In behalf of Mothers and Children

The Story of the U. S. Children's Bureau
"Clearly, if economic waste is reprehensible, waste of child life, whether viewed economically or in terms of common and universal betterment, is more deplorable than war."

HERBERT HOOVER.

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THE STORY OF THE
U. S. CHILDREN'S BUREAU
By Eleanor Taylor

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The Story of The Children's Bureau

He was a nice old gentleman. They were showing him the "sights" of Washington, and finally they took him through the Children's Bureau. Scanning the bare, orderly offices filled with reports bound in drab gray covers, with charts and maps, at last he burst forth with amazement—"But where are the children?"

"Not here," his Children's Bureau guide assured him, "but in city slums and country cabins, in factories and mines, in fatherless homes, in children's courts. Wherever children are, there the Bureau goes. And indeed," she added with a twinkle, "we haven't room for our 43,000,000* children here!"

At that moment a messenger appeared, carrying a huge mail sack. The old gentleman and his guide followed him to a long room, where a half dozen girls took the hundreds of letters from his sack, opened and sorted them. Some went to the doctors in the Bureau, others to the experts in problems of child training, child labor, handicapped children. Letters from mothers, fathers, teach-

* There are 43,000,000 children under 18 years of age in the United States.
Little constituents of the Children’s Bureau in crowded cities

Others in lonely mountain cabins... all reached by the Bureau
ers, social workers, all sorts of people concerned with children.

"We get more than 125,000 letters every year," the guide con-
tinued, "all asking for information the Bureau can give, because
it is our job to find the facts—all the facts that concern children
everywhere."

And if you and I think that being a "fact-finding agency" is
dull and dry-as-dust—the Bureau will share a letter or two. The
one in the bright, pink envelope, for example. . . .

"Please," spells out the childish hand, "can you send me your
book 'Infant Care' in Greek. We can read American, but our
mothers cannot. We will be very pleased if you send us a Greek
book so they can read it there own selves."*

Then the letter on fine gray stationery. . . .

"This reads like a testimonial, and it is. I lent my copies of
'Prenatal Care' and 'Infant Care' to a mother with a 3-months'
old baby weighing less than 7 pounds. Within a week the baby
gained 2½ pounds!"

Facts may be quite thrilling—when they lead to happier, health-
ier babies. And they do, through the Children's Bureau.

Little Gray Books

Y OU, too, may visit the plain little offices of the Children's
Bureau, be impressed by those rows of gray reports, wonder
what they have to do with lively, human youngsters!

Yet the trail from these little gray books to some far-off mother,
pioneering where such "improvements" as telephones, railroads,
doctors and nurses are unknown, to children working long hours
in tenement homes, to unhappy young people run afoul of the
law, is rather wonderful. Some of these trails lie before you.

* All incidents and illustrations in this little book are real.
A New Kind of Bureau

It is hard to realize now what a revolutionary thing it was 18 years ago to establish a Children's Bureau in a national government.

In 1912, when our Children's Bureau was created by Congress, no other government—and only one of our states—had such a Bureau. Governments thought of children very much as the old painters thought of them, as pocket editions of grown-ups. With the creation of the Children's Bureau Congress first recognized what modern psychology has taught us, that a child has needs and rights quite distinct from those of adults.

The Bureau was given charge of "all matters pertaining to the welfare of children and child life among all classes of our people." Wisely, Congress realized that you can't separate one phase of child welfare from another any more than a doctor can treat one phase of a child's health without regarding all others.

The first right of the child is the right to life. Therefore, the Bureau's first piece of work was the study of why babies died.

The Old Woman Who Lived in a Shoe

Back in those days of 1912, we were amazingly ignorant about the millions of new citizens born in American homes each year.

Very much like the old woman who lived in a shoe, the United States had so many children she didn't know what to do. We didn't know, accurately, just how many babies were being born—how many died—or why they died.

We "guessed" that about 300,000 babies died every year. We
"thought" 1 out of every 10 babies failed to live through the first year.

To substitute facts for guesswork, the Children's Bureau began, in 1913, a remarkable series of infant mortality studies which has since become classic ... the very first attempt by any nation to find out just why babies die.

These studies show clearly how the Bureau works—first, careful collection of the facts, then clear, unimpassioned reporting of the facts, then a carefully worked out plan to meet the situation.

Most Babies Need Not Die

The infant mortality studies were planned as carefully as a scientist would plan a series of demonstrations in his laboratory. Eight American cities* were selected as representative of different regions and different community conditions. In each of these cities it was decided to study in his own home each baby born during a selected year—babies rich and poor, black and white, babies of all races and creeds. All told, this meant personal visits to the homes of approximately 23,000 babies. The Children's Bureau believes in applying the scientific method of basing deductions on first-hand observations, and when such facts as babies, who can't be brought to the laboratory, are involved, the Bureau's laboratory goes to the baby!

By the time the investigations were finished, the Children's Bureau knew why babies died.

And they knew that most babies need not die!

They had found, for instance, in Baltimore, that when babies were born in well-to-do homes, only 1 out of every 27 died. In the very same city, among poorer homes, 1 out of every 7 died.

INFANT MORTALITY THERMOMETER
(Deaths under 1 year of age per 1,000 births)

These thermometers were devised by the Bureau to show that American mothers and babies were not as safe as those of other Nations. The figures in the infant thermometer are those of 1916.

MATERNAL MORTALITY THERMOMETER
(Average death rate per 100,000 population from complications related to pregnancy and childbirth, 1901-1910)

Two Famous Thermometers

Even today, 7 countries have lower infant death rates than we do—and 17 nations have lower death rates for mothers.

Provided by the Maternal and Child Health Library, Georgetown University
There were other factors that influenced the infant death rate. For example, breast-fed babies had a greater chance to survive the dangerous first year than bottle-fed babies. The physical care the baby received affected his chance to survive. Sanitary conditions were also important.

Here at last were facts, and with these facts the Bureau could tell us how to save babies.

