overfed.

Increasing Sterility

Sterility in women is increasing rapidly due to their taking the antipregnancy pill over long periods, doctors said at an international symposium held under the auspices of the "German society for fertility and sterility."

They said between 40 and 50% of the patients complaining about sterility were affected by "post-pill amenorrhoes", as the upsetting hormone balance was called.

Doctors believe that all women of child-bearing age should stop taking the pill for two months a year to avert this possible effect.

Hearing Loss Related to Aspirin

If you live or work in a noisy environment, try not to take aspirin. It could lead to temporary hearing loss.

Dr. R. John Morgan of Colorado State University's physiology department says that loud noise and aspirin can cause temporary but severe hearing losses that may take up to a week to restore.

"What our research shows is that when noise and aspirin combine, they somehow produce a much greater temporary hearing loss than either of them could produce alone."

Everyone from rock musicians to factory workers should be aware of the connection between noise, aspirin, and hearing, he says.

CLIPPINGS AND COMMENTS

Massive Gray Rock formations line the sparkling fjords of Sweden's west coast. At. Stenungsund, two huge caverns have been hewn out of this solid rock, creating an unseen storage area for a much-needed fuel, liquefied petroleum gas. The caverns—60 feet wide and 500 feet long—are high enough to accommodate a 10-story building. The sealed, temperature-controlled chambers are, in effect, giant refrigerators capable of holding 70,000 tons of liquid products. From the caverns the liquid fuel is pumped up to the surface and into railroad tank cars for distribution to industrial plants.

*

Today's astronomers detect objects so far away that their light has taken some 10 billion years to reach us.

*

Beavers are knowledgeable nutritionists as well as engineers. They wait to gather their winter food until the leaves turn golden, when a tree's sap and other nutrients are stored beneath the bark. Branches cut at this time will not rot during the long months in underwater storage, and their nutritive value remains at its peak.

*

Wolves have such acute hearing they can hear a man walking across a field a quarter of a mile away. Eskimos claim that a wolf "can hear a cloud pass overhead."

*

IF YOU could leave a legacy to your children, anything you might wish, what would it be?

Well, I don't have a gold mine to leave my children, but I have given them something that I believe will be of much greater worth to them. I gave them an interest in, and a love for, God's great out-of-doors. You can do the same for your children. How?

Don't sit around visiting your adult friends while you tell your children to go out and look for birds. They will likely get an air-gun and see how many they can shoot. And don't just read nature stories to them. That is all right as far as it goes. But it doesn't go far enough. Go out-of-doors with them and take them to the wonders of creation.

Remember the slogan enunciated years ago by Louis Agassiz. He was the Swiss scientist who initiated biology study in schools. He said: "Study nature, not books."

It is firsthand knowledge that counts. It has been said that we know nothing that we have not experienced for ourselves. Anything else is mere hearsay. Therefore, if you want to help your children gain a knowledge of nature you must go into the field with them and share their nature experiences.

BEGIN SIMPLY

But, you may say, we do not know enough about nature to

Teach Your Children to Love Nature

Harold W. Clark

teach it. How can we learn? This is simple. Start on something and keep going. You may take up one line of study, or you may take up several at once; it doesn't matter. But do something!

"Oh," you retort, "that is all right for you to say, for you are a university professor of biology and know how to do it."

All right, suppose I am; it was not always so. When I was 15 years old, a boy on a farm, I got hold of a copy of a famous textbook, *Gray's School and Field Botany*. I read it through during the winter. When spring came, I began analysing flowers. That summer I identified 300 species around my home. That was the beginning of my life-time hobby, wild flowers.

But again you may say, "Yes, but you were a natural-born student; I am not."

NOW listen. For years I taught classes in flowering plants. I made the promise to my students that within 48 hours they would be analysing and identifying flowers. It always worked. I gave them three lectures a day for two days on the structure of flowers and then put them to work. No one ever failed to get results. Success comes from concentrating on the problem. Anyone with average intelligence can do it if he tries.

START YOUNG

Nature study for children should begin early, as soon as the youngsters are old enough to exclaim over a "pitty fower." This is the time to begin instilling into them love for beauty and for the God who created all beauty. Natural beauty is a manifestation of God's character. Therefore, the beauties of nature can be the beginning of our understanding of Him. When love for the beautiful has been developed in a young mind, there is no limit to which the study can be carried.

Perhaps your children are already partly grown and have not had this love of natural beauty instillled into them. It may be harder to impress them, especially if their minds are filled with superficial TV shows, sports, light reading, and the rubbish that is poured into youthful minds today.

In this case the problem would be to find something in which they are interested and through that to lead them to become enthusiastic nature lovers. Perhaps it may be nothing more than a Sunday afternoon hike with them. On the way incidentally—without their realizing that you are trying to impress them—make remarks about the beauty of the landscape, some flower by the trail, or even the beauty of the colours of the rocks they find in a stream. Anything to turn their minds towards nature.

MOUNTAINSIDE AND SEA SHORE

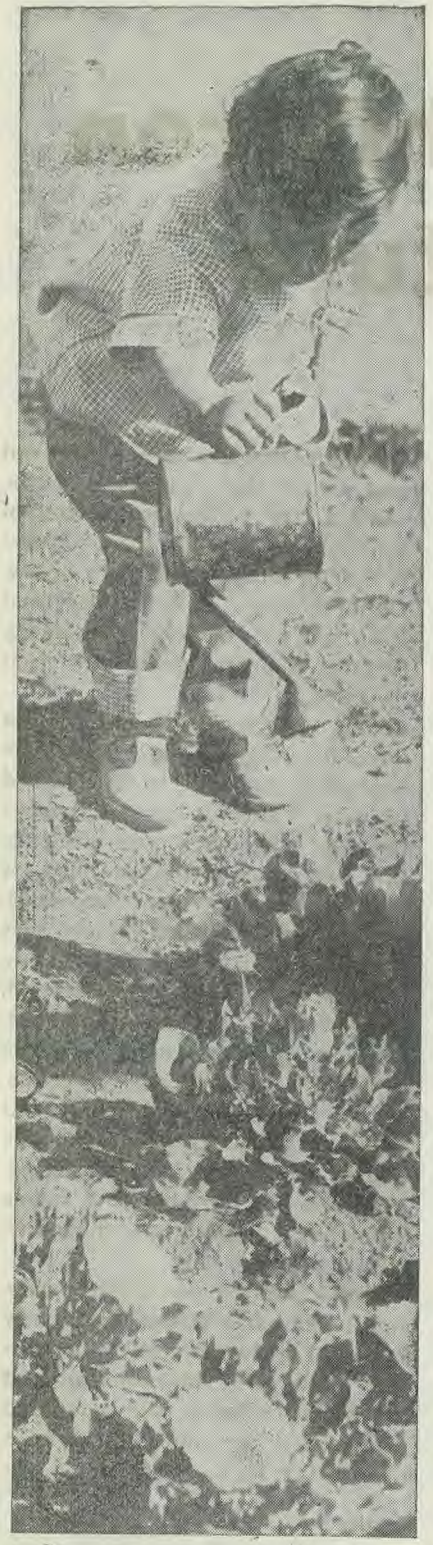
Take the family to a mountain area and be sure to get as far as possible from the crowded camps. Or go to the seashore. Camp out and enjoy the sunrises and the sunsets. Take hikes to the top of some nearby summit, there to revel in the loveliness spread out below. Children enjoy such activity, and it affords an excellent opportunity to turn their minds in the right direction.

But, you may ask, do we not have to study books? Books are necessary, but not to be learned by rote. They are for reference—to help you when you want to find out what new plant, bird, or other creature you have discovered. Get some guidebooks—simple ones not the technical ones that no one but a professional can understand. Be sure they are well-illustrated. Children soon fall into the game of looking up unknown specimens.

One day my eight-year-old daughter came running into the house. "Mummy," she cried. "Where's the bird book? I saw a bird that I don't know the name of."

From the time our children were small (we had eight of them), my wife and I always spent our summer holidays in the mountains, at the seashore, or in the woodland areas where we could camp, hike, climb over rocks, or wade in the water.

We collected flowers, rock specimens and leaves. We made blueprints of leaves. As soon as any of the children could handle a camera, they learned to take nature pictures. My wife always said: "You can study the rocks; I will



pick up the pretty stones." To my surprise I found out for myself, when I got a lapidary outfit and began cutting and polishing rock specimens, that the pretty stones

NATURE—
God's thought in action

were more interesting than the geological formations after all.

Don't preach to your children; they resent it. Let your approach be natural and unaffected. Make it a part of your study to become interested yourself, and your enthusiasm will infect them. Weave in spiritual lessons naturally, so that they will catch the meaning without feeling that you are preaching.

It takes continual and earnest effort to make real nature lovers of a family of children, but it is well worth the effort. Today every one of my family of children find their greatest delight in the out-of-doors. Artificial amusements have little interest for them.

RESULTS

What, you may ask, can be expected from such a programme? What are we to learn?

Perhaps the greatest lesson we can learn from nature is that of the grandeur of the natural world as a manifestation of the *majesty* of the Creator. We need to learn that the beauty of earth and sea and sky comes, not from some accidental event, but by design, having been planned in the mind of the Infinite One. As we appreciate nature's beauty, we come closer to Him, even though we may not realize it. How important that we learn this great truth and teach it to our children!

Then there is the evidence of the *power* of God. He who spoke the world into existence is the one whose mighty power keeps this planet on its course around the sun. It is His power that causes the vapours to rise and the rains to water the earth. "He causes his wind to blow and the waters flow" (Psalm 147:18). It is by His power that every plant springs from the earth, every bud opens, and every fruit ripens. The handwriting of the infinite God may be seen all about us; we need to open our eyes and behold it on every hand.

Above all, nature teaches us the *love* of God. The glory of the sunset and sunrise, the delicate loveliness of the flowers, the gorgeous plumage of the birds, all the evidences of His love. But perhaps the most striking evidence is seen in the mother love that is manifested in many wild creatures. A mother bear will fight to the death to defend her cubs. So will many other animals and birds. We call this instinct; but what is that?

