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BULLETIN

of the

MASSACHUSETTS SOCIETY FOR SOCIAL HYGIENE

INCORPORATED

1145 LITTLE BUILDING, BOSTON 16, MASS.

Affiliated with the

AMERICAN SOCIAL HYGIENE ASSOCIATION

VOL. XVI

DECEMBER, 1946

No. 2

SEX GUIDANCE VIA RADIO

Having experienced in past years considerable reluctance on the part of radio broadcasting management to extend facilities for social hygiene education over the air waves, because of possible adverse "listener reaction," we gratefully extend our heartiest congratulations to Station WEEI, the "Friendly Voice of Boston," for its initiative and progressive spirit in collaborating with our Society during the past summer months in a series of nine radio broadcasts frankly entitled *Sex Guidance for Today's Youth*. Originally set up as a feature series of the Greater Boston Community Fund's year around radio program *Let's Talk About Children*, the Society subsequently assumed full responsibility with Station WEEI for this undertaking when the advisability of the Fund's participation was seriously questioned and the Fund decided it would be the part of wisdom to withdraw and leave to our Society the full responsibility for an educational program of this kind.

The broadcasts, which were announced by WEEI as a public service program sponsored by the station in collaboration with the Massachusetts Society for Social Hygiene, took the form of nine fifteen-minute three-way discussions by a consultant, a participating guest and the station announcer. Addressed primarily to adults and particularly to parents, the subjects covered were entitled *Giving Your Baby a Good Start*, *The First Six*

Years, *Questions Children Ask and Don't Ask*, *Those Teen-Age Years*, *Dating Do's and Don't's*, *What is Love?*, *Looking Forward to Marriage*, *Avoiding Pitfalls*, and *Whose Job Is It?* Throughout the series facts important for parents and adult leaders to know and understand, for the guidance of youth from babyhood, through childhood and adolescence to adulthood and marriage, were presented in a dignified and wholesome way, with nothing in the content of the broadcasts to substantiate fears that the subject was not adapted for radio discussion.

The two consultants for the series were Dr. W. Linwood Chase of the Boston University School of Education, and Dr. Augustus S. Rose of the Boston Psychopathic Hospital, both members of the board of directors of the Society. Participating guests were Mrs. Hugh Cabot, Jr., Mrs. Donald J. Hurley, Mrs. David Tucker, Mrs. J. Verity Smith, Mrs. Harold B. Murch, Miss Vivienne Chapman (Wellesley College student and daughter of the Rev. Paul Harmon Chapman of our Executive Committee), Mrs. Parker Hayden, Mrs. Evangeline H. Morris and the Honorable Jennie Loitman Barron. Ed Blackman was WEEI's announcer and took part in all of the broadcasts.

The Society's staff had the responsibility for preparing all the background material and content of the broadcasts and for selecting and securing the services

This Society is a member agency in the Greater Boston Community Fund

of the consultants and guest speakers. The scripts were written in her spare time and in close cooperation with our staff by Miss Mitzi Kornetz, able and gifted radio director of the Greater Boston Community Fund.

This was an experiment, the first of its kind to our knowledge in this part of the country, and the response of the public was beyond anything we had anticipated. Only favorable comments have been received, and according to WEEI the program elicited far more enthusiastic lis-

tener response than other public service programs given in the past. The Society, moreover, has had the experience of being able to welcome to our office and to help with counsel and reading materials individuals who had never before heard of our work. If nothing more has been accomplished than the effective reiteration of the need for sex guidance for young people and the broadcasting of information as to a reliable source of information on all phases of social hygiene, it will have served its purpose.

MORAL AND PSYCHOLOGIC ASPECTS OF THE CONTROL OF VENEREAL DISEASE*

Paramount among the tremendous obstacles to the control of syphilis and gonorrhoea is human nature itself, according to Dr. L. L. Luehrs, New York psychiatrist. In an uncomfortably provocative address to the New York Tuberculosis and Health Association last spring, Dr. Luehrs laid bare the basic components of a dilemma which faces the social hygienist today. We have given much attention to the spread of information, to the repression of prostitution and to the providing and improving of therapy, and in spite of all this, disease has not been eliminated but increases. What is wrong with the program?