Mothers could be taught the best methods of care for their children, and the resources of the poorer homes could be supplemented by the community. Babies could be given a better chance to live!

Mothers Are Safer in Japan

At the same time, the Bureau studied the deaths of mothers in connection with childbirth, found that the United States had a higher maternal death rate than any other civilized country, with the exception of Spain and Switzerland. Mothers were safer in Japan than they were in America!

These studies showed clearly why many of the mothers died. Nearly half the deaths were due to causes which could have been prevented by the right care before the baby came. Little was being done to tell women what prenatal care they should have, especially in rural communities where doctors and nurses were few, hospitals far away.

With these first-hand facts about needless deaths among mothers and babies, the Children’s Bureau was ready to present a national program on their behalf—a program which permitted the United States to cooperate with all the States in saving the lives of mothers and babies. Through this joint effort, hundreds of thousands of mothers and children have been helped.
Trails to Mother and Babies

The plan which the Children’s Bureau suggested for national-state work among mothers and children was enacted by Congress in 1921 and known as the “Maternity and Infancy Act.” It remained in effect until the end of June, 1929.

For many years, Congress had appropriated money to help the states build better roads, raise better animals and crops. Under the Maternity and Infancy Act, Congress for the first time appropriated money to help the states save mothers and babies.

This has meant a united “pull” by Uncle Sam and the states that has been of tremendous help to mothers and babies from Maine to California.

In the maternity and infancy work, each state decided upon its own program to meet the special needs of its own mothers and babies. Within the state, the work was directed through whatever agency the legislature selected, usually a bureau of child health.

Nationally, the Maternity and Infant Hygiene Division of the Children’s Bureau administered the Act, helping the state bureaus to carry out their plans most effectively, bringing to each state the experience of all others, sending its trained workers into the field to assist, whenever requested.

The director of this division is a woman physician. Her offices are three small bare rooms, but the view from those offices, if one sees through her eyes, is a full three thousand miles long.

*This Act authorized an annual appropriation of approximately one million dollars, all except $50,000 of which was paid to the states accepting the Act, for the promotion of the welfare of mothers and children. The $50,000 was granted the Children’s Bureau for administrative and research work. The states received $5,000 outright, and $5,000 additional, if matched by state funds. The balance was divided on a basis of population and granted if matched.
“Neither Rain
Nor Snow
Stays These
Couriers”

Maternity and infancy nurses follow trails to mothers and babies

"Swimming a few licks" in Kentucky

In winter, the nurse's car becomes a sleigh!

Provided by the Maternal and Child Health Library, Georgetown University
Where Help Is Far Away

Talk with this gentle, wise physician, and you, too, may glimpse those 15 counties of a great Western state, ripped by buttes and chopped into “bad lands,” where “dusk may fall with one’s destination 28 miles away, nothing to be heard but the yelping of a coyotestraining to escape the hated trap”—counties with mothers but with neither hospitals nor nurses; some with no railway, telegraph or telephone. Or you may glimpse the mothers in other remote parts, who, to find the doctor, must travel 20, 50 or 60 miles. You will see in your mind’s eye that sheep country where the young men approach a nurse to say:

“Tell us, Ma’am, where we can get something to read about mothers. We know about the sheep—that is our business, Ma’am—but sometimes there is no one to do for the women and we’ve got to help. We want to know how.”

Then you’ll fly, in imagination, to Southern communities where a mother must depend upon a midwife, taught her method “by the spirit,” “curing” by strange teas and herbs brewed after ancient formulas.

Nor are these isolated cases.

With the help of maternity and infancy funds, the states began to learn a great deal about the conditions surrounding their mothers. Idaho studied the cases of 100 mothers who died in childbirth. Nearly one-half had received no medical attention or had had a doctor only on the day of the death. One-third of the babies of Georgia, or about 21,000, were not attended by a physician at birth. In 12 states nearly one-half of a group of mothers who died during the birth of their babies received no prenatal care at all.

These glimpses of great need are not all that the Bureau’s
director of maternity and infancy can give you.

She will tell you how help has reached countless lonely mothers and children through the maternity and infancy money—how these funds have enabled the states to send physicians and nurses forth to give service that cannot be measured in dollars and cents.

The Nurse on Horseback

In regions so remote that even the mail man is unknown, the maternity and infancy nurse has faithfully followed the trails to mothers and babies. On foot, on horseback, by automobile, by sleigh, she carries help and hope to countless homes.

“Often, with us in the Kentucky mountains,” writes a supervisor of nurses, “the river rises a few feet, and then our nurses, in riding across the fords, just above the rapids, find their horses have to ‘swim a few licks’."

Another incident . . .

“At Y——, a nurse was called out at 4:30 in the morning of the day after Christmas for a case 6 miles away. The man who fetched her said the back water from the river covered the road most of the last mile. The nurse rode off with him into the gray dawn. Eight hours later her horse, Nellie Gray, came back dripping wet, saddle bags dangling and riderless. If one’s hair turned white every time! Soon, however, the missing nurse came down the trail. She had been dragged off her horse, but was uninjured.”

And from the South . . .

“About 3 P.M. we received a maternity call. To reach the place, we had to walk 1 mile straight up the mountain through a creek bed, there being no road. Reaching the home we found the mother in a critical condition. . . . Doctor and I improvised a
stretcher with green poles and quilts making the patient comfortable on them with hot water bottles. We started with 4 men to pack her to the main road but before we had gone very far, the burden became too heavy and the sister and I had to relieve the men. It was so cold! We reached the road, and found the automobile we had sent for . . . reached the hospital at 10 in the morning."

These are snapshots from thousands of reports of nurses who have courageously followed the trails to mothers and babies . . . who through 6 years of work under the Maternity and Infancy Act have made more than 3,000,000 home visits!*

**Life Lines to Mothers**

ONE of the most effective ways of helping mothers, the Children's Bureau has found, is through "prenatal conferences." Maternity and Infancy funds have made it possible to hold nearly 40,000 such conferences.

