

5-1-1932

## The nervous child

Max H. Grow  
*University of Nebraska Medical Center*

This manuscript is historical in nature and may not reflect current medical research and practice. Search [PubMed](#) for current research.

Follow this and additional works at: <https://digitalcommons.unmc.edu/mdtheses>



Part of the [Medical Education Commons](#)

---

### Recommended Citation

Grow, Max H., "The nervous child" (1932). *MD Theses*. 203.  
<https://digitalcommons.unmc.edu/mdtheses/203>

This Thesis is brought to you for free and open access by the Special Collections at DigitalCommons@UNMC. It has been accepted for inclusion in MD Theses by an authorized administrator of DigitalCommons@UNMC. For more information, please contact [digitalcommons@unmc.edu](mailto:digitalcommons@unmc.edu).

THE NERVOUS CHILD

MAX H. GROW.

# THE NERVOUS CHILD

## T A B L E O F C O N T E N T S

<u>SUBJECT</u>	<u>PAGE</u>
I. INTRODUCTION	1
II. HISTORICAL BACKGROUND	2
III. DEFINITION	4
IV. HABIT FORMATION AND CONDUCT	6
V. ETIOLOGY	10
VI. MANIFESTATIONS	16
VII. MANIFESTATION(Habit Spasms)	18
VIII. MANIFESTATION(Appetite & Digestion)	20
IX. MANIFESTATION(Enuresis)	23
X. MANIFESTATION(Speech Disturbance)	26
XI. MANIFESTATION(Bad Habits)	28
XII. TREATMENT	30
XIII. CONCLUSION	40.

480415

## THE NERVOUS CHILD

### INTRODUCTION

In a presentation of this kind the reader immediately realizes the comprehensive survey implied by the title. The background for this topic is, therefore, particularly unlimited and rather suggests two main concerns, namely functional and organic nervousness, which in turn cannot afford a wealth of consideration. Necessarily then, this paper will be a rather limited discussion of the nervous child with particular emphasis placed upon the mental or functional side of the problem; this paper will merely attempt to present an appreciation of the materials gleaned from the literature found in this particular field.

## HISTORICAL BACKGROUND.

Before attacking our problem, it seems fitting to glance back into the historical background of the origin of the general term "nervousness". As far back as 1780, Cullen explains neuroses as all those preternatural affections of sense or motion which are without pyrexia as a part of the primary disease(1). He includes any number of the better known mental disorders of diseases. In 1805, Catanis seems to have remedied two people by recognizing that there are people in whom the nervous system predominates over the muscular system(2). At about this time Robert Wytt comes out with the terms flatulent, spasmodic, hypochondriac and hysteria as applied to various observations made by authors(3). He also makes the statement that the term "nervousness" was bestowed on all those disorders whose nature and causes physicians at the time were ignorant of (4). The English Oxford Dictionary in 1843, defines diseases of function as those that embrace the neuroses, hemorrhages and dropsies(5). The term "neurasthenia" was being popularized by Beard in 1868 and was hailed as bringing order out of chaos(6). It seems that Beard's

- |                |                                 |   |   |   |
|----------------|---------------------------------|---|---|---|
| 1. M. Culpin-- | Conception of Nervous Disorder. |   |   |   |
| 2. M. Culpin-- | "                               | " | " | " |
| 3. M. Culpin-- | "                               | " | " | " |
| 4. M. Culpin-- | "                               | " | " | " |
| 5. M. Culpin-- | "                               | " | " | " |
| 6. M. Culpin-- | "                               | " | " | " |

view was that the primary factor was over-civilization, which disturbed the balance between nerve waste and repair, resulting in a weakened and unstable nerve force(1). This idea gradually gave way to a weakened or exhausted nervous system which has survived with functional nervous disorders as they are known to-day. Still more strange is the statement of Maudsley who in 1874 broke new ground in mentioning insanity, epilepsy and some allied neuroses(2). It is first in the latter part of the nineteenth century that we note the use of the word "neurotic". It was seemingly considered as an embarrassing word because it rather indicated that a patient was really not ill, but only thought he was.

It has only been within recent times that nervous and mental disorders have come to mean a great deal to us from a pathological standpoint. Perhaps the World War and its aftermath has been a most important aid in definitely opening up this field.

1. M.Culpin--Conception of the Nervous Disorder.
2. M.Culpin--Conception of the Nervous Disorder.

## DEFINITION.

What is the "nervous child"? First, let us consider the viewpoint involved in the title. Culpin tells us that nerves are things that we can see and handle and diseases of them are nervous diseases(1). He makes the point then that the term "nervous" as applied to the child is totally different from its use in the term "nervous diseases". Culpin further asserts that the term "nervous child" not only involves inaccuracy but is also indicative of a wrong attitude. What then is "nervousness"? Above all, the body may be considered as a set of mechanisms---bones, muscles, nerves, glands and organs. However, when we consider the behavior of an individual, we note various thoughts, feelings and desires which we recognize in ourselves and assume in others(2). These particular processes we recognize as the mind. Culpin assures us that in a nervous person, we must assume as impulsive or inhibitory factor that leads to behavior ill-fitting to the situation, accompanied by an unduly emotional state(3). Mal-adapted behavior and an apparently uncalled-for emotion are, then, characteristic of nervousness. Cameron very aptly sums up the characteristics of "nervousness" thusly: "Broken and disturbed sleep, absence

1. M.Culpin--Nervous Child  
2. M.Culpin--The Nervous Child

of appetite and persistent refusal of food, gastric pain and discomfort after meals, nervous vomiting, morbid flushing and blushing, headache, irritability and excessive emotional display, at whatever age they occur, are indicative of a mind that is not at rest"(1).

