
the story of infant care

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This is the story of INFANT CARE, the Children's Bureau's "bestseller" and the sturdy standby of millions of mothers in rearing their children.

Since 1914 when the first edition of INFANT CARE appeared, ten other editions of the pamphlet have been printed and almost 52,000,000 copies have been distributed.

All of the various editions have been written in a straightforward fashion with the same audience in mind as those for whom the first edition was intended -- mothers and fathers who are trying to find out the best ways to give their children a good start in life as happy, healthy youngsters.

True, the pamphlet has grown thicker through the years, but it is still recognizable as the sturdy publication it was when the Bureau's first Chief in 1913 decided that the Bureau would gather and put between covers what was considered the most up-to-date information on child care.

A daring venture it was: that the Government should print and distribute information on the diseases of cattle, on the care and feeding of horses, and even on the culture of honey bees was, without doubt, right and proper; but a book about the care and feeding of infants -- that was another matter.

However, Julia Lathrop, the Bureau's first Chief, was a born precedent-breaker. A pamphlet was needed -- and a pamphlet was written.

How did Miss Lathrop come to the conclusion that such a pamphlet was needed?

The Bureau's first work was a study of why babies died. For 2 years, this study "absorbed almost the entire force of the Bureau." The "force" consisted of 15 persons. The Bureau's pamphlets for parents were a direct outgrowth of these studies.

Back in those days, as a Nation we did not know accurately just how many babies were born each year, how many died, or why they died. It was "guessed" that about 300,000 babies died every year. It was estimated that one out of every ten babies failed to live through the first year.

Miss Lathrop was determined to substitute facts for guesswork. This series of infant mortality studies which she initiated, the first of the kind undertaken by any Nation, is still studied and quoted today. The facts gathered from the infant mortality studies led to conclusions which are now commonplace. Then they were revolutionary.

In a speech before the ninth National Conference on Child Labor held in Jacksonville, Florida, in March 1913, Miss Lathrop described the philosophy underlying these first studies of infant mortality. She said, "It was determined to confine the first work to a series of small industrial communities. Moreover, it was to be conducted on a new plan, instead of examining the record of deaths and compiling the statistics therefrom, the birth records were to be first studied, the homes of all the babies born within a certain year visited, and each

child traced through his first year, or through so much of the first year as he had lived. This was not to be a medical inquiry, but one which should endeavor to present a view of the social and economic status of the family.... It was an entirely democratic inquiry, since the only basis for including any family within it was the fact that a child had been born within that family during the selected year, thus giving a picture, not of a favorable or an unfavorable segment of the community, but of the whole community."

The first investigation was made in Johnstown, Pennsylvania, in 1913. The field work at the end of the first year had been completed while the tabulation and report were being prepared for publication. Similar investigations were conducted in other communities during the period from 1913-1919.

Eight American cities (Akron, Ohio; Waterbury, Connecticut; Baltimore, Maryland; New Bedford and Brockton, Massachusetts; Saginaw, Michigan; Johnstown, Pennsylvania; Manchester, New Hampshire) were selected as representative of different regions and different conditions. In each city, babies of all races and creeds were studied. This meant visits to the homes of more than 25,000 babies by representatives of the Children's Bureau. Very poor homes and very wealthy ones were visited.

By the time the investigations were finished, the Children's Bureau knew why babies died. And what is more, they knew that most babies need not die. The greatest proportion of infant deaths resulted from remediable conditions existing before birth. And babies born into poor homes had less chance of surviving than those born into well-to-do homes. For instance, in Baltimore it was found that, of babies born in the most prosperous homes, 1 out

of every 27 died. In the same city, among poorer homes, 1 out of every 7 died.

There were other factors that influenced the infant death rate. Sickness or death of the mother lessened a baby's chance for life. Breast-fed babies had a better chance to survive the dangerous first year than bottle-fed babies. The physical care the baby received affected his chances. Sanitary conditions were also important. These were facts and with them the Bureau could plan ways to tell mothers about the best methods of caring for their babies. And babies could be given a better chance to live.

In her 1913 annual report, Miss Lathrop described this origin of the Bureau's pamphlets. She explained, "The bureau desires to publish various series of pamphlets on subjects which the correspondence shows to be of keen interest to the public. It has naturally begun its first series of pamphlets, as it has begun its first field inquiry, with the questions affecting the youngest lives of the Nation. Thus it is issuing a series of pamphlets dealing with the home care of young children, beginning with one on prenatal care.

"In studying the subject of infant mortality, our attention was drawn to the fact, well known to physicians, that of the deaths occurring in the early days of life, a large proportion are the result of conditions existing before birth. The latest reports of the Bureau of the Census on mortality statistics show that slightly more than 42 per cent of the infants dying under 1 year of age in the registration area in 1911 did not live to complete the first month of life, and that of this 42 per cent almost seven-tenths died as a result of prenatal conditions or of injury and accident at birth. Of those that lived less than one week

about 83 per cent died of such causes, and of the number that lived less than one day 94 per cent died of these causes. The existence of these facts justified the publication of a pamphlet on prenatal care as the first of the series of the care of children. This pamphlet will be followed by others covering the periods of infancy and childhood."

Because the pamphlets for parents were intended primarily for mothers, Miss Lathrop felt that they should be written by a mother. INFANT CARE would be written by a married woman with children of her own.

