

1943

A follow-up study of twenty-five children now in adolescence, known to the Children's Hospital in 1930 when they were under two years of age and had feeding problems

<https://hdl.handle.net/2144/14787>

"Downloaded from OpenBU. Boston University's institutional repository."

Boston University

SCHOOL OF
SOCIAL WORK



LIBRARY

Gift of

Author

1943
Rome

9831-7

BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK

A FOLLOW-UP STUDY OF TWENTY-FIVE CHILDREN
NOW IN ADOLESCENCE,
KNOWN TO THE CHILDREN'S HOSPITAL IN 1930 WHEN
THEY WERE UNDER TWO YEARS OF AGE AND HAD FEEDING PROBLEMS

A Thesis

Submitted by

Miriam Rome

(B.S., Boston University, 1932)

In Partial Fulfillment of Requirements for
the Degree of Master of Science in Social Service

1943

BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK
LIBRARY

School of Social Work

Nov. 1, 1943

594

Approved by

First Reader

Richard K. Carant

Second Reader

Lua Morgan

TABLE OF CONTENTS

CHAPTER		PAGE
I	INTRODUCTION	1
	Purpose of Study	1
	Method of Study	2
	Limitations	4
II	BASIS FOR THE STUDY	5
III	CASE HISTORIES	11
IV	SUMMARY AND CONCLUSIONS	51
	BIBLIOGRAPHY	58
	APPENDIX	61

I

INTRODUCTION

Purpose of Study

This paper is a study of twenty-five children known to the Medical Out-Patient Department of The Children's Hospital in 1930 as infants under two years of age who were referred for treatment in regard to feeding problems.

The purpose of this study is to investigate the present social and health situation of these children during their period of adolescence with reference to their original problem of feeding difficulties.

The mother came by appointment to The Children's Hospital with her child, and was interviewed in the Out-Patient Department by a physician. At this time, the child's complaints and history were taken. Examination and treatment followed.

The Children's Hospital, since its inception, has provided medical, surgical, and nursing care for children, with special emphasis on research and teaching of pediatrics. The Medical Out-Patient Department was established in 1875, six years after the hospital first opened its doors. It was equipped to give medical service to any child under twelve years of age whose parents were unable to provide for the cost of private care.

During the last few years there has been a greater awareness of the interdependence of social and medical phases in the treatment of disease, for often adverse factors in the environment have affected the individual's health and impeded his progress.

As part of the hospital teaching program social factors were reviewed and the medical social worker was called in; a discussion of the inter-

relationships of the medical and social aspects of the case followed.

The Social Service Department, originally known as the Out-Door Relief Department, has been an integral part of The Children's Hospital administration since 1896.

Human disease and defect are never isolated, but exist always in a complex of personal and environmental conditions. These conditions may favor or hinder recovery, and must therefore be taken into account in the treatment of sickness of the patient.¹

A social worker is assigned to a special service, meets with the medical staff for discussion of cases, and makes rounds with the doctor on the wards where the problems of patients are discussed. The cases are referred to the Social Service Department by the physicians, other members of the hospital staff, or outside agencies.

The function of the medical social worker as stated by the United States Children's Bureau concerns the essence of social case work which seeks: 'through understanding of the patient, his medical and social situation, to deal with those factors which are inimical to his future development. Since the focus of the medical social worker is on the whole person rather than only on the medical treatment recommended, she will work with a patient and his family and help them to progress as rapidly as their understanding, emotional acceptance, and available facilities for care permit. Medical social case work includes study of the patient and his social situation, an evaluation of the significant social factors to determine whether the patient has needs or problems related to his illness, and social treatment which attempts to modify the situation toward a more satisfactory adjustment.'²

Method of Study

The sources of the cases used in this study are the records of the medical clinic at The Children's Hospital and home visits with the mother as

1 Ida M. Cannon, "The Function of Medical Social Service in the United States," Hospital Social Service, 27:5, January, 1933.

2 Dorothy Deming, "The Relation of Medical Social Work to Public Health Nursing," Bulletin of the American Association of Medical Social Workers, 2:111, October, 1938.

informant.

At the hospital the medical records were chosen in numerical order beginning with those registered in 1930. Approximately 220 cases were read in preparing this thesis, but the majority of them needed to be eliminated as they were not helpful to this study for the following reasons. First, it was thought advisable to limit the cases selected to metropolitan Boston, because of the serious transportation restrictions now in effect. A second difficulty was that many families of these children could not be located. Third, feeding difficulties were frequently a part of a constellation of physical ailments and were not always considered the major problems. In the recording of diagnoses, however, the diagnosis of feeding difficulties was mentioned.

There are four processes of recording in use at The Children's Hospital: a complete social record; a B sheet or a summary of the medical or social findings, which is attached to the medical record; notes on the medical records; and file cards with a brief statement of diagnosis and age arranged in numerical order.

The history of the infant was read in the medical records, together with whatever cases were known to the Social Service Department. (Only one of the twenty-five cases finally selected for this thesis had been referred to the Social Service Department in 1930.) Home visits were made with mothers as informants, in which fuller and freer discussion was possible in order to get as accurate a picture as possible of the child's past history together with his present situation.

The age was determined in accordance with the time that the child was first seen in the medical out-patient department. It ranged from one month

through twenty-three months. Fourteen of the twenty-five children were six months of age or younger. Four were seven to fifteen months of age, and seven were fifteen through twenty-three months of age. There were fifteen males and ten females.

Limitations

A study of twenty-five cases is obviously very limited in scope. Therefore, any questions or conclusions drawn from this study are applicable only to the material on hand, and merely suggest what might be true in cases of a similar nature. The findings are not considered adequate upon which to base any general conclusions.

Many medical records were not fully recorded, nor were they uniform in type of information.

Aptitude and intelligence tests are lacking.

Case material was often withheld by mothers during the follow-up visits. Recognition is given to the fact that the information obtained with the mother as informant is subjective, and is always biased by some personal feelings or influenced by her own problems, and therefore may not be entirely accurate.

Information regarding social and economic factors was sometimes misleading because of the abnormal situation existing today, i.e., often there would be a large income due to several members in the family earning a high wage, but the living conditions of the family remained poor.

II

BASIS FOR THE STUDY

A dirty baby, properly fed, will thrive. A baby deprived of fresh air, but wisely fed, will survive and even develop into a strong, healthy man or woman. But the baby raised according to the latest and most approved rules of sanitation and hygiene, if improperly fed, will languish and die.¹

It has long been conceded that the fundamental needs of a child for continuous growth and development are good physical care, proper nutrition, and happy relationships with those closest in his environment, especially the mother-child relationship; with allowances made for individual differences both in mental and physical development.

In the feeding situation, particularly, stress is laid on the infant's need for care, nourishment, and warm tactual love. Breast feeding, or artificial feeding with close tactual contact, gives the child a sense of security and protection. If the child is frustrated in these gratifications, it leads to conflict which may be solved normally or neurotically.

Gesell states that supervision of infant feeding represents in many ways the most fundamental achievement of modern preventive medicine, both physically and psychologically. It is necessary to know how he is growing psychologically. His bodily make-up expresses itself subtly in his patterns of behavior. These are the outward indicators of mental status and of mental growth.²

Deutsch and others in the field of psychosomatic medicine have emphasized the influence of feeding problems during infancy in the health and

1 Sadler, Wm. S. and Lena K., The Mother and Her Child, p. 133.

2 Arnold Gesell, "The Psychological Hygiene of Infant Feeding," Mental Hygiene, 22:216-220, April, 1938.

social situation of the child. One cannot think of feeding problems of infants as dissociated from the total personality configuration for such problems arising at that period contain psychological and psychomatic components. The infants react to the gratification or frustration of these needs with emotional responses. Specific emotional significance is attached to an individual in the environment according to the role he plays in the fulfillment or frustration of these needs. The manner in which a person reacts to conflicts is greatly influenced by his reactions at this time.

During the further development of the child, various other biological needs appear. The gratification or lack of it gives rise to new conflicts to which the individual reacts in terms of his past experience.³

Adolescence is a period in which conflicts are at their height because of intensified drives from within, and pressures from without. There are no sudden changes which definitely mark its beginning or end. The child grows into it gradually, often making it difficult for parents to realize that this transition has taken place. As a result, problems of adjustment occur.

Adolescence also signifies the end of childhood. It is not complete within itself, but is the sum total of patterns formed in reaction to early experiences and influences, and is therefore better understood in the light of what has gone before, for life experiences begin in infancy.

This study is an effort: (1) to determine if original problems persisted, and became intensified during adolescence; (2) to determine whether there was a reactivation of the earlier problems during adolescence.

³ Felix Deutsch et al, "Present Methods of Teaching," Psychosomatic Medicine, 2:214, April, 1940.

A study made by Hoefer and Hardy on 383 children from seven to thirteen years of age, and grouped according to the length of the period of exclusive breast-feeding, presents the following findings:

- A. Children who were artificially fed were, on the whole, inferior physically and mentally to the breast-fed.
 1. Except for height, they ranked the lowest in all the physical traits measured. In this one exception they were the only group not showing any acceleration.
 2. From the standpoint of nutritional indexes, they were the poorest nourished group.
 3. On the average, they were the most susceptible to diseases of childhood.
 4. In learning to talk and walk, they were the slowest of all the groups.
 5. In the mental development, the artificially fed ranked next to the lowest, the lowest being those breast fed from ten to twenty months.
 6. Of the children with superior intelligence (I.Q. 120 and above), the smallest percentage was found in the artificial-ly fed group.
 7. In the artificially fed children, not a child was classified as being exceptionally bright (I.Q. of 130 and above).
- B. Children who were breast-fed from four to nine months were definitely superior physically and mentally to all other groups.
- C. Children who were fed exclusively on breast milk longer than nine months, although apparently developing physically at a fairly normal rate, were mentally the poorest of all the groups. As the length of the nursing period increased beyond nine months, there was a progressive decrease in the intelligence ratings.⁴

Breast feeding is generally conceded as being more advantageous to the growing infant. From the point of view of physical health, some physicians

⁴ Carolyn Hoefer and Mattie C. Hardy, "Later Development of Breast-Fed and Artificially Fed Infants (A Comparison of Physical and Mental Growth)," Journal of the American Medical Association, 92:615, February 23, 1929.

feel that food other than the mother's milk is a risk. Regardless of one's convictions, however, circumstances which are often beyond one's control (i.e., illness or death of the mother) do arise which make substitution of some other nourishing food necessary. Kenworthy suggests:-

that since the possibility of sudden withdrawal of the breast is always possible, either through illness or failure of sufficient nutritive volume of the milk, or loss of its supply, the first constructive step is accomplished by introducing the use of a bottle once a day from the beginning. In this way, it is identified as a source of satisfaction at the same time as the breast, and, if the mother holds the child in the same relative position during the bottle feeding as at breast feeding, little negative value seems to be produced.⁵

When a child reacts well to feeding, that is, swallows without choking or gagging, establishes good oral rhythm, and nurses regularly, it suggests several satisfactions. His physical hunger is satisfied. Oral tensions are released through the sucking motion, and pleasurable sensations are experienced, especially if the child is properly fed either at the breast or held in the same relative position during the bottle feeding.

When the feeding experience is unsatisfactory, the child is apt to develop tensions which might result in serious character malformation.

In cases of hunger for nourishment, the lack of satisfaction may result in death. In case of pleasurable sense stimulation (which later develops into sexual desire) the child lives but suffers until he can find a way of discharging the pain of his disappointment. He may get relief through tears or rage, or if he cannot get the breast he may find other substitutes, such as sucking other parts of his body, i.e., thumb or toes.⁶

Kenworthy says that:-

5 Marion Kenworthy, "Social Maladjustments (Emotional) in the Intellectually Normal," Paper presented at the First International Congress on Mental Hygiene, 1930, The American Foundation of Mental Hygiene, p. 4.