1. H.C.Cameron--The Nervous Child.



## HABIT FORMATION AND CONDUCT.

Having attempted, in part to make clear the meanings of the terms "nervous child" and "nervousness", it now becomes essential to show a definite relationship between traits and habits of the normal child as well as of the abnormal child. Cameron gives us four outstanding traits that are exhibited by any child. They are; 1) Imitativeness, (2) Suggestibility, (3) Love of power and attention, and (4) Reasoning power(1). Now, in the "nervous child" these particular traits are shown but rather in an exaggerated form. It follows then, that an aim must be made to set up proper influences toward correct habit formation in order to combat these exaggerated traits. For the moment, let the reader acquaint himself with the nature of habit formation. Schoen authoritatively expresses himself thusly; "The first behavior of the infant is chaotic, aimless and ineffectual. If the human infant remained in its original state throughout its life, it would remain helpless, which means it could make no useful adjustments, but only general searching movements. It would waste energy with nothing accomplished. But as the mass of random unspecialized movements become split up into a number of definite, specialized acts, the behavior of the infant increases in effectiveness. What happens is that

1. H.C.Cameron--The Nervous Child

a number of unconnected reflexes become tied up into a single complex unit of behavior, so that out of the chaotic mass of motions present at birth, there emerges by degrees a number of orderly systematized actions. These actions we call habits or learned behavior. A habit is thus an acquired integration of reflexes and all specific forms of human behavior are habits, since the human organism possesses nothing at birth but reflexes". From this we can assume that certain environmental conditions influence these reflexes producing quite different actions. Of both direct and indirect influences, the latter have more bearing on the child, although at the time they seem insignificant. The actual psychology of character formation is that of direct versus indirect training(2). For example----- (direct)the child is told not to lie, but he lies because (indirect) the person lies to him.

This leads us to mention abnormal habits in relation to the "nervous child". Once again Schoen tells us that an abnormal habit is either a persistent non-adjustive reaction, that is, a reaction that interferes with rather than aids in making an adjustment to one of several situations, or an undesirable deviation from average behavior in direction and degree such as to be easily perceptible and to mark the person as being queer(3).

3. Max Schoen---Human Nature

Cameron points out that a man is the product of his inheritance and of the influences which are at work upon him. Of his individuality some part is inherited and inborn, some part acquired. Through all the changes wrought by education and environment there remains something characteristic and individual which we may call temperament(1). A child is untruthful. How far are we to blame his inheritance, how far the management of him? Or are both at fault? Who shall decide? Although character is in one sense unchanging, nevertheless environment and education may completely alter its manifestations and expressions. A doctor who has to deal with children must be concerned with the attempt to estimate in them the effect exercised by parents of widely different temperaments and personalities. It is stated further by Cameron that in tracing the origin of the various common faults of conduct in children and in attempting to control and correct them, I do not believe that we commonly gain much by attempting a psychological analysis of the child's mind. It is not by the analysis of the mental processes of our children that we shall commonly expose the origin of faults of conduct, but rather by a careful and critical search of our own behavior to them and our management of them(2).

Persons think to themselves; "Now, here are two children born of the same parents and raised in the same

environment, yet, how different they are". Without doubt children of the same family show great difference in temperament. They vary, at least, in this, that they respond in very different measure to comparable fault in management. In one child, placid, submissive and insensitive, gross faults may lead to but little disturbance; in others the slightest mistake on our part brings instant reaction. Cameron again states that susceptibility in a child is on the main a matter of inheritance, but the form which the reaction takes is determined by the personalities and characteristics of those who manage him. Now with the best of intentions is it possible for any of us to treat all our children alike, and to exercise upon each an identical influence. The little child has no power of self-criticism. He looks at himself with the eyes of his elders. Whatever we think of him, say of him, even fear for him, that he is apt to become. In accordance with the reputations which spring up in the family circle concerning him, he moulds his conduct(1).

## ETIOLOGY.

In considering etiological factors of nervousness it must be kept in mind that there may be organic disease underlying a purely functional nervousness. That is, functional nervousness may arise secondarily from abnormal mechanisms of behavior; the unstable constitution prompts an unusual response to a situation which is of the nature of organic disease. Because of this fact, organic disease, the more common types, will be considered in the etiology of nervousness.

Nervousness is found in children of all ages, nationalities and races. It has its earliest manifestations in the new-born infant and may persist to any age of childhood or adult life or it may crop out at any age during childhood. There seems to be no immunity; children of the rich and poor, the intelligent and the illiterate are continually presenting themselves to the doctor with one or more of the extremely variable manifestations of nervousness.

I think a recent study of the Pediatrics cases coming to the University of Nebraska Dispensary shows quite conclusively the large number of cases occurring in that class of patient. Of 698 consecutive cases studied by myself, thirty-six cases or 5.16% presented nervousness

as one of the major symptoms.