It was well expressed by a small girl. I was talking on these things at a youth meeting and asked the question, "What makes all these creatures do as they do?"

A little girl on the front seat waved her hand frantically, "All right, little girl," I said, "what is it?"

"Instinct," she answered.

"But what is instinct?" I asked. It seemed a pretty big word for such a little girl.

"It's what God makes them do," she replied.

Could you or anyone else find a better answer?

Just one closing suggestion; keep it in your mind always. Nature is God's thought in action. What a thought He must have had when He made a peacock or an oriole or a bird of paradise! We need to recognize, as did one of the early scientists (Kepler), that when we study nature, we are thinking God's thoughts after Him. Could any other study ever be more rewarding?

I hope and trust that these few thoughts will create in the mind of every reader a greater desire to learn the secrets of nature and to teach them to your children so that your families may be drawn into a deeper fellowship with one another and with the God of nature. ***

Drownproof Swimming

Reagh C. Wetmore

A FEW YEARS ago while cruising two miles off Cape Cod, U.S.A., two elderly men were suddenly cast overboard. A rough sea soon pulled them far away from their boat. Although neither of them had a life-jacket both managed to reach shore several hours later.

These men stayed alive not because they were expert swimmers in top condition—but because of a revolutionary concept in water safety, called drownproof swimming.

Developed almost thirty years ago by the late Fred Lanoue, formerly head swimming coach at Georgia Institute of Technology, drownproof swimming skills appear to be the most efficient techniques presently known for water survival and self-rescue. Drownproof swimming has been successfully taught to many 4-year-old children. The elderly and the handicapped who can enter water, teen-agers and college students catch on with equal ease. A few, when caught in emergency situation, have been able to swim long distances to shore or float for hours until help arrived.

The effortless way a skilled swimmer moves through the water is in sharp contrast to the inexperienced performer who flails frantically, struggling to get air. Swimmers who are at home in the water, relaxed and secure are able to enjoy the varied activities provided by a water environment. The skills of drownproof swimming are basic to the enjoyment of safe swimming.

Whenever a crisis confronts a swimmer or non-swimmer—a fall into deep water, long submersion, a strong current dragging him toward the open sea—reason is often blotted out by fear. The victim may try swimming toward land against a current while wearing heavy, waterlogged clothes. He may gasp for air even though a swell is about to fill his mouth with water. He may exhaust himself trying to keep his head out of water, which is particularly senseless, since it's like supporting a ten-or twelve-pound brick. Muscle cramps or an injury to the limbs may cause panic and hasten exhaustion.

Countless hours are spent teaching youngsters to tread water, back-float, and swim with the crawl stroke. However, none of these techniques provides maximum security against water hazards. Treading water is effective for momentary orientation; back-floating is restful in calm water, but can result in choking when waves wash over the face; and the crawl stroke is designed for speed.

Unpleasant experiences associated with water activities often cause weak swimmers to harbour misconceptions about swimming. Some non-swimmers, including adults, believe that water will actually "pull them under." An understanding of the concept of body buoyancy in relation to breath control and motion in the water can help such a person to overcome fears of the threat of water to personal survival. Many non-swimmers, who are at first apprehensive about entering deep water, are able to swim at least one mile after eight or ten lessons in drownproof swimming.

Side-stepping Two Well-known Enemies

Drownproof swimming works by side-stepping two well-known enemies of a swimmer: exhaustion and panic. Use of the drownproof swimming method avoids exhaustion by taking advantage of the body's natural buoyancy to stay

Just one limb thrust downward can raise the swimmer's head to inhale a lungful of air.

afloat without supporting head or limbs above water. In addition, the method assures a minimum expenditure of energy and a steady supply of life-giving air despite cramps, rough water, heavy clothes, or injuries.

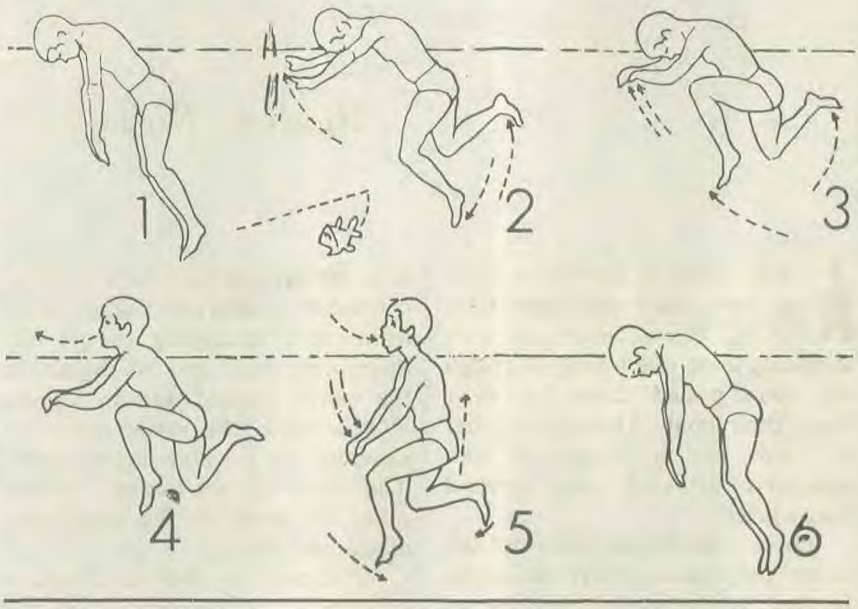
Nearly all people will float at or near the surface when submerged in a "tuck" position if they fill their lungs with air; a few sink. There is a variation in degree of flotation among individuals which is due partly to differences in the amount of air held in the lungs. Filling the lungs with air increases buoyancy because the volume of the body is increased without significantly altering the weight.

If a swimmer takes a deep breath and adopts a curled, vertical position—face down, body angled slightly forward at the waist, arms and legs dangling loosely downward—his natural buoyancy will hold him at the water's surface. And most important, staying at the surface requires no expenditure of energy. In fact, the swimmer is actually resting.

A floating stroke has been developed that enables a swimmer to briefly raise his head every six seconds and inhale a fresh lungful of air. This technique is so effective that just one limb can thrust downward with enough force to enable the swimmer to raise his head above the surface.

The "Travel Stroke"

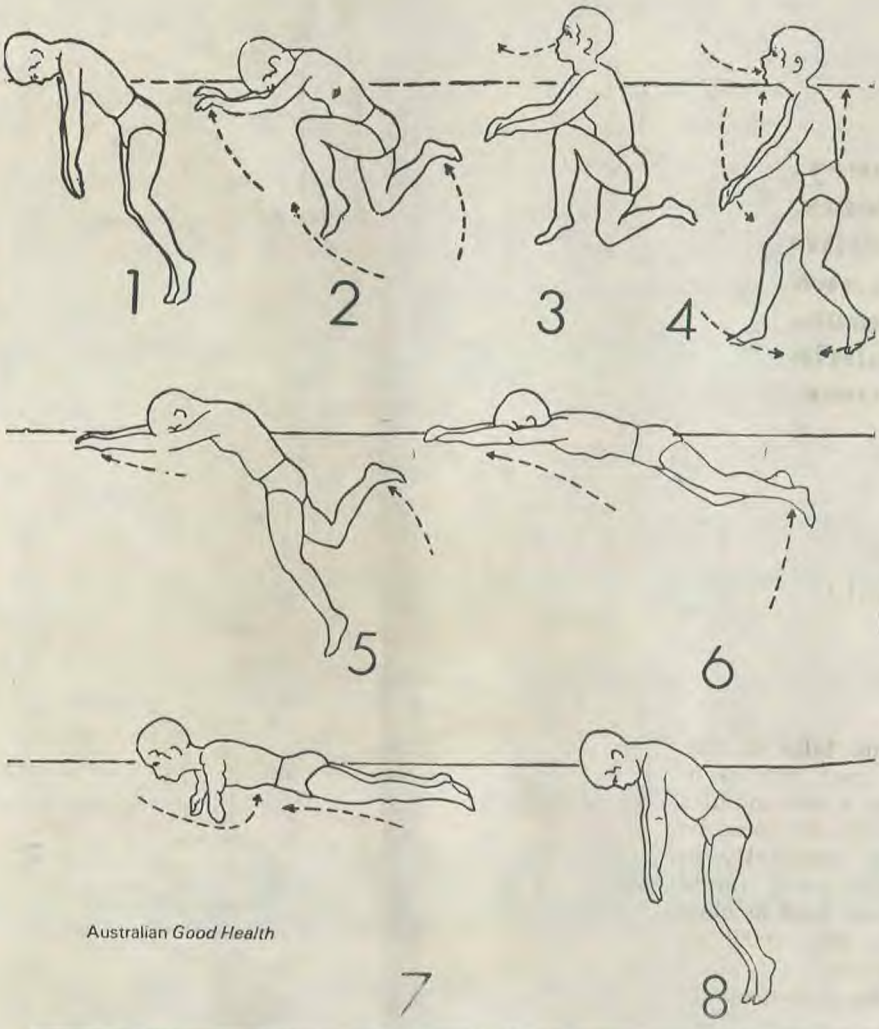
But drownproof swimming does not stop here. A capsized boat,



Don't wait until you find yourself in a crisis before learning this easy method of staying alive in the water

FLOATING STROKE (above)

1. Swimmer floats with back angled 45 degrees from vertical and back of neck at surface. Eyes should be focused on bottom while arms and legs hang loosely downward. This position is maintained 6-10 seconds.
2-3. Arms are raised and crossed in front of head. Simultaneous to raising arms the legs are lifted until knee of front leg is approximately one foot below chin and heel of rear leg is close to buttocks. Head should remain stationary until arms and legs are in place.
4. Head is raised until the chin is above the surface. While the head is lifted the swimmer exhales slowly through his nose expelling about half of his air.
5. After the chin is above the surface air is inhaled through the mouth while the swimmer performs the arm stroke and scissor kick. It is essential to execute the arm stroke and leg kick while the head is above the surface. This action aids the swimmer in maintaining support during the time his body is at minimum buoyancy.
6. Following inhalation the swimmer immediately drops his head and returns to the floating position.