The "prenatal conference" is always conducted by a physician, either a doctor from the State Bureau of Child Health, or a local doctor who volunteers his aid. He is assisted by a maternity and infancy nurse, either the county nurse, if there is one, or a nurse from the State Bureau. At such conferences, mothers are told how to care for themselves before the baby's birth and are urged to place themselves under a doctor's supervision. Following the conference the mothers are regularly visited in their homes by the nurse, who can help them to follow the doctor's instructions, to prepare for their babies, and if needed assist when the baby comes.

* Figures are given for the years 1924 to 1929, inclusive, since it was not until well into 1923 that all the states were in a position to accept the full benefits of the Act through their legislatures.
The maternity and infancy nurse holds a class for mothers in a New Hampshire town.

Often, after this work for mothers has been started through maternity and infancy funds as a demonstration, a county or township will be willing to appropriate money to carry on itself. This is the object toward which the program is directed. Often, too, a permanent prenatal center, open all the time, may be established as the conference proves its value.

The prenatal conference is one of the life lines to mothers, but there are mothers who are unable to attend a prenatal con-
There are mothers in such remote districts that conferences cannot be held. To reach these mothers, the states have established unique correspondence courses.

The "courses" consist of a series of letters written by physicians and couched in very simple, easy language. They are sent, together with booklets, to expectant mothers whose names are reported by doctors or by other mothers. Twenty-four states sent out prenatal letters during 1929. Altogether 176,000 sets of letters have been sent out to mothers.

Women are so grateful for this attempt to help to make motherhood safe. A state nurse tells of a trip on a back river road 10 miles from the nearest village . . .

"I met a woman in the road," she says, "and stopped to ask her if she knew of any babies in the neighborhood or of any expectant mothers. I told her I was from the State Board of Health and she said, 'Then you must go to see Mrs. J——, for she's a girl who is in love with the State Board of Health. She took a correspondence course before her baby came and knew just how to do everything when he arrived.' I called and found Mrs. J—— an ideal young mother with a fine 6-months-old baby in perfect health."

In another state a thousand miles away, Mexican mothers patiently follow directions in prenatal letters written in their own tongue and gratefully exhibit splendid looking babies as a result.

Again, a nurse finds a group of mothers who have been getting the letters and have followed them faithfully and reports "the babies of those mothers scored 100%.

In many other ways—by lectures, talks, literature, classes—the message of healthy, safe motherhood has been carried into the homes of the people. It is estimated that at least 688,000 expectant mothers have been reached by one or more of the activities carried on through the Maternity and Infancy Act.
A STRANGER arriving in the little town of X—on a certain winter day might have been excused for rubbing his eyes in surprise. Clothed in picturesque costumes, including bright shawls, calico dresses, and high boots, a group of stalwart Indian mothers with babies in their arms were gathered around the
Healthy
Happy
Children

Even in remote Montana "dug-outs" mothers are helped to raise healthy babies through the maternity and infancy work.

The result of maternity and infancy work—sturdy boys and girls
town’s general store. In the background were fathers stabling horses and wagons. Inquiring, the stranger would discover that the first “child health conference” ever held in that part of the state had been announced for that day. Indian mothers and babies had traveled for miles to attend it, excited at this chance to have a real doctor help their children.

The coming of a child health conference to such a community is an event of greater interest to mothers and fathers than a transatlantic air flight! Families will pack lunch and start off, over mountains and plains, on an all-day trip to reach the doctor and nurse who have come to advise them.

Like the prenatal conference, the child health conference is always directed by a physician, assisted by a state or county nurse. Children are examined, weighed, and measured and mothers instructed about the care of their children, told of physical defects which should be remedied.

Conferences have been held in nearly all the states and in thousands of counties. They have been held in grocery stores, churches, school-rooms, homes. Sometimes an automobile clinic tours the countryside, taking up its stand on a tree-shaded lawn. Babies of every race—little mountaineers, small pickaninnies, Indian papooses, Mexicans, New England babies, prairie babies—all have been reached through these conferences.

Under the Maternity and Infancy Act, 124,000 child health conferences have been held, attended by a million and a half children. Over 2,000 permanent child health centers have been established. Many of these are now locally supported. Through the conferences and centers, through home visits by nurses and other work, records show that more than 4,000,000 babies and preschool children have been helped—given a better chance to be healthy and strong.
The Old Order

The happy-go-lucky old-time midwife

18
And The New

Midwives trained through maternity and infancy work

19
“Ketchin’” Babies

A NOOTHER phase of the maternity and infancy work has been the instruction of midwives. In this field, one of the striking advantages of a national program is plain.

Although many states knew vaguely that midwives were attending large numbers of mothers, nobody knew exactly how many midwives there were nor how well they were trained. The census reported less than 5,000 midwives in the country. The Children’s Bureau, with its insatiable desire for the facts, began investigating, discovered that there were nearly 45,000 midwives practising in the 30 States studied. In some states more than one-third of all babies born were brought into the world by midwives.

Midwives are of many types, the Bureau found. Some, including many of the foreign-born, may be well trained, intelligent, capable. On the other hand, there are the superstitious Negro women who, after “ketchin’ babies for 40 years,” see no need to abandon primitive methods.

The Children’s Bureau conferred with the states and a far-reaching program of education among midwives was begun. Physicians and nurses, some of them of the colored race, now travel through county after county registering the midwives, patiently and carefully teaching them, inspecting their equipment, seeing that they consult a doctor in case of complications.

Slowly and surely, the results of this teaching are apparent. Doctors report marked improvement. Unfit midwives are eliminating themselves. Some of them have “resigned” saying “there is too much law in this here work nowadays!” The others are eager to improve. More than 55,000 midwives have been enrolled in classes as a part of the maternity and infancy program.
In addition to the activities briefly described, many other splendid pieces of work have been accomplished under the Maternity and Infancy Act. There is no space to tell here of the preschool campaigns, the "little mothers" classes, the institutes for physicians and nurses, the education of the public through exhibits, motion pictures, literature. Through these varied activities thousands of mothers and children have been reached.