6 Karen Stephen, Psychoanalysis and Medicine, pp. 92-122.

if I had to choose the most important facet of the child's experience, and the one which if improperly handled could make for more emotional maladjustment than any other at this period of the child's life, I would stress the need for proper handling of the nursing situation. In the event that the feeding experience is incomplete in its satisfactions, either because of faulty physical equipment of the mother, inadequate milk supply, too rapid flow of milk, or, as in many cases, the more intangible negatives furnished the child by the mother's attitudes of unresponsiveness and rejection in these events, a whole series of feeling tones of a more unsatisfying kind are prone to develop.⁷

The mother's attitude toward the child is an important factor, especially when there is a question of maternal rejection. In the study by Margaret Figge, she concludes that one of the most important factors involved was the unhappy childhood of the rejecting mother.

From the frequency with which unhappy childhood occurred in the rejecting mothers, it might be argued that this factor alone would largely explain the later rejection.⁸

Maternal rejection may be manifested in various ways. Some psychiatrists feel that there is evidence of rejection when a child was not wanted.

The length of breast-feeding is often considered an indication of the maternal attitude toward the child. According to Pearson, six to ten months is considered a normal period of breast-feeding. He found that in a group of problem children studied, more than half were nursed less than six months.⁹

Rosenheim found that it is quite common to find that the rejecting mother either had no breast milk, would not feed her child if she did have

⁷ Kenworthy, op.cit., p. 3.

⁸ Margaret Figge, "Some Factors in the Etiology of Maternal Rejection," Smith College Studies in Social Work, 2:237-260, March, 1932.

⁹ Gerald Pearson, "Some Early Factors in the Formation of Personality," American Journal of Orthopsychiatry, 1:284-291, April, 1931.

milk, or that the breast milk, if given, did not agree with the child.¹⁰

David Levy believes that cases in which children are breast fed one month or less are rejected children.¹¹

Lurie suggests that eating difficulties in children can often be traced to the following factors (though emphasis is made on the need to understand the eating behavior in relation to the child's whole pattern of adjustment):

- 1) In almost all cases, the child was unplanned and unwanted.
- 2) Feeding difficulties dated back to infancy, and in some cases "since birth".
- 3) The child's mother was essentially an immature person whose own needs for dependence and affection had been frustrated in childhood and marriage.
- 4) The father played an ineffectual and undependable role.
- 5) Eating disturbances may serve the following functions: a) the protection of the child's dependent status by compelling the mother to administer to his needs; b) revenge upon mother for past and present deprivations; c) self-denial, to assuage the guilt which arises from aggression toward mother who has frustrated his demands for her entire affection.¹²

¹⁰ Frederick Rosenheim, M.D., "Parental Attitudes as Observed in Child Guidance Clinics," Psychiatric Quarterly, 9:279-286, April, 1935.

¹¹ David Levy, "Maternal Over-Protection," Psychiatry II, February, 1939, pp. 99-128.

¹² Olga Rubinow Lurie, "Psychological Factors Associated with Eating Difficulties in Children," American Journal of Orthopsychiatry, 11:463, July, 1941.

III

CASE HISTORIES

The following brief summaries present some of the significant factors in the lives of these twenty-five children, all of whom were diagnosed as feeding problems in 1930 and who are now in adolescence.

Case I

E is a fourteen-year-old girl, the second of three children. There is an older brother seventeen, and a younger sister of nine. Both parents are forty-two years of age and are of Jewish background. The father was born in America, the mother in England. They are in business together.

E, at the time of referral to The Children's Hospital, was at fifteen months of age. She was underweight, refused or "spit up" food with the exception of milk, and there was a question of rickets. She was breast fed for one month.

During the intervening years, E suffered from enuresis up to the age of nine. Last year she had chicken pox. Recently she has been complaining of pain in rectum but refuses to see a physician. She was a finicky eater until three years ago, and now her appetite is enormous, though she always ate "plenty of sweets". She has always remained underweight.

E is irritable; cries easily; is jealous of both siblings, especially her younger sister, even though this sister "adores" her. She accuses mother of not loving her and favoring the others. She is demanding, mainly of mother's personal belongings--i.e., lipstick, wearing apparel, etc. If she is not given these articles, she will ask to borrow them, and then "forget" to return them. "She is always needing or taking something from me; and is always on the look-out to see if the other two get more and then she becomes resentful. It can even be a larger portion of ice cream, but she, on the other hand, will never give anyone anything."

E sucked her thumb until she was eight years old, and at present talks and cries a great deal in her sleep.

The Children's Hospital indicates that E was seen three times within one month and did not return.

E has one close friend, but quarrels and "snaps at her" constantly. She occasionally sees several other girl friends who refer to her as "sour puss". E is constantly making demands on them, wants her own way all the time, and when she does join in their activities does so unwillingly.

E is very anxious to be attractive, and feels badly that she is not good looking. She wants feminine clothes, and worries about looking too boyish. She is "overmodest", and will dress in her clothes closet in order to prevent her younger sister from looking at her while dressing.

At school she is having learning difficulties, especially in arithmetic. She became ill this Spring when she learned there was a question of her repeating the grade. She cried and talked in her sleep continuously, "practically had nightmares." Mother saw the principal and, with a little added assistance, she was able to graduate from junior high school. She would like to be a teacher, but is resigned to being a secretary.

Parents own a large variety store and give the impression of comfort. Both parents work in the store. Mother formerly worked two days a week, but now works daily. Recently mother insisted that E work there daily. She dislikes the store, but makes a capable and polite salesgirl. She earns five dollars a week for her services, but insists that mother pay all her expenses.

Mother wants E fully occupied in order to keep her out of trouble. She is "boy crazy" and will go to any length to attract attention. Mother also insists upon getting her her books from the public library because she disapproves of the "sexy literature" E reads.

Mother is attractive and youthful in appearance. She is alert, aggressive, and a managerial sort of person. Her health is good.

Father is reported by mother to be strict and often a harsh disciplinarian. He has suffered from ulcers for years and "this has made him irritable, nervous, unreasonable and mean. I've put up with plenty since my marriage."

Mother feels that E's original problems disappeared but there are definite health and personality problems today. Mother is often unable to control her exasperation at E's behavior, and at the same time is greatly concerned about her. She realizes E is unhappy and doesn't know how to deal with her. She has tried both kind and harsh methods without success. Recently E asked to have a heart-to-heart talk with her, and when mother asked what she wanted to talk about, E smiled sheepishly and said, "Oh nothing," and walked away.

Father thinks that mother has spoiled E. "He realizes she has his

disposition, and resents that in her. He can see now what it is to be mean and irritable."

Mother said that E was unplanned for because family were having difficult health and financial problems at the time. After her birth E was brought up by various maids, for mother had to go to the store and mother realizes that E did not always get the proper attention.

Mother likes The Children's Hospital very much, and felt greatly benefited by it. She did not return because her need was met.

The Social Service Index reports that the family is not known.

E was breast fed for one month. During the last three years she has had an excessive appetite. She was a thumb sucker until eight years old.

The outstanding personality factor in this case has been E's continuous aggressiveness, which recently has become intensified. This has been manifested in her relationships within the home, in her attitude toward her mother and her siblings. In her social group, the aggressiveness has shown itself in her difficult relationships with other children.

In school she has serious learning difficulties.

Case II

D is a boy of fifteen years, the youngest of three brothers. His two older brothers are twenty and eighteen years of age. Father is fifty-three, and mother is fifty-one. Both are of Russian Jewish extraction. Father is in business.

D was brought to The Children's Hospital at the age of twenty-two months as he was underweight, difficult to feed, had much gas, and gagged. He was breast fed for six and a half months.

During the intervening years, D continued to have eating difficulties. He had a finicky appetite, and was very thin. Between the ages of four and eight, he had measles, mumps, whooping cough, and scarlet fever. Nine weeks age he was discharged from a local hospital with a diagnosis of measles-encephalitis.

The Children's Hospital record reveals intermittent hospital contact from twenty-two months to eight years, during which time the feeding problem persisted. In addition, the following information is revealed

which was not mentioned by mother: at six, there was mention of masturbation, poor school work which continued throughout the hospital contact. At seven, he had frequent colds which kept him home from school. At eight, he was given a psychological examination with the following findings: I.Q. was 102 which was of average intelligence for his age. He was a converted sinistral with a distinct reading disability. He was in the third grade, but could not do first grade reading, had no grasp of phonics. He showed much emotion about the reading difficulty.

Mother complained that D was always irritable, talked and argued constantly, and was dependent upon her for everything. On going to bed at night, he demanded much affection, i.e., that she cover him up, etc. This continued until he was fourteen, when the mother refused to pamper him further. He always showed resentment and antagonism to both parents and blamed his father especially for his learning difficulty because, being born left-handed, his father forced him to use his right hand. Father has always been over-indulgent or extremely severe with him.

Socially, D made poor relationships. Children of his age didn't like him because he was "very picky" and preferred older boys. Today, at fifteen, he has no close friends.

Mother tried to give him outside interests and sent him to Art School where he showed little aptitude. He was also forced to take violin lessons for four years, disliked it, and finally dropped it.

At present he is in the second year of high school, taking college course, and receiving C's and D's. Learning difficulties have persisted throughout his school history. Even though he passed, it was with much worry and effort. He never liked his teachers and always blamed them for his difficulties. In contrast, his older brothers are honor students at college and talented in art and music. They are fond of him and try to help him, and D tries to emulate them in his art work, but he has no talent.

Mother appeared intelligent and greatly concerned regarding D's latest illness. Mother feels that he presents definite health and personality problems. She, as well as father, had a strong educational drive for all her children, and both were greatly distressed that D had not measured up to their expectation. This was mingled with much guilt feeling as to whether they had always done the right thing for him. Mother is at present in menopause, and all these feelings have become greatly aggravated at this time.

Mother informed that D was unplanned for. She was not anxious to have another child. The two older sons were Ceasarian and she was warned that a third Ceasarian might jeopardize her health. In addition, the family suffered severe financial reverses, and the medical care would be another heavy burden upon the family.

Mother was very grateful for The Children's Hospital services and is anxious to help in any way possible today. She felt benefited for what she went for. She did not return because there was no need.

The Social Service Index reports that family is not known.

D was breast fed for six and one-half months and has always had a finicky appetite.

The prominent personality factor in this case is D's diffused aggressiveness, which recently has become intensified. It is seen in his relationships within his home, in his attitude toward his parents, and toward his siblings. In his social group, this aggressiveness has been indicated by his inability to get along with other children. In school he has severe learning difficulties and blames the teachers for them.

Case III

N is a thirteen year old boy, the youngest of four children. He has two older brothers twenty-five and nineteen, and one older sister seventeen. Father is fifty and mother forty-two. They are of Russian-Jewish background. Father is a teacher and rabbi.

N was referred to The Children's Hospital at the age of five months because of diarrhea. He was breast fed for five months and given complementary feeding.

N's health during the intervening years has been good except for the persistency of diarrhea. He suffered from this disturbance approximately six months out of the year up until the age of eight years. Since then, there has been a gradual improvement. At present he has two--three attacks a year, each of which lasts about two weeks. Mother has always taken care of him during these illnesses.

N's appetite is fair. It had been very poor up to the age of two, but has gradually improved. At times mother has "to push meals into him," and he eats only to please her. He has no special likes or dislikes, except that he doesn't eat sweets.

The hospital record indicates the persistency of the above problem, and suggests that it "might be due to difficulty with sugars." (He is not diabetic.) He was known intermittently from the age of six months to nine years.

N is described as lovable and affectionate, and is constantly showering mother with kisses. He is lively, loquacious, and generous to a fault. As a child he was nervous, stubborn, and was a nailbiter up to the age of nine. He is still sensitive and cries easily.

Socially, he is very active. He has many friends among both boys and girls of his own age, and belongs to several social and athletic groups. His interests are primarily athletics, i.e. baseball, swimming, etc. At school he has just completed the eighth grade, where he is an A student. When he first entered school he had learning difficulties, but with his mother's assistance he soon overcame them. N likes his school and there is a mutual feeling of affection and respect between N and his teachers.

Mother is an intelligent, sympathetic person and devoted to her family. She is excessively attached to N, and openly admits he is her favorite because he is like her both in appearance and in character traits. She is proud of his fine school record, and "wishes every mother to have a child as good and as intelligent as he."