Australian *Good Health*

TRAVEL STROKE (above)

1. Swimmer assumes the floating position. 2. Arms are raised until the swimmer can cross his arms in front of his head while at the same time lifting both legs in preparation for the scissor kick.
3. Head is raised above the surface while the swimmer exhales about half the air from his lungs.
4. Swimmer strokes and kicks while inhaling through his mouth.
5. Head is dropped back in water, arms extended forward and one foot is raised upward to the surface.
6. A scissor kick is performed by bringing the top leg down and bottom leg up. The purpose of the kick is to level the swimmer to the horizontal.
7. Immediately following the completion of the kick the long travel stroke is taken. The arms traverse a path through 180 degrees at about 45 degrees from the horizontal. This arm stroke is followed by a long glide.
8. Swimmer returns to the floating position and gets ready for another breath of air.

Move through the water with minimal effort.

float, shore, or island is often only a mile or so from a person in trouble. Not far if he is in good shape, but difficult or impossible to reach with injuries or cramps.

For this reason a travel stroke has been developed that allows the swimmer to move forward about one mile per hour. Slightly more energy is needed for the travel stroke, but for a person in trouble it can be well worth the extra effort. The travel stroke (1) enables the swimmer to move through the water with minimal expenditure of energy; (2) provides rest periods between strokes for the tired; (3) allows a breath to be taken during each stroke (every six seconds), as in the floating stroke, and (4) guards against panic by allowing the swimmer to maintain maximum buoyancy.

One group—the "sinkers"—must use the travel stroke. About 1 per cent of men and a very few women sink, even though they have a lungful of air. These people swim the travel stroke with the following modifications: (1) they never allow their legs to hang straight down, (2) breathe every 3 or 4 seconds, and (3) eliminate the glide.

The drownproof swimming method has been adopted by many schools and organizations throughout the world. Part of the reason for its growing acceptance is that practically everybody can learn. Security in the water is no longer limited to the expert swimmer, but is attainable by the novice, regardles of age, sex, or physical condition. ***

Calcium deficiency, glandular problems, brain lesions, artificial food flavours and colours, home atmosphere, may be subtle causes of Tantrums.

Who Is a Hyperkinetic Child?

Geeta Rani Lall, Ph.D.

ELEVEN YEAR old Roy acts and talks on impulse. He is impatient, easily upset, and is in continual motion. For more than a few minutes it is impossible for him to concentrate. At home he is restless whiney, disobedient, and constantly in trouble. In school he is readily distracted, rarely finishes his work, and tends to clown. And in class he talks out of turn. The situation sums itself up that Roy is generally a discipline problem.

What's wrong with Roy? Nothing perhaps. Perhaps something.

That something is often described as hyperkinesis. Hyperkiness is also known as hyperactivity

and minimal brain dysfunction. The term is derived from hyperkinesis (a Greek root meaning "action").

In recent times hyperkinesis has formed the subject of varied and interesting studies. One such study by Dr. Mark Stewart is important in that it develops specific guidelines concerning the behaviour of hyperactive children. In this study the behaviour of a sample group of hyperactive children was compared with that of a control group of normal children. The children were selected on the basis of predetermined symptoms. The results of the study indicated that the hyperkinetic or hyperactive children were markedly different from the control group (Stewart, 1970).

Dr. Stewart found the following questions represent the most significant differences between the behaviour patterns of the hyperactive and the control groups. The guidelines are age-related and categorized on that basis.

Questions Relative to a Preschool Youngster

Does the child consistently stay up half the night and then wake up at the crack of dawn?

Is he far more active, restless, and energetic than other children of his group?

Does his attention span seem shorter than that of other children his age?

Does he throw tantrums for trivial reasons and do this regularly and often?

Is the child so hard on things that he has worn out or broken his playpen, crib, or tricycle, etc.?

Is the child persistently impulsive? Does he run into the street, play with electrical sockets, jump from dangerous places, or drink household cleaner, etc.?

When this child is outside, does he need supervision more closely than other children for fear he will run off or do something wild?

Does he bite, kick, scratch other children, or attack them often?

Is he unusually wilful and disobedient?

Questions Relative to a School-age Youngster

Does the child find it hard to sit still? Does he seem to have boundless energy?

Does his attention span appear shorter than that of other children his age, especially for things which require effort?

Does he talk, fidget, rock, drum his fingers?

Does his emotion swing rapidly from excitement to anger? Does he cry easily and often?

Is he hard to get to bed at night?

Is it his habit to continually get up from the table or play during mealtimes?

Does he have trouble at school, either in his academic work or in his behaviour?

Does the child usually leave projects unfinished?

Does punishment seem to have little beneficial effect on his behaviour?

Does he seem unhappy much of the time? Is he whiney and irritable? Does he complain that "no one likes me"?

If several of these questions are answered by an emphatic "yes," then the child could probably and readily be termed hyperactive. Professional counsel in most cases is recommended at this time (Stewart, 1970).

Causes and Treatment of Hyperactivity

Drugs for treating hyperactive children were first used in 1937 at a children's residential treatment centre in Providence, Rhode Island. The man operating the centre tried amphetamines on a group of children who were unmanageable. He found, much to his surprise, that the drugs were extremely beneficial and had a "paradoxical effect." They sped up adults but slowed down some hyperactive children (Wender, 1974). Since that time many new drugs have been developed and studied.

In March 1971 a panel of experts appointed by the Health, Education and Welfare Department of the United States declared amphetamines to be a safe and proper treatment for hyperkinetic children. The HEW panel stated that "fears commonly expressed about the use of drugs for children, such as the possibilities of misuse, addiction, toxicity, and emotional handicaps... (are not dangers) if the treatment is properly applied" (Bazell, 1971).

The administration of drugs for treatment may tend to lend credibility to the theory that hyperkinesis is a specific disease. However many authorities, including psychiatrists and physicians, now feel that hyperkinesis is a syndrome or a collection of symptoms—not a disease—which may be the result of a specific disorder of the central nervous system. Many

How Should He Be Helped

Fluorescent lights give off X-rays that may trigger hyperkinesis.

psychiatrists believe that even though "stimulants are not getting at the causes of a hyperactive child's problem," (they have) "seemed at least to interrupt the characteristic record of failure in school and make it possible to treat a child by other methods" (*Scientific American,* 1974).

Is there, then, adequate justification in prescribing amphetamines or drugs of similar nature to hyperactive children, when the drug is not really dealing with the causative factors? Are the drugs masking the real problem by covering up some of its symptoms? These questions are basic to the criticism levelled against the practice of drug therapy. The feeling is strong among experts that stimulants should never be prescribed to hyperactive children. Some experts hold that the hyperactive child's problem can almost always be identified if the physician is willing to take the time and trouble to run through diagnostic tests and evaluate the resulting quantitative data. The underlying problem may turn out to be psychiatric, neurochemical or neurophysiological. Since hyperactivity is usually indicative of brain dysfunction, it is only sensible to look for the malfunctioning in the neurophysiological processes related to the brain (Walker, 1974).

Walker (1974) found that improper oxygenation can cause changes in behaviour. One such case involved a five-year-old hyperactive child diagnosed by a neurologist as schizophrenic. The neurologist reported to the parents that nothing was physically wrong with their daughter. Love her and make the best of it, he said. This same child was brought to Dr. Walker, who did a complete physical and neurological examination. Problems were discovered with the retina in the eye (diagnosed improperly by an opthalmologist) which told him the retinal veins were congested with blood. The doctor immediately recalled that this condition at times indicates a heart murmur which a pediatrician had previously found and thought benign. Next, she was referred to a cardiologist who determined that she had an extra vessel between the heart and the lung which was preventing a normal flow of oxygen to the brain. Surgery was performed to correct the defect, and the child's hyperactivity, fatigue, rages, tantrums and other symptoms which she experienced from birth, disappeared. Thus a child diagnosed as a hyperactive, hopeless schizophrenic became a "normal" child. In addition she was saved from certain death a few years later due to her cardiac condition.

Another condition that can lead to hyperactivity is a low level of glucose or an inability to tolerate and assimilate sugar. The function of the brain is directly affected by the level of glucose in the blood stream. If the level is abnormal there may be subtle symptoms of brain dysfunction, including hyperactivity. Walker's treatment of an eight-year-old boy illustrates this fact. The boy was determined to be pre-diabetic and he was placed on a high-protein, low-carbohydrate diet. Soon his hyperactivity abated. He began doing well in school and his aggressive tantrums stopped.

Studies reveal that hyperactivity is caused by a number of other factors as well. Deficiencies in vitamins, minerals, body enzymes and particularly calcium seem to have a direct influence. Glandular problems, brain lesions, cyanosis at birth, mixed dominance (bilaterality), and artificial food flavours and colours are other neurophysiological causes related to the brain dysfunction (Walker, 1974). Prenatal developmental problems, inherited traits, and home atmosphere can also cause hyperactivity. Even emotional problems can be causative factors although they are normally the result of hyperactivity rather than the cause of it.

Another possible cause of hyperactivity, one under research at the present time, is the type of artificial light used in schools. It has been shown that hyperactivity can be stimulated by certain kinds of fluorescent lights. Thus far in the study the hyperactivity appears to be due to a radiation stress condition. The premise is that fluorescent lights give off X-rays that may trigger this condition. There is evidence to substantiate this through a study done over a period of fifty years by time-lapse photographer John Ott, President of Health and Light Research, Inc., Sarasota, Florida. In his work with the effect of different kinds of lights on plants Mr. Ott found that certain rays are missing in many artificial lights and growth of plants in these situations is poor. In continuing his experiment with rats, mice and rabbits, he discovered that male animals in particular become irritable and tend to cannibalize their young when kept under standard fluorescent lights for various periods of time.