**Results!**

SEVEN years is but a minute in the life of any public health program, yet amazing results have been accomplished under the Maternity and Infancy Act.

Already results have begun to show in actual lives of babies saved. In 1928, 16,000 babies lived, who, under 1922 conditions, would have died before reaching their first birthday.*

It is more difficult to reduce the deaths of mothers through health education. In 1927 only 62 mothers died for every 10,000 babies born alive while, in 1922, the rate was 65.**

In rural communities, where much of the maternity and infancy work has been done, the maternal death rate has dropped even more, and there has been a decided decrease in deaths directly due to lack of prenatal care.

But we have far to go before the United States is really safe for mothers and babies! Seven countries have lower infant death rates than we do—17 nations have lower death rates for mothers. There is still great need for national-state co-operation on behalf of mothers and babies!

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* Comparing infant mortality in states within the birth registration area during the entire period of 1922 through 1929.
** Comparing maternal mortality rate for states within the death registration area during the entire period, 1922 through 1927.
“Barefoot Boy with Cheek of Tan”

There is no better place to begin describing the work of the Child Hygiene Division of the Children’s Bureau than with the fascinating story of “sunlight for babies.”

We know now that the “barefoot boy with cheek of tan” was a fortunate fellow! But the Bureau began teaching the marvelous health-giving power of the sun in the days when babies were muffled like North Pole explorers! And, moreover, through a remarkable demonstration conducted by the Child Hygiene Division, it proved that sun baths can actually help to prevent and cure rickets, one of the most prevalent diseases among children. Rickets results in “soft” bones and such deformities as “bow” legs, as well as in lowered vitality.

The rickets demonstration illustrates another type of Bureau study. In this case the Bureau not only investigated facts, but it selected a typical community and showed what could be done by any city to meet an important child health problem.

Sun Baths and Cod Liver Oil

The community selected was in New Haven, and the demonstration was conducted in cooperation with the Yale School of Medicine. Every baby born in the district was visited, and the mothers were shown how to give sun baths and how to supplement sun baths with regular feeding of cod liver oil, which acts in the same way that sunlight does to build strong bones.

All the babies were examined regularly and X-ray records
made of bone growth, so that physicians might have this data to guide them in diagnosis and treatment. The demonstration continued for 3 years. Results showed that these simple measures could be taught to mothers, and that they were helpful in preventing serious rickets and in making babies healthier.

Now the Child Hygiene Division has experience that authorities all over the country are finding valuable. It is telling to millions of mothers, through booklets and motion pictures, the way to give babies this new health protection.
Growing Up

The work of the Child Hygiene Division includes all health problems of the growing child. The doctor-members of the division, through popular leaflets, talks and work with women's clubs, have educated mothers by millions to give their children fresh vegetables and fruits, plenty of milk. They stimulated the "better babies" campaigns which swept the nation, and the campaign for the weighing and measuring of children at regular intervals as a check-up of physical fitness.

The modern interest in the child of pre-school age is the outgrowth, in part, of the division's studies of this formerly neglected period.

The Child Hygiene Division has made other important studies, including a study of the weight-for-height averages of 160,000 children under 6 years of age, and of posture in children. Easy posture exercises for children of all ages have been published in booklets available to parents and teachers free of cost.

"Best Sellers"

A COMMITTEE of famous pediatricians consults with the Bureau in all its child health studies and passes upon all its child health bulletins. These bulletins are therefore authoritative and yet they are so simple and practical that any mother can use them. Already the three most important bulletins — *Prenatal Care*, *Infant Care*, *Child Care*—have reached a circulation of nearly 10,000,000 copies, nearly 1,500,000 having been sold. This far exceeds the best seller records! They have reached mothers

*Prepared in cooperation with the Maternity and Infant-hygiene Division and the Bureau's obstetrical advisory committee of physicians.*
in every corner of the country and many physicians ask for copies so that they may give them to their patients.

**Habit Clinics**

SOME time ago an editorial appeared in *The New York Times.* The editorial was headed: "Better Send for This Booklet." Next morning 1,000 letters reached the Children's Bureau! All asked for the booklet mentioned by *The Times:* some included dollar bills in payment! Most were from fathers, many from bankers, brokers and business offices.

The booklet was an important publication of the Child Hygiene Division in a new field; its subject, the problem of "child management."

In this unique publication, the Bureau again presented to parents the results of scientific research. In a new kind of clinic—the habit clinic—the behavior problems of many children have been studied and treated by physicians trained in psychiatry. Dr. Douglas A. Thom, the director of a number of successful habit clinics, was asked by the Bureau to report on his results, first in a publication designed to help other physicians and child welfare workers;* second, in a more popular bulletin, concrete and practical enough to be of help to parents.**

These booklets have been distributed free and sold to thousands of parents during the past few years. They have aroused comment from authorities all over the world. They have helped mothers and fathers, teachers, and child welfare workers to meet the problems of character training in an intelligent, sympathetic and constructive way.

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* Habit Clinics, Publication No. 135, 1924.
** Child Management, Publication No. 143, 1928.
Where Home is a Workshop
**Children Who Toil**

EVEN before the Children’s Bureau was created, it was known that many children were spending hours that should be play hours or school hours, at work. The 1910 census reported a million and a half children from ten to sixteen “gainfully employed.” But those boys and girls were, to most of us, little more than statistics until the Children’s Bureau made them live—made us see them, feel for them, want to help them.

Here again the Bureau sought its facts first hand. Through its *Industrial Division*, child labor investigations have been made in 25 states. And these studies, like the studies of mothers and babies, were of a new, human kind. The boys and girls who work—their homes—their work places—were patiently visited by trained members of the Bureau staff, until more than 50,000 inarticulate Marys and Johns, Antonios, Michaels, Rosas and Hannahs had told their stories.