From an etiological standpoint, we may conclude from what we have learned from habit formation and conduct, that abnormal habit formation in contributory to the numerous causes entering into the production of the "nervous child". What, however, are other outstanding causes? According to Williams, "nervousness", while it is an unsatisfactory designation, may designate ill-temper or perversity of disposition which a child has acquired from bad example or poor management(1). An unusual way of reacting to circumstances may on the other hand arise from a faulty brain. An hereditary sound brain may function inadequately on account of lack of proper blood as in the case of anemia resulting from hookworm disease or malaria(2). When physical conditions are admittedly perfect, psychological factors should be considered. Williams suggests such factors as over-intensity of ambition, overconscientiousness, fostered by faulty religion, repression of spontaneous activity and concern over sex manifestations(3). Emotions in general are to be considered, especially shame and fear. Any disturbed glandular activity is of primary concern in the cause of nervousness. The pituitary, adrenal, thyroid and thymus glands are of ranking im-

1. T.A.Williams--Factors to be Dealt with in Nervous Child
2. T.A.Williams--Factors to be Dealt with in Nervous Child
- 3.

portance. Food fads ranks a consideration as it involves the suggestive and imitative traits. Among hygienic factors are lack of fresh air, lack of sleep, restriction of normal activity, improper clothing, improper food and drink, fatigue and faulty elimination(1). Hereditary factors such as nervous traits, inbreeding, alcoholism, and epilepsy have their place in the etiology of nervousness(2). Pathological factors are not to be overlooked even in cases of functional nervousness---- thus: 1) Mental defects(micro and hydrocephalus);2) Prematurity; 3) Congenital malformations; 4) Hemorrhages; 5) Endocrinopathies; 6) Avitaminosis; 7) Dentition; 8) Anemias; 9) Defective senses; 10) Epilepsy; 11) Post-infective syndromes; 12) Chronic toxemias(tonsils and adenoids); 13) Asthma; 14) Intestinal indigestion; and 15) Intestinal parasites(3).

Certain sociological factors are significant in the production of a "nervous child". The home naturally seems to be the unit around which unbalanced family relations first exhibit themselves. Over-indulgent parents and grandparents, parental delinquencies, parental neglect, parental ambitions and anxieties all make for high tension home atmosphere, which has its particulay effect on the child(4). The unique situations which

1. A.J.Waring---Nervous Imbalance
2. A.J.Waring---Nervous Imbalance
4. F.Richardson--Nervous Child

usually surround the "only child" of a family, perhaps might place him in a position for the creation of nervousness. Then too, sisterly or brotherly rivalries and jealousies produce family antagonism, which in turn affects the "nervous child". The relationship existing between a nursemaid or governess and the child is oftentimes unnatural and perhaps proves irritable to the child. Society presenting itself in the "poor rich child" may be a factor in the contributory causes of the "nervous child"(1).

If the child encounters some difficulty in adjusting himself to whatever conditions that are presented at home, it follows that as he reaches school-age, he will find it more difficult to adjust himself to the routine of school which is vastly different from the home(2). If the teacher makes discriminations among pupils, the "nervous child" is most likely to be influenced by the fact that other pupils are being placed ahead of him or that others are getting better marks than he. In the mind of the "nervous child" these are all slights directed at him. He feels that he has not been well treated by fortune; he is apt to become ashamed of his parents social scale or notice the difference in his wearing apparel compared to that of others.

1.F;Richardson--Nervous Child  
2.H.C.Cameron---The Nervous Child



In short then, the etiological factors contributing to the cause of the "nervous child" are diverse and very widespread and cannot be considered separately if one ever hopes to deal successfully with these cases.

## MANIFESTATIONS.

From what we have learned about habit formation and conduct and because of the extreme diversity of factors and mechanisms which favor the precipitation of nervousness, we shall expect to find the outward manifestations of nervousness extremely variable in intensity, as well as frequency. We have learned that no two children react to the same situation in the same manner and to the same degree. We would expect, therefore, that there would be almost as many manifestations of nervousness as there are cases. This, in part, is true; there is considerable repetition, but there are certain manifestations or groups of manifestations, differing only in degree, that are rather clear cut and well defined and arise with surprising frequency. These symptoms seem to fall in no particular grouping or classification, but in general, we may divide them into two groups---those arising in infancy and those arising in childhood.

According to Abt an unstable or oversensitive nervous system in an infant manifests itself in hypersensibility to ordinary sensory stimuli. Under this heading he includes: a) Light(strong)---exhibiting irritability, discomfort and loud crying; b) Quality

of clothing---the child being fidgety, restless and sleepless; c) Changes in temperature---daily toilet may throw them into a panic(1). All is reflected in their sleep----they often awake with a start, crying loudly and much and frequently give external evidence of fear and anxiety.

The extremely large number of manifestations of nervousness of childhood makes it necessary to simply enumerate them and give a detailed discussion of a few of the more important ones. The less severe manifestations are undue timidity and anxiety, abnormal fears, bad temper, unnatural disobedience, exaggerated negativistic tendencies, pranks, fool-hardiness, and abnormal naughtiness. The more severe or persistent include lack of appetite and indigestion, want of sleep, habit spasms, thumb-sucking, pica and dirt eating, migraine and cyclic vomiting, enuresis, nail-biting, disorders of speech, head banging and air-swallowing, hysteria, convulsions, pseudomasturbation and masturbation, breath holding, headaches, and hypersensitiveness. I quote the above manifestations as the sum-total of all the manifestations as set forth by Cameron(1), Richardson(2), Morse(3), Waring(4), Holt and Howland(5).

1. I. Abt--Abt's Pediatrics
- 1\*. H.C. Cameron--The Nervous Child
2. F. Richardson--Nervous Child
3. Morse-----Clinical Pediatrics.
4. A.J. Waring--Nervous Imbalance
5. Holt and Howland--Diseases of Infancy and Childhood.