In 1972, in Sarasota, Florida, Ott was able to determine that some of the hyperactive children in a special school came from homes that had leaking X-ray television sets. When the sets were removed or repaired, the children were no longer hyperactive. Ott's work still needs to be expanded and confirmed by other investigators before conventional fluorescent lighting can be definitely indicated as a cause of hyperactivity (Arehart-Treickel, 1974). But, if the

results do lead to an indictment, there should be some interesting and enormous aid for children and teachers in the classroom setting.

Educational Aspects for Hyperactive Children

Educators have a special responsibility to hyperkinetic children. In the classroom setting ways must be devised to help them reach their potential as successful children.

To better understand the hyperactive child the teacher needs reports from the professional personnel who work with the child. He also needs to work closely with the parents. After obtaining as much background as possible concerning the hyperactive child, and also evaluating the data in terms of home, school, and community resources that are available for use, a much better programme can be devised to meet the needs of children, parents, teachers, and the community.

Several methods and techniques can be used in the classroom to help the hyperactive child. First of all, it is necessary for a teacher to individualize instruction. A teacher who uses this technique usually understands that each child has his own way and rate of learning. Knowing that each child has different abilities and deficiencies, he adjusts his teaching approach to suit the needs of each child as much as is possible (Keogh, 1971).

Signing contracts with these students which are set up under the terms of both the teacher and the student is one method which seems to work well with hyperactive children. The child agrees to complete a certain amount of work or do a project within a specified time period. This allows the student to work with freedom. He does not contend quite so rigidly with the constraints put upon the "normal" child.

Hyperactive children are often used to being punished for something they did or did not do. In most cases punishment is non-effective (Stewart, 1970). If this is the case, the behaviour modification programme or some form of it, in terms of rewards will prove helpful to the child. It will point to the "good" he accomplishes rather than emphasizing the opposite behaviour. Rewards in the classroom need not be something to eat (although with very small children this is more concrete) but may be privileges or special free time to do "his own thing." Teachers need to remember to reward the effort put forth as well as the actual achievement of some goal. Too often this is forgotten.

The seating arrangement is also very important in helping a hyperactive child perform to the best of his ability. It is necessary that such a child be placed in a position to compensate as much as possible for his overactive personality, distractability, impulsiveness and excitability.

Children need quiet places to be able to work by themselves when they are engaged in projects that require close concentration. This must be a place where they will not be disturbed by other children in the room. Study carrels are ideal for this. Some children will discover their own private places by retreating to a corner in a workroom or even by crawling under a table or desk. A special place can also be used as an isolation spot for the purpose of giving the child time to "get himself together." In addition to being away from the rest of the class, the special place provides a release from distractable objects.

The teacher himself must be able to keep order without shouting at the children. A hyperactive child usually lacks in self-control and reinforcing his negative actions by shouting simply adds to his own lack of self-control. It is humiliating to a child to be thus singled out in front of the class.

One of the most, if not the most, important aspect in teaching the hyperactive child is that the programme must include as much physical activity as possible. This is necessary to allow for expenditure of the excess energy that builds up within such a child. It is a well known fact that children learn more by doing than by reading and listening. Therefore if the child is actively involved in constructive projects, he will learn more, enjoy school more, and most likely get along better.

A good physical education programme is usually more beneficial to the hyperactive child than to the "normal" child. If a physical education programme is not possible on a daily class basis, more organized activities may be arranged at recess. Such activities must include vigorous exercises (Stewart, 1970).

Lengthy assignments are almost impossible for a hyperactive child to complete. Reading, writing and other academic subjects can be taught through projects, assignments and homework if they are brief and to the point. Repetitious assignments also should be avoided as they confuse and frustrate the child.

The teacher is in a key position to help a child in trouble. Simple interest and affection can go a long way. Whether a teacher is a male or a female is not as important as the teacher's ability and personality. However, studies have shown that boys especially hyperactive boys, respond better to men teachers in the classroom (Stewart, 1970).

It is possible for the child to obtain help through special classes on a full or part-time basis. It may even be necessary to provide personnel and time for counselling with the children who have become emotionally disturbed as a result of their hyperactivity and frustrations from not being able to do as well in classwork. Community and social agencies are always available and willing to work with the school in helping hyperactive children, (or any child) in growing up and developing into successful and normal human beings.

For the relatively few hyperactive children who fail to respond to this type of positive programme in the school, it may then become necessary to resort to special remedies. A well qualified doctor, after extensive and thorough examinations and diagnosis, may prescribe appropriate treatments, including drug therapy and orthomolecular psychiatry. ***

Teach Your Child Responsibility

Charles A. Salter, Ph.D.

SHANKAR A. was reared by parents who believed that the cardinal sins was to frustrate children. No demands must be made on them, parents must never say "no", they must never be punished. Shankar was normally rambunctious at first, but as he began to test for limits and found none, his behaviour worsened. By 6 he was cutting up mummy's expensive drapes and flushing daddy's new watch down the toilet. "He's just expressing himself," his parents said, "It's only a phase, and he'll grow out of it." By adolescence he was totally maladjusted. Although bright, he did miserably in school—he had no goals, no motivation, no satisfaction in work. He couldn't get along with his parents, and ran away from home several times. He became sexually promiscuous at an early age, and by 19 his future seemed bleak indeed.

Lata B. had a very different upbringing. When she was very young her parents began to give her small responsibilities around the home. They were firm and punished disobedience, but they were also loving and rewarded success and good behaviour. As she became older they expected more from her—and she produced it. By adolescence, just like her brother and sister, Lata was a model youth. She was loving, devoted to her parents, excelling in school, and liked by all. She did well in college and went on to complete graduate work, becoming a wonderful devoted wife, and yet managing to keep up her job helping patients in a mental hospital.

King Solomon, the wisest man who ever lived, once said, "Train up a child in the way that he should go, and when he is old, he will not depart from it." This philosophy is shared by Dr. Carlota DeLerma, a noted pediatrician who has practised widely and currently holds a position in a children's clinic near St. Petersburg, Florida. From her perspective of thirty years' experience with many children, including Shankar and Lata, who have since entered adulthood, she can evaluate the later effects of different child-rearing practices. She has developed a set of five principles by which parents can inculcate a sense of responsibility in their offspring.

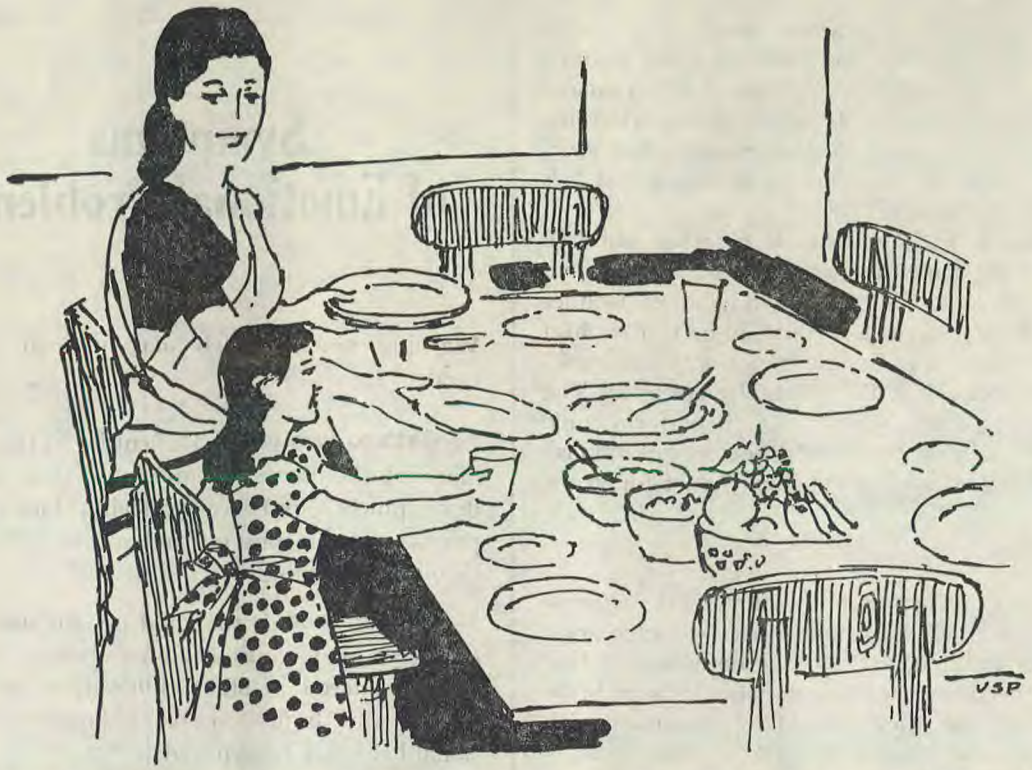
Clear and Specific

First, says Dr. deLerma, make your requests clear and specific. "Don't tell your child simply, "Clean up your room." This is especially important for a younger child. He doesn't have the ability to comprehend all the facets of such a general task. To him it might mean merely to pick up loose toys from the floor. You mean for him also to make the bed, straighten his closet, and dust the furniture. But if you don't tell him that in advance, it is not fair to become angry, if he does only one thing. It constantly amazes me in cases like this that parents seem to think that their children have all the understanding and experience of an adult. They don't. Although it is sometimes true that a child is temporarily stubborn when it comes to fulfilling some duty of responsibility, just out of wilfulness, many times it is becasue he really doesn't know what is expected."

Goals should be formulated in such a way that one can measure progress toward their fulfillment. If a 5-year-old is asked to place a cup by each plate on the dinner table, he knows what to do, how to do it, and when he is finished. If the goal is to "get the table ready for dinner," he might not know where to begin, how to do it, and what it takes to complete the task.

Good example

This leads into the second point—parents should provide a good example by being responsible themselves. The best way to make a responsibility clear to a child is for the parent to do it himself in the youngster's presence and explain the process step by step. This teaches him not only what to do and how, but that it is an appropriate thing for an adult to do. Actions speak louder than words. It is no good to say in effect, "Do what I say, not what I do," because the child says to himself, "I have to obey because I am little, but when I get big, I can do just what I want like Mummy and Daddy." Happy is the parent who is so industrious, careful and res-



ponsible himself, that he can honestly say, "You have to take pride in yourself and in your possessions as I do."