The fact that syphilis and gonorrhoea persist rests upon the fact that sex contact exists outside of marriages in which neither mate is infected. The problem then is really reduced to one of social morality. "But what," asks Dr. Luehrs, "is a young man, strong and vigorous as our good food and healthful living have made him, to do when the deep urge toward sex expression arises?" Complete continence before marriage and subsequent strict fidelity? Can physical pressure be relieved by emission dreams and the emotional by sublimation? For some young men this is possible, but the doctor believes that in reality their number is few.

Our society, he points out, may uphold in theory the necessity for confining sex activity to marriage, but actually mar-

riage today is increasingly difficult to achieve. All sorts of barriers, economic and educational, are set up against early marriage. For at least seven years, at a time when the sex urge is very strong and self-control imperfect, we deny the young man the outlet we hold up as the only suitable one. We do not try to lessen stimulation to sex activity while assuming that continence is possible and desirable. In all other respects we encourage achievement at any cost and without delay and naturally this carries over into the field of sex. We have developed such confidence in the scientist who can miraculously save us from the consequences of neglect that we have lost the fear of punishment by nature as well as by God. In such a situation, Dr. Luehrs declares, the old ideal of continence before marriage lingers on in but a few places.

Avoiding venereal infection without maintaining strict continence often involves such circumventions as autoerotism, substitution of the girl friend for the prostitute, homosexual activity. Dr. Luehrs presents realistic arguments both for and against these outlets. Prostitution, he points out, has been widely banned and though it still exists has lost in popularity. It still furnishes an outlet for some of the cruder young men and those who want to divorce their sex life from emotion. Actually the need to go to a prostitute has almost the connotation of failure to achieve a girl without pay and prostitution is less attractive than a personal relationship.

*New York State Journal of Medicine, Vol. 46, No. 13, July 1, 1946.

Dr. Luehrs admits the pessimism in his picture of young people's attitude toward sex today but argues that we cannot blind ourselves to reality if we are to deal effectively with this problem. In face of the obstacles he has enumerated, he finds that it is not easy to think of additions to the social hygiene program that might prove effective. Prophylaxis, even if it could be improved and made more easily available, presents serious problems, the evils of which would have to be weighed carefully against the possibility of eliminating thereby venereal disease. He asks whether there might be some lessening of the constant external stimulation toward sex excitement to be found in current moving pictures, books, advertisements, etc., at the same time admitting the great difficulties involved in attempting censorship of any kind. He believes, nevertheless, that there is more stimulation from this source than from prostitution and that it might well merit the attention of the social hygienist.

He suggests increasing attention to the study of factors that make early marriages difficult to achieve and sustain. More stress upon the responsibility of each individual rather than upon the specialist, with its relation to the total picture of the need for accepting responsibility in a free society, might in the long run yield some results.

"In general," Dr. Luehrs concludes, "no program can be effective that disregards these deeper basic drives in people. The essential tendency toward self-indulgence in human nature and the fact that generations succeed each other so rapidly, force us to recognize that no program can remain static but must be constantly adjusted to changing social attitudes. But until the general public is willing to protect the community before indulging themselves the problem of venereal disease will persist."

Dr. Luehrs' summation of the state of our times is definitely on the dark side. One may question the *extent* to which his appraisal of the attitudes of today's youth holds true, but one cannot question the tendencies in modern living which he brings out. To accept the situation without cynicism and to reject all feelings of hopeless discouragement should be the re-

action of the courageous social hygienist. Dr. Luehrs himself in his introduction to this address comments on the evolution of the social conscience in the past 200 years. If we no longer accept as normal the gross self-indulgence and the crass disregard for human suffering which characterized the eighteenth century, can we not work with optimism for something better than we now have in the twentieth century?