Miss Lathrop selected Mrs. Max West to do the writing. Mrs. West in a letter to Mary Taylor in February 1945 described her own background as follows: "At the invitation of Miss Lathrop, I joined the staff in September 1912. I was the mother of five children. I was a graduate of the University of Minnesota, and was what might be called, I suppose, a professional writer, that is, I had been writing and selling small stuff for a number of years."

HOW THE FIRST EDITION WAS WRITTEN

Miss Lathrop described the way INFANT CARE was written in the letter of transmittal to the publication. She said, "It is written by Mrs. Max West, who wrote the first number of this series ... and the same method has been used in its preparation -- namely, exhaustive study of the standard literature on the hygiene of infancy as well as consultations with physicians, nurses, and other specialists in this field."

As you read the record, however, you are impressed with what the process really involved. Actu-

ally very little had been written on the care of babies -- practically nothing of a non-technical nature. What was available was often buried in medical literature. An added difficulty, too, lay in the fact that much of the knowledge was still controversial in character; very little had crystallized into agreement. Perhaps a more experienced -- and less courageous person -- would have recognized the difficulties and have decided the task was impossible. But not Mrs. West. She proceeded into this almost Herculean task with good spirit. Where she could discover authorities and agreement, she used them; where she couldn't, she made judgments herself.

In the course of her writing, Mrs. West did a little pioneering herself. In those days, disposable diapers were yet to be discovered. What was needed was better material for diapers. She started writing all over the country to people who could give her ideas on a better diaper material. Her quest for information on this topic was typical of her quest in many other areas.

In a letter dated January 27, 1914, Mrs. West wrote to Miss Harriet L. Laete of the Cleveland Babies Dispensary and Hospital saying, "Will you be good enough to give me your ideas on the subject of the baby's diapers -- not a political one, but a vastly important one to the busy mothers of this country, is it not? I am making ready the manuscript of our pamphlet on the care of babies and am anxious to get hold of the most useful and practical information to pass along. I have always felt that we mothers were by no means dealing with the diaper question in an intelligent way and now I want to see if anyone has found out a better one."

"Diapers as commonly worn are hot, heavy, cumbersome and, no doubt, more or less deforming to the child's body. They are decidedly not sanitary, and if kept in even fairly decent sanitary condition, the washing and drying required add enormously to the work of the mother. My idea for improvement, as far as I have any, is to use some sort of absorbent pads made inside a thin, light, shaped-out diaper. In the Karitane Hospital in Dunedin, New Zealand, they are doing this, apparently with great satisfaction. The pads they use are diamond-shaped, and the cheesecloth is filled with any of various absorbent materials. Some of these they mention are sphagnum moss and wood-wool. The first of these is a common and cheap product in this country. Manifestly, whatever is used will have to be something very cheap.... Now will you be good enough to tell me what you think about it, and whether or not you have found out a really satisfactory way of dealing with this matter in your hospital. Your reply will be a great favor to the Children's Bureau and to me personally."

Dr. L. Emmett Holt of New York City and Dr. J. P. Sedgwick of the University of Minnesota Medical School were consulted by Mrs. West during the preparation of the manuscript on many, many different subjects. Mrs. West's quest for information was well-nigh endless or so it seemed.

Miss Lathrop asked other pediatricians to read it either in manuscript or in galley proof. Among these were:

Dr. S. McC. Hamill, Philadelphia,
Pennsylvania

Dr. Henry L. K. Shaw, Director of
the Division of Child Hygiene, New
York State Department of Health

Dr. John Zahorsky, St. Louis,
Missouri

Dr. Henry Dwight Chapin, New York
City

Dr. Alice Hamilton, Department of
Labor, Washington, D. C.

Typical of the kind of questions Mrs. West asked various authorities in the field were those she asked Dr. J. P. Sedgwick of the University of Minnesota Medical School. She was in constant touch with him all during the course of her writing. Finally the first preliminary draft was ready and off it went to Minnesota.

"I am very much pleased with the character of the work on INFANT CARE," he wrote Mrs. West in April 1914. "But there were," he said, "a few places in which in my opinion alterations will be of value."

The following excerpts give the flavor of his changes:

"I am very pleased with the discussion on breast feeding."

"I believe with many others that a nursing mother can eat anything that is good for a woman who is not nursing a baby, and in my consultation work, I find that a great deal of harm is done by injudicious restrictions of diet."

"I believe it would be well to insert the classical statement of Jacobi's in regard to the fact that the attributing of everything to teething has cost more lives than has been lost through

wars and pestilences of history. It is a strong statement, but the old idea is so well driven into the minds of the mothers that such means are needed to protect babies."

On May 19, 1914, Mrs. West wrote to Dr. Sedgwick thanking him for his suggestions. Now she was facing another problem on which she needed help. "I am very much puzzled," she said, "to know to what extent I had better go into the matter of disease. I hardly see how it can be left out entirely since the pamphlet is to go to many mothers who are beyond the reach of good doctors, and, in many cases, can hardly get medical advice at all except in great extremity, but it is hard to draw the line ... It seems to me that since the spread of education is the only means of control that we can hope much from, a pamphlet like this ought to take note of these diseases. I should be glad to have an opinion from you on this point."

Again came the answer. On June 1, 1914, Dr. Sedgwick wrote, "The question which you bring up ... in regard to the advisability of going into the matter of disease is certainly a very perplexing one. If enough is said so that the mothers feel that they can diagnose and treat such conditions, it would certainly be dangerous for the children. However, I believe that sufficient mention could be made to indicate that some symptoms point toward diseased conditions and thereby, put the mothers on the guard without alarming them."