Dr. deLerma says, "It's so important to be a good example. Otherwise children will pick up our defects and think they're normal. Like the parents who try to teach honesty to their children, and then tell falsehoods in their presence when it's expedient to do so. For example, someone may call the father on the telephone. He says, "Tell him I'm not in," and goes back to the TV. Mother complies, in front of Junior. Later these same parents are surprised and hurt if they ask Junior, "Did you break the vase?" and he says "no", even though they are sure he did it. Regardless of their moral instruction, by their actions they taught him to lie. Of course, no one is perfect—it's up to all parents to keep developing and correcting themselves as well as their children. And they should not be afraid to admit their mistakes and ask for forgiveness when necessary."

Firm and consistent

Once tasks have been specifically laid out, and, hopefully, a good example has been given, the next step is to be firm and consistent in seeing that the responsibilities are carried out. A parent might think that he's being nice to demand only occasionally that his child clean his room, wash the dishes, or polish the car. In reality, he's hurting his child—the world doesn't run that way. He'll be better prepared for adult life in the world if he is given responsibility on a regular, continuing basis. After all, the mother always has to prepare meals, the engineer has to keep his train running on schedule, the teacher or mailman has to come whether or not he feels like it. So you will need to check for acceptable completion of his tasks.

There is a thin line, however, between effective supervision and being overbearing. The key, according to Dr. deLerma, is to be involved, to show real interest in what the child is doing. "Don't just ask repeatedly, 'Have you done your homework?' This merely irritates and alienates; it makes him dread to carry out the task. Be close and communicative. Ask him to show you his schoolwork when he's finished, because you're really interested in it. Read what he's written, and then discuss it in an atmosphere of warmth, love, and understanding. And don't assault him with a list of errors as if he had done them on purpose, but try to help him overcome them by showing him what is right."

A study was made of the effects of overdomination on children's performance. Warm, encouraging parents who rewarded good performance had highly motivated children, with more zest in their work, and who met higher goals. Parents who were domineering and reacted with irritation when things went wrong, even though they also gave clear directions, had poorly motivated children who tended to have lower goals and were ineffective in reaching them.

Don't expect too much

A fourth principle is not to expect too much too soon. You should start training children to accept

responsibility early, sometimes even at 8 to 10 months, according to Dr. deLerma. But the training should be in line with their abilities. A 1-year-old child might be taught not to touch an electric plug, but he couldn't be taught to dress himself. A 4-year-old might be able to take care of his shoes, but he's too young to set the table."

Too many parents hear that other children were able to do something at a particular age, and when their own child can't they become upset, wonder if he is retarded, and try to push him. If the child is not mature enough to handle it, not only will pushing be of no help, it will be actually harmful. The anxiety resulting from his inability to perform some task when he is being pressured to do so can damage his personality and such effect may persist for years.

Reward good

A fifth and final principle is that good performance should be rewarded. It is so easy to take good behaviour for granted, and to take note only of bad or unusual occurrences. Parents should not bribe their children, but they should be generous with affection, love, and appreciation for obedience and a job well done. If the task is new or particularly unpleasant, Dr. deLerma thinks it may be good sometimes to promise some special treat in advance. This gives the youngsters something to look forward to and provides motivation to complete the job. But bribes should not be routinely promised in advance. This can engender the "What's in it for me?" attitude.

And punishment. Does it have a place? Of course," says Dr. deLerma, "bad behaviour or wilful disobedience cannot go unpunished, but the punishment should match the crime in severity. Much too often children are overpunished. The "battered child syndrome" is a pitiful example of extreme overpunishment. Punishment at best only tells a person that he had done something wrong; it doesn't tell him what is the right thing to do. It's much better to use rewards when possible. Children need love as well as discipline."

No parent really wants a Shankar A. but to raise children with a proper sense of responsibility takes more than good intentions. It takes patience, love, understanding of the five basic principles:

1. Make requests clear and specific.
2. Provide a good example in your own behaviour.
3. Be firm and consistent.
4. Don't expect too much too soon, and
5. Be generous in rewarding good performance.

Do your part to make tomorrow's world better by training its developing leaders to accept responsibility now. ***

Symptoms of Emotional Problems

Warning signals which may indicate help is needed:

* **Birth to two years.** Difficulties in this period manifest themselves in unusually slow physical development, excessive passivity, lack of responsiveness, or constant and severe difficulty in sleeping and eating.

* **Two to four.** If the child persistently refuses to eat or begin toilet training, shows a marked lack of interest in other children, or refuses to accept any limits on his behaviour, professional help may be required.

* **Four to six.** A child should now be actively involved in the world around him. If he isn't, and if he exhibits an inability to get along with other children—either by constantly fighting with them or by anxious withdrawal from them —it may be a cause for concern. Similarly, consistent bed wetting; poor speech; intense and frequent temper tantrums; constant, overt destruction; and repeated and intentional cruelty to animals may also be indications of serious psychological problems.

* **Six to eight.** By this age, a child is in school, and minor problems of adjustment should be expected. But, if he has real fears about school and refuses to go, this may be a sign of serious maladjustment. Parents should also be concerned by continual bed wetting, thumb sucking, or phobias about illness.

* **Eight to eleven.** Youngsters at this age are usually involved in doing things. If a child is constantly sitting or lying around the house daydreaming, or watching television, chances are something is wrong. Similarly, setting fires or intense in playing with matches, panic reactions to group situations, or constant contrariness toward parents also may be grounds for worry.

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SIMPLE HOME TREATMENTS

7 Exercises for Constipation

EXERCISES for constipation can be of utmost value only when used as a part of a daily programme. The daily programme should include attention to the diet, with adequate fluids, six or eight glasses of water, fruit juice, or milk. Regular hours of sleep and rest are essential. A regular time for toilet visits should become a habit. Laxatives and cathartics should be avoided. Physical exercise, strenuous enough to produce perspiration, such as walking, gardening, tennis, et cetera, should be done daily for at least thirty minutes. Special exercises for constipation are most effective when done in the morning on rising.

1. **The Stretch**—Do in bed before rising. Place hands, tight closed, on shoulders. Take a deep breath, lifting the chest. Push head back. Bend the body to the right. Stretch the left arm up, the right arm out straight and S-T-R-E-T-C-H. Twist and bend. getting the whole body into action even the toes. Rest a moment and repeat, bending the body to the left. This stimulates the circulation.

2. **The Pump**.—Lie relaxed on the back. Count eight. During the first six counts make the chest big, pulling it well up and letting the abdomen become hollow. During the last two counts make the chest small, pushing down, and making the abdomen large. Repeat three to five times without breathing; then take three slow, long breaths. Continue until chest and abdomen have been enlarged alternately fifteen or twenty times. Do not breathe during pumping, for the effect on the circulation would be lessened. The action is a seesaw, or pumping, movement during the eight counts. This squeezes, massages, and stimulates the liver and intestines. It strengthens the abdominal wall and exercises the diaphragm.

This exercise may also be done in the opposite position on hands knees or all fours like a cat. This straightens out all the kinks which may be the cause of constipation.

3. **The Appendix and Sigmoid Exercise:** Stagnation is common in two places in the abdomen: the right lower corner, where stagnation in the cecum may put pressure on the appendix; and the left lower corner, where stagnation of the sigmoid flexure, a twist of the large intestine, may delay residue.

Lie on the back. Place the left fist, firmly closed, low down on the right side with knuckles deep in the hollow of the groin. Bring up the right knee so that the thigh squeezes the fist into the lowest part of the abdomen over the cecum and appendix. Place the right hand on the right knee and pull down to squeeze the left hand. Pull down three times, and then return leg to starting position.

Repeat same procedure on the left side, placing the right fist over the sigmoid flexure. This exercise is an abdomen reducer.

If the appendix is inflamed, this exercise may irritate it. Be sure to have your doctor's advice that exercise may be safely used.

4. **The Churn**—Do this exercise before a mirror. First buckle a belt about the waist. Then suspend some article from the chandelier, and sit directly under it. While keeping the head directly under the suspended article, make a circle with the belt buckle from right to left or from left to right.

First practise movements forward and backward keep the head where it belongs, and make the buckle travel at least six inches forward and back. Then practise a side movement. Carry the buckle to the right, making a bow of the body by keeping the head under the suspended article. Then carry the buckle to the left, bowing the body to the left. Now do the circular movement. Carry the buckle to the front, then to the right, to the back, to the left, and to the front. Do a circle to the right ten times and then to the

left ten times. The churning exercise, used by the yogi, churns the intestines, strengthens the abdominal walls, reduces the abdomen and hips, and strengthens the back. It may take six months to practise it perfectly.

5. The Crossover.—This exercise makes tough trunk muscles. Lie on the back in the form of a cross, with arms extended. Carry the right foot up and to the left until it touches the left hand. Return to position and repeat with left foot to the right hand. Alternate right and left, rolling the hips briskly. This movement twists and squeezes the abdomen and its contents.

6. Menagerie Exercise.—This will shed dignity and dullness and put fun into exercise. Get down on the floor on hands and feet (not the knees). Prowl around like a cat, taking big steps so that the foot comes up to the hand each time.

When you can walk then trot a few steps and growl like a tiger. Take twenty to forty steps. A good laugh will help the liver. Now hop like a frog bringing legs up to hands with each hop. Like a dog, stretch one leg high behind and shake it. Scratch the floor with the hind legs like a woodchuck, or imitate the kick of a mule. Take the hands from the floor, and waddle along with knees bent like a duck.

Menagerie exercises straighten out kinks, massage the intestines, and reduce the hips and abdomen.

7. Compass N-E-W-S.—This is a vigorous body bending. Spread the feet apart and place the hands on the hips. Keep the knees straight and the face to the front. Bend first to the right, then to the left, then forward, and then backward (not too far backward for older individuals). Sway like a tree blown by the wind to all points of the compass Repeat exercise a dozen times. ***

Next month: Heating Compresses

Tell your children about GERMS

BEING FROM a doctor's family, I am naturally a germ chaser. However, my two youngsters roll in mud as often as any child, and I heartily sanction freedom of play. But the invisible germ that abounds in a juicy sneeze is a real problem.