Through the eyes of the Children’s Bureau, America saw the long procession of her children of toil. Griny little boys picking slate from coal in the roar and dust of the mine breakers. Sleepy heads drooping while small fingers worked far into the night in tenement homes. Little bootblacks and newsboys, waifs of the streets. Child “gangs” working the fields under the hot summer sun—industrialized farm workers. Youth tending the pitiless machine.

A few snapshots from these Bureau reports . . .

In a tenement, not far from New York, the Bureau investigator finds a family of five children, 8, 10, 12, 14 and 16 years of age, whose every spare minute is given to finishing trousers, for even tiny fingers can pull bastings. From 7 to 8 in the morning,
after school until supper time, and from 7 to 10 in the evening, the children work. Often the 14-year-old boy, who also works by day in a factory, gets “so tired that he can hardly eat his supper.” The mother explains that the children “usually have Sundays off.”

In other homes, children are found stringing beads into bracelets, stringing tags, making doll clothes, working on flowers, paper boxes, Christmas seals, powder puffs. The Bureau visits hundreds of homes, a fair sample of the many families in the state doing “industrial homework.” Finds that almost one-fourth of these child workers are under 10 years of age, some under 6, four-fifths under 14. Nearly half of them work school days and Saturdays, and at night.

Their pay is pitifully small, sometimes less than 5 cents an hour—rarely above 15 cents. A gross of powder puffs yield but 75 cents and take a mother and two little girls 7 hours to finish. Cutting and winding lace for a whole hour brings a nickel apiece to two 13- and 9-year-old boys.

After reporting these actual present-day conditions,* the Children’s Bureau points out that the law gives little protection to these small children. And then the Bureau consults with the experts within the state, as it does with those of all states, helping them to save some measure of childhood for the children who toil.

**Blind Alleys**

Nearly 7,000 small urchins in eight large cities tell their stories in another of the Bureau’s “little gray books.” These stories give a glimpse into the lives of the many thousands of young street workers all over the United States.

*Child Labor in New Jersey, Publication No. 185, 1928.*

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Selling newspapers, peddling, bootblack ing, junk collecting may be "blind alleys" or worse than "blind alleys"—easy paths into delinquency and crime.*

Here is Tony, for instance, selling papers at 8 years of age—at 9 stealing a $40 watch, selling it for ten cents and a bag of peanuts. Arrested later for stealing papers, arrested again for begging at theatre entrances, pretending he was crippled. Sent to reform school, released, arrested again for stealing papers.

Most of these young "merchants" of the street work long hours, often late at night, and they are in contact with gangsters and thieves. It is natural that this work, far from leading to riches and fame, more often leads to courts and reform school. They are dwellers in alleys, both physical and moral. Often bed is a door.

* Child Workers on City Streets, Publication No. 185, 1928.
step, a counter, a box, or the floor of a room shared by "tramp newsies"—older men who keep the boys awake while they gamble, plan thefts, recount dubious adventures.

School is neglected. Of wholesome play there is little. Yet these boys, the Bureau finds, are rarely the sons of poor widows. The facts are that more than three-fourths live in families with fathers as breadwinners.

With these patiently acquired facts—statistics made human because the people who compile them have seen and talked with the boys and girls who make up the tables—the Children's Bureau proceeds to constructive suggestions. Conditions are little better for these child workers than they were 10 and 15 years ago, and the Bureau urges a minimum age for street work, prohibition of work at night and during school hours, a badge system, so that no child who is too young or physically under par can drift or be driven into such work.

The Child and the Machine

ONE of the happy results of the child labor work of the Children's Bureau and co-operating groups,* is that in many states the boy or girl under 14 is no longer found in factories and mills.

But we have hardly awakened to a problem peculiarly modern—the problem of youth and the machine.

Fourteen to 18-year-old boys and girls are still legally permitted to work, and many thousands of them are today working, in occupations which bring them in contact with machinery.** They, too, need protection, lest the machine rob them of youth.

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* Notably, the National Consumers' League and the National Child Labor Committee.

** Industrial Accidents to Minors, Publication No. 152, 1926.
Already, facts gathered by the Industrial Division of the Bureau show thousands of accidents yearly to youngsters whose only fault is the gay carelessness, the laughable awkwardness, of young growing things.

“I was talking with a boy across the room while I was feeding the press,” explains a 16-year-old boy. “I had my hand under the knife, and I guess I must have put my foot down on the lever without noticing. Anyway, the knife came down all of a sudden and cut my hand.” Thumb and finger are amputated—and a boy crippled for life.

A 15-year-old boy, with dreams of becoming an artist, loses his arm . . . a 14-year-old girl loses the ends of 4 fingers . . . a 16-year-old boy loses his vision in one eye when a chip of steel pierces the eyeball . . . a laborer of 17 is caught on the exposed end of a lineshaft, both arms are twisted off at the shoulder joints, in 20 minutes he dies, in agony.

These are a few of the cases reported by the Children’s Bureau. They are new hazards to young workers, upon us before we are aware they exist. From its vantage point at the center of the government, the Bureau presents them to all of us—presents too, a program to meet these dangers to youth—helps to bring the law up to date with the machine.

Little Field Workers

Of all the child workers reported by the 1920 Census, more than half (647,000) are at work in agriculture.

This does not include the children who do chores for fathers and mothers. These census children work regularly and continuously. Yet because of our “log cabin” tradition, most child labor laws ignore this type of young worker.
Often such children belong to families who hire out to harvest a crop—sugar beets in the West, truck farm produce in the East, tobacco in New England. Sometimes they are farmers' children—in the grain belt, in cotton states. The Industrial Division has visited 13,500 of these child laborers in 14 states.

"Making the tobacco crop" means that children hitch themselves along to weed, or pick, or hold tobacco leaves from the ground to help cutters.

Cotton picking—berry and fruit picking—weeding and hoeing vegetables—all mean walking back and forth over the soft earth, stooping and bending all day long, while the hot sun beats down unmercifully on wide stretches of open fields.