Father is completely absorbed in his learning, and leaves much of the discipline to mother. "Father is more like a brother than a father," except in the field of learning, then he becomes the stern taskmaster. He and mother have a strong educational drive for their children and studies must be completely learned before other activities are undertaken. Father wants his three sons to be rabbis. His oldest son is already ordained; and his next older son is studying at a theological school. N would prefer to be a lawyer and is encouraged by mother, but because he dislikes to oppose father's wishes he tells him that he is uncertain what he wishes to do later in life.

Father suffers from chronic physical ailments, is nervous and often short-tempered.

Mother is very protective of N due mainly to her anxiety over his health, which has been of long standing. She feels that N's problems still exist enough to handicap him.

Mother had much praise for The Children's Hospital. She did not return because she was helped in those matters she requested and no longer needed them.

The Social Service Index reports that family is not known.

N was breast fed for five months. His appetite is fair. Mother "has to push meals into him," and he often eats to please her. He was a nailbiter until nine.

The main personality factor in this case is N's continuous submissive behavior within the home. This has been revealed in his attitudes toward both his mother and father.

In his social group, he has many friends. In school he does excellent work, and is well liked by his teachers.

Case IV

F, a twin, the youngest of three children (she had an older brother two years her senior and a twin sister, and was of Italian-Catholic background), was referred at the age of fourteen months because of poor appetite, fussiness, constipation, perspired a great deal, and was difficult to handle. She was breast fed for a few weeks.

During the following eight months, F's health continued to improve. She gained in weight and many of the original problems disappeared. The medical record indicated a complete recovery, for she was discharged from the hospital as well.

She died at the age of two years, three days. During her terminal illness, she first suffered from measles with pneumonia following. She was not taken to the hospital because parents had a fear of it. "You know how Italians are, they fear the hospital so that they don't want to take the child there until it is too late for anyone to be able to help."

The Social Service Index reports that family was known to a juvenile court.

This child is deceased.

Case V

B is a thirteen year old girl, the youngest of three children. She has an older brother twenty-five, who is at present serving in the Armed Forces abroad, and an older sister twenty-one who is an office secretary.

Father, aged fifty-three, and mother, aged fifty-one, are of Irish Catholic background. Father has been a janitor for the last twenty-five years, and mother occasionally does housework outside the home.

B, who was six months old at the time of referral, had colic and cried after nursing. She did not act satisfied while taking the breast, and squirmed as if in pain. She was breast fed for three

months.

During the intervening years, B had mumps, measles and chickenpox. Throughout her childhood, she ate sweets constantly. She was overweight until two years ago, though her appetite was excessive until recently.

The medical record discloses intermittent hospital contact from six months to seven years of age, and reveals the following information not mentioned by mother. At two she had pertussis. At five she suffered from rheumatic fever, pharyngitis, impetigo, nervousness, frequent and severe nosebleeds. At seven she had three attacks of bronchitis. She was asked to return but failed to do so.

B was described as stubborn, "having a temper," loquacious, fun loving, with a good sense of humor which permits her to "get away with murder".

Socially, she is popular among her friends. She has one intimate girl friend of her own age to whom she tells everything. She is becoming interested in boys and loves parties. This is often the source of conflict at home, because of the restrictions imposed upon her.

B just graduated from the eighth grade of the parochial school, and received the third highest grade in her class. She is well liked by her teachers, and talks with affection about them. She would like to study nursing and is being encouraged to do so. Her sister felt that B was "just going for one of those glamour jobs and would soon be satisfied with plain office work."

It was writer's impression that mother seemed somewhat protective of B. She only spoke in positive terms of her, but evaded certain questions which might lead to other findings.

Mother has always played the dominant role in the household, and B is somewhat fearful of her. "They all do as I say." Father was described as calm, quiet and retiring. Both are very proud of B because of her fine scholastic record.

Mother felt that The Children's Hospital was wonderful, and regretted terminating her visits. She did not return because there was no further need.

The Social Service Index reports that family is known to a private family agency.

B was breast fed for three months. Her appetite was poor until recently, but she always ate sweets and was overweight until two years ago.

The outstanding personality factor in this case is B's continuous aggressiveness within the home. This has manifested itself in her relationships and her attitude toward her mother. Socially, she is popular with her friends, of whom she has many. In school she is an excellent student.

Case VI

K is a boy of thirteen, the youngest in a fraternity of seven. He has four older brothers, twenty-eight, twenty-five, seventeen, sixteen, and two older sisters twenty-one and twenty. The father is fifty-six and the mother is fifty-two. The family are of Irish Catholic background.

K, at the time of his referral, was two and one-half months old. He suffered from slight eczema, constipation, gas on stomach, was a poor sleeper, and cried a great deal. He was breast fed for one month.

K had a difficult time during the first eighteen months of his life. He developed bowing of the tibia in both legs. Mother, who previously felt that she had too much to do, now gave him her undivided attention, kept him in the sun as much as possible, and he improved remarkably. He had measles, mumps and frequent colds up until the age of five years, at which time a tonsillectomy was performed.

His appetite has always been finicky. "He eats only what he likes, and is fussy."

K was described as a "sweet, lovable child with a good disposition." He has always been generous and thoughtful. Up until the age of eight he was quite dependent on mother, but "with two older brothers around, he learned to fight his own battles." He still cries easily, is sensitive, and pouts when he is crossed.

He has one or two intimate friends, prefers older boys. He is interested in athletics, especially baseball. He wanted to join the Boy Scouts, but mother disapproved because of the calibre of the group in his neighborhood.

K attends the sixth grade of the parochial school. He had severe learning difficulties which began in the first grade. He could not read or spell, but he took prizes in arithmetic. Last summer he attended a special reading class where he was sufficiently aided to enable him at least to return to his regular class. He liked all his teachers but one. She was impatient, used to strike him, and pull his ears.

K has always been ambitious and recently found a job at \$3.50 a week sweeping offices. He gives his earnings to his mother and she returns enough for spending money. He is anxious to go into the service because his oldest brother, of whom he is extremely fond and proud, is in the Navy.

Mother is intelligent and conscientious. Today she questions whether she was too protective of her family. "I kept them all babyish up to the age of seven-eight years and did everything for them." She never allowed them the same freedom which she now sees her grandchildren enjoying, and realizes that this freedom has made for self-assurance and self-reliance. She expressed much guilt about her apparent neglect of K as an infant, and repeated several times that she had no choice in the matter.

Mother has always felt a great responsibility for the care of her children because father was away during much of the time. He is a night watchman and sleeps during the day. He is quiet, unobtrusive, and leaves the management of the children to her.

Mother spoke of The Children's Hospital with affection, for it had always met her needs adequately. She stopped hospital visits because she no longer required their services.

The Social Service Index reports that family is known to several public and private relief agencies, a child welfare agency, and a hospital.

K was breast fed for one month. His appetite has always been finicky.

The outstanding personality factor in this case is K's submissiveness within the home. This has been indicated by his attitude toward his mother and her statement of having babied him and done everything for him. She still controls his social activities. He has very few friends and prefers older boys. In school he has always had serious learning difficulties.

Case VII

H is a girl of fifteen years, the third oldest of five children. She has an older sister eighteen, an older brother sixteen, a younger brother five, and a younger sister two. Father, thirty-seven, is Scotch-Canadian, and mother, thirty-six, is Irish-English. They are of Catholic faith.

Father is a skilled workman, and he, with his son, are both employed as national defense workers. The home conditions indicate poverty,

yet the income is ample for there are three members working in skilled trades and all are earning good pay.

H was brought to The Children's Hospital at the age of nineteen months. She didn't gain, refused to eat, had frequent colds, was constipated, and slept poorly. "Mother had to work very hard to get baby to eat." She was never breast fed.

During the intervening years, H continued to have frequent colds, poor appetite, and remained underweight. At the age of two she was very ill with the measles, and during the next four-five years had chicken pox, mumps, and scarlet fever. At present she requires eye glasses, but refuses to wear them. "Today she is healthier than the rest."

H was described as headstrong, stubborn, self-centered, selfish. "What's hers is only hers." "She is full of fun, an excellent mimic, a great one for jokes, a dare-devil with no fear in her, and will do anything for a good time. She is very popular, has many dates. When one leaves, there is always another to take his place." She loves clothes and spends all her earnings on them. She also enjoys athletics, especially swimming and dancing.

H is in the third year of Parochial High School, and is on the "Merit List", but is lazy. She takes no responsibility at home, but she plans to work this summer and has already found a job in a local hospital as a ward maid's helper. She hopes eventually to study nursing, which is discouraged by mother.

Mother appears dull, quite ignorant, and is a poor housekeeper.

H is a source of concern to mother because she is unable to cope with her. H keeps late hours, never informs mother of her whereabouts or her companions. Mother also resents the fact that H has all the fun while her older sister has no friends and is at home alone. H has little sympathy or patience with this sister. Mother feels a need to dominate H, but is frustrated in her efforts. She tries to tell H what to do and laments the fact that H doesn't listen to her. "Father doesn't have much to say. He's jolly, easy going, fun loving, but when he does say something, which isn't often, he means it."

Mother was benefited greatly by The Children's Hospital and did not return because there was no further need for services.

The Social Service Index reports that family is not known.

H was never breast fed. Her appetite has always been poor.

The outstanding personality factor in this case is H's aggressiveness, which recently has become intensified. This has been manifested in her

relationships within the home, and her attitude toward her mother and sister. In her social group it is indicated in her activities and relationships. In school she is an excellent student.

Case VIII

A, fourteen years of age, is an only child. Father, forty-four, and mother, forty, are of Russian Jewish background. Both are in business.

A, at time of referral, was twelve months of age. She refused to eat or sleep, had taken orange juice but stopped. Mother had to force everything: nursed her every two or three hours (whenever she cried, or during the night whenever she woke up). She never went to bed until eight or nine, and did not go to sleep without being rocked.

A's health difficulties during the intervening years have increased, and taken on other problems as well. At fifteen months she had abscessed ears; at eighteen months, a tonsillectomy and adenoidectomy was performed. Up until the age of six she vomited regularly. At eight, she witnessed an automobile accident in which a girl about her own age was killed. This affected her so greatly that she had convulsions during the night. Up until the age of nine she had frequent colds. At ten she suffered an infection of the "front passage" and has been under treatment up to the present time. She also has a severe acne condition for which she had one X-Ray treatment, was burned in the process, and now refuses to continue treatments.

A's feeding difficulties have persisted up to the present time. "She will vomit when she sees the white of an egg, or anything else she dislikes. Milk is poison, too."

This girl was described as stubborn, sensitive, weepy, quarrelsome, disrespectful, disobedient, greedy, and so shy that she cannot face paternal relatives. She is also self-centered, and has no consideration for parents. During the last few years she has bitten her nails constantly.

She is extremely hostile to mother, but follows her constantly. She is dependent on others, never does anything for herself. A wants all of father's attention, and becomes angry and jealous if any affection is shown to mother. Since early childhood she has not allowed parents to sleep together, and won't fall asleep until mother is in bed with her. She has told mother that if she has another child she will kill it. Father has often told her that when she is eighteen she should marry and get out of the house so as to stop

torturing them, but she replies that she will never marry.

A is very unhappy in her present surroundings. She is the only Jewish girl in a completely non-Jewish environment of a low economic and social strata. Parents run a small variety store, live in an apartment above it, and are in the store much of the time. After a nine year period, family plan to sell their business and return to their former environment because of A's attitude. When the family first moved, she cried continuously and was allowed to spend the winter with her maternal grandmother. She continues to visit grandmother during long week-ends and holidays, and is upset for days after leaving there. She will eat whatever grandmother prepares, and will even help her with housework which she never does at home even though mother isn't well and has the burden of house and store. Mother disapproves of A's visits to grandmother, because latter is now old and ill, and cannot assume the responsibility.

A has two girl friends and never sees anyone else. She lives near the beach and enjoys swimming.

A hopes to be a teacher someday. She would like to own a piano and study music, but father feels that a high school education is sufficient for any girl.

Adjustment to school life was very difficult for A. She loved her fifth grade teacher because she received a good report card from her. "When she doesn't receive good marks the teacher is no good." She always feels that a teacher is awful until after she knows her, then she's all right. At present, A is in the eighth grade and presents no problem. She receives a B average in her studies. She tells her mother, however, that she feels nervous at school and is painfully shy there.