Baby's cold is as contagious as grandpa's. Yet because a toddler's sneezes are "cute," and his sniffles are taken for granted because "every child has colds", the whole family usually ends up wiping their noses.

A child never taught cleanliness or simple precautions may innocently acquire or spread a cold. Why not teach the kiddies from babyhood a few do's and don'ts to help prevent such calamities?

One of the most important rules in our family is "Keep your hands clean." We teach our children to wash their hands often whether they look dirty or not. In fact, we make a game out of it. We see who can get the palms the rosiest and keep them that way. We have a stool to stand on so that the children can reach the washbowl, and my youngest has what almost amounts to a mania for washing her hands and brushing her teeth. We don't worry about the grimy sink or the black soap until she is through with her grooming. If children can be impressed with the healthful habit of keeping their hands clean and be taught simply about "the little bugs that spoil lots of good times if they aren't captured," the danger of innocently acquiring or passing on a cold can be lessened.

The second standard we emphasize is the use of individual drinking glasses. Especially in large families is the habit formed of using one drinking glass to save dishes. Yet in trying to save dishes or time, whichever the aim, a busy mother allows her whole family to be exposed. She must expect busier days ahead when several members of the family have a cold.

Children won't know about germs unless you tell them. It is a good idea to buy plastic glasses, allowing the children to choose their own favourite colours, and line up the glasses on a convenient window ledge or rack. Encourage your youngster to get a clean glass from the cupboard for his playmate.

Another good rule to follow religiously is to stress the importance to a child of covering his mouth when he coughs or sneezes. This can be done from the toddler stage. Children will forget, and cannot be expected to perform perfectly at all times. Yet a firm, patient request of "Please

cover your mouth" each time there is a mistake, or a word of praise such as "Good boy for covering your mouth" will soon impress the idea indelibly. Our little girl covers her mouth even when she chokes on a bit of food.

Teach children when blowing their noses to use soft tissues that they can discard themselves. A soiled handkerchief may be laid on a table or chair in reach of brother or sister who may not know about germs. Soiled handkerchiefs left about the house account for the spread through the family of many a cold.

When your child has a cold don't allow him to have small companions indoors to play. There may be a whistle or a harmonica about the place that can be playfully blown and exchanged, becoming a medium for spreading the cold. Or handling the sick child's toys may be all that is necessary to further an epidemic in the neighbourhood. I never hesitate to forbid youngsters with colds to play in the house with my own or to ask them to leave if I discover the cold after they come in. The risk of spreading the infection is too great and more important to me than feeling I may have spoiled their fun.

Children like to help wait on daddy when he is in bed with flu. But even though they might save you steps, don't allow the little ones to carry food to the patient or take the empty dishes to the kitchen. Neither should they be allowed to sit near the bed or handle the thermometer. Tell them why they can't help you in the sickroom. Rather, let them answer the phone, bring in the milk, or go to the sickroom door and ask whether daddy would like some more fruit juice.

If two of your children ordinarily share a bed or even a room, the child who contracts even a simple cold should be isolated until all danger is past. There may be some strong protests unless you take time to explain logically what could happen, but such care pays.

When a very contagious disease such as measles, chickenpox, or mumps catches one of your offspring, it is a good policy to have the patient wear a mask as much as possible. This can be more easily accomplished if you make a game of the situation. One can suggest a game of "Guess who?"

Simply laying the mask across the little patient's mouth while mother tidies the room or reads to him and tying the mask securely on closer contact, such as when bathing him, are excellent precautions.

Teaching your child about germs is as vital as any one of many other lessons commonly given more attention than health habits. With the proper attitude and spirit of fun, you'll discover your boy or girl will actually tell his friends about the hazards of infection, and you'll be gratified to watch him display his knowledge.

Begin this preventive training in your children's babyhood, and you will have a healthier, happier family. ***

Developmental Patterns
In Children

"DOCTOR, WHAT is the normal developmental pattern for my child?"

This question inevitably comes up in well-baby clinics everywhere, for, more than ever before, parents today are preoccupied with their children's development. Unfortunately, our publications do not usually carry informative articles on normal development patterns in children so that the emerging breed of "development-oriented" parents of today may probably find this article a simplified guide to child development.

A child is a rapidly-growing creature. This is especially true during the first six years of his life. Parents ought to be keen baby-watchers in order that they could gauge their children's development.

One month after birth, a child has still only an impassive face, unable to recognise objects. His hands are often closed. His head is usually turned to one side so that there is a marked depression on one side of his head when the one-month old child is lifted to his mother's breast.

At two to three months, a child is able to hold his head erect on his shoulders. He can now open his mouth expectantly for feeding. His eyes start to follow the movement of objects held before them.

At four months, a child can laugh aloud. He uses both hands

now to reach for things.

At five months, a child starts to roll on the bed. He turns his head to the sound of a voice or a bell or a rattle. He can recover an object that has fallen from his hand if it is within his reach and when he is in a supine position.

At six months, a child is able to support his weight standing on his feet while being assisted. He can transfer objects from one hand to the other, bang feeding spoon on the table and hold a wooden block in each hand.

At ten months, a child can bring himself to a sitting position without assistance, and can pull himself up to a standing position when holding on to some support or prop. He can lift a cup by its handle, pick up fallen objects and utter simple sounds such as "ma-ma" or "da-da".

At twelve months, a child is able to stand without support. He can walk when held by the hand and cooperate when being dressed. He can wave his hands now and say "ba-bay". He can place a wooden block in a cup in response to a command. He has now a vocabulary of five or six distinct words.

At eighteen months, a child can walk alone without assistance. He can go up the stairs with only one hand being held. He can build a tower with three or four wooden blocks after being shown how to do it. He likes to pull along toys, throw a ball and turn pages of books and magazines. He has now a vocabulary of about ten words and can be easily coaxed to say "hello" or "goodbye." He can point to his eyes, nose, ears or mouth when told to do so.

What can a two-year-old child do? He can draw a circle with the help of a mentor, turn pages singly, cut paper with scissors, remove wrappers of sweets. He is now able to use simple phrases that can be understood. He can ask for things by their names. His vocabulary has now increased to about fifty words.

At three years of age, a child can give his full name. He can now climb stairs with alternating steps, build a tower with nine or ten wooden blocks, and draw simple lines or imperfect circles. He now knows his own sex.

At three years, a child can be expected to respond to simple commands and answer simple questions. He is able to count the first three digits in proper order. He can put on his shoes with little help or even with no help at all.

A child from age four to six years is referred to as a "run-about child." This period of life, also known as the period of early childhood, is characterised by increased physical activities, rapid learning and steady growth.

A four-year-old child can draw a more or less perfect circle with some ease now. He can also copy other figures already drawn, such as triangles and squares. He is now able to compare which of two lines is longer. He can give appropriate answers to such questions as, "What must you do if you are hungry?" or "What should you do if you are tired?"

A five-year old tyke can already tell his age and play ball with his friends. He can do a lot of other things that will surely delight his parents like identifying the basic colours (green, red, yellow, etc.), counting from one to ten and drawing figures from copy without coaching or assistance. He can even sing and dance!

At six years, the child knows almost everything—or so it would seem. He can print or scribble his name, draw complex figures and identify the time of day, whether it is morning, noon, afternoon or night. He is now able to read one-syllable words. He can identify the different coins. He likes to observe people and things about him. You can not satisfy his curiosity now. And he loves to prattle and imitate. ***

James Dobson, Ph.D.

A MOTHER recently asked for help in handling her defiant 3-year-old daughter, Sandy. She realized that her tiny little girl had hopelessly beaten her in a conflict of wills, and the child had become a tyrant and a dictator.

On the afternoon prior to our conversation, an incident occurred which was typical of Sandy's way of doing business. The mother (I'll call her Mrs. Nichols) put the youngster down for a nap, although it was unlikely that she would stay in bed.

Sandy is not accustomed to doing anything she doesn't want to do, and naptime was not on her acceptable list at the moment. On this occasion, however, the child was more interested in antagonizing her mom than in merely having her own way.

Sandy began to scream. She yelled loudly enough to upset the whole neighbourhood, fraying Mrs. Nichols jangled nerves. Then she tearfully demanded various things, including a glass of water.

At first Mrs. Nichols refused to comply with the orders, but she surrendered when Sandy's screaming reached a peak of intensity.

As the glass of water was delivered, the little tigress pushed it aside, refusing to drink because her mother had not brought it soon enough.

Mrs. Nichols stood offering the water for a few minutes, then said she would take it back to the kitchen if Sandy did not drink by the time she counted to five. Sandy set her jaw and waited through the count."... three, four, five!"

As Mrs. Nichols grasped the

No Tyranny at Home

glass and walked toward the kitchen, the child again screamed for water. Sandy dangled her harassed mom back and forth like a yo-yo until she tired.

Unworkable philosophy: Mrs. Nichols and her little daughter are among the many causalties of an unworkable, illogical philosophy of child management that has dominated the literature on this subject during the past 20 years.

This mother had read that a child will eventually respond to patience and tolerance, ruling out the need for discipline. She had been told to encourage the child's rebellion, because it offered a valuable release of hostility.

She attempted to implement the recommendation of the experts who suggested that she verbalize the child's feelings in a moment of conflict: "You want the water but you're angry because I brought it too late"; "You don't want me to take the water back to the kitchen"; "You don't like me because I make you take naps." She had been taught that conflicts between parent and child were to be perceived as inevitable misunderstanding or differences in viewpoint.

Unfortunately, Mrs. Nichols and her advisers were wrong! She and her child were involved in no simple difference of opinion; she was being challenged, mocked, and defied by her daughter.

No heart-to-heart talk would resolve this nose-to-nose confrontation, because the real issue was totally unrelated to the water or the nap or other aspects of the particular circumstances.