## HABIT SPASM.

Perhaps the most outstanding manifestation of the "nervous child" is that known as the habit spasm. Among the better authorities on this particular subject are Holt and Howland who tell us that this term is used to describe certain spasmodic muscular movements which at first are only occasionally noticed but which may persist until they become habitual and almost entirely involuntary(1). Morse, another authority on diseases of children, describes them as involuntary contractions of single muscles or groups of muscles, which result in the performance of some motion which at one time served a useful purpose(2). The same motion is made over and over again. A child usually does not make more than one motion, never more than three or four. The movements usually affect the muscles of the face, but they may be seen in almost any part of the body. Morse states that a careful analysis of these motions shows that they are motions which originated because they were necessary to overcome some sort of discomfort(3). For example, the shoulder is twisted, as when there is a tight suspender, the neck is turned as when the collar is too rough, the nose is twisted as when there are crusts in the nostril, or the forehead is wrinkled as

1. Holt and Howland--Diseases of Infancy and Childhood
2. John L. Morse---Clinical Pediatrics.

when the hat is too tight. They have kept up, however until they have passed out of the child's control and have become involuntary. Habit spasm is really little more than exaggerated nervousness continuing in some definite form until by repetition a fixed habit is established.

Holt and Howland go further to tell us that the causes are those of neuroses in general. In the beginning, at least, the general health is often below the normal. The patients are nervous children of neurotic antecedents. There may be a history of some definite exciting cause, such as illness or overwork in school. There is usually some local cause of which the spasm is merely a reflex(1). Morse states that they are more common in boys than in girls and in children that are "run down" or members of neurotic families than in vigorous children or those of normal parents(2).

Difficulty in diagnosing habit spasm arises only because of the similarity to some of the movements of chorea. Holt and Howland give one the impression that this differentiation lies in the fact that in habit spasm the movement is confined to one muscle or group of muscles and from the duration of the disease(3). The greatest difficulty is in convincing the parents that nervousness is the underlying cause of the spasm.

1. Holt and Howland--Diseases of Infancy and Childhood.
2. John L. Morse-----Clinical Pediatrics.

## LACK OF APPETITE AND INDIGESTION.

One of the more ordinary symptoms of the "nervous child" and one more easily understood is that of lack of appetite and indigestion. In cases of nervous indigestion the effect of the nervous system upon the digestive processes is frequently misunderstood. I wish to quote Macleod(1) throughout on the nervous element and its effect upon digestion. The experiments of Pavlov and others have explained the dependence of digestion upon mental states. They show that even before the food is taken into the mouth, while the meal is still in prospect, there has been instituted a series of changes in the wall of the stomach, which gives rise to the so-called psychic secretion of gastric juice. These changes are preceded by the sensation of appetite, which is evoked not by the presence of food in the stomach---for food has not yet been swallowed---but by the anticipation of it, by the sight and smell of food, as well as by more complex suggestions, such as the time of day, the habitual hour, the approach of home and so forth. To prove this Pavlov observed the gastric secretion flowing either from a fistula of the stomach itself or from a "minature stomach" in dogs in which also an esophageal fistula had been established. When food

1. J. J. R. Macleod--Physiology and Biochemistry in  
Modern Medicine.

was given by mouth to these animals, it was chewed and swallowed in the usual manner, but before reaching the stomach, it escaped through the esophageal fistula. Within a few minutes after giving food the gastric juice was found to be secreted actively, and if the feeding process was kept up, which could be done almost indefinitely since the animal never became satisfied, the secretion continued to flow. Thus, in one instance Pavlov succeeded in collecting about 700c.c. of gastric juice after sham feeding the animal for four or five hours in the above manner.

Emotional states of all sorts----grief, anger, anxiety or excitement----put a stop to the process or interfere with its action, so that the sense of appetite is absent, and the taking of food is apt to be followed by discomfort or pain or vomiting. No doubt, good digestion leads to a placid mind, but it is equally true that a placid mind is necessary for good digestion(1). The first of the factors which encourage the refusal of food is the extreme susceptibility of the child to suggestion. A particular article of diet may be refused on one occasion perhaps in pique, because another more favored dish was hoped for or expected, or perhaps because the taste is not yet familiar. Then if on this occasion a struggle for the mastery is waged, and a painful im-

1. F.Richardson--Nervous Child.

pression is made on the child's mind connecting this particular dish with struggling and tears, from that day forward the child may persistently refuse it on every occasion it is offered.

If preliminary changes do not take place, food is taken mechanically and without appetite. The meal is liable to be followed by gastric distress or even vomiting.



## ENURESIS.

The third manifestation of nervousness to be considered is enuresis. This is the term applied to the involuntary passage of urine at an age when the bladder should normally be under control(1). It may be diurnal or nocturnal. When the involuntary passage of urine is due to some malformation of the urinary organs or to organic disease of the spinal cord, it is not usually spoken of as enuresis. The term is not applied to the dribbling away of urine, but is restricted to the intermittent involuntary passage of reasonably large amounts of urine.

According to Morse, urination is purely a reflex act through a center in the lumbar cord at birth. There is no cerebral control(2)†. The control of the lumbar center is gradually acquired by a cerebral center, first when the child is awake and finally during sleep. The time at which cerebral control is established, normally, varies materially in different children and may be hastened by education. It is evident that even after the cerebral control has been acquired, it is not as active as it eventually becomes and consequently, may be easily overcome during early childhood. The cerebral

1. John L. Morse--Clinical Pediatrics.

2. John L. Morse--Clinical Pediatrics.

control is usually established during the day before the baby is two years old, and often earlier, if much attention has been paid to the child(1). It is often established at night by two and one half years.