Father has a cardiac condition with complications. Mother is nervous, suffers many aches and pains, and tends to blame A for her poor health. "A breaks my heart. I do many things to please her, only to be punished for it."

Mother would like A to go to a girl's camp, but "would worry as to whether she was eating or sleeping properly."

Mother had hoped to have two children, but she had a difficult pregnancy and the birth was Ceasarian. Father witnessed the birth and refused to have more children.

Father plays the dominant role in the family, and A is somewhat fearful of him.

Mother feels that the girl's present health and social situation is definitely more severe than when originally referred.

A's mother impressed writer as having a long history of emotional illness, which is indicated by her faulty mode of handling A, the overattention given the child, the abnormal desire to do the right thing, and her exaggerated feelings of concern regarding A's health which, in itself, is of such traumatic a nature.

Mother liked The Children's Hospital and expressed gratitude at the present inquiry. She had not returned because she secured the services of a private physician.

The Social Service Index reports that family is not known.

A was breast fed for over twelve months. Her appetite has always presented a severe problem. She refuses to eat unless forced, and vomits when she is confronted with food she dislikes. She is a nail biter.

The outstanding personality factor in this case is A's continuous aggressiveness, which has recently become intensified. This has been manifested in her relationships within the home and in her attitude toward her parents. Socially, she gets along poorly with children. In school she does good work.

Case IX

C, an only child of Irish Catholic background, was brought to The Children's Hospital at the age of six weeks. He had been vomiting since birth, was underweight, poorly nourished, poorly cared for, but with no physical defects. He was breast fed for six weeks.

He died at the age of thirteen years, two months ago. The cause of his death was not established. His father died two years previously at the age of thirty-eight. His mother is forty-one and has worked for many years as a hospital helper.

Efforts were made to contact mother, but she preferred not to see worker.

The medical record specifies that C had been known to The Children's Hospital from the age of two months to four years of age. A great improvement in his general condition was noted several months after his first visit. At the age of three, it was observed that C's right leg was a quarter inch thinner than his left, and that he walked with a slight limp. An old poliomyelitis was suspected, but

later ruled out. Diagnosis was deferred. He was asked to return, but after five visits he stopped coming.

Writer learned from paternal grandmother that previous to parents' marriage father had met with an accident in which he received serious head injuries resulting in severe and frequent epileptic attacks. Mother, however, insisted upon going through with the marriage, and shortly afterward went to work. She lived with her family and father remained under the care of his mother until his death.

C was reared by a maternal aunt with whom mother lived. During father's periods of normalcy, mother and C visited him frequently. Grandmother preferred that writer get all information regarding C from mother.

The Social Service Index reports that the family was known to medical and relief agencies, and to a State penal institution for defective delinquents.

This child is deceased.

Case X

L is a thirteen year old boy, the fourth oldest of five children. He has an older sister sixteen, two younger sisters nine and six, and a younger brother eight. The father is thirty-seven and the mother is thirty-five. Both parents are Irish-Americans and of Catholic faith. Father is a claim investigator.

L, at the time of referral, was five weeks old and was brought in because of diarrhea, failure to gain, "acted starved," and cried after each feeding. "I never expected him to live." He was breast fed for five weeks, with complementary feeding. The medical record informs us that L was seen twice at The Children's Hospital and was known there for five weeks.

During the intervening years, L had measles, mumps, chicken pox, and whooping cough. His appetite has always been enormous. "He was born hungry and remained hungry. You just couldn't fill him up." He has no special likes or dislikes, except that he is especially fond of candy.

Mother described L as "sissified," markedly quiet, extremely sensitive, anxious, cries easily, selfish, and very stingy. "He will not part with anything unless forced to, but he will accept everything."

Socially, L is popular, and has many friends, mainly of his own age.

At school he is in the eighth grade, has learning difficulties in

languages because he dislikes the subject. His other marks are mainly B's and C's. He likes his teachers and they are fond of him. All the children are good students except the younger brother of eight, who "forgets" to go to school and has often been reported as truant.

L is interested and talented in drawing and painting (his maternal uncle is an artist), and he hopes some day to study art. He also likes athletics. He has always been conscientious about his duties, is anxious to work, and is at present seeking employment.

Father was described as quiet and hard working, "but who will never have the brains of his father who holds a very responsible job." Mother then talked of her own father as "brilliant, successful, but the greatest rogue that ever was, and at times she wouldn't know what she would have done without him."

Father plays the dominant role in the home and children fear to disobey him. She is much easier on them all. Mother seems bright, but "sophisticated and hard."

The writer felt this was an incompatible marital situation and an unharmonious home because of mother's belittling father, expressing a hostile attitude toward her oldest daughter who was present. The latter became angry at mother's description of L and denied it as false. She was told to leave the room.

Mother felt that L's original problems disappeared, but that other problems still exist and handicap him. Mother's comparison of L with his father, together with sister's angry denial of mother's description of him, might lead one to suspect maternal rejection.

The Children's Hospital was spoken of in glowing terms. Mother felt that they had saved L's life. She stopped coming because L's health improved and the physician who had attended him was no longer connected with the Hospital.

The Social Service Index reports that the family is known to a children's protective agency, a psychopathic hospital, a local court, and its probation office.

L was breast fed for five weeks. L has an enormous appetite, and is especially fond of candy.

The outstanding personality factor in this case is L's continued aggressiveness in the home. This is manifested by his controlled behavior and his attitude toward his mother.

In his social group, he is popular and has many friends.

At school he has learning difficulties.

Case XI

I is a thirteen year old girl and the oldest of three children. She has two younger brothers eleven and three. Father is thirty-eight and mother is thirty-five; both are American born of Russian Jewish background. Father has a small fish store.

I, at the age of six and one-half months, was brought to The Children's Hospital because of eczema, constipation, and refusal of bottle. She was breast fed for three-four weeks with complementary feeding since birth.

Before the age of five, she had measles, mumps and whooping cough. She sucked her thumb and was also a nail biter. Her difficult eating habits have persisted up to the present time. She complains of no appetite, eats only certain foods and those under great pressure from mother. She has always been underweight. She still has occasional attacks of eczema, suffers from inertia, and is in a perpetual state of weariness.

The medical record indicates that because of recurrent eczema and erythema, intermittent visits were made to the Hospital from the age of six and one-half months to five years. These recurrent attacks were due to inadequacy of diet. Mother's complaints throughout were, "I is never hungry and will not eat food put in front of her."

I was described as nervous, sensitive, cries at the slightest provocation, is markedly quiet, and overgenerous--"she would give everything away." She is completely dependent on mother. "She won't soil her hands to do anything, even for herself." She will not eat if mother doesn't prepare her food, won't get dressed until mother tells her what to wear, and has to be forced to bathe (mother bathed her until last year).

Socially, this girl has no friends, says she doesn't care for any, and spends her time alone at home. Mother has urged her to invite friends to the house, but she refuses to do so. She is completely absorbed in books and can spend a whole day reading. Other interests are drawing and painting, and her work has often been exhibited at school.

I has just graduated from the eighth grade, and her average marks were B's and C's. She liked her teachers and they were fond of her. She would like to go to Massachusetts Art School, but this is being frowned upon by parents as impractical.

Father, who suffers from high blood pressure, and a serious kidney condition, is nervous, irritable and impatient. He is always absorbed and anxious about his business. "When he comes home he wants to be left alone and I haven't anyone I can talk to. When he is home a while and sees what's going on, he becomes too strict, so I don't tell him anything."

Mother suffers from various aches and pains, and feels that the burden of the family and home have always been too much for her. She is constantly scrubbing because she can't stand dirt, and is resentful that I doesn't assist with the work. She is having much difficulty with the youngest child, who still defecates. He was not planned for. "Two children are plenty, and I haven't even the proper patience for them." She spoke of her increased nervousness following the child's birth and her annoyance at everything he did. He was compared unfavorably with the older son, "who was full of pep and enjoyed life."

Mother feels that I presents definite health and personality problems, and is unable to cope with them.

Mother seems disturbed and frustrated by her problems. She is quite immature and unable to meet the responsibilities of her home and family. This is further aggravated by a social incompatibility in her marital relations. She is not able to verbalize her feelings regarding her husband or children, so she projects much of them upon her family and thus creates a vicious circle.

The Social Service Index reports that this family is known to a public relief agency several years ago.

I was breast fed for three-four weeks. She has always had an anorexic type of appetite, and usually must be forced to eat. She was a nail biter and a thumb sucker.

The outstanding personality factor in this case is I's continuous submissiveness. This is manifested in her relationships within the home, her attitudes toward her parents and siblings.

Socially, she has no friends, nor does she seek them. At school she is doing good work.

Case XII

J is a thirteen year old boy, the youngest of two sons. His older brother is sixteen. Father, forty-nine, is Italian, and mother, fifty, is Irish. Family are of Catholic faith. Father is a mechanic and truck driver.

J was referred at the age of one and one-half months because of diarrhea and spitting up. He was breast fed for eleven months, and mother would have continued longer but became ill.

During the intervening years J's appetite continued poor. He disliked Italian food, which was frequently served, and hated milk, but was forced to eat both. He craved sweets and would earn money just to purchase candy. He had whooping cough at eighteen months and measles and mumps before the age of three. At five he was struck by a truck, receiving severe head injuries. At eleven, while being chased by several boys, he fell off a twelve foot wall and lost the sight of his left eye. He was a thumb sucker until a year ago.

The medical record indicates intermittent hospital contact from one and one-half months to three years, during which time there was a persistency of nutritional disturbances, cervical adenitis.

J was described by mother as extremely neat and clean, but a "devil". "He's a terrible fighter both in and out of the house. He's tough, bossy, and his language is fierce. He used to order me around because I used to cater to him, but he can't get away with that any longer so he picks on his brother now." He and his brother quarrel a great deal--even throw bricks at each other. Each is jealous of mother's affection for the other.

Socially, J has no friends because he is too domineering, but he plays with the children on the street. At home, he likes to play with trucks and automobiles which writer noticed piled neatly against the wall. (Usually these toys are used by three-year-olds, who push them along the floor.)

At school he is in the fifth grade, and the teachers have great difficulty with him. When he is told to do something which he dislikes, he gives the teacher a "black look and won't do it." He has reading difficulties, but he is good in arithmetic.

Mother is extremely obese, crude, and quite tough. This, however, seemed to be the pattern of the family, for during writer's visit father entered and his manner was much the same, almost churlish. Mother said that he is a good husband and devoted father. He is quiet, never drinks, has no bad habits, and has held the same job for over twenty-four years. He plays the dominant role in the family, and the boys are somewhat fearful of disobeying him. As a

whole, he leaves the management of the home and family to her.

Mother felt that J's original problems disappeared, but some problems still exist enough to handicap him. Mother did not seem too concerned about J's behavior. She talked of J's receiving treatments at the Habit Clinic, but primarily for thumb sucking. She is concerned about one's physical health, and expressed great anxiety about the older brother, who recently became ill with diabetis. She talked at length of the great desire she and her husband had for a family. She underwent several operations before she had children. Three died before J was born. Then she had nearly lost him as an infant because of feeding difficulties. She had taken him off the breast, and it was The Children's Hospital who had helped save him. They had suggested the renewal of breast feeding.

She stopped coming to The Children's Hospital because there was no further need.

The Social Service Index reports that family is known to several hospitals, public and private relief agencies, children's agencies, a habit clinic, a court, and its probation office.

J was breast fed for eleven months. He has always had a finicky appetite. He was a severe thumb sucker until a year ago.

The outstanding personality factor in this case is J's aggressive behavior, which has become more intensified. This has been manifested in his relationships within the home, in his attitude toward his mother, and jealousy toward his sibling.

In his social group, this aggressiveness has shown itself by constant and excessive demands for attention, a need to control, with the result that he gets along poorly with children.

In school he is equally aggressive, and has severe learning difficulties.

Case XIII

G is a thirteen-year-old boy, the youngest of three children. He has two older sisters, one twenty-two, the other twenty. The oldest sister is married and out of the home. Father, fifty, is a

tailor, and mother, forty-five, works in a bakery shop. Family is of Russian Jewish background.

G was referred because of vomiting. He was breast fed for over twelve months.