Many of these children of the fields are very young—half are under 12, and a large number under 10. Their hours are long. A 9- or 10-hour day is common and in many cases they work 12 hours or more. In spring and fall the children miss school, frequently as much as two months of school, in order to work on the farms. For the children of families who "follow the fruit" or hire out to beet farmers, the problem of housing is also important. Often they are herded in big drafty sheds without even primitive conveniences.

Very little has been done to help give these young farm workers equality of opportunity with city children in schooling. Little has been done to give them fun and play to lighten their work.
aday lives, or to provide good living conditions for those who migrate from the cities to work in the fields. This is one of the important problems the Bureau is helping the states to solve.

State Child Labor Laws

There is no national child labor law now, although during the years from 1917 to 1922, two such laws were in effect, the first of these laws being administered by the Children's Bureau. They proved helpful in protecting thousands of young workers in factories and mines. Both laws, however, were declared unconstitutional.

In 1924, Congress passed a resolution proposing an amendment to the Constitution which would permit us to have a national law giving every child worker a minimum amount of protection. This amendment is now before the state legislatures. It must be ratified by three-fourths before it is finally enacted.

In the meantime, state laws provide the only safeguards the child worker has. These resemble nothing so much as a patchwork quilt with many holes! For example, only 16 states guarantee the working child a common school education. Ten states let children under 16 work 9, 10, 11 hours a day in factories and stores. Only 14 states make a physical examination compulsory before a child goes to work.

Lacking any national child labor law, the Children’s Bureau continues to hold up to all states the needs of the children who toil, and to help in securing better state laws.

* These laws provided in effect a minimum child labor standard for the whole United States, prohibiting children under 14 from work in factories and mills, children under 16 from work in mines and quarries and limiting hours of work for children between 14 and 16, in manufacturing, to 8 hours a day, 6 days a week and to daylight hours, between 6 A.M. and 7 P.M.
Handicapped Children

Out of the side door of a big red brick building file a double line of decorous children. Clean faces, neat, sober clothing proclaim the competent care they receive. Going to school like ordinary children, and yet—there is about each one of them the unmistakable look of the child without a family. There is no equivalent tragedy in adult life, unless it be that of "the man without a country."

Today 200,000 children who, not many years ago, would have been in orphanages are living happy, normal lives in their own
homes, kept together by "mothers' pensions."

The Children's Bureau has helped in this magnificent achievement. Its Social Service Division is concerned with all children who, because of the death of the father, because of poverty, neglect, or physical handicaps, need special care.

When the home is about to be broken up because the breadwinner has died, the answer is a "mothers' pension." Most mothers can care for their children at home much better and much more economically (statistics prove it!) than the State can care for them in a big institution. Yet when the Children's Bureau was created, only two states had laws providing for aid to children in their own homes.

Now 44 states and the District of Columbia have such laws. The Social Service Division of the Bureau has done much to help state child welfare workers secure "mothers' pensions," and has published the most authoritative studies in this field.*

"Bound Out"

There is another group of children for whom the Social Service Division has done signal service.

Many of us were startled to learn, as the result of the investigations of this division, that child indenture, supposedly a relic of sixteenth century England, still flourishes in twentieth century America. At least 6 states today have laws permitting children to be "bound out."

By visiting out-of-the-way farms in a Middle Western state the Children's Bureau found conditions that were shocking not only to the people of that state, but also to the whole country.

* Public Aid to Mothers, Publication No. 162, 1928.
Dependent children were in many cases placed in farm families on indenture contracts under which boys and girls as young as 9 or 10 worked as unpaid servants to earn their “board and keep.”

The Bureau’s report of this study furnishes reading as pitiful as Dickens. For instance:

In one case a boy convalescing from pneumonia was placed out on contract to do farm work.

In another case a boy of 14 was indentured and stayed 10 months in a home doing chores. Being considered too sick to attend school, he was finally returned to the state school and then sent to a tuberculosis sanitarium, where he died.

A girl of 15, who worked as nursemaid, cook, and laundress in her indenture home and attended school irregularly, was not sent to church or Sunday School because, her foster mother said “Her mind was distracted from her work enough at school as it was.”

A girl of 12 did housework, helped care for three children, prepared breakfast, milked five or six cows every evening and helped with the farm work, but her foster father told the investigator that he would “never take in another child unless I can get one young enough, so that I can break ‘em in to work.”

The Bureau’s investigations and reports have led to action by the states to end these pitiful conditions.

Removing Shackles

Many children are handicapped not only by poverty, but by physical and mental defects. For such children as these the Social Service Division of the Bureau is also concerned.

There is so much that can be done for the crippled, the blind, the mentally deficient child, provided expert diagnosis and care
is available. Special opportunities should also be provided for the education of such children. Through work with state officials and child welfare groups, the Bureau has been responsible for progress in this long neglected field.

**Surveys in Many States**

The Social Service Division, like other divisions in the Bureau, is in constant touch with state child welfare authorities. Its experts are frequently called upon for advice, and many communities have asked the division to study the needs of their dependent and handicapped children. Such surveys often result in improvements in laws or in methods of care for the less fortunate children of the state.

For example, a few years ago the Children’s Code Commission of North Dakota asked the Bureau to cooperate with it in a series of studies. The results of the survey were presented to the commission to be used as a basis for its report to the state legislature. Following this report, the legislature passed a series of laws that have placed North Dakota among the foremost states in legislative provision for dependent and neglected children.

In many other states,* through studies made at the request of state authorities, the Social Service Division has helped to secure a better chance, a happier life, for thousands of boys and girls.

The Social Service Division also studies the problem of the child of illegitimate birth, the adopted child, the abandoned child. Just as it has promoted the happy solution of “mothers’ pensions,” so the Bureau seeks social justice for these waifs and strays.

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* Including Georgia, Kansas, Kentucky, Minnesota, Mississippi, New Jersey, North Carolina, Pennsylvania, South Dakota, Wisconsin.
The Child and the Courts

DURING these first years of the twentieth century, we have witnessed a revolution in one phase of the law.