Enuresis has been contributed to a wide variety of causes such as partial asphyxia because of adenoid vegetations, phimosis, hyperacidity of the urine, deficiency of thyroid and worms. And, no doubt, these factors are partially or wholly responsible in many cases; but, Mandel says: "No, in the majority of cases enuresis is a nervous disorder and must be regarded and treated as such"(2). Mandel in reviewing 60 cases found that only 8.3% had worms and 1 had phimosis. Cameron(3) observed the following: 1) Seldom serious or well developed in early childhood; 2) Influence of suggestion is shown by the behavior of the child when removed to the hospital; 3) Easy to recognize the ill-effects of circumstances which add new force to the fear of failure or shake the confidence in the control which had been established.; 4) Sometimes spreads to the day time. In bad cases not uncommon to have incontinence of feces make its appearance. Upon these observations he makes the following statement: " I think that if we examine a large number of cases of bed wetting in children we can come

1. John L. Morse--Clinical Pediatrics.
2. Leopole Mandel--Enuresis.
3. H.C.Cameron-----The Nervous Child

to no other conclusion than that the cause of the trouble lies in faults of management which have deprived the child of all confidence in his own powers of control".

## SPEECH DISTURBANCES.

Stammering and stuttering make up the fourth manifestation under the general title, speech disturbances. According to C. S. Bleumal, stammering is to be considered as an impediment of thought and not as an impediment of speech. The evident capriciousness of stammering is sufficient in itself to show that the impediment does not result from physical disease of the speech organs, for no physical defect could appear and vanish in this manner in response to external influences. Again stammering is an impediment of thought. The impediment is manifest in speech only because the stammerer attempts to put his thoughts into words(1).

The foregoing paragraph makes it clear that stammering does not result from physical causes. There can be no congenital defect of the speech organs when the stammerer speaks fluently for the first several years of his life. There can be no organic defect when stammering results from imitation or association. There can be no physical deformity when any one or several causes, fright, association, imitation, can produce any type or any combination of types of speech disturbance.

Having considered stammering, stuttering as well characterizes the nervous child. Dr.G.E.Still, the

1. C.S.Blumel--Mental Aspects of Stammering.

London child specialist points out that stuttering is a defect of coordination. Speech consists of a highly complex series of movements, involving the muscles of the tongue, the jaw, the palate and not least important, the muscles of respiration. The perfect coordination of these movements is only gradually acquired, hence the occasional stuttering is so common in children of two or three years, whilst they are learning to talk, as to be almost a normal feature at this age(3).

Delving into the contributory causes of stammering and stuttering, we must mention particular mental attitudes toward speech. An actual fear of speech itself is to be noted. Excitement is by far the most outstanding condition tending toward stuttering and stammering. Also with the average stammerer or stutterer, the influence of environment is particularly strong. We realize how the nervous child who stammers or stutters finds it especially hard to address strangers of superiors.

### 3. C.S.Blumel--Mental Aspects of Stammering.

## BAD HABITS.

There are a number of fragmentary symptoms or manifestations that are indicative of mannerisms of the "nervous child". In the first place a group of these manifestations may be termed bad habits.

Thus, thumb-sucking, though quite natural, is foolish because it does the baby no good, may disturb its digestion, may alter the shape of its mouth, as well as make it fussy when it has nothing to suck(1).

Nail-biting is another foolish habit, not only of childhood, but of adult life. It, again, is more common in children of neurotic parentage and in those who are overtired, either physically or mentally(2).

Hair-eating and pica present two main hypotheses:

- 1). That hair eating and pica are a type of neurosis and
- 2) That these perverted appetites represent a craving for some missing article of the diet(3).

Another bad habit comes under the term masturbation. This is not uncommon even in infancy. We have observed many cases during the first year and some as early as the seventh or eighth month(4). It is seen in children of all ages and in both sexes; but in infants and very young children it is, in our experience, much more common in

1. John L. Morse--Clinical Pediatrics
3. Jean Smith-----Hair Eating and Pica.
2. John L. Morse--Clinical Pediatrics.
4. Holt Howland--Dis. of Inf. and Childhood.

girls than in boys. Local causes are present in many cases; they are usually something which produces undue irritation. The most frequent are; long and adherent prepuce, phimosis, balanitis, vulvovaginitis, eczema of the labia, threadworms and tight clothing. Any irritation may lead the child to rub the parts in some way and a pleasurable sensation being excited, the action is repeated, until a habit is formed. After infancy the habit of masturbation is usually acquired from other children, but is sometimes taught by vicious nurses(1).

Broken or disturbed sleep, sleeplessness or restlessness usually characterize the "nervous child". In considering these factors, delay in going to sleep is almost due to excitement, play having been kept up until the last minute. Overfatigue or worry over work or incidents make for broken sleep. As far as restlessness is concerned, young children do not normally sleep as quietly as older children and adults.

## TREATMENT.

We have learned about the diversity of etiological factors and manifestations of nervousness in childhood and would naturally conclude that the treatment is just as diversified. Again, this is partially true and compels us to deal in generalities when considering the problem as a whole, but when we divide the treatment into prophylactic and curative, we find that the curative treatment is just as specific as the treatment of any disease.