Dr. L. Emmett Holt made major contributions to the pamphlet -- so much so in fact that gentle, conscientious Julia Lathrop became concerned for fear that the Bureau was imposing on him. It had all started with a request that the Bureau be permitted to quote from Dr. Holt's book which he was

in the process of revising. On May 24, Miss Lathrop wrote to Dr. Holt saying, "Mrs. West of this Bureau is preparing the second number of the series on the care of children, dealing with the baby through the second year. We are desirous of quoting certain material from your book, giving, of course, due credit. As I understand that you have now underway a revision of your book, I should be particularly glad to submit to you the material we wish to use so that we may be sure that it entirely meets your views. Would it be agreeable to you, and would you be willing to look over the pages which contain this material?"

On June 2, 1914, Miss Lathrop acknowledged receipt of the manuscript saying, "I cannot tell you how much we appreciate your public-spirited help. We earnestly trust that the pamphlet will prove not only useful to the public, but satisfactory."

Dr. Alice Hamilton, Bureau of Labor Statistics, also reviewed the manuscript of the first edition. She felt that the general treatment of the subject was well adapted for the popular distribution which was intended. "I especially commend the reference to scientific authorities on the one side and the clearness of the popular exposition on the other. Mrs. West has neglected no single phase of the subject and has treated each in accordance with the most recent pronouncements of child specialists. Her style is simple enough to be understood by uneducated women and yet not so simple as to seem condescending to the educated. It is really an excellent piece of work."

When the first edition was in galley proof, Miss Lathrop discovered that there was a committee of the Pediatric Society which had been set up to

advise on and evaluate literature appearing in this field. Quite by chance, the Bureau had had two members of the committee review the publication, Dr. Hamill and Dr. Holt. It occurred to Miss Lathrop that, if Dr. Chapin, the third member of the committee, read the galley proof, perhaps the committee would be willing to endorse it. She wrote Dr. Hamill asking if he thought it would be possible to obtain the endorsement of the committee. Dr. Hamill advised against this course on the ground that the committee had not been called into consultation prior to the writing.

THE CONTENT OF THE FIRST EDITION

What was there about the content of this little pamphlet that was to skyrocket it into the bestseller class?

To understand why this happened, we must transport ourselves back into the times. When *INFANT CARE* was first published, what mothers needed to know seems now to be the most elementary facts about keeping a baby well -- about the danger of impure water and contaminated milk, and about flies and mosquitoes. Babies by the thousands died then of "summer complaint," and mothers needed to be taught the relationship between the scourge and the conditions under which they were living.

In her letter of transmittal introducing the first edition, Miss Lathrop described the audience of *INFANT CARE*: "It is addressed to the average mother of this country. There is no purpose to invade the field of the medical or nursing professions, but rather to furnish such statements regarding hygiene and normal living as every mother has a right to possess in the interest of herself

and her children. It endeavors to present the accepted view of the best authorities at the present time."

Mothers needed to know about the importance of sunshine and fresh air -- the cod-liver-oil era was not then upon us. They needed to be persuaded that their children could be vaccinated against small-pox without harm. They needed to know the most simple facts about feeding children. The milk they were able to get often had to be pasteurized at home, and pasteurization was new. They did not have electric refrigerators: they kept the milk in the well or in the cellar. INFANT CARE had instructions in it for making an icebox out of a wooden box, a couple of tin pails, a piece of pipe, and some sawdust, and "5 cents worth of ice." A listing of what should never be fed to a baby gives some idea of why so many little stomachs ached: never give a baby cake, candy, doughnuts, griddle cakes, pork or tough meat, pickles, tea, coffee, soda water, wine, beer, nor tastes of the family meals.

Those were the days when babies were "swaddled" in long ruffled dresses and stiffly starched petticoats. The dress and petticoat need not come more than ten inches below the feet, the book stated, an admonition that is laughable now in view of the little clothing that is put on most babies, winter or summer. The wardrobe of the well-dressed baby of 1914, however, was not to be shortened, or, for that matter, discarded without serious thought given to the matter. Diapers, moreover, were not the trim affairs that they are now; they were birdseye, one-half to three-fourths of a yard square, hemmed on two sides, and they were folded triangular fashion and pinned to shirts and stockings. It is a wonder that a race of people so

garbed in infancy did not waddle bowlegged through life.

The generation that first read the Children's Bureau's advice on bringing up children heated the water for the baby's bath on top of the coal stove, a fact that must be remembered before laughing too hard at the absurdity of warning women, as the first edition did, that the tub should be removed from the stove before the child was placed in it. Blistered bottoms were not uncommon, if the fire blazed up while the baby was in the tub.

Any woman would know better than to put a baby in a tub on a stove, we say now, but many did not know better, not only about the tub but also about other matters of general information in this "enlightened" age. They couldn't have done so badly, their defenders might say, or none of us would have survived. The truth is, though, that their lack of knowledge of a better way sometimes cost their babies' lives. One out of ten babies in those days failed to "live through his summer" -- in the folksay of the time.

INFANT CARE was leveled against the ignorance and superstition of the day and had its part in bringing to the mothers of this country the knowledge that is now widespread. "Mothers will do better when they know better" was the faith upon which this publishing venture was undertaken.

Perhaps most striking of all to the modern reader is the omission of any reference to cod-liver-oil. Suggestions as to the treatment of rickets were confined to proper feeding and good hygienic conditions. No connection was made between the giving of sunbaths and the prevention of rickets for the simple reason that the connection was not known.

As for the communicable diseases, "every effort should be made to keep a baby from getting any of them." As yet, smallpox was the only disease against which the baby could be protected.