Mother was quite ambivalent about imparting any information regarding G. She couldn't understand why writer wished information regarding his social adjustment when she had originally requested medical treatment. Efforts were made to give her an explanation of the purpose of the follow-up study, but she was unable to accept it. In the meantime, writer had been given the following information: At three, G had the mumps. At four, he had pneumonia which left him with a chronic bronchial cough. He was underweight until he was seven, then became extremely obese. "He eats too much, especially sweet stuff." He is in good health today.

G is in the second year of high school, where his grades are B and C. He hopes to study pharmacy. He has no particular friends.

It was at this point that mother became somewhat antagonistic, and writer felt it wise to terminate the interview.

The medical record indicates that G was known to The Children's Hospital from fifteen and one-half months to his ninth year, and gives the following additional medical information not mentioned by mother. At the age of two, he had bronchitis, chronic rhinitis, and chronically diseased tonsils. At five, he suffered from anorexia, constipation, attacks of nausea and vomiting. He was "cranky, nervous, and had poor appetite." Later that year he had bronchopneumonia. At the age of six there was a recurrent attack of bronchitis. At nine, G had an attack of chronic rhinitis and scoliosis. Throughout many of these visits G complained of pain on his left side, which always proved negative.

Mother is reported hypochondriacal and neurotic (medical diagnosis), and has been treated regularly in a local hospital for the last seventeen years.

The Social Service Index reports that family is known to the local Health Department.

G was breast fed for over twelve months. During recent years, he has had an excessive appetite and is extremely obese.

The outstanding personality factor in this case is G's continuous submissiveness. This has been manifested in his behavior as reported in the medical record and in his attitude toward his mother. Socially, he has no

particular friends. At school his work is fair.

Case XIV

M is a fourteen year old boy, the second of three children. His older sister is fifteen, the younger is eleven. Father is over sixty, an American of Protestant faith. Mother is forty-one, Irish-American. Family observe the Catholic faith. At present, mother is working in a defense plant.

M, who was two months old at the time of referral, suffered from the following complaints: He gained slowly, was undersized, said to have rickets, constipated, and completely spoiled. He was breast fed for two months.

The medical record states that only one visit was made at The Children's Hospital.

During the intervening years, M's health greatly improved. He has always had a voracious appetite--"He can eat you out of house and home." He is still undersized and underweight. At the age of four, he was circumcised. Between his fourth and seventh year he had measles, chicken pox and pertussis. A tonsillectomy was performed at four. He is in excellent health today.

M is sensitive, forgetful, and tends to daydream. He is unusually thoughtful, ambitious, and likes to pay his own way.

Socially, he has one special boy friend, but sees other friends occasionally. He enjoys sports, is musical, and plays the drum in the school band. He is mechanically inclined, "like his dad."

At school, he is in the seventh grade and receives an average of C in his work. He dislikes school and would like to go to work. Some day he hopes to either be a photographer or a musician.

Father plays the dominant role in the household, and though the children do not fear him, they obey him implicitly. Both parents are quite restrictive as to outside activities, evening hours, etc.

Mother feels that M's original problems have cleared up and no other problems remain.

Parents liked The Children's Hospital, but stopped coming because of the distance.

The Social Service Index reports that the family is known to the State Department of Mental Hygiene.

M was breast fed for two months and has always had a voracious appetite.

The outstanding personality factor in this case is M's continuous aggression. This has been manifested in his relationships at home and his attitude toward his mother. Socially, he has one friend whom he sees constantly. At school he does "fair" work, but dislikes it and wants to go to work.

Case XV

O, an only child, is a thirteen year old boy. His father, forty-four, owns a small grocery store, and mother, thirty-four, works in a curtain factory. His parents are of Italian-Catholic background.

O, who was seven weeks old at the time of referral, suffered from gas pains, diarrhea, refused to nurse, regurgitated food, and slept poorly. He was breast fed for two months. At that time mother met with a serious accident which necessitated hospitalization for eight months. During this period the public health nurse came in daily and took charge of O's feeding. Eating problems persisted until O was six, at which time a gradual improvement was noted. Gas pains continued periodically up to the present time.

At the age of three months, O was hospitalized because of severe burns. He remained on the Dangerous List for seven weeks. At the age of one, he had pneumonia and nearly died. Between two and five, he had chicken pox, measles and pertussis. At five, a tonsillectomy was performed. He has always had frequent colds, and is still underweight.

The medical record informs that O was seen intermittently from the age of seven weeks to two years.

O is markedly quiet, stutters, and cries easily. He is greatly attached to his mother and spends much time with her.

Socially, O has no particular friends, but has contact with many boys at a local community center. He is interested in woodwork and leather work. In the summer he attends the center's camp.

He is in the sixth grade of a parochial school and his grades are B's and C's. He repeated one grade, which mother attributed to moving. The boy is fond of his teachers and they like him.

Mother seems quite protective of O and kept repeating that he was a good boy who gave her no trouble. At the same time, she talked of what a difficult time she had with him while he was growing up.

Mother feels that his original problems had improved and that there are no new difficulties.

Mother is quite hostile toward The Children's Hospital because of the manner in which she had been treated during her last visit. She had been shoved into a small room and scolded by the attending physician because she had brought O, who was suffering from pertussis, to the Hospital and thus subjected other children to the illness. She was then sent home in a taxicab, and never returned.

The Social Service Index reports that family is not known.

O was breast fed for two months. He has a fair appetite.

The outstanding personality factor in this case is O's continuous submissive behavior. This has been indicated in his relationship within the home and in his attitude toward his mother, and in his general behavior. Socially, he has no particular friends. At school he has had learning problems.

Case XVI

P is a thirteen year old boy, the youngest of six children. His three older brothers are twenty-six, twenty-four and twenty-one, and the two older sisters are twenty-eight and twenty-three. All the siblings but the oldest sister are married. Father is fifty-eight, mother is fifty-two, and they are of Irish-Catholic background. Father works as a laborer for a railroad company.

P was brought to The Children's Hospital at the age of six months because of loss of weight, elevation of temperature, moderately dehydrated, and slight rash. He was breast fed for six months.

Until recently, the boy ate very poorly, but now has a voracious appetite. As an infant she had to feed him with an eye dropper for he would not nurse. Mother was quite rigid regarding the feeding schedule.

At two, P became asthmatic, and this condition has persisted through the years, becoming very severe during the first few years of school. Usually an attack followed an emotional upset, and would necessitate bed care for several days.

About a year ago, family moved into the maternal grandmother's home, against the wishes of father and P. Several days later P had a

very bad attack of asthma. His behavior became much more difficult during this year, and mother now feels that moving was a great mistake.

The medical record indicates that P was seen intermittently from the age of one month through his seventh year. During this period, he was treated for food capriciousness, bronchial asthma, and vasomotor rhinitis.

P was described as having an "ungovernable temper", and recently, while angry, "bashed" in a door. He is exceptionally clean, is "overfussy about his clothes," and if he is not given a clean towel for his bath daily, he has a "furious temper tantrum". He will never touch a plate, glass, or towel that anyone else has handled. He is extremely talkative and argumentative. He hates his mother, but demands regular attention from her, and is extremely jealous of any affection which she may show others.

Socially, the boy has no friends, but occasionally will play ball with boys on the street. He cannot play for any length of time because he gets "short of breath". He has a good relationship with all his siblings except his one unmarried sister who tries to discipline him.

At school he has always had learning difficulties, but passed each grade until last year. He is repeating the eighth grade because he had much difficulty with a woman teacher whom he disliked. Mother asked the principal to have him transferred to a man teacher, but was told this was not possible. During the school year he lived with a married sister and spent week-ends with his mother.

P has no special interests, but likes to "putter around," i.e. he takes things apart and then puts them back precisely and neatly. He hopes to join the Navy or "tinker on boats".

Mother must plead with P to go to church, and plans to "have Father K----- get after him for confession."

Mother is aggressive and rather dictatorial. Her manner is nervous and as she talks she rushes from one subject to another in a rather disconnected and rambling fashion. P was unwanted. Mother was greatly upset when she learned that she was again pregnant and in her fifth month. Diabetes had developed during pregnancy, and she nearly lost her life during this period. "Believe me, I've given him everything,--my health, money, etc., and I've had nothing but trouble from him. He bosses me and I have to cater to him. I'm really scared of him, for with his bad temper he might just make a dive for me." Neither father nor mother have ever punished P because he would "choke up" and become ill. She is sure that he is spoiled, and feels that if she could have chastised him like the

others, he would have been all right.

Father has always been friendly and patient, and has left the disciplining to the mother. He was described as unobtrusive and hard-working. "The Lord never made a quieter man than my husband."

Mother talked in positive terms of The Children's Hospital. She did not return because of the long distance.

The Social Service Index reports that the family is known to a Traveller's Aid agency, a public relief agency, and a reformatory.

P was breast fed for six months. His appetite, until recently, was poor, but he now eats excessively.

The outstanding personality factor in this case is P's intensified aggressiveness. This has been indicated in his relationships within the home, in his attitude toward his mother, and toward anyone whom she favors.

Socially, he gets along poorly with children, and has no friends.

At school he has learning difficulties.

Case XVII

Q, the youngest of two children, is a fourteen year old girl. She was one of twins; the other died of pneumonia at four and one-half months. Her older brother is seventeen. Father, forty-five, and mother, forty-two, come from Northern Ireland and are of Episcopalian faith. Father is a plumber.

Q, who was eighteen months old at the time of referral, suffered from the following complaints: head sweats, coated tongue, restless at night, didn't walk well, fretful, digestive upsets, "vomited everything eaten and vomited till stomach was empty."

During the intervening years, Q's health was poor up to the age of three and one-half. Food did not agree with her, and parents never thought that she would grow up. At present, she has an enormous appetite and is overweight. She loves sweets and eats them whenever she can. Between the ages of six and ten, she had measles, mumps, pertussis, and chicken pox. Recently she has been having attacks of nausea.

The medical record specifies that she visited the hospital three times within four months and never returned after that.

Q was described as being reliable, sensitive, jealous, quarrelsome, talkative, and demanding.

Socially, she has one or two intimate friends among many girl associates. She doesn't care much about boys. Her greatest interests are cooking, sewing, and athletics.

She is graduating from the ninth grade at school, and her grades are B's and C's. She has difficulty with algebra. Q dislikes two of her teachers because they are domineering. Her ambition is nursing. This greatly pleases mother, who also sought this profession but was opposed by her parents.

The girl is very religious and attends church regularly. She has missed Sunday School just two times in her life because of illness.

Mother is a stolid woman and appears good-natured. She talked of Q "as a good kid". Both parents have a strong educational drive for their children.

Q's parents are religious and believe a rigid bringing up is good for children. For the second summer, Q is being sent to a camp (at her own request) where one goes to church twice a day, and no one is allowed to talk during meals.

Father plays the dominant role and is very strict with the children. Mother always concurs with his decisions.

Mother feels that original problems have improved and no new ones have appeared.

Mother talked highly of The Children's Hospital. She did not return because there was no further need.

The Social Service Index reports that family is not known.

Q was breast fed for a few days. At present she has an enormous appetite and is overweight.

The outstanding personality factor in this case is her continuous aggressiveness. This has been manifested in her behavior within the home, her attitude toward her mother, and her jealousy toward her sibling.

In her social group, she has only one or two friends, doesn't care for boys. She is extremely religious.

At school she has learning difficulties.

Case XVIII

S is a fifteen year old boy, the oldest of three children. He has a younger brother eleven, and a younger sister five. Father, forty-four, and mother, forty-six, are Scotch-Catholics. Father is an automobile mechanic.

S, at the age of twenty-three months, was referred because he had no appetite, had never eaten well since weaned, and there was a rash on his face. He was breast fed for ten months, and the diet was adhered to rigidly.

During the intervening years, his appetite was poor until the age of ten. During this period mother forced him to eat, but today he can not seem to get enough food. Up to the age of three and one-half years he was a thumb sucker.

At five, S had the measles and whooping cough, and at nine a tonsillectomy was performed. Following the operation a great improvement was noted, both in his general health and in his school work. He is still underweight.

The medical record indicates that S was known to The Children's Hospital from the age of twenty-three months through his ninth year.