First, let us consider the prophylactic treatment. Prichard sums the whole thing up nicely by one short paragraph. He states that the prophylactic views are influenced by the views of the person dealing with the problem. The eugenicist might predict salvation in selected mating or in sterilization of the unfit; the social reformer in the equalization of wealth and better housing; the teetotaler in prohibition; the educationist in education; the sanitary reformer in hygienic measures; the dietitian in diet; and other varieties of enthusiasts according to their special creeds[1].

It is utterly beside the point to think of attempting to prevent organic disease other than by the prophylactic

1. E. Prichard--Prophylaxis of Nervous Child.



use of vaccination and inoculation and by hygienic and dietary measures which keep the child in as near perfect physical condition as possible. Prophylactic measures are essentially measures of correct habit formation without over-solicitude and over-anxiety on the part of the parent or guardian. Constructive habit formation, then, along with hygienic and dietary measures and early correction of physical defects and organic disease if it arises are of prime importance in warding off nervousness in infancy or nearly childhood. The child who inherits a good body and a sound mind with a chance to live in a healthful environment needs no more, but with an atmosphere that is not constructive, he has the same chance of falling into the mire of nervousness as the child who is born with a nervous system that is oversensitive.

In the curative treatment of the "nervous child" there are four principles which must be adhered to if one expects to deal successfully with these problems.

As set forth by Br. Abt (1), these principles are:

- 1). Careful hereditary and developmental history.
- 2). Careful physical study.
- 3). Careful study and analysis of the child's mental content.
- 4). Thorough acquaintance with the adults surrounding the child.

1. I. A. Abt--Abt's Pediatrics.

With these four principles fulfilled we can go on to the treatment of the child. First, physical defects must be removed as soon as possible. The child should be placed on a diet conducive to good health and habits of sleep and play should be regulated. All forms of organic disease should be eliminated. Then, if the child fails to respond, it will be necessary to adapt specific forms of treatment which I shall discuss in taking up the treatment of the specific manifestations discussed in the previous chapter.

First, let us discuss habit spasm. Morse(1) tells us that the first thing to do is to search for the cause and, if it is still present, remove it. There are no drugs which have any direct action in stopping the spasms, although drugs like nux vomica and cod liver oil may aid in building up the general condition. Morse(2) again, tells us that it does no good to scold children with habit spasms, but encouragement and praise, and sometimes judicious ridicule, may help them to overcome them. The best method of treatment is to have the child stand in front of a mirror and make the motions for from two to five minutes several times daily. The object of this procedure is not to make the child ashamed, but to educate him to control the motion. Holt and Howland make the statement that habit spasms respond very unsatisfactorily

1. John L. Morse -- Clinical Pediatrics.

to treatment after the habit has become fixed(1). Children that have had habit spasms are very likely to develop others, however, if for any reason they get below par.

Lack of appetite is perhaps the most difficult to deal with specifically in physically sound children. Cameron advocates that the one sure way to banish negativism and overcome the opposition is to cease to oppose, and to practice this aloofness not only at meal-times, but in all our conduct to him(1). Repression and reproof, and thwarting of the child's will, and coaxing and entreaty must cease. Cameron also states that nervous vomiting is not difficult to control. The child must learn that he can not attract attention in that way and he will soon stop.

There has been much speculation concerning specific therapeutic measures in cases of enuresis. Some of them are: 1), Operative---removal of tonsils and adenoids and circumcision; 2) Manipulative---injection of saline to distend the bladder by pressure and tilting the foot of the bed to reduce pressure on the sphincter; 3) Education---Curtailing fluid intake, waking the child at intervals, and rewards and punishments; 4) Medical---belladonna and thyroid; and (5) Suggestion---both simple and hypnotic. Cameron(2) states that all of these may help

1. H. C. Cameron--The Nervous Child.

2. H. C. Cameron--The Nervous Child.

But, that in well established cases the suggestion act-  
 on the child's mind must be altered and self-confidence  
 restored. He must be made to see that the thing is not  
 so desperately tragic and always gets well, but goes on  
 because he is worried about it and thinks about it. He  
 thinks that the greatest single aid in prompting a cure  
 is suggestion in the form of concrete objects and sug-  
 gests the use of a rubber urinal. Mandel (1) in speak-  
 ing of the removal of tonsils and adenoids says: " I  
 personally have only known one case benefited and that,  
 I think, was purely by suggestion. Quoting Mandel fur-  
 ther: "Any one or all of the focal points or irritation  
 should be sought for and eliminated; I am afraid that  
 this alone will seldom effect a cure in cases of true  
 enuresis---perhaps 10 to 15%". Mandel recommends diet,  
 reduction of fluid intake after noon(no fluid after five  
 o'clock P.M.), avoid fatty foods, no diuretic drinks and  
 easily digested food. He thinks it is better to use  
 a sedative such as Luminal grains one-half before bed  
 than to awaken. He also advises looking into domestic  
 details such as sleeping accomodations, over-crowding,  
 being disturbed by other children and over-work with in-  
 sufficient sleep.