There is in the first INFANT CARE plenty of advice which is still as sound and good as when it was written. "All babies need mothering, and should have plenty of it." (That statement, or something similar, has appeared in every edition of INFANT CARE.) That "harsh punishment has no place in the proper upbringing of the baby" is another of the sound educational pronouncements of 51 years ago, which is as acceptable now as it was then.

Some of the training methods advocated are mute evidence of how little was known then, and for a good many years afterwards, about what to expect of children at various ages. If it makes modern pediatricians' hair stand on end to think of starting bowel training "by the third month, or even earlier," we are in the next moment relieved and diverted to learn that "laughter will tend to relax the muscles and to promote an easy movement." Just how the mother of a three-month-old baby was to get him to laugh while seated on the recommended cuspidor on her lap was, however, left to the imagination of the reader. (In more recent editions of INFANT CARE, the time for learning bowel and bladder control has been pushed farther and farther ahead, as we have learned more about babies' abilities. The cuspidor is no longer mentioned.)

One of the odd changes that have taken place, due to the steadily increasing amount of information about allergies, is the switch from the statement in 1914 that "some children cannot digest the yolks of eggs, and it is wise on this account to begin by feeding the white only" to the statement in later

editions that "egg yolks may be added ... in the fifth month. Some physicians add it as early as the third month or even earlier.... A very few babies are made sick by eggs."

Even to read over the index is an education in changed attitudes and approaches brought about, to no small degree, from the widespread use of INFANT CARE. In this first edition, "Chamber, training in use of" was the discreet way in which bowel and bladder training had to be presented to modest mothers.

In the first edition of INFANT CARE, the major emphasis was placed, naturally enough, on the physical care of the baby. The subject of his early training was far from neglected, however, as these excerpts show: "a child should early be taught to choose certain paths of action for himself," in a way that seems stilted to us now of encouraging what we call "independence" and "self-reliance." The importance to personality development of preventing fear was recognized: "A child who is often punished may be so dominated by fear of his parents that, the natural expression of his vital interests being denied him, he becomes sullen and morose as he grows older."

No matter whether the question to be decided was in the realm of sleep, feeding, crying, or toilet training, the building of desirable, and the elimination of the undesirable, was what the mother was to depend on. Guidance was a matter of promoting a system of "good habits." (Gradually this was to give way to a recognition of the principles that underlie learning of all sorts.)

On the basis of the importance of "training a baby in the way he should go, a strict schedule

must be maintained at all costs. If the baby is still sound asleep when the three-hour period has come around, he should be gently roused and put to the breast. This will involve little shock to his nerves, because he will be about ready to waken in any event.... The baby should never be allowed to go to sleep with anything in the nature of a pacifier in his mouth. Thumb and finger sucking babies will rebel fiercely at being deprived of this comfort when they are going to sleep, but this must be done if the habit is to be broken up. The baby ought to have a quiet place in which to sleep, but he should be taught to sleep through the ordinary household noises, unless they are unduly disturbing. It should not be necessary to walk on tiptoe and talk in whispers while the baby sleeps, provided he has a room to himself during his daytime naps."

RECEPTION BY THE DOCTORS

After INFANT CARE became available, many pediatricians wrote to the Bureau to praise the pamphlet. For example, Dr. Borden S. Veeder of the Department of Pediatrics, Washington University Medical School in St. Louis, wrote to Miss Lathrop saying, "Please let me extend my congratulations to you and your staff for this pamphlet which is by far the best that has ever been published on the subject and much superior to any of the other books on this subject. I want to have a copy placed in the hands of every one of the students in our classes and a copy for each nurse in the University Training School for Nurses." (Letter of January 23, 1915.)

Dr. William Davis, St. Paul, Minnesota, wrote on December 8, 1914, "In my opinion, there is no better work on the subject in print."

By and large, the reception by the doctors was favorable. Of course, this does not mean that all the doctors agreed with everything in the book. Far from it. Many wrote in to disagree with portions of the book. But most of the correspondence shows that they warmly agreed with the Bureau -- INFANT CARE met a real need.

In the period between 1914 and 1921, almost 1,500,000 copies of the first edition of INFANT CARE were circulated.

ALLOTMENTS TO CONGRESSMEN

Soon after the issuance of INFANT CARE, a demand for it arose in an unexpected source -- the Congress. Congressmen began sending the names of their constituents to the Bureau with a request that INFANT CARE be sent to them.

The letter from Representative George Huddleston from Alabama was typical. He wrote to Miss Lathrop in November 1915 from Birmingham enclosing some addressed franks "with which I will be grateful if you will send your publication INFANT CARE to the parties whose names appear on them. I attach such value to your publication, INFANT CARE, that I have decided to ask you to send it to mothers of infants whose names I may be able to obtain from our birth records."

In reply, Miss Lathrop wrote, "your letter of November 8 has come in and I wish to thank you for the approval of the Children's Bureau pamphlets which you express. Our printing allotment is extremely limited. Otherwise, there could be no possible question as to the duty of the Bureau to send INFANT CARE

to any mother who might make use of it. For the time being at least, we shall be glad to carry out your wishes in this respect, and perhaps when Congress opens you will be kind enough to come into the Bureau some day and discuss with us whether our distribution ought to be more generous."

When the Bureau could supply the pamphlets asked for by Congressmen, it did. When it couldn't, Miss Lathrop explained that the Bureau simply couldn't meet the demand.