S was described as pleasant, "too good-hearted for his own good," stubborn, talkative, hot tempered, couldn't tolerate arguments and "flared up" when he heard one, was exceptionally clean and always scrubbing himself.

Socially, he has two close friends who are about his age. He is interested in athletics and he loves to work on aeroplanes, but mother stopped this because the house became "too messy". Further, she thought he was too big for this type of fun. S hopes to be an aviator when he is older.

This boy just graduated from the eighth grade of parochial school, and his average grade was C. Before the tonsillectomy was performed, he was "plain dumb". He likes his teachers and they are fond of him.

Mother appeared dull, rigid, and unimaginative. Father was described as quiet, and, as a whole, playing a neutral role. Mother, however, has built him up as having the dominant role at home. As a rule, mother disciplines the children, but if they become too unruly the situation is referred to father who has already been used as a weapon. Thus fear of the father is created.

Mother feels that original problem cleared and no other problems appeared.

Mother liked The Children's Hospital, but did not return because there was no further need.

The Social Service Index reports that the family is not known.

S was breast fed for ten months. He has an excessive appetite. He was a thumb sucker

The outstanding personality factor in the case is S's continuous aggressiveness within the home. This is manifested in his behavior and his attitude toward his mother.

In his social group, he has few friends.

At school he has learning difficulties.

Case XIX

This is a thirteen year old boy who is the third of four children. He has an older brother eighteen, an older sister fifteen, and a younger sister three. His father died at the age of fifty-three, two years ago. Mother is forty-four, and at present is on relief. The family are of Irish-Catholic background.

T, at six and one-half months, was brought into the Hospital because of continual crying, as if in pain with colic, gas, always seemed hungry, and ate ravenously. He was breast fed for three weeks.

During the intervening years, he remained a fussy eater, and has always refused milk. "His big trouble was that he was always eating candy." He has been in good health except for an abscess on his neck at the age of three, and measles, pertussis and chicken pox between four and eight.

The medical record indicates that T was known to the Hospital from the age of six and one-half months to three years. He was also treated for upper respiratory infection and cervical adenitis.

The boy was described as sensitive, cries easily, and is markedly quiet and solitary.

Socially, T has two or three friends of his age whom he sees constantly. He likes athletics, baseball in particular, and enjoys

reading. Mother doesn't know much about his activities for he is seldom home. "Even when he's sick, he won't stay home."

He recently graduated from the eighth grade of parochial school with honors, and is the only member of his family who likes school and wishes to continue his education. He hopes some day to be a priest.

Father, up until his death, was "too strict". He used to force the children to eat, insisted upon their being home at a reasonable hour, etc. He was on relief at the time of his death.

Mother is very dull, extremely obese, and in poor health.

She feels that T's problem has entirely cleared and that there are no new problems.

Mother liked The Children's Hospital, and still visits it with the younger sibling.

The Social Service Index reports that family is known to a number of medical and relief agencies.

T was breast fed for three weeks. His appetite at present is finicky.

The outstanding personality factor in this case is T's controlled aggressiveness. This is indicated by his relationships at home and by his attitude toward his mother.

In his social group, the boy has few friends.

At school he is an excellent student.

Case XX

V is a thirteen year old boy, the youngest of three children. He has an older brother twenty, and a younger sister seventeen. Father, fifty, is an American-Protestant, and mother, forty-six, is Irish-American. Family embrace the Catholic religion. Father is a painter and mother is a telegraph operator.

V, at the age of seven weeks, was referred because he cried before and after feeding, slept very little--waking three-four times a night, and did not get enough food. Baby was thin, and poorly nourished. He was breast fed for two months.

During the intervening years, V continued to have a finicky appetite.

Between the ages of one and two, he had measles, mumps and whooping cough. At five, he had chicken pox, and at six a tonsillectomy was performed. He began having sinus trouble at the age of eight, a condition which still continues.

The medical record indicates that he was known to The Children's Hospital from the age of seven weeks through his seventh year.

V was described as a "terrible tease". He never can accept a decision he dislikes, is loquacious, demanding, but shares freely and, as a whole, is considered a "fine all-round boy". As a baby, he was a thumb sucker. He is ambitious and is always on some job. He usually offers mother his earnings, but she allows him to keep it. He saves most of his money.

Socially, the boy has many friends, but is particularly fond of three boys of his age whom he sees constantly. He also is an active member of the Boy Scouts.

At school, V is in the seventh grade and receives an average of B in his studies. He has no learning difficulties, is fond of his teachers and is liked by them.

He hopes to be a builder of aeroplanes when he gets older. At present, he builds various kinds of small aeroplanes, many of which fly. This was evident, for one corner of the living room looked like a workshop with several small aeroplanes and carpentry tools nearby. Parents encourage this interest, and father, who is mechanical, often helps him. Both parents have a strong educational drive for their children. The oldest brother is now studying to be an engineer, while the sister is still in high school.

Father was described as having the dominant role in the home, and the children must obey without question. They must be home before dark because they live near two race tracks and often there are undesirable individuals in the neighborhood. V and father spend much time together fishing and bicycling.

Mother is a sympathetic, understanding person, who wishes to see her children happy and in their own way. She felt that V's problems, for which he was referred originally, have improved, though some traces still remain.

Mother liked The Children's Hospital, but did not return because the distance was too great.

The Social Service Index reports that family is not known.

V was breast fed for two months. He has always had a finicky appetite.

He was a thumb sucker.

The outstanding personality factor in this case is V's continuous aggressive behavior. This has been manifested within the home by his behavior and his attitude toward his mother.

In his social group he has many friends. At school he does good work.

Case XXI

W is a thirteen year old girl who is the youngest of two children. She has an older sister eighteen. Her father, forty-nine, is Irish-French, and mother, forty-seven, is Canadian. Father is a fireman.

W, at time of referral, was six months old, and was brought in because she was very nervous, restless sleeper, choked on swallowing, perspired on drinking bottle, and showed no gain in last four weeks. Food was forced by mother, followed by vomiting. She had a birth mark on lower lip and tongue which was always blue and turned black on going into tub. W was never breast fed.

Mother described W as a difficult child to rear. She was wonderful up to the age of nine months, then one illness seemed to follow another. At eleven months a tonsillectomy was performed. Before she reached the age of three, she had whooping cough and scarlet fever. During these illnesses she was never able to sleep well.

Her birth mark needed constant X-Ray treatments which are continued to the present time.

This girl still has a finicky appetite with frequent vomiting and attacks of constipation. The school sends annual reports home regarding her underweight and undernourished condition, though in the last year, for the first time, an increased intake of certain foods was noted. Mother forces her to eat and to carry out definite toilet habits. She has always been very rigid, and fed her with a spoon up until the age of nine. If she did not eat, mother would cry. W has been a nail-biter for the last two years.

W was described as loquacious, not tempered, stubborn, extremely generous, and "over-clean. Everything has to be just perfect. If there is the slightest spot on a school paper, it is done over." She is jealous of sister, is demanding, but never considers whether demands are reasonable. She loves animals.

Mother felt that W was dependent upon her, and explained that she never left them for an hour until recently, when she was unexpectedly hospitalized because of a heart attack. W became ill during her absence and could not eat or sleep for days. As soon as mother returned home, W's health improved.

Socially, W has two girl friends whom she sees constantly. She is fond of athletics--particularly swimming and bicycling. The girl is anxious to work, but mother opposes the idea.

At school she is in the ninth grade and is an A student. Her principal wishes her to enter Boston Latin School, but mother fears letting her go alone.

Mother is quite a controlling person. She usually chooses W's companions, buys her clothes, etc. She plans the girl's school course so that she can later study to become a teacher. She wanted sister to study nursing. Mother dislikes seeing the girls grow up, never allows them to be out after dark, and does not encourage boy friends.

The mother constantly made comparisons between the two sisters, saying that, though they got along beautifully together, they are quite opposite in character traits and interests. Sister is quiet, "a home-body," while W likes being in other people's houses. Both are honor students. Sister is greatly overweight, W is underweight. Sister has no friends while W always has her friends around. W is demanding, sister never asks for anything--is more reasonable and more understanding.

Mother plays the dominant role at home, and father is willing that she should. "Whatever mother says is O.K. with me." He is devoted to the children, and they favor him. He is home three nights a week, and the girls seldom go out when he is home.

Mother feels that W's problems still exist enough to handicap her.

Mother liked The Children's Hospital, but did not return because W was treated by a private physician.

The Social Service Index reports that family is known to several hospitals and other health agencies.

W was never breast fed. Her appetite is finicky and there is frequent vomiting. She is a nail-biter.

The outstanding personality factor in this case is her aggressive behavior, which has become intensified. This has been indicated in her relationships within the home in her attitude toward her mother and jealousy toward her sibling.

In her social group she has few friends.

At school she is an excellent student.

Case XXII

X is a thirteen year old boy, the oldest of two children. He has a younger sister twelve. His father, thirty-five, and mother, thirty-four, are Irish-American, and embrace the Catholic religion. Father is a porter.

X, at the age of three months, was referred because he felt hungry all the time and was constipated. X was breast fed for three months.

During the intervening history, X has continued to have a voracious appetite. At four, X had rheumatic fever; at five, he had whooping cough; and at six, he had a tonsillectomy. Shortly after that he was circumcised. At present he is in excellent health.

The medical record indicates that X was known intermittently from the age of three months through the ninth year.

X was described as lively, talkative, ambitious, demanding, and independent. He is at present seeking employment for the summer.

Socially, he has many friends, mainly of his own age.

X just graduated from the eighth grade of parochial school with an A average. He is fond of athletics, especially baseball, and is very much interested in military life. He hopes to go to West Point some day.

Mother is rather immature in manner, and appears and acts like an older sister. She feels that X's original problems disappeared and no new ones have occurred. He is in excellent health today, and his appetite continues excessive.

Father plays the dominant role in the home. Family seems congenial and there seems little need for much discipline.

Mother liked The Children's Hospital, but did not return because there was no more need.

The Social Service Index reports that family is not known.

X was breast fed for three months. He has always had an excessive appetite.

The outstanding personality factor in this case is X's continuous aggressiveness. This is manifested by his relationships at home and his attitude toward his mother. In his social group he has many friends. In school

he is an excellent student.

Case XXIII

This is a case of a thirteen year old girl, the oldest of two children. The younger child is a boy aged two. Father and mother are both thirty-nine and are of Irish-Catholic background. Father is a draftsman in a large steel plant.

U was referred at the age of eight months, at which time she suffered from the following complaints: no gain, restless sleeper, and some headswearing. She was breast fed for three weeks.

During the intervening years, U remained delicate up to the age of seven. As an infant she used to bite the paint off her crib, and had to be given medication to prevent lead poisoning. Her appetite was very poor, and mother forced her to eat. "She would get stubborn just because she knew it would upset me." She began to improve about seven, due to the influence of a Polish neighbor, who frequently invited her for meals. Today, she can't be given enough food.

At the age of two, U had bronchial pneumonia which recurred twice during the following winter. At four, she was treated at a local hospital for masturbation. She has the sight of only one eye, due to wearing a wrong lens as a child.

The medical record states that U was known to the Hospital from the age of eight months through her fourth year.

Mother described U as markedly quiet, over-generous, nervous, hyperactive, and sensitive. "She used to cry all the time. If she stumbled while walking, she would cry. She was afraid of her own shadow." On several occasions she was "sassy". When the girl was ten, mother packed her bag and took her to the Home for Destitute Children, saying that she could no longer remain at home if she repeated that offense. U was so frightened that she became hysterical and since then has seldom answered mother back. She tends to be untidy. "It burns me up when she puts her coat over the chairback, or doesn't put her shoes in the shoe-bag where they belong."

Socially, she has a few friends whom mother chooses for her, and they are mainly younger children. She was a member of the Girl Scouts, but was forced to give this up because after returning from a meeting she answered her mother back. She loves to paint, and recently father bought her a paint set. This summer mother plans to have her go into a department store where she can learn how to make paper flowers, though she would prefer to work.

At school she did good work, and graduated from grammar school this

year. She disliked one teacher because she was "too bossy". U would like to study designing, but intends to do secretarial work because it is more secure.