DR. HELEN I. D. MCGILLICUDDY

The title and position of honorary member of the Society's Board of Directors was conferred, by unanimous action of the Executive Committee at its December meeting, on Dr. Helen I. D. McGillicuddy. Since World War I, Dr. McGillicuddy has been identified with social hygiene activity and is widely known not only in Massachusetts but in many parts of the United States for her outstanding work in this field. Since 1928, when the Massachusetts Society for Social Hygiene was reorganized, she has been educational secretary on our staff and her reputation as lecturer on our staff is matched only by the popularity and warm regard which she has called forth from all corners of our State.

The Doctor, as she is often affectionately called, graduated from the Women's College of Pennsylvania and at one time was a special student at the Harvard School of Public Health. During and after World War I, she served on the Interdepartmental Social Hygiene Board of the Federal Government and was loaned to the Division of Venereal Diseases of the New Hampshire State Department of Health for nearly two years; following this she worked in Texas and Arizona on the Mexican border. She was active in the revitalizing of the Society's program in 1928 and for several years was also employed by the Massachusetts State Department of Public Health on a part time basis. She is well known to thousands of our Massachusetts citizens who have heard her lecture on various phases of social hygiene education.

This change of status from active service on the Society's staff to honorary membership in the directive body of the Society means that we can count as al-

ways on the Doctor's wholehearted support of the Society's objectives. In the tradition of all real pioneers, Dr. McGillicuddy will, as she has expressed it, continue to give any service which the welfare of the people may demand of her. The Society is honored and her many friends will be gratified by this assurance of her enduring association with our aims and operation.

LENDING LIBRARY NEWS

We recommend to the attention of our readers several recent accessions to our free lending library shelves:

SEX PROBLEMS OF THE RETURNED VETERAN, by Howard Kitching, M.D.

In his foreword, the late Dr. Ernest R. Groves states that "this is the book the returning soldier and his wife need. It is honest, understanding and right to the point. Within its pages is the most helpful insight and wisest counsel I have ever found in any discussion of the marriage problems that are born of war." It can also be said that every man and woman, married or planning to be married, can read it with benefit and profit. One of the best short books on marriage in recent years.

PUBLIC HEALTH NURSING IN SYPHILIS AND GONORRHEA, by Evangeline H. Morris

This is one of the most useful books in our library. Addressed primarily to public health nurses and dealing comprehensively with current problems in syphilis and gonorrhea control, the book includes related material, particularly the chapter on family life education, which makes it very helpful not only to nurses, but to all who are engaged in social and public health work. Concrete and sound in its factual content, it has style and readability, plus a deep and sympathetic understanding of human nature and human problems not often found in books of this type.

OUR TEEN-AGE BOYS AND GIRLS, by Lester D. and Alice Crow

Home, school, vocational and social adjustments of young people are considered in this book, written by two experienced educators. It contains practical sugges-

tions which should help parents, teachers and other youth leaders to understand adolescents. Brief stories about teen-agers, their questions and their struggles for adjustment, serve as vivid illustrations of their problems and needs.

HOW TO PICK A MATE, by Clifford R. Adams and Vance Packard

The authors offer a guide to happy marriage, emphasizing the basic importance of mate selection. Included are psychological tests used by Dr. Adams in his marriage counseling work at Pennsylvania State College to help individuals and couples measure their chances for happy marriage. As the title indicates, the book is for those who are looking forward to marriage; it is brief and easy reading, with practical suggestions for achieving and maintaining harmony in marriage.

IT'S HOW YOU TAKE IT, by G. Colket Caner, M.D.

In simple, direct, question and answer form, Dr. Caner provides a guide towards emotional stability, peace of mind and effective living for youth and grown-ups as well. This little book is as important on a social hygiene bookshelf as it is in a mental hygiene library.