It wasn't until 1921-1922, however, that a systematic scheme for the distribution to Congress was finally set up.

Thirty-three Congressmen were put on a list to receive 250 copies of the bulletin each month. That year Congressmen distributed 10,000 copies to their constituents. By 1922, 52 Congressmen were on the list, and 21,000 copies were distributed. In 1924-25, the Bureau had to discontinue the Congressional allotments because of curtailed printing funds. The pamphlet was sent to Congressmen only on request. The next year, 74 Congressmen received allotments and distributed 100,000 copies. From that time to the present, the number distributed by Congressmen has climbed steadily.

FIRST MAJOR REVISION

Dr. Dorothy Reed Mendenall and Mrs. West were jointly responsible for the first major revision of INFANT CARE. The actual process of revision took three years. And it was during this revision that the Bureau set up and used its Advisory Medical Committee to review the manuscript.

In June 1919, Miss Lathrop asked the American Pediatric Society, the Pediatric Section of the American Medical Association, and the American Child Hygiene Association (later the American Child Health Association) to name representatives to serve on the Advisory Medical Committee to the Hygiene Division (now the Division of Research). In 1933, a representative of the American Academy of Pediatrics was added to the Committee. The Committee was later renamed the Pediatric Advisory Committee, and its membership is composed of representatives of the American Academy of Pediatrics, the Society for Pediatric Research, and the American Medical Association.

The Committee was set up to review material for all publications dealing with the technique of child care to be used by members of the medical, nursing, and related professions or by parents and others who take care of children.

The members of this Committee still review all Children's Bureau publications.

The fact that Children's Bureau publications on child care are reviewed by this Committee has won the confidence of members of the medical profession and allied professions and of parents and others who take care of children.

At the meeting of the Advisory Medical Committee in Boston on October 9, 1919, the following resolution was passed:

"The committee requests and urges very strongly that names of compilers of INFANT CARE be omitted from the cover and credit for the work be given in the letter of transmittal."

The Committee gave the following reasons for their request:

1. It is impossible to get either State or City Boards of Health to recommend a publication with an individual name. They want a government publication.

2. Private organizations will use an adequate government publication instead of their own or others.

3. Physicians will be much more apt to recommend a government publication.

4. Such a publication as INFANT CARE is merely a compilation; therefore should not have an author's name given.

Mrs. West in writing to Miss Lathrop's secretary in April 1920 told of her own reaction to this proposal:

"When I had my talk with Dr. Meigs last week she let fall a hint of something I never thought of before: She said that some doctor, or doctors, had said that it would not be so bad if my name did not appear on the covers of my bulletins so prominently; that either there should be no name at all, or, in the letter of transmittal, Miss Lathrop should have assured the sensitive medical profession that I was merely a compiler, and not an author. Of course, neither the Bureau nor Miss Lathrop has to wait to ask my permission to remove my obnoxious name from the bulletins, if they so desire, but I know Miss Lathrop would not do it without consulting me, so I hasten to say that if she feels that is strategically desirable, off it comes. I have had all that was coming to me from the credit already given me -- doubtless much more than was due me, but in any event the whole question is as to what is best and wisest

from the standpoint of Bureau policy. So please be sure that if this seems to be a wise course from that standpoint, it is quite all right with me. I was more than ever confirmed in my opinion as to Dr. Blank's attitude toward me and my participation in the Bureau's work: She was as always, most cordial and polite personally, but actually she allows me nothing, save the ability to write simply and pleasingly. She made this perfectly plain the other day. She does not admit that I actually educated myself in the field of knowledge covered by the bulletins, and reiterated the fact the other day that I was merely a compiler of other people's knowledge; that I was merely the transformer through which the current passed in usable form. I told her that something like that was set forth in each letter of transmittal, but she felt that it should be made much more emphatic.

"I think there is a slight injustice in this attitude, for, after all, I had borne five children, and as I am not a hopelessly feeble-minded woman I must have learned a few things for myself by that process. Also, everyone learns from others. Even doctors themselves. So I do not think it quite just to exclude me entirely from the pale of the educated! However, that sounds like pique -- maybe it is. But at least, please believe me, that I honestly want only one thing in the whole matter, supremely, and that is that Miss Lathrop shall be freed as far as can possibly be accomplished, of any embarrassment connected with me, my name, my works, or my association, and whatever means are necessary to accomplish the end are legitimate, as far as I am concerned."

During the years since this decision of the Advisory Committee, INFANT CARE has not carried the name of an author on the title page. The writer of the pamphlet has been acknowledged in the foreword.

LATER REVISIONS

In 1929, INFANT CARE was completely rewritten; revised in 1932; rewritten in 1938; revised in 1940 and 1942; rewritten in 1945; rewritten in 1951; revised in 1955; and rewritten in 1963.

The content of the pamphlet through the various editions ebbed and flowed with advances in medicine, science, and what we know about the emotional development of children.

A LOOK AT THE 1951 EDITION

Like its predecessors, this edition of INFANT CARE was an attempt by the Children's Bureau to bring together the best known and most widely accepted modern ideas about what is good for children from birth to their first birthday.

The principal writer of the pamphlet was Marion L. Faegre. Bureau specialists talked to doctors, nurses, social workers, psychiatrists, nutritionists, parent educators on what the book should cover. They asked parents -- living in both cities and the country -- what they wanted the book to talk about.

One father told a Bureau representative: "I feel that instead of working on the fathers to get them to help with children, the book should work on the mothers so that the mother would let the father help with the children. A lot of fathers would be willing to do a darn sight more if the mothers would not consider them clumsy old oxes and let them touch those 'fragile' things. The mothers are really afraid to let these great big hands touch these so-called fragile things."