The actual meaning behind this conflict and a hundred others was simply this: Sandy was brazenly rejecting the authority of her mother. The way Mrs. Nichols handled this confrontation would determine the nature of their future relationship; she could not ignore it.

Much has been written about the dangers of harsh, oppressive, unloving discipline; these warnings are valid and should be heeded. However, the consequences of excessive punishment have been cited as justification for the elimination of discipline. That is foolish.

There are times when a perfectly "normal" child will clench his little fists and dare his parent to accept his challenge. He is not motivated by frustration or inner hostility, as is often supposed. He merely wants to know where the boundaries lie and who's available to enforce them.

Many well-meaning specialists have waved the banner of tolerance but offered no solution for defiance. They have stressed the importance of parental understanding of the child, and I concur, but we need to teach Junior that he has a few things to learn about Mamma, too.

Mrs. Nichols and all her contemporaries need to know when to punish, how to set limits, and what behaviour to inhibit. This disciplinary activity must occur within the framework of genuine love and affection, which is often difficult for the parent who views these roles as contradictory.

An early start: Little children are exceedingly vulnerable to the teaching (good or bad) of their guardians, and mistakes made in the early years prove costly indeed.

There is a critical period during the first four or five years of a child's life when he can be taught proper attitudes. These early concepts become rather permanent. When the opportunity of those years is missed, however, the prime receptivity usually vanishes, never to return.

If it is desirable that children be kind, appreciative, and pleasant, those qualities should be taught—not hoped for.

If we want to see honesty, truthfulness, and unselfishness in our offspring, then these characteristics should be the conscious objectives of our early instructional process.

If it is important to produce respectful, responsible young citi-

zens, then we should set out to mold them.

The point is obvious: *Heredity does not equip a child with proper attitudes; children will learn what they are taught.* We cannot expect the desirable attitudes and behaviour to appear if we have not done our early homework.

Nature is rather careless about whom it allows to become mammas and papas. The qualifications are not very high; in fact, it is not necessary to know a single fact about children in order to produce one.

Young men and women may find themselves saddled with the unwanted responsibility for impressionable, helpless infants, about whom they know nothing. They may be totally ignorant of the principles of discipline, nutrition, or child growth and development. The mistakes that they make are certainly unintentional, yet the consequences are no less severe.

Perhaps the greatest and most common shortcoming during the past 25 years was related to the belief, particularly by new parents, that "love is enough" in raising children. Apparently they believed that successful parenthood consists of two primary obligations: (1) raise the child in an atmosphere of genuine affection; (2) satisfy his material and physical needs. They expected every good and worth-while virtue to bubble forth from this spring of loving-kindness.

As time has shown, that was wishful thinking. Although love is essential to human life, parental responsibility extends far beyond it. A parent may love a child immeasurably, and then proceed to teach him harmful attitudes.

Love in the absence of instruction will not produce a child with self-discipline, self-control, and respect for his fellow man. Affection and warmth underlie all mental and physical health, yet they do not eliminate the need for careful training and guidance.

Need for respect: Respect is a fundamental ingredient in discipline and control. It is most important that a child respect his parents, not for the purpose of satisfying their egos but because the child's relationship with his attitude toward all other people. His view of parental authority becomes the cornerstone of his later outlook on school authority, police and law, the people with whom he will eventually live and work, and for society in general.

Respect for the parent must be maintained for another equally important reason. If you want your child to accept your values when he reaches his teen years, then you must be worthy of his respect during his younger days. When a child can successfully defy his parents during his first fifteen years, laughing in their faces and stubbornly flouting their authority, he develops a natural contempt for them.

"Stupid old Mom and Dad, I've got them around my little finger. Sure they love me, but I really think they're afraid of me." A child may not utter these words, but he feels them each time he out-smarts his adult companions and wins the confrontations and battles. Later he is likely to demonstrate his disrespect in a more open manner. His parents are not deserving of his respect, and he does not want to identify with anything they represent. Consequently, he may reject every vestige of their philosophy, including their God.

The effectiveness of discipline with love is hardly a new understanding. It was first described in the Holy Bible, reflecting the wisdom of God Himself. He created and ordained the family as the basic unit of procreation and companionship, and He has offered us the solution to our daily problems in His Word. Therefore, the need for parental discipline is neither a speculative nor an experimental matter. When properly applied it permits the tender affection made possible by *mutual* respect between a parent and child. It bridges the generation gap, which otherwise separates family members who should love and trust one another. It allows the God of our fathers to be introduced to our beloved children. It permits a teacher to do the kind of job in the classroom for which he or she is commissioned. It encourages a child to respect his fellow man, and live as a responsible, constructive citizen As might be expected there is a price tag on these benefits; they require courage, consistency, conviction, diligence, and enthusiastic effort, In short, one must *dare to discipline.*

Lest I be misunderstood, I shall emphasize my message by stating its opposite. I am not recommending that your home be harsh and oppressive. I am not suggesting that you give your children a spanking every morning with their breakfast food, or that you make your boys sit in the living room with their hands folded and their legs crossed. (Children are like clocks; they must be allowed to run.) I am not proposing that you try to make adults out of your little children so you can impress your friends with your parental skill, or that you punish your children whimsically, swinging and screaming when they don't know they have done wrong. I am not suggesting that you insulate your dignity and authority by being cold and unapproachable. These parental tactics do not produce healthy, responsible children.

By contrast, I am recommending a simple principle: when you are definitely challenged, win decisively. When the child asks, "Who's in charge?" tell him. When he mutters, "who loves me?" take him in your arms and surround him with affection. Treat him with respect and dignity, and expect the same in return. Then begin to enjoy the sweet benefits of competent parenthood. ***

FOR JUNIORS

Helpful Hana

Nina Walter

HANA DASHED into the kitchen all out of breath, her hair bouncing and her eyes shining with excitement.

"Guess what, Mother!" she said. "I've been invited to join the Helping Hand Club."

Mother smiled. "How nice!" She measured her cake mix carefully into a bowl and added milk. Then she took the mixing spoon out of the drawer.

Hana watched for a minute. Then she pushed in front of her mother and reached for the spoon. "I'll do that," she said.

"You might ask first," Mother replied, taking back the spoon. "I'm in the middle of a very special cake, which I want to finish myself."

Hana pouted. "I just wanted to help."

"You can help by not getting in my way until I get the cake into the oven," Mother said.

Hana wandered into the living room where her younger brother Jack was putting together his new jigsaw puzzle. She leaned over him and picked up a piece. "This one goes here," she said, fitting it in. "And this one goes here," she added, picking up another piece.

Jack scowled. "I want to do it myself," he protested.

"I should think you would appreciate a little help," Hana said. She picked up another piece.

"Mother!" Jack bellowed. "Make Hana stop butting in!"

"Oh, all right," Hana sighed. "I'll go find somebody else to help."

She left the house and started down the street. At the corner she saw Mrs. Thomas sitting in her wheelchair in the shade of the big elm tree. Opening the gate, she walked across the yard toward the elderly woman and said, "Good morning, Mrs. Thomas. I'm a Helping Hander now, and I've come to help you."

The old lady smiled up at her and said nothing. Since her illness she found it very hard to talk. But her bright eyes and sweet smile made up for her lack of words.

"I'm going to take you for a walk around the block," Hana went on.

Mrs. Thomas shook her head and formed the word "No" with her lips. But Hana didn't notice.

"You needn't worry," Hana continued. "I'll be very careful." She released the brake on the wheelchair and started to turn it around facing the walk.

"Please don't," Mrs. Thomas said faintly.

Hana leaned over. "It's not a bit of trouble," she said eagerly. "I love helping people. A nice walk will do you good."

Just then Mrs. Thomas's daughter came running out of the house "Hana Jones!" she exclaimed. "What on earth are you up to?"

"I'm a Helping Hander," Hana explained, "and I'm going to take your mother for a nice walk around the block."

"Well, you might ask somebody first. For your information, Mother has to stay out of the hot sun because of the new medicine she is taking."

"I'm sorry," Hana murmured. "I only wanted to help."

Miss Thomas pushed her mother's wheelchair back into the shade and set the brake. Then she turned to Hana. "You'd better find out the difference between helping and meddling," she said. "And don't meddle with any sick people."

Feeling like a pin-pricked balloon, Hana walked away. By the time she reached the next corner, she felt better. Mrs. Johnson was down on her hands and knees transplanting little plants from a small box to a border around a flower bed.

"I'll help you," Hana offered. With her left hand she reached into the box and seized one of the little plants, holding it toward Mrs. Johnson, who had already dug a small hole with her trowel. With her right hand she was reaching for another plant when Mrs. Johnson grabbed her wrists.

"You have probably destroyed one of these delicate plants by letting the soil fall off the roots!" Mrs. Johnson said severely. "Why don't you ask first? I want this job to be done properly."

"Im sorry," Hana said again. "Let me walk your dog then." She ran over and took the leash off the hook and gave the dog a jerk.

"Please don't!" Mrs. Johnson said, but too late. The big dog surged forward and pulled Hana off her feet and dragged her across the yard.

Mrs. Johnson gave chase and finally stopped the dog. "He's just started obedience classes, but he hasn't learned much yet. Go help someone else for now, and you can walk him when he's easier to control."

Hana walked on and soon came to the crosswalk on the boulevard.

"There's somebody I can help," she decided as she noticed Mr. Bunson. The blind man was waiting at the corner for someone to walk across with him.

"I'll help you, Mr. Bunson," Hana called. "I'm Hana Jones, and I belong to the Helping Hand Club." She ran to Mr. Bunson, grabbed his arm, and started to pull him toward the crosswalk. But Mr. Bunson did not follow her. He took her hands off his arm and held them.

"You're new at being a Helping Hander, aren't you?" he said, smiling at her.

"Yes, but how can you tell?" Hana asked. "I joined just this morning."