Mother never wanted a family, and U was unplanned for. She hated the idea of having a second baby, but father wanted it. She first became pregnant during the height of the 1930 Depression. Her husband was unemployed at the time, and relief was necessary. For days they lived on bread and cheese before they could tell anyone of their plight. After U was born, mother had to go to work. Father continued to seek work, and four years later found his first job. At night he studied draftsmanship, and has steadily advanced in that field.

Father was described as quiet, domineering, and very strict. When he is home, the children must be kept quiet. Discipline is usually administered by mother, unless she gets too excited, then father "takes off his belt and makes an awful noise so that children realize they must obey him." Neither parent believes in being easy with children. Mother realizes she nags, but she had "no happy time of it when she was younger." Her mother died when she was born, and consequently she was brought up on nagging and "harsh discipline," first in an institution, and later by two old maiden aunts. She had no fun and it didn't hurt her any.

Mother is anxious that U know about "life", but can't talk to her about it. Recently she took U down to the beach near her home and pointed out several girls with sailors, saying they were immoral and warning her that she must always be careful of her reputation. She also warned her not to "touch" things in public. U has no boy friends, nor does she want to know any.

The girl began to wear her hair in new pompadour fashion, but after this was frowned upon began to comb it straight back, just as her mother does.

Mother, who, in writer's opinion, has many emotional problems, is very controlling, harsh and unsympathetic, and definitely rejecting. She suffered severe libidinal deprivations as a child, her ambitions were thwarted, and after marriage she was forced to assume heavy responsibilities, the results of which are now shown in her relationship and attitude toward U.

Mother feels that U's original problems have disappeared, and that there are no new problems.

The Social Service Index reports that family is known to private and public relief and medical agencies.

U was breast fed for three weeks. She has an excessive appetite.

The outstanding personality factor in this case is U's controlled aggressiveness. This has been manifested in her relationships within the home and in her attitude toward her mother and father.

In her social group, she has few friends, mainly of younger children, but of her mother's choosing.

At school she does good work.

Case XXIV

Y is a thirteen year old girl, the youngest of two children. She has an older brother seventeen. Her father, forty-five, and mother, forty-three, are English-Protestants. Father is a carpenter.

Y, at the age of eight months, was referred because she refused practically all food, would not nurse from bottle--had to be forced, always constipated, and always sucked thumb.

During the intervening years, and until two years ago, Y continued to have a very capricious appetite. "She was an awful child to get going on food. Everything had to be camouflaged, and even then it was forced." At the age of one year she weighed thirteen pounds. She never wanted mother to feed her. She is still underweight and undersized.

From the age of one to five, she had measles, chicken pox, mumps, and whooping cough. She sucked her thumb up to the age of four, and was always a nail-biter.

Mother attributes the sudden improvement to the fact that, for the first time, Y had her own room two years ago. Previously she shared the room with her parents. "She loves her room and keeps it just so."

The medical record indicates that Y was seen twice within the same month and did not return again.

Y was described as markedly quiet, listless, cries easily, is irritable, anxious, sensitive, extremely generous, gentle, kind and mature.

Socially, she has one friend who is quiet and studious. "Neither runs around, and both help their mothers." Y belongs to the Girl Scouts and the Rainbow Girls, but is not active.

At school, Y has one of the highest records in the class. The Principal recommended that she take the college course, but Y thought it

best to take up secretarial work, for it is more practical. "She's not a bit braggy about her record, though she has good reason to." The Principal suggested that she should not read this summer, because she is over-conscientious and is not too rugged. She and her teachers have a mutual feeling of affection for each other.

This girl loves to read, sew, and spends much time typing on her own typewriter, which her father gave her.

Y and father are extremely fond of each other. "She's crazy about him and he'll do anything for her." Father was described as a matter-of-fact type, very serious. "What he says he means, and we all realize it." He plays the dominant role in the home, but there is little need for any discipline. Both children and parents are all fond of each other, and "There is no need for bossing." The children always inform parents of their whereabouts, for they know that parents would otherwise worry.

Writer felt that mother seemed a little in awe of daughter, and sensed a veiled hostility in the home. She had called Y twice, but each time the girl, who was in the next room, refused to answer. As writer was leaving, she made an appearance for a moment.

Mother feels that problems for which Y was originally referred are improved, though some occasional traces remain.

Mother liked The Children's Hospital, thought it a nice place, but could not really remember why she did not return.

The Social Service Index reports that family is known to the foster home divisions of two private children's agencies and to two public relief agencies.

Y was breast fed for one month. She has always had a finicky appetite.

Y was a thumb sucker and nail-biter.

The outstanding personality factor in this case is Y's continuous submissive behavior. This has been manifested in her relationships within the home and her attitude toward her mother.

At school she is an excellent student and is reported over-conscientious.

Case XXV

R is a thirteen year old boy, the fourth of five children. He has three older sisters twenty-five, sixteen and fifteen, and one younger brother ten. Father, fifty-four, is a French-Canadian, and mother, fifty, is Irish-American. They are of Catholic background. Father is a bar tender.

R, when he was eleven weeks old, was referred because he refused food, cried a good deal during day, failed to gain, seemed to be in pain, and was constipated. "He wouldn't care if he never ate." He was breast fed for a few days.

During the intervening years he remained a finicky eater. "He never would drink milk, and he hates it now." He loves candy and ice cream, and spends all his money on it. At six months old, he weighed less than when he was born (eleven pounds), and did not begin to gain until he was a year old.

"R got off on a bad start, for when he was born he was a 'blue baby'--one lung remained collapsed, and he was immediately placed on the Danger List. At the age of one month, he had pneumonia, and it was some time after that that I took him to The Children's Hospital." He was always nervous and hyperactive, has been a nail-biter since infancy, and "though he never sucked his thumb, he used to keep the end of his sheet in his mouth up until the age of six."

During early childhood, he had whooping cough, measles, and a tonsillectomy. At present he is in good health, but underweight.

The medical record indicates that R was seen twice during infancy, then stopped coming.

R is affectionate; "too unselfish;" loquacious, "He can talk your ear off;" wants his own way or there is friction; saucy, but never leaves the house without apologizing; cries easily, yet mother feels he is not sensitive, for "He can get all kinds of call-downs and it just rolls off his back."

R is jealous of younger brother, and admits it. They frequently quarrel and each accuses the other of cheating while playing games, but they always make up. R is good to brother, provides his spending money, but the younger boy is ungrateful.

Socially, R is very popular with both boys and girls his age. "He has had a girl friend for the last three years,--a sweet little thing of twelve whom he sees about once a week."

He just graduated from parochial school, where he received a gold medal

for leading his class in studies. "He is a student in every sense of the word." He is home every night at 8:30, reads for several hours, and is very well informed for a youngster. He is especially interested in history, and wants to be a historian and eventually teach at Harvard College. Mother would like to see him become a journalist for she thinks he has talent in writing, as was shown in his recent school address. He wrote his own essay which was excellent.

During the school year, R delivered the morning papers daily, then had his breakfast and went to school. He gives mother his earnings and receives spending money in return. He is also an altar boy.

Mother is intelligent, and has a fine sense of humor. She is very proud of her son, and encourages him in his interests and ambitions. She, too, is a voracious reader, was anxious for a higher education, and when this was impossible, educated herself as best she could.

Father and son, who resemble each other, are extremely devoted. Father can be very stern (mother says she is never strict) and R seldom crosses him. "Father is nervous, not-tempered, but easy-going. He's heart and soul for his family. He thinks he is the disciplinarian of this crowd, but I know I am, and he knows it, too."

Mother feels that the problems for which R was originally referred are improved, though some occasional traces remain.

Mother talked with affection about The Children's Hospital. She stopped coming because it was too difficult to take baby in streetcar.

The Social Service Index reports that family is known to a local hospital.

R was breast fed for a few days. He has always had a finicky appetite.

He is a nail-biter. Though not a thumb sucker, he used to chew the bedsheet until six years old.

The outstanding personality factor in the case of R is his continuous aggressiveness. This has been manifested in his relationship within the home, in his attitude toward his mother, and jealousy toward his younger sibling.

In his social group, he is very popular and has many friends.

He is an excellent student at school.

IV

SUMMARY AND CONCLUSIONS

In summarizing the foregoing material, the purpose of this study was to follow up the current social and health adjustment of twenty-five children, now adolescents, who, in 1930, had been diagnosed at The Children's Hospital as feeding problems.

The present thinking has emphasized the importance of this early period of emotional development. Oral gratification during the infancy period serves to express the needs of a growing child for the preservation of his life, and for the physical pleasure, both of which are essential for good health and social adjustment.

For this reason, writer felt that it would be interesting to see, in a random sampling, where there had been definite evidence of early maladjustment in this area, whether this maladjustment had persisted throughout the years, and had been basic in the formation of his personality.

With this in mind, these twenty-five medical records were chosen from the Out-Patient Department of The Children's Hospital on the basis of the following two criteria. The time of the first hospital contact had to be in 1930, and the medical diagnosis that of feeding difficulties.

All of the children at that time were infants ranging in age from five weeks to twenty-three months. Of these, fifteen were boys and ten girls. The feeding difficulties included a wide range of symptoms. Among the greatest number were the following: finicky appetite, gagging, vomiting, gas, spitting up food, refusing to eat and having to be forced, underweight and

unable to gain, cries constantly, fussy and cannot be suited to formula, seems starved, squirms before and after nursing, diarrhea, constipation, question of rickets, and eczema. The present investigation revealed that two children had died in the interim, leaving a follow-up group of fourteen boys and nine girls.

Writer felt that the most practical way of conducting this investigation was to visit the mother in her own home as this would allow for greater ease on mother's part in discussing her child's present adjustment. Because of the hospital's lack of contact with these families and writer's one visit to the home, it was not possible at this time to glean comprehensive material from these mothers in regard to their personal problems, marital and general family relationships, for the focus was mainly on the child.

In each interview, writer asked relevant questions of the mother. These included the child's health history since his last contact at The Children's Hospital, his eating habits, his present social life, his school situation, size of family, and child's ordinal position. She also inquired into background information of the parents, including age, nativity, religion, occupation, health, and the mother's attitude toward the child's present health and social adjustment.

The general information about the parents revealed no unusual facts. The economic situation did not appear as a problem except in one family where the mother was a widow and receiving aid from a public relief agency. Most of the families in writer's opinion appeared in either moderate or marginal circumstances. The fathers all worked except one, who was retired. Two fathers had died. Nine mothers worked, three helped their husbands in their stores, five were in industry and another in a "white collar" job. The other sixteen

mothers were at home.

The Social Service Index revealed that in the past all but eight families were known to one or more public and private medical, relief and children's agencies, as well as several courts and correctional institutions.

Of this group, seventeen were Catholics, six Jewish, and two Protestants. The Catholic group included eleven Irish, two Italians, one Scotch, two French-Irish, and one Italian-Irish, and the Protestant group two English.

With reference to the present health situation, the group, with the exception of one child, did not present any unusual physical illnesses in relation to early feeding difficulties. This one child had suffered from attacks of diarrhea since infancy, but the physician questioned whether it had an organic basis.

There had been, however, other physical illnesses. Eighteen had one or more of the usual childhood diseases. Three had pneumonia. Tonsillectomies and adenoidectomies were performed upon four children at an early age. One had rheumatic fever at five. Two children had been undergoing continuous treatment for years, one required X-Ray treatment since infancy for tumors of lips and mouth, the other had been under regular medical treatment since ten years of age for an infection in the vaginal region. Two children suffered psychosomatic illnesses, namely asthma and prolonged enuresis.

Many of these children presented nutritional problems in relation to their early feeding difficulties. Eight children showed finickiness; nine ate excessively, two of whom were extremely obese from overeating; four had chronically poor appetites and often had to be forced to eat, while two had small appetites.

There were expressions of food preferences and aversions. One child considered milk as poison, another of Irish-Italian parentage refused to eat any Italian dishes saying it made him ill.

Other oral problems associated with early feeding difficulties were thumb sucking and nailbiting. This study included seven thumb suckers and six nailbiters, three of whom indulged in both acts over a period of years.