A mother said: "I think a lot of books tend to tell you exactly what to do about thus and so and you get so conscientious about it that you forget all the nice and very fine things about having a baby -- that they are really quite fun. Until I had a second baby, I never knew it would be fun to watch our first one play with the other. I probably wouldn't have paid any attention if I had been told this."

The first draft of the revised pamphlet was submitted for review to about 70 persons outside the Bureau, including 37 doctors (general practitioners, pediatricians, psychiatrists), 6 psychologists, 7 nurses, 3 nutritionists, 1 anthropologist, 6 social workers, 8 parents (each of whom had a child less than 1 year of age), several expectant parents, 2 parent-education workers (1 city and 1 rural).

The 1951 INFANT CARE took these points of view into consideration and many other factors too.

Some comparisons between advice in the first INFANT CARE in 1914 and the 1951 edition show how attitudes toward what is good for babies changed during that 37-year period.

In 1914, babies were to be fed at three-hour intervals until they were six months old. In 1951: "Letting a baby have a chance to develop a feeding rhythm of his own takes more judgment than feeding him at set intervals. But it's much easier than having an unhappy baby.... If you are not breast feeding it means getting ready a good many bottles of formula, during the first few weeks, to be sure you will have a fresh one for him whenever he is hungry. It means giving careful attention to your baby to learn to judge whether he is hungry."

Cod-liver oil was added to the baby's diet in the 1926 edition and identified as containing vitamin D in the 1929. Frozen foods were approved in the 1951 edition.

In 1914, on the basis of what we knew then, mothers were told that the baby "should be taught to use the chamber" by the third month or even earlier. But the 1951 edition counseled patience: "A child can get to feeling that his mother is his enemy if she urges on him things he is not ready for.... If you consider all that must go into learning bowel control, you won't be in such a hurry to expect your baby to act 'civilized'." Sometime between one and a half and two years is suggested as a "much more common time" for babies to learn bowel control "willingly."

THE TENTH EDITION (1955)

By 1954 the Bureau was caught in a jam as far as printing INFANT CARE was concerned. Printing cost had advanced and Congressional demand had increased. The pamphlet was in danger of absorbing the Bureau's total printing budget.

Something had to be done. The 1955 revision was the result.

The 1955 INFANT CARE, the tenth edition, was approximately 40 pages shorter than the 1951 edition, largely because of a new printing layout and a reduction in illustrations that made the costs of production manageable.

A new section on the care of premature babies, as well as increased emphasis on the need for precautions against accidents -- the greatest single

killer of children -- was added. Parents were particularly warned of such dangers as that of storing materials harmful to babies in empty food and beverage containers and leaving them within the reach of an infant. Otherwise the differences between the 1955 edition and the 1951 one represented a general tightening of content.

THE ELEVENTH EDITION (1963)

Approximately 12 years had elapsed since the contents of INFANT CARE had been entirely rewritten. Despite such a relatively long interval, the 1963 edition contains few major reversals or upheavals. The doctor today is saying many of the same things to new mothers that he did in 1951. The biggest change comes in the way that he says them.

Today the approach to baby tending seems to emphasize simplicity and naturalness. Parents are encouraged to value their own judgment about what is best for their baby and to base their decisions on the kind of baby he is and the kind of people they are. "No booklet or expert can ever tell you all about your baby. Only you, his father and mother, will get to know him well enough to be able to decide what to do in many cases. Of course, you will make little mistakes. But your baby can put up with quite a bit, if he finds you consistent and loving in your care." The book, INFANT CARE, represents an effort to help parents find the techniques which make both them and the child relaxed and comfortable -- able to enjoy life together. It rests on an awareness of the mutuality of the relationship between them, recognizing that the baby's response to what is done for and to him -- his vigor and spunk or passive malleability -- influences what the mother and father feel and do. The pamphlet is

written to give them facts and information which they can then apply in their own way.

Wide latitude for the timing of feeding, sleeping, weaning, and other routines is allowed in this newest edition. Few hard and fast rules are given. One of the chief reasons is that research in the past decade has revealed more definitely the existence of wide individual differences present at birth. These differences exist not only in physical endowment and rate of growth but also in sensitivity, temperament, and stability. Such differences, resistant to change, tend to persist throughout life. Thus any routine, if applied indiscriminately to each baby, is not received or interpreted by him in the same fashion at all.

The mother is given choices, which in some earlier editions of the pamphlet were not approved. The choice of breast or bottle feeding is left to her, since either method, as far as is known today, can be equally satisfying or nourishing to the baby. The 1914 advice was that "The milk of each animal is different from that of every other and each is especially adapted to the requirements of the young of that species. No other argument than this simple psychological one should be needed to induce a thoughtful mother to nurse her baby at the beginning of his life...."

In 1963, INFANT CARE says: "Before the baby's birth, you probably decided whether you would feed him by breast or bottle. It's a decision you'll have to make on the basis of your inner wishes, not on what other people say. There has been a lot of talk on both sides of the question, but in the long run, either way will work all right as long as you feel right about it."

Babies in 1914 didn't get a chance at even a tablespoon of strained fruit juice until they were seven or eight months old. They couldn't have solid foods "other than soft egg, crisp toast or zwieback," during the first year. Advances in food processing and more knowledge about nutrition have changed that picture drastically. The 1963 edition counsels that during the first year of the baby's life "The best way to acquaint the baby with new foods is to do it so gradually he scarcely knows he's being asked to do anything unusual at all." Getting him used to the spoon, moving him gradually up to the cup, introducing him to such things as cereal, applesauce, mashed banana, and, by the time the baby is between six and eight months of age, introducing him to a diet that will include vegetables, meat, milk, and fruit are advised.