Our whole conception of the relation of the law to the child has changed. Before 1899, the delinquent child was subject to arrest, a court trial similar to the trial of an adult, punishment by fine and imprisonment.

In 1899, two real children's courts in the United States were established—in Chicago and in Denver.

Today all the states except Maine and Wyoming have passed juvenile court laws. Every city with a population of 100,000 or more has a children's court.

In this enlightened movement, the Social Service Division has also had a share. The study of child delinquency, of its causes, and of methods for saving the child from the easy step from delinquency to crime is an important function of this division.

In its recent report on "The Child, the Family, and the Court," the division graphically illustrates the new attitude of the law toward children, based on the conception of saving, not punishing, the child.

"In the middle of the nineteenth century," says the Bureau, "a boy 13 years old set fire to a stable. He was indicted by the grand jury, and because he could not give bail he was sent to jail until he was tried before a petit jury in a crowded room. The State's Attorney presented his evidence. The boy's attorney offered evidence to the contrary. The judge ruled on questions of evidence. No one thought of offering testimony as to the boy's surroundings. He was convicted and sent to the penitentiary, in which he served his sentence in the company of the usual hardened convicts in a penal institution.

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Provided by the Maternal and Child Health Library, Georgetown University
The children's court, where "bad" boys get a new chance to make good

"That boy's grandson to-day sets fire to a garage in a jurisdiction that has a modern juvenile court. The boy . . . is examined physically and mentally . . . a court probation officer investigates his environment. He finds that the boy's grandfather was sent to prison, that his family is poor, that they moved from state to state, that he has had little schooling, and that he has been associating with vicious companions.

"A plan is made for the boy's care and training. His case is heard in a room informally arranged in which there are no spectators except those immediately concerned in the case and no lawyer except the judge. The judge hears the complaint and reads the reports of the physician, the psychiatrist, and the probation
officer. The judge talks to the boy and to his parents and places him on probation.

"The co-operation of social agencies is enlisted and a better job is found for the boy's father. The probation officer consults the school authorities and arranges for the boy to have school work that will hold his interest. He puts the boy in touch with recreational activities . . . the boy comes to the probation office regularly to report progress and to talk over his problems. The probation officer visits the boy and his family at frequent intervals. . . . Finally the boy is discharged from probation, or if he continues in his old ways, he may be committed to a training school for boys."

This story shows how the children's court works to save children by seeking the underlying causes of delinquency, then by removing these causes.

The growth of the juvenile court movement, and the improvements in standards of work by these courts, has been due in great part to the influence of the Children's Bureau. A national conference on juvenile courts, held in 1921, requested the Bureau to appoint a committee to formulate standards for the work of children's courts. Eminent jurists, probation authorities, mental hygiene experts, have served on this committee. Its reports, together with the investigations and reports of the Social Service Division of the Bureau, have helped the juvenile court to become an agency of social justice to the child.

The division is also working out a plan for the recording of juvenile-court statistics, in cooperation with the courts, in such a way that data for the whole country on child delinquency will be available. Just as in the case of infant mortality and child labor, studies are being made of delinquency in different communities, as, for example, a recent survey of juvenile delinquency in Maine.
Arousing a Nation

This booklet can give only the briefest camera shots of the work of the Children's Bureau. Perhaps, as you have watched the screen unwind, you have gained a sense of what an infinite field of work the Bureau has. Of how it has organized its work so that each phase of child welfare is included—maternity and infancy, child hygiene, child labor, child dependency, delinquency, neglect. Of its careful gathering of facts first hand, of its co-operation with state bureaus and private organizations in maintaining high standards in all child welfare work.

The Bureau has also constantly interpreted its scientific studies to mothers and fathers everywhere. Popular bulletins, motion pictures, exhibits, carry the message of healthier, happier children. Campaigns for birth registration—a national “baby week” campaign reaching 2,000 communities in every state—were led by the Bureau during the early years of its existence.

Always, the message of the Children's Bureau has been: “The Child Shall Be First.”

And this message was sounded even in the feverish time of war.

Children's Year

It was during the second year of our participation in the World War—in April, 1918—that the Children’s Bureau proclaimed “Children’s Year” and aroused a nation to the conservatism of childhood in a time of national peril. Boys and girls were leaving school for work, carried away by the excitement of the enrollment of brothers and older friends as soldiers. Child delinquency
JULIA LATHROP
Chief of the Children's Bureau from 1912 to 1921

GRACE ABBOTT
Chief of the Children's Bureau from 1921 to the present time

The Two Chiefs of the Children's Bureau

Provided by the Maternal and Child Health Library, Georgetown University
rose sharply—nobody had time to think of special measures of protection for the children left behind. Child health activities were being curtailed for “economy’s sake.”

The “Children’s Year” campaign, in which the women’s committee of the Council of National Defense co-operated with the Bureau, enlisted 17,000 communities and 11,000,000 women in the effort to protect children from the effects of the war. A “back to school” drive—campaigns for wholesome recreational activities for children—renewed activity of child health groups—all came forth as results of this great undertaking.

**Child Welfare Standards**

At the close of Children’s Year, a conference on child welfare was called, at the request of the President of the United States, to consider the needs of children. Attended by American authorities from all parts of the United States and by visitors from foreign countries, this conference drew up standards for the better protection of mothers and babies, of child workers, and of children in need of special care. These standards,* published widely by the Children’s Bureau, still serve as goals toward which our Nation should work, if it is to be really “safe” for mothers and children.

The Bureau has also cooperated with specialists in working out standards of normal development and physical fitness for working children; standards for physicians conducting prenatal and child health conferences; standards for the protection of children of illegitimate birth. These have been widely used by child welfare workers, and they have also formed the basis for improvement in state laws.

17 Years' Work for Children

GREAT advances have been made in child welfare since the Children's Bureau was created. These are due to many forces, but in great measure to the leadership of the Bureau. The United States of 1930 is a better place for children than the United States of 1912.

In 1912, the Birth Registration area had not been established, and facts about births were not available.