Most authors seem to agree that correction of speech

1. Leopold Mandel----Enuresis. Its etiology and treatment.

disturbances is essentially a problem of re-education. Bluemel makes the statement that the remedy for stammering consists in thought training rather than speech training(1). The child must be taught to believe in his growing power to control and be made to feel that his parents take pride in watching his progress. In the corrective training, thoughts are disciplined like soldiers; they are brought first into line, then into step, and finally into orderly maneuver. Through this drill the stammerer learns to focus his attention more sharply on the mental process of speech, thereby avoiding the incoordination of thought. Bluemel's method of thought drill is effected by requiring the stammerer to speak only in response to signals which are given by the instructor with a castanet. A light tap of the castanet signals the pupil to speak. A loud snap commands him to stop. A double tap of the castanet directs him to repeat. With signals the instructor compels the stammerer to think one sentence at a time. The pupil thus avoids the confusion that ensues when he rushes headlong into unmeasured speech. The signals also enforce pauses. During the pauses the stammerer must tranquilize his emotions and formulate his thought. Thus he learns to direct attention to mental speech instead of physical speech. At the least sign of stammering, the

1. C. S. Bluemel--Mental Aspects of Stammering.

pupil is halted with a loud snap of the castanet. When this signal is given, he must relinquish all attempt at speech. The pupil is signalled to stop, not only when he stammers, but also when he changes his sentence construction, for it is clear that he has not thought the sentence to an orderly conclusion. He is therefore brought to a halt in order that he may review his mental processes. When sufficient progress in thought control has been established, the pupil is allowed to signal for himself. After several weeks of training, the pupil is allowed to speak without signals, but he must still speak carefully from pause to pause and from sentence to sentence.

Cameron (1) in his discussion on thumb-sucking makes the homely comparison that it does about as much good to tell a child not to suck his thumbs as it does to tell a drug addict not to take his drugs. Of the various methods used in treating these cases, both Cameron and Morse(2) agree that cuffs placed at the elbows of the infant so that he cannot bend his arms, is the best and most effective. Morse goes on to say that they are better than aluminum mitts, which make the hands sweat and interfere with their use. It is useless to put anything which tastes badly on the hands to prevent sucking. Richardson(3) says that in addition to cuffs, have confidential talks with the child using

1. H.C.Cameron--The Nervous Child
2. John L. Morse--Clinical Pediatrics.
3. F. Richardson--Nervous Child

other children as examples and show him that he really has a friend who wants to help him----this may be almost curative in itself. Sympathy, kindness, good-fellowship and patience will give an approach that no amount of harsher methods could ever hope to afford. Above all do not shame him----you must appeal to his emotional side and not to his rational side(1).

Nail-biting like thumb-sucking is a condition which requires sympathy, kindness, patience and understanding. Because of the fact that it occurs in older children, it becomes a problem of teaching and training rather than one of commanding. Quinine, strychnine and such drugs are of little value because they merely remind him of the fact that he is doing something that he should not do but he must be convinced first. His power of imitation can be appealed to by teaching him to manicure or his power of suggestion by showing him the hands (nicely manicured) of some person whom he respects (2). Reprimanding merely makes the child worse.

Where masturbation is practiced openly occupation and diversion are perhaps as useful as any more elaborate methods of treatment, such as physical restraint, rewards and punishments, charts to show achievement, and other things of this sort. If, when seen indulging in

1. F. Richardson--Nervous Child.

this practice, the child is given something to interest him, a book or pictures to look at, or a definite errand to do, or is told a story, his attention will not be drawn to the habit, and it will soon drop into the background and be forgotten with his lesser interests(1). Little children have no thought of wrongdoing when first practicing masturbation, and care should be taken that they are not shamed and severely punished, as this may injure their pride, cause them to become self-conscious, focus their interest, and make them cling tenaciously to the habit.

Treatment of sleeplessness or want of sleep is aimed at the underlying cause as well as the sleeplessness itself. In the first place the surroundings should be conducive to sleep---not too much clothing, but enough to assure snug warmth, a good bed and fresh air----after a day of physical and mental exercise in the same atmosphere. If faulty management in sending the child off to bed is being conducted, the parent should be taught that the child will respond to suggestion and should be given a chance to take part in the all-important event of going to bed after it has aided in the undressing, etc. Most children will think it a pleasure to go to bed if they can take part in this manner rather than being grabbed up

1. D. A. Thom--Child Management.



by their mother or the nurse and carried off to bed(1). The use of hypnotic drugs is legitimate and successful to break the faulty suggestion and bad habit according to the views of Cameron(2). He advises the use of Chloral--grains 2-----Potassium Bromide--grains 2 with ten minims of Syrup of Orange for a two year old child, twice as much for three years and three times as much for six years. These small doses produce a very constant effect. With deeper and more refreshing sleep for a few nights in succession will produce apparently quite a remarkable change in the whole disposition of the child.

1. F. Richardson--Nervous Child.
2. H. C. Cameron--The Nervous Child.

## CONCLUSION

In conclusion I wish to submit six cases of "Nervous Children". All are not in detail as they might be, but I think they show the essential mechanisms of "nervounness" quite conclusively.

## FIRST CASE:

A boy, age 5, white, American was brought to the dispensary on December 26th, 1931 with the complaint of convulsions which began when the boy was beginning to walk---he became frightened, turned blue, stiffened out and fell unconscious. He has had as many as three in one day and has gone three days without a convulsion. The boy was checked over thoroughly and physically nothing was found except in the eyes there was a partial failure of convergence. On January 2nd, 1932 the child was seen by Dr. Jahr and he learned further that the boy did not have these convulsions in school, but might have one on the street or almost any place when with his mother; that the child would not eat other foods if pie and cake were to be had; that the mother was nervous; and that the father was at home. On that date the mother was advised to pay less attention to the attacks. But, because of the persistent belief of the mother that there was something radically wrong with her son, the child

## THE NERVOUS CHILD.

M. H. GROW.

was sent to the University Hospital on the 29th of Jan. and was kept under observation for six days, during which time a neurological consultation was had (advised returning to behavior clinic) and the boy had no attacks. On February 5th he returned home and immediately had an attack, but on April 2, 1932 the mother reported that he had had no more attacks.