The emphasis in the 1963 edition on the importance of parents enjoying their new babies is a far cry from the 1914 edition when they were told the child must not be picked up when he cried, because it might make a tyrant of him. Mothers in 1914 were cautioned about rocking the baby.

In 1922, rocking the baby was described as something that might "disturb him." If the baby cried, the parent was told, he might want to be taken up and rocked "all the result of having learned that crying will get him what he wants."

In 1929, parents were urged that they "must not start the habit of coaxing a baby to sleep by rocking."

In 1942, INFANT CARE admitted that "Sometimes the baby needs a little extra attention" in a picture caption showing him rocked by his mother. By 1951, the last major revision of INFANT CARE, rocking

got more respectability: "A great many babies fall asleep readily when they are rocked."

The 1963 edition states very firmly: "Rocking chairs must have been invented for these sweet moments" when the mother rocks her newborn baby and says further "The sick, fretful baby . . . may need to be soothed, sponged off . . . talked to, or just held and rocked. Give him all the comfort and attention you can, without fear that it will spoil him."

In 1914, the father was considered such a busy man that playing with his child might "result in nervous disturbances of the baby and upset his regular habits." The 1963 edition says: "A couple finds a different relationship in their marriage. Through this child, they begin to share the worries and the delights of introducing a new life to the ways of the world. The most commonplace things become fresh again as they see them through the wide-eyed gaze of a baby.... Each new child needs a time of being the center of the universe -- his universe being small enough to mean only you -- and each needs understanding help as he learns to share the spotlight with others in the family. Then there will be grandparents and uncles and loving neighbors to know and cherish. And teachers. But these will come later. At first, his parents are all."

Thumbsucking came in for sharp criticism in the early editions of INFANT CARE. The 1914 edition even recommended pinning the sleeve of the baby's jacket down over the "fingers of the offending hand for several days and nights" to stop thumbsucking. The 1963 edition says: "Babies invent fascinating little tricks to comfort themselves as they fall asleep. One will rub the satin edge of the blanket, another pull at his ear, suck his thumb, or twirl a

lock of hair. No two are exactly alike. Such comfort devices may last for a long time, or change as the first months go by. They're as natural as can be, and are nothing to worry about. . . . Thumb-sucking, especially, worries parents. . . . Some doctors believe that giving a pacifier to a young baby, in the early months of life, will give him enough sucking so that he won't turn to his thumb later on." (Pacifiers were anethema in the 1914.)

In order to provide the new parents with information as they are ready for it, the arrangement of the pamphlet has been changed to one which pictures the baby as he grows, from the newborn period until he is ready to walk. As he grows, feeding, sleeping, and behavior changes are interpreted under fairly broad age periods, rather than as topic headings complete in themselves. There is a lack of rigid schedules, of targets for weight or height gain appropriate for each month, or of fixed expectations for either mother or baby. Even the point of emergence from infancy to the toddler age is taken at the time at which the baby walks, rather than the chronological elapse of 12 months.

Despite these latitudes, however, there are a few important "musts" for each child. One of these is the importance of early immunization against a growing list of diseases. For example, in the 1963 edition measles appears on the immunization list for the first time.

Continued emphasis is given to the prevention of accidents in infancy, as they remain the largest cause of death in the early years of life. Many types of home accidents common today were unknown a few years ago. Useful and necessary drugs, effective household and garden sprays, time-conserving home appliances, paints, cleaning agents, other chemical

products, and even refrigerators and television sets have brought sickness, injury, and death to youngsters where they were carelessly or improperly used.

The new edition of INFANT CARE contains a section on the handicapped baby. Many infants with physical or mental damage who formerly might not have lived survive today.

There is also a section on factors to be considered by the mother who feels that she must seek employment and leave her baby in the care of others.

* * * * *

The Children's Bureau estimates that about 163 million American children have been born in INFANT CARE's time. Almost 52 million copies of the pamphlet have been distributed. This would suggest that more than one baby in three is an INFANT CARE baby. The true figures, however, must be even higher. In thousands of families, one copy serves for all the babies born in each family; in thousands of cases, one copy serves for two families or three.

Requests for INFANT CARE come in from all points, including Europe, Africa, and Asia, for the State Department has translated the baby book into nine languages -- Arabic, Korean, Japanese, Burmese, Hindi, Afghan-Persian, Spanish, French, and Portuguese.

A staff member of the Children's Bureau, while in London during the summer of 1965, went into one of Her Majesty's Stationery Offices and found that the Children's Bureau pamphlet INFANT CARE was on sale there. Eight of these offices are scattered throughout the British Isles. Apparently the British Government buys INFANT CARE from the U.S. Government

Printing Office and offers them for sale through their government book stores (Stationery Offices).

INFANT CARE has always represented the most expert opinion available in the Nation on the best way to raise healthy babies. The changes which are reflected between the first edition in 1914 and the 1963 edition show how much new information has been made available to parents through advances in knowledge about good child care practices.