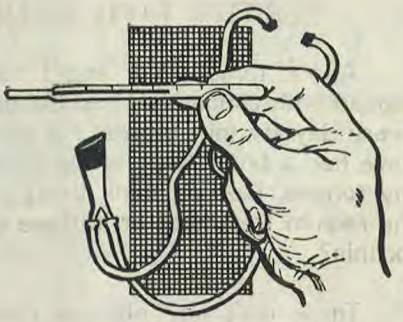
"You're pushing people around," Mr. Bunson replied. "A real Helping Hander doesn't do that. A real Helping Hander always asks first if she may help, and then she asks how. Let me show you how to walk with a blind person. Don't take my arm; let me take yours, like this."

When the signal changed, they walked at a steady pace across the boulevard.

"That was fine," Mr. Bunson said after they reached the other side. "You did just right to tell me when we got to the curb so I could step up. Thank you for helping me."

"Thank you for helping me too," Hana replied. "I know now why the people I tried to help were annoyed. I was too pushy. I'll try to remember to ask first if I may help and then ask how." ***

The Doctor Advises



This counselling service is open to regular subscribers only. In reply to questions, no attempt will be made to treat disease or to take the place of a regular physician. Questions to which personal answers are desired must be accompanied by self-addressed and stamped envelope. Anonymous questions will not be attended to. Address all correspondence to: The Doctor Advises, Post Box 35, Poona 411001.

PREGNANCY POSSIBLE?

When I was 19 I had an abortion. Now that I am about to get married. I am worried as to whether I will be able to have any more children. I also have a heart weakness. Can this be cured by treatment?

I would have to know more about your abortion in order to give you a good answer. If you had an infection or fever after the abortion there is a possibility of an infection having extended into the tubes and closing them. If the cervix was torn badly during delivery, there is always the possibility that the cervix will not hold a pregnancy. Be examined by a good gynecologist who will do the necessary tests, including VDRL. When you are married, your husband should also be examined and a sperm test done.

There are many kinds of heart diseases, some that can be cured and some that cannot. Heart weakness is a vague description. See a cardiologist and he will be able to give you the necessary information.

BREECH BIRTH

What causes breech births? What danger is there for the mother and baby?

During pregnancy the unborn infant is free to move considerably within the uterus. Although in the great majority of cases the baby is finally head down so that at birth the head is delivered first, in some instances he lies across the mother's body or upright, so that the buttocks are down and the head is upward.

Breech birth is more or less of a serious condition always because the head, the largest part of the body, cannot be moulded very much in delivery. Sometimes baby's body is born and the head cannot be extricated quickly, and the child may smother before forceps or other instruments can be applied to withdraw the head. In the present practice of obstetrics, accidents of this kind occur much less often than they used to, but still breech presentation is always regarded with a degree of concern.

The greatest danger to the mother is possible injury that may come in hurried delivery of the head and shoulders. Usually the shoulders can be manipulated by swinging the arms into different positions and delivering one at a time. But the head may have to be taken with some speed and forced by instruments. In doing this, the mother's tissues may not stretch quickly enough to the enforced enlargement, and tearing may result. However, in skilful hands these situations can usually be taken care of and repaired immediately, so that no lasting injury results.

IS HONEY BETTER THAN SUGAR?

I like honey; in fact, I eat some most every day. I know it has been recommended as an aid in curing sore throats, colds, and other things. Can you tell me how good it is for me?

Honey is not a medicine but a food. It is a mixture of two common sugars—glucose and fructose. It also contains a small amount of sucrose or table sugar. (Sucrose is a double sugar made up of one molecule of glucose and one of fructose.)

A tablespoon of honey has 65 calories, a trace of protein, and a few other ingredients. It is 25 per cent sweeter than sucrose. The curative value of honey has not been established.

Even the Bible mentions honey. In one place it suggests we may eat a little honey, and in another place, not to eat too much honey. So, use it moderately.

BITTER TASTE IN MOUTH

About three years ago I had my breast removed with cancer and had the usual radio-therapy every day for four weeks. For the last two years I have had a bitter taste in my throat at the back of my tongue. Do you think this could be caused by the radium treatment or is there some other cause for this?

There isn't any obvious connection between your radio-therapy three years previously and the bitter taste at the back of the tongue. The fact that you have this and are tired easily and short-winded, however, would make it strongly advisable that you have a medical check-up, if, in fact, you are not already having this as a post-operative precaution. You should have an examination to make sure that there is no recurrence of the trouble for which you had the operation.

I would stress that there are other conditions like anæmia that could explain your symptoms and, if this is the case, then you could receive help from proper medical treatment after investigation.

WEAK TRACHEA

My granddaughter was born with a breathing difficulty. Her condition was diagnosed as a weak trachea, which collapses as she breathes. The doctors say she will outgrow the condition and that the main danger is respiratory infection. Would it be best to keep her away from crowds until she is older and stronger?

Some infants develop a crowing sound several days after birth, which doctors call stridor. It usually is due to some condition involving the vocal cords, the mucosa below the epiglottis, or the larynx. The baby may be bluish in colour and show evidence of having difficulty in breathing when excited or crying. Usually the stridor disappears after the first six months or before. There may be other causes for a more extended difficulty.

Because the baby born with a severe breathing difficulty has a serious involvement of the upper-respiratory system, I certainly would advise that he be kept away from crowds and people who have colds, coughs, and other infections, because an upper-respiratory infection might possibly be disastrous.

NAVEL HERNIA

I would like information about a navel hernia in a little two and one-half year old boy.

Many infants have umbilical hernias varying in size. They are rarely serious. Most of them disappear within a few months.

Some hernias improve with simple strapping of adhesive tape after the protrusion is pushed into the abdomen and the edges of the skin are folded over the area. If the hernia persists up to and beyond a year of age, doubtless surgery would be necessary. This condition usually is not complicated.

BACK SUPPORT

An orthopedist said that I have degenerative disc disease. Can you explain more about this condition?

The spinal column is composed of bones, called vertebrae, and between every two vertebrae are cartilaginous structures known as discs. Occasionally, as a result of injury, infection, or stress, a disc may deteriorate or even slip out of position. When the disc presses on nearby nerves, it triggers pain in the back or down the legs.

An orthopedic surgeon can recommend various forms of treatment that will lessen the pressure on the injured disc and thus stop the pain. Follow the recommendation of a qualified orthopedist for proper treatment of your condition.

ANTI-SEX DRUG MAY BE MALE PILL

A drug cyproterone acetate which has been used in West Germany to control the sexual activity of serious sex offenders could have a valuable application as a male contraceptive pill.

A research team in West Berlin, sponsored by the World Health Organization has been conducting six-month trials on volunteers with the drug. The results are said to be encouraging with only a slight reduction in sexual drive in the early stages, and with normal fertility returning some 14 weeks after stopping taking the drug.

Cyproterone acetate has also been used in Italy to help priests, pledged to celibacy and chastity, deal with sexual activities. **—Eastern Pharmacist**

CHARCOAL HEALTH

Charcoal, that black boon to backyard barbecuers and whisky sippin' drinkers may find a place in the deadly-serious business of saving drug-overdose victims, and people with failing livers and kidneys. Doctors at Georgetown University School of Medicine in Washington, D.C., report that they have successfully used a device called a charcoal column to revive a man who had gone into severe coma as a result of liver failure. His blood was run twice through a cylinder packed with specially treated charcoal, which cleaned his blood of toxic wastes which had built up because of the liver failure. The thirty-four-year-old patient, an alcoholic for eighteen years, remained conscious for a week, then died of other complications.

The Georgetown team, headed by Dr. Michael Gelfant, also reported that the charcoal column had been used twice to revive comatose drug-overdose victims. The column, which acts as an artificial liver, was developed by researchers at King's College Hospital in London. Charcoal acts as an absorbent, or "blotter," to soak up the various amino-acids and ammonia that build up in the blood when a liver can no longer function properly.

—National Observer

KNITTED ARTERIES

Knitted polyester arteries developed by the textiles research institute at Reutlingen, south of Stuttgart, in conjunction with Ulm University Hospital, have successfully undergone laboratory trials.

Artifical arteries have been implanted into experimental laboratory animals in the abdomen and legs, but veins cannot yet be simulated since they work with a system of valves and negative pressure. So polyester blood vessels cannot, as yet, be used to replace varicose veins.

Flexible, durable, tubular knitted arteries are designed to allow natural connective tissue to form on the inside surface. They are knitted by a special machine with twice as many needles as commercial knitting machines. They resemble nylon stockings in quality, with 400 stitches per square centimetre, but the finished product is, of course, tougher and more resilient than conventional nylon fabric, the thread being fifteen times coarser and specially patterned to withstand blood pressure.

Trials began in 1974 and will take four years, which is just as well since the shortcomings of artificial arteries are not apparent until twelve or eighteen months after the operation. But Professor Egbers of Reutlingen reckons commercial manufacture of artificial knitted arteries could start by 1980. Physicists, medics and engineers are confident of success. **—German Features**

NEW REMEDY FOR BURNS

An American researcher has developed a simple salt and water solution that may be the safest and cheapest way to save lives of burns victims.

Prepared by Dr. Charles Fox of Columbia University's College of Physicians and Surgeons, the new liquid contains slightly more sodium than ordinary salt.

Serious burns lead to loss of fluid from body tissues which dry up and die. This frequently causes stoppage of circulation and death.

—The Eastern Pharmacist

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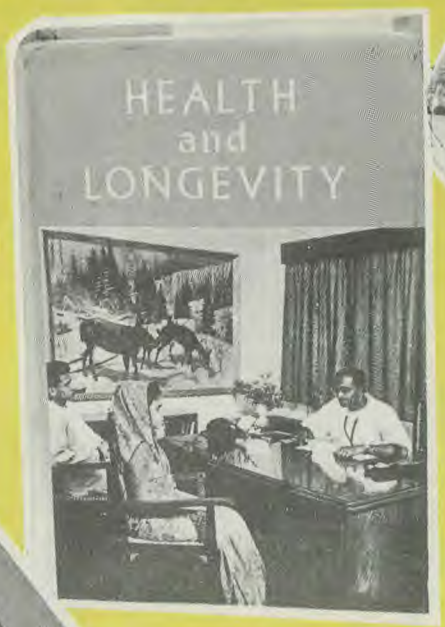

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