In the genesis and perpetuation of the feeding difficulties, eating is a cultural factor to be reckoned with among Jews. Dietary laws are incorporated in the religious belief of everyday life, as are the Talmudic teachings which emphasize the responsibilities of the parental role toward children. Two Jewish mothers gave their sons excessive maternal care, and indulged them particularly with reference to food.

This study seems to bear out the general opinion that there is a relationship between personality traits and early feeding difficulties. The generally accepted period of breast-feeding without undue trauma to the child is considered approximately six to ten months long. The breast feeding history of these children reveals the fact that two were never breast-fed, fifteen were breast-fed less than six months, three were breast-fed six to ten months, and three eleven months or longer. The two deceased children were each breast-fed under seven weeks.

If there is an absence of breast-feeding, or if it is prematurely terminated, or artificial feeding is given improperly, it can create deprivation, and this leads to frustration.

In this group, seventeen children were aggressive in personality and six submissive, but this latter group were often aggressively inhibited despite opposite trends in other respects of their behavior. This was partly

due to the fear of their own aggression.

The aggressive children included those who were quarrelsome, demanding, defiant, markedly jealous, and wanting their own way. The submissive included those who were lethargic, solitary, complaining, markedly quiet, or appeared inhibited socially. These personality traits were seen in all degrees within the home and outside the home. Some only indicated these traits at home, so that one could easily form the opinion of a fairly adequate personality in the community.

The children in both groups had in common certain aspects of behavior. They made excessive demands upon their mothers, were often hostile, disobedient, and in general gave the impression of unhappiness. Eight were markedly jealous of their siblings. The children's attitude toward their fathers or siblings did not seem too significant, except in relation to their problem with the mother.

Only eight fathers played a dominant role in the home, and they were unusually strict. Several fathers were affectionate and interested in their children, but left the responsibility to the mother.

Fourteen mothers indicated mixed feelings toward their children. In the remaining nine cases, writer's information is too inadequate to draw any conclusions. In examining the maternal attitudes, writer found the following revealed: two mothers said they wanted their children; five mothers frankly said that their children were unplanned and unwanted at the time of pregnancy. Other indications of unwanted children were expressed indirectly. Two mothers neglected their children during their infancy, two likened their children with their fathers, to whom they were unhappily married, another nagged and punished her child, and compared him unfavorably with another

child. The following reflect mixed feelings about their children. One mother, who was almost forty, thought that her family had already been completed and was distressed at her pregnancy. Another terminated breast-feeding at five weeks, but renewed it at the suggestion of the physician because the child almost died, and she continued it for eleven months, when she became ill. Four were overly-anxious, fearing that something would happen to their children. In addition, these children resisted food, which brought anxiety into the feeding situation, i.e., one mother would nag or punish or spoon-feed the child. One child was spoon fed until the age of nine. In the remaining seven cases, mothers gave little information and seemed to evade the subject.

At school, fifteen children did good or superior work, while eight had learning difficulties. Writer felt that too little is known about these children to determine the calibre of their work in school.

In reviewing the present social and health situation of the twenty-three remaining children, it must be recognized that many causative factors enter into a child's social and health situation which he presents thirteen years after infancy, especially during adolescence, and likewise, there are factors in infancy other than those concerned with feeding. Therefore, the child can only be understood in relation to his total personality configuration.

The above results would seem to indicate the following trends:

1. No unusual physical illnesses appeared as a result of any of these children's early feeding difficulties; that is, it did not appear that poor eating habits led to any unusual health history.

2. The feeding problems continued in all cases for a number of years, and in the majority of cases to the present time. This was serious, because

it continued late into childhood, long after the oral stage of development.

3. It is writer's feeling that, in all of these cases, there were certain lacks in the mother-child relationships which contributed to the personality difficulties which each of these children displayed.

4. The type of feeding (artificial feeding in the majority of cases in lieu of breast feeding) appeared to be another contributing factor in the emotional adjustment of the children.

5. In only four cases were there indications of intensification of emotional difficulties during adolescence.

6. Without any type of intensive therapeutic relationship to mother or child or both as indicated, it is apparent that this type of problem persists throughout the child's development, manifesting itself not only in actual feeding habits, but more important, in basic personality difficulties.

7. Feeding problems did not seem to be influenced by the economic situation because all the families but one appeared to be financially adequate.

BIBLIOGRAPHY

- Ackerson, Luton, Children's Behavior Problems. Chicago: University of Chicago Press, 1931.
- Anderson, John, The Young Child in the Home. New York: D. Appleton-Century Co., 1930.
- Annual Reports of Children's Hospital for the years 1930, 1938, 1942.
- Cohen, Israel, Jewish Life in Modern Times. New York: Dodd, Mead and Co., 1914.
- Dollard, John, and others, Frustration and Aggression. New Haven: Yale University Press, 1939.
- English, O. Spurgeon, and Gerald H. Pearson, Common Neuroses of Children and Adults. New York: W. W. Norton & Co., 1937.
- Isaacs, Susan, The Nursery Years. London: George Rontledge & Sons, Ltd., 1933.
- _____, Social Development in Young Children. London: George Rontledge & Sons, Ltd., 1933.
- Sadler, William S. and Lena K., The Mother and Her Child. Chicago: A. C. McClurg and Co., 1916.
- Stephen, Karen, Psychoanalysis and Medicine. London: Cambridge University Press, 1935.
- United States Children's Bureau, Infant Care. Publication No. 8. Washington: Government Printing Office, 1942.
- _____, Child From One to Six. Publication No. 30. Washington: Government Printing Office, 1937.
- Bender, Laretta, "Aggression in Childhood," American Journal of Orthopsychiatry, 13:392-399, July, 1943.
- Bruche, Hilde, "Obesity in Childhood and Personality Development," American Journal of Orthopsychiatry, 11:467-474, July, 1941.
- Brunk, Christine, "Effects of Maternal Overprotection," Smith College Studies in Social Work, 2:261-273, March, 1932.

Cannon, Ida M., "The Function of Medical Social Service in the United States," Hospital Social Service, 27:5, January, 1933.

Childers, A. T., and B. M. Hamil, "Emotional Problems in Children as Related to Duration of Breast Feeding in Infancy," American Journal of Orthopsychiatry, 2:134-142, February, 1932.

Deming, Dorothy, "The Relation of Medical Social Work to Public Health Nursing," Bulletin of the American Association of Medical Social Workers, 2:111, October, 1938.

Deutsch, Felix, Kaufman, Blumgart, "Present Methods of Teaching," Psychosomatic Medicine, 2:213-222, April, 1940.

Eliot, Abigail A., "Eating Habits in Relation to Personality Development of Two and Three Year Old Children," Genetic Psychology Monographs, 12: May, 1933.

Faber, H. K., and T. L. Sutton, "Breast-Fed and Bottle-Fed Babies During the First Year," Journal of American Medical Association, 96:385-- , January 31, 1931.

Field, Minna, "Maternal Attitudes in Children with Behavior Disorders," American Journal of Orthopsychiatry, 10:293-311, April, 1940.

Figge, Margaret, "Some Factors in the Etiology of Maternal Rejection," Smith College Studies in Social Work, 2:237-260, March, 1932.

Frank, Lawrence K., "The Fundamental Needs of the Child," Mental Hygiene, 22:353-79, July, 1938.

Freeman, Margaret, "Factors Associated with Length of Breast Feeding," Smith College Studies in Social Work, 2:274-282, March, 1932.

Gesell, Arnold, "The Psychological Hygiene of Infant Feeding," Mental Hygiene, 22:216-220, April, 1938.

Glueck, B., "Significance of Parental Attitudes for the Destiny of the Individual," Mental Hygiene, 12:722-741, October, 1928.

Goldfarb, William, "Infant Rearing and Problem Behavior," American Journal of Orthopsychiatry, 13:249-265.

Hoefer, Carolyn and Mattie C. Hardy, "Later Development of Breast-Fed and Artificially Fed Infants," Journal of American Medical Association, 92: 615, February 23, 1929.

Kenworthy, Marion, "Social Maladjustments (Emotional) in the Intellectually Normal." Paper presented at the First International Congress on Mental Hygiene, 1930. The American Foundation of Mental Hygiene, p. 4.

Levy, David, "Maternal Overprotection," Psychiatry 2:99-128, February, 1939;
Psychiatry, 2:563-597, November, 1939.

_____, "Finger Sucking and Accessory Movements in Early Infancy,"
American Journal of Psychiatry, 7:881-918, May, 1928.

_____, "Primary Affect Hunger," American Journal of Psychiatry, 94:643-
652. November, 1937.

Lurie, Olga Rubinow, "Psychological Factors Associated with Eating Difficul-
ties in Children," American Journal of Orthopsychiatry, 11:452-466,
July, 1941.

Pearson, Gerald H., "Some Early Factors in Formation of Personality,"
American Journal of Orthopsychiatry, 1:284-291, April, 1931.

Rose, John, "Eating Inhibitions in Children in Relation to Anorexia Nervosa,"
Psychomatic Medicine, 5:117-124, April, 1943.

Rosenheim, Frederick, "Parental Attitudes as Observed in Child Guidance
Clinics," Psychiatric Quarterly, 9:279-286, April, 1935.

APPENDIX

I. History of Child

A. Problem at Referral

1. Age at referral
2. Chief complaint of mother at The Children's Hospital
3. Type of feeding
 - a. Breast
 - b. Formula
4. Rigidity of Schedule

B. Intervening History in relation to feeding problem

1. Health problems
 - a. Lessened
 - b. Persisted
 - c. Increased
 - d. Taken on some other form
2. Other health problems

C. Present Situation in relation to feeding problem

1. Health problems
2. Eating habits
 - a. Finicky
 - b. Voracious
 - c. Anorexic
 - d. Sweets

D. Personality of Child

1. Type
 - a. Dependent
 - b. Extreme sensitivity
 - c. Jealousy
 - d. Demanding
 - e. Marked Loquaciousness
 - f. Markedly quiet

- g. Apathetic - weepy
- h. Greediness
- i. Mild depression
- j. Infantile, i.e., always taking, needing, wanting

2. Other problems

- a. Thumb sucking
- b. Nail biting
- c. Learning difficulties
- d. Eating difficulties
- e. Vomiting
- f. Inability to accept
- g. Inability to give

E. Social Life

1. Friends

- a. None
- b. One
- c. Two or three
- d. Many
- e. Markedly older
- f. Markedly younger

2. Interests

3. School

- a. Quality of work
- b. Learning difficulties
- c. Attitude toward the teachers

II. Background of Child

A. Parents

1. Age

2. Occupation

- a. Professional
- b. Business
- c. Skilled workman
- d. Semi-skilled
- e. Unskilled
- f. In service
- g. Unemployed
- h. At home

3. Health if outstanding

- a. Good or fair
- b. Chronic illness
 - i. cardiac
 - ii. T B
 - iii. Cancer
- c. Degenerative diseases
- d. Psychosis
- e. Neurosis
- f. Physical defects of marked character
- g. Dead

4. Nativity

5. Religion

- a. Same
- b. Different (if marked)
- c. If creates problem

6. Role of father -----of mother

- a. Dominant
- b. Neutral
- c. Submissive

B. Size of Family and Ordinal Position

1. Age and sex of siblings

III. Mother's Opinion of Child's Present Adjustment re Health and Social Situation

- A. Original Problems Disappeared and No New Problems Appeared
- B. Problems for which Originally Referred are Improved, though Some Occasional Traces may Remain
- C. Some Problems still Exist enough to handicap child
- D. Definite Health and Personality Problems
- E. Problems More Severe than when originally referred

IV. Parents' Attitudes toward Child as Judged by Worker

- A. Overprotection of Father of Mother
- B. Rejection " " " "

C. Over-ambition	of Father	of Mother
D. Domination	" "	" "
E. Vacillation from indifference to affection	" "	" "
F. Wholesome	" "	" "

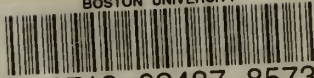
V. Parents' Attitude toward Hospital at Time of Closing

VI. Reason Why Parents Did Not Return

- A. Saw No Value
- B. Economic Reasons
- C. Felt Benefitted
- D. No More Need

F. J. B. & Co.
NOV. 1943
BINDERS

BOSTON UNIVERSITY



1 1719 02487 8573