DISTRIBUTION OF INFANT CARE

Fiscal Year	Number of Copies Distributed Yearly		Total Distribution from Issuance	
	Sales	Free	Sales	Free
1930	131,834	522,517	935,169	4,626,160
1931	139,710	508,657	1,074,879	5,134,817
1932	143,906	567,288	1,218,785	5,702,105
1933	90,973	404,602	1,309,758	6,106,707
1934	85,444	391,230	1,395,202	6,497,937
1935	93,119	406,726	1,488,321	6,904,663
1936	104,752	515,056	1,593,073	7,419,719
1937	168,590	546,074	1,761,663	7,965,793
1938	157,209	513,401	1,918,872	8,479,194
1939	156,890	615,342	2,075,762	9,094,536
1940	181,942	869,037	2,257,704	9,963,573
1941	131,233	947,364	2,388,837	10,910,937
1942	127,607	1,065,042	2,516,544	11,975,979
1943	154,804	1,010,622	2,671,348	12,986,601
1944	140,157	992,757	2,811,505	13,979,358
1945	198,290	838,864	3,009,795	14,818,222
1946	214,320	929,897	3,224,115	15,748,119
				18,972,234

1947	597,077	1,024,058	1,621,135	3,821,192	16,772,177	20,593,369
1948	998,720	1,067,404	2,066,124	4,819,912	17,839,581	22,659,493
1949	660,266	928,682	1,588,948	5,480,178	18,768,263	24,248,441
1950	771,517	972,042	1,743,559	6,251,695	19,740,305	25,992,000
1951	748,178	944,278	1,692,456	6,999,873	20,684,583	27,684,456
1952	829,921	1,036,876	1,866,797	7,829,794	21,721,459	29,551,253
1953	858,613	1,048,705	1,907,318	8,688,407	22,770,164	31,458,571
1954	588,704	1,011,485	1,600,189	9,277,111	23,781,649	33,058,760
1955	486,710	1,072,371	1,559,081	9,763,821	24,854,020	34,617,841
1956	415,846	1,141,116	1,556,962	10,179,667	25,995,136	36,174,803
1957	484,793	1,160,247	1,645,040	10,664,460	27,155,383	37,819,843
1958	383,031	1,195,056	1,578,087	11,047,491	28,350,439	39,397,930
1959	329,090	1,178,933	1,508,023	11,376,581	29,529,372	40,905,953
1960	356,897	1,272,416	1,629,313	11,733,478	30,801,788	42,535,266
1961	411,176	1,263,428	1,674,604	12,144,654	32,065,216	44,209,870
1962	386,727	1,329,120	1,715,847	12,531,381	33,394,336	45,925,717
1963	364,619	1,415,694	1,780,313	12,896,000	34,810,030	47,706,030
1964	324,334	1,459,238	1,783,572	13,220,334	36,269,268	49,489,602
1965	329,496	1,533,214	1,862,710	13,549,830	37,802,482	51,352,312

DISTRIBUTION OF INFANT CARE TO MEMBERS OF CONGRESS

Fiscal Year	Number of Members	Number of Copies	Total
1922	33	250	10,000*
1923	52	250	21,000
1924	93	100	150,000
1925	Discontinued--sent only on request		
1926	74	100*	20,000
1927	112	100*	100,000*
1928	171	100*	114,425
1929	177	100*	217,042
1930	247	100*	197,633
1931	240*	100*	261,294
1932	250*	100	250,000*
1933	250*	75	287,564
1934	200*	75	208,628
1935	218	75	175,475
1936	243	100	150,372
1937	283	50 to 100	245,762
1938	273	25 to 100	278,469
1939	291	25 to 400*	276,123
1940	315	25 to 400*	349,535
1941	322	25 to 400	512,738
			594,247

1942	335	25 to 900*	671,172
1943	295	25 to 900*	604,365
1944	309	25 to 900*	593,997
1945	323	25 to 900*	501,068
1946	322	50 to 900*	624,946
1947	351	50 to 900	638,941
1948	370	50 to 400	735,384
1949	367	50 to 400	669,343
1950	396	30 to 500	881,292
1951	408	50 to 500	881,644
1952	416	30 to 500	960,469
1953	402	50 to 500	998,174
1954	423	50 to 500	1,003,203
1955	438	50 to 500	1,068,022
1956	449	12 to 500	1,140,052
1957	448	50 to 500	1,158,934
1958	459	50 to 500	1,194,245
1959	454	25 to 500	1,176,671
1960	468	25 to 500	1,262,385
1961	448	25 to 500	1,257,604
1962	494	15 to 500	1,323,490
1963	518	15 to 500	1,407,054
1964	448	15 to 500	1,446,243
1965	420	15 to 500	1,516,200
			<u>28,135,205</u>

*Estimate

INFANT CARE ORDERS

<u>Edition</u>	<u>Number of Orders</u>	<u>Total Number Ordered</u>	<u>Total Cost</u>	<u>Average Cost Per Copy</u>
1914	14	1,446,000	\$ 54,443.99	\$0.0377
1921	30	2,800,128	125,546.21	0.0449
1929	11	1,101,109	55,267.26	0.0502
1932	26	2,875,600	146,711.97	0.0508
1938	13	1,825,000	65,669.27	0.0326
1940	8	2,289,645	71,847.28	0.0313
1942	9	2,350,000	105,945.13	0.0451
1945	14	6,174,500	388,079.11	0.0623
1951	14	3,777,000	352,156.66	0.0932
1955	18	9,867,500	634,272.05	0.0643
1963	<u>8*</u>	<u>4,000,000*</u>	<u>294,633.39*</u>	<u>0.0737</u>
Totals	165	38,506,482	\$2,294,572.32	\$0.0596

*Through October 1, 1965