## SECOND CASE:

A girl, age 5, white, American was brought to the dispensary by her mother on Aug. 6th. The mother complained that the child was nervous, a mouth breather and had a very poor appetite. Physical examination revealed enlarged tonsils, reddened posterior pharynx, post nasal discharge of heavy mucous, septum deflected to the left, right inferior turbinate enlarged and enlargement of the anterior cervical lymph glands. On that date tonsillectomy was advised. Tonsils and adenoids were removed on Aug. 20th and the throat was pronounced as satisfactory on Aug. 25th by Dr. Rubendall. In a home visit on Oct. 16th the mother reported that the child had been feeling very much better--played, ate and slept well and had gained in weight.

## THIRD CASE:

Boy five years of age, white, American, only child was brought in by his mother recently complaining of

## THE NERVOUS CHILD.

M.H.GROW.

nervousness and batting of the eye-lids. Upon physical examination it was found that the boy had a very mild conjunctivitis, belateral nasal discharge and a congested throat. Also that the financial condition of the family was bad and that they had been forced to move into a one room apartment. Dr. Jahr advised that the child needed more rest and that the mother not take the condition too seriously----with apparent results.

## FOURTH CASE:

A girl 7 years of age came into the dispensary with the complaint that she was nervous, restless, cried easily, had a poor appetite and enuresis. The mother also stated that the girl played too hard and worried a great deal about her school-work. Because of the apparent tension the girl was advised to rest an hour each afternoon, limit fluids after 6P.M., was given a card with stars and was convinced that she was going to get well. In two weeks following she had only two attacks of enuresis and was feeling much better, and in the next two weeks she had but one attack of enuresis and was not quite as restless as she had been.

## CASE FIVE:

A boy 5 years old came into the dispensary with the complaint of enuresis. He had a sister 7 years of age who was an enuretic. The boy himself was found to be

in perfectly normal physical condition and without any other manifestations of nervousness. The mother gave the history that he had been free from attacks of enuresis and began having them quite suddenly. His sister came in for enuretic treatment a short time previously and it was noticed that when she began to show signs of improvement, the boy did likewise. This was undoubtedly a case of imitation.

#### SIXTH CASE:

A boy eight years of age was brought into the dispensary with the complaints of nervousness, headaches and enuresis. At this time physical and laboratory findings were entirely negative. It was learned in the history that the boy had received an injury to his head when he was eleven months old which had left him with convulsions until he was about three years old. The boy came back a month later with the story that he had been sent home from school because of vomiting on several occasions. He was advised to rest one hour a day and the teacher advised not to send him home for vomiting. Three months later the vomiting spells had entirely subsided.

V I V  
B I B L I O G R A P H Y

- Abt, I. A. -----Abt's Pediatrics  
Vol. VII--p735-738.
- Allen, I. M. ----Neurosis in Childhood  
British Jou. of Child. Dis.  
28: July-Sept. '31. p 177-197
- Bluemel, C. S. ---Mental Aspects of Stammering  
Williams and Wilkins Co. 1930.
- Cameron, H. C. ---The Nervous Child  
Oxford Press 1919.
- Culpin, M. -----Conception of Nervous Disorder  
Lancet 2:1383-1386 Dec. 1930.
- Culpin, M. -----Nervous Child  
Lancet 2: 785-787 Oct.9,1926.
- Glueck, B. -----Concept "Nervous Child".  
Am. Jou. of Psychiatry  
3: 515-526, Jan. '24.
- Holt, L.E.  
<sup>of</sup> -----Diseases of Infancy and Childhood  
Howland, John D. Appleton and Company  
1927.
- Macleod, J.J.R.---Physiology and Biochemistry  
in Modern Medicine.  
C. V. Mosby Co.  
1926.
- Mandel, Leopold---Enuresis  
British Jou. of Children's Diseases  
Vol. XXVIII Jan-Mar. 1931 pl.
- Morse, John L. ---Clinical Pediatrics  
W.B.Saunders Company  
1926.
- Prichard, E. -----Prophylaxis of Nervous Child.  
Practitioner  
125: 122-130 July '30.

## BIBLIOGRAPHY CONTINUED.

- Richardson, Frank H. ----Nervous Child  
Hygeia 5:17 Jan.; 67 Feb.  
127 Mar. 1927
- Smith, Jean -----Hair Eating and Pica.
- Stein, Leopold  
%  
Wolf, I. J. -----Speech Defects in Children  
Arch. Ped. Vol. XLIX No. 1  
January 1932. p 27
- Thom, D. A. -----Child Managment  
U. S. Department of Labor.  
Publication No. 143.
- Waring, M. J. -----Nervous Imbalance  
Arch. Ped.  
45: 550-554 Sept. 1928
- Williams, Tom A. -----Factors to be Dealt with in  
Nervous Children.  
Arch. Pediat  
48:82-98 Feb. 1931.
- Williams, Tom A. -----Radical Cure of Neuriticisim  
in Children  
Tr. Sec. Nerv. % Ment. Diseases A. M. A  
p 70-77 1925.
- Worchester, D. A. -----The Only Child  
Hygeia 9:719-721 Aug. 1931.