Now 46 states and the District of Columbia (95% of the population of the country) have accurate birth registration.

In 1912, baby deaths were estimated at 300,000. In 1928, about 163,000 babies died.

The 1930 baby comes to a mother better prepared to care for him than the mother of 1912, with expert assistance available to a far greater extent than in 1912.

The 1930 child has a better chance of being a healthy and happy child, because his mother knows far more about his diet, his care, and his behavior problems.
In 1912, there were 1,990,000 child workers. According to latest census reports there are 1,060,000.

In 1912, only 2 states had "mothers' pension" laws. Now 44 states and the District of Columbia have such laws.

In 1912, only 23 states had juvenile court laws. Today, all but 2 states have juvenile courts and 9 states and Hawaii have family courts.

In 1912, only one state had a bureau of child health—now 46 states have such bureaus; more than half the states have created child welfare commissions to consider all aspects of children's needs; more than half the states have bureaus dealing with dependent, neglected or delinquent children.

"The Children's Bureau," says Grace Abbott, its chief, "does not claim credit for these changes. It can, however, be said that its investigations furnished the facts on which action was frequently based and . . . the Bureau has been able to focus national attention on some of the most important aspects of child care."

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Brief Facts About
the Children's Bureau

APPROPRIATIONS—The total appropriation for the Bureau during 1929, exclusive of the money for allotment to the states under the maternity and infancy act, was $300,000, less than 1 cent for each child in the Nation.

ORGANIZATION—The Children's Bureau has four main divisions; maternity and infant hygiene, child hygiene, industrial, social-service. Statistical, editorial, correspondence, and administrative divisions complete the bureau organization. Each is headed by an expert, staffed by trained workers.

TYPES OF WORK—The work of the Bureau includes: (1) collection and analysis of facts about children through first-hand investigation and library research; (2) dissemination of these facts to the people of the country; (3) cooperation with the states; (4) cooperation with public and private child welfare agencies.

ACCOMPLISHMENTS—Since 1913, the Bureau has made more than 200 investigations in 45 states, the District of Columbia, and Porto Rico; distributes nearly a million and a half publications yearly; has cooperated with many states in making surveys of the needs of their children; has worked constantly with physicians, judges, child welfare workers in all parts of the country.
Popular Publications of the Children’s Bureau

[Note—Single copies of these publications may be obtained free from the Children’s Bureau. This list includes the non-technical printed material issued by the bureau that is adapted for use in the home or in study clubs and classes.]

Pubs.: No. 4. Prenatal Care. 41 pp. 1921.
No. 8. Infant Care. 118 pp. 1926.
No. 30. Child Care—The Preschool Age. 82 pp. 1922.
No. 45. Children’s Health Centers. 7 pp. 1918.
No. 51. Scholarships for Children. 8 pp. 1918.
No. 55. The Visiting Teacher. 7 pp. 1919.
No. 64. Every Child in School. 15 pp. 1919.
No. 84. Average Heights and Weights of Children under Six Years of Age. 4 pp. 1921.
No. 92. Play and Recreation—Outlines for Study. 56 pp. 1923.
No. 163. Milk, the Indispensable Food for Children, by Dorothy Reed Mendenhall, M.D. 43 pp. 1926.
No. 169. The County as a Unit for an Organized Program of Child-Caring and Protective Work. 25 pp. 1926.
No. 188. Child Workers on City Streets. 74 pp. 1929.
Chart No. 14. Baby’s Daily Time Cards (six cards, giving daily routine and training for babies from birth to 2 years of age).

No. 3. Is Your Child’s Birth Recorded?
No. 8. Feeding the Child.
No. 10. What Do Growing Children Need?

Folders: No. 1. Minimum Standards of Prenatal Care.
No. 2. Backyard Playgrounds.
No. 3. Why Drink Milk? Milk Is the Indispensable Food for Children.

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No. 4. What Builds Babies? The Mother’s Diet in the Pregnant and Nursing Periods.
No. 5. Sunlight for Babies.
No. 6. From School to Work.
No. 7. Community Care of Dependent, Delinquent, and Handicapped Children.
No. 9. Keeping the Well Baby Well.

Leaflets: The Children’s Bureau; what it is, what it has done, and what it is doing for the children of the United States.
Federal Aid for the Protection of Maternity and Infancy.
Four Years of the Federal Maternity and Infancy Act.
Lesson Material on Care of the Preschool Child. 9 Leaflets, with references.

Motion Pictures and Exhibits

The Children’s Bureau has produced five motion pictures and a number of film strips, and has purchased or designed models, charts, and maps which may be borrowed for exhibit purposes. A booklet giving full descriptions of this material and the conditions under which it is lent will be mailed on request.

Motion Pictures

Our Children: 2 reels; showing time, 35 minutes. A film showing the efforts of a community to make itself “safe for babies.”

Well Born: 2 reels; showing time, 30 minutes. A film presenting the essentials of prenatal care.

Posture: 2 reels; showing time, 30 minutes. A film presenting new material on posture and its relation to physical fitness.

Sun-Babies: 1 reel; showing time, 15 minutes. A film showing the beneficial results of sun baths for babies and the methods of giving sun baths.

The Best-Fed Baby: 1 reel; showing time, 13 minutes. A film illustrating the benefits of breast feeding and the things a mother must do in order to be able to nurse her baby.

Models

City Playground for children.
Maternity and Child Health Center.
Children’s Nursery.
Sun Baths for Babies.

Posters and Charts

From School to Work. A set of 13 posters, 38 by 24 inches, showing minimum standards necessary for the protection of young workers. A limited number are available for free distribution.
The Health of the Child Is the Power of the Nation. Poster in colors, 18 by 24 inches. Single copies free.

Posture Standards. A set of six charts, 24 by 34 inches, planned for the Children’s Bureau by Dr. Armin Klein. 30 cents for the set of six; 25 cents for three boys’ charts or the three girls’ charts separately.

Provided by the Maternal and Child Health Library, Georgetown University