OFF TO A GOOD START, by Irma Simonton Black

This handbook for modern parents by a nursery school teacher with experience in child guidance problems, is simple, non-technical and full of refreshing common sense. In those sections which deal with the sexual development of the young child, parents will find reassuring advice to help in dealing with troublesome problems that commonly arise. Attractively illustrated.

THE CONTROL OF VENEREAL DISEASE, by R. A. Vonderlehr, M.D., and J. R. Jeller, M.D.

Two outstanding public health men identified with the government program for the control of syphilis and gonorrhea have produced this comprehensive report to the public which reviews the history of wartime measures and projects them into the future peacetime program for the prevention and control of these two diseases.

The book is a logical successor to Dr. Thomas Parran's classic *Shadow on the Land*. Recommended as a useful reference and source book as well as of interest to the general reader.

An educational edition with heavy paper cover is available at the low price of \$1.25, and orders can be addressed to our office by individuals and groups wishing to take advantage of this offer to buy copies for use in their work.

THE ROMANTIC ILLUSION*

The war has brought the institution of marriage to where it otherwise might have been expected to arrive by about 1975. It accelerated changing trends which have long been breaking up our earlier pattern of family life. We now face the immediate prospect of a divorce for every three or four marriages, an abortion for every two or three pregnancies, unwanted and psychologically rejected children, faithful but frustrated husbands and wives, who long for love within marriage, which they have never found. New patterns in terms of which the family can reassert itself as a stabilizing force are only just beginning to take shape.

In the colleges, we have long been teaching students that the "romantic ideology" of marriage is at the root of much of this disintegrating trend. But we are not attempting to "debunk" romance as such; rather we are endeavoring to temper it with an understanding that satisfactory marriage adjustment requires many qualities not covered by our romantic concept.

We are trying to make young people understand that the intensities of love in courtship should not be the sole basis for mate selection. We are at least hinting that bliss as such has no power to sweep away the problems of money, temperament, family history, relatives, social position, diverse interests, different ideals and moral standards, and the other prosaic realities which become of first importance in adjusting to marriage and managing a family.

*Excerpts condensed from article by Paul H. Landis, professor of sociology, Washington State College. Survey Midmonthly, November 1946.

Today social workers, marriage counselors, family advisers, are using their skills to rehabilitate individual families in varying stages of conflict and disruption. They are more and more concerned with the prevention of this spreading phenomenon of family breakdown. Their efforts need to be grounded in a thorough understanding of the pervasive influences which our superficial concept of "romance" has had upon the broad situation with which all of us are trying to cope.

Psychologically speaking, the trouble with our traditional "romantic concept" of marriage is that it puts a single-minded premium on complete emotional involvement. When the illusory aspects of this emotional involvement evaporate, the long established personality goals of both husband and wife reassert themselves. If basic differences have been ignored, they become a threat to emotional compatibility itself and may readily convert it into antagonism.

The war greatly intensified this problem of accommodation. It gave many women a new opportunity to realize their personal ambitions, and developed the masculine independence in men. Members of both sexes now find the requirements of marriage and family a greater threat than ever to the trend of their personality development. For the modern woman who wishes to realize her own career, the romantic theory of marriage offers no practical guide as to how she can reconcile these objectives with the role of wifehood and motherhood, no practical social pattern by which to compromise the conflict between her personal desires and her responsibilities as an equal partner in the family team.

Neither does his preoccupation with "romance" teach the husband much about the realities of his role in this modern partnership. He still expects many of the same emotional responses and "clinging vine" reactions characteristic of the earlier traditional family. . . . Children may give some guarantee of family stability in the romantic marriage, but if one analyzes the underlying philosophy of the romantic marriage, one is bound to conclude that more often children hinder realization of the movie-made marital dreams of youth. . . .

Perhaps the wave of divorces that is following in the war's wake, the increasing concern about juvenile delinquency, the growing awareness of family conflict will bring us to the point where our society as a whole will take a more sane attitude toward marriage and family life. It is no doubt too much to expect the motion picture producers to discount their most marketable product, romantic love, but perhaps it is not unreasonable to expect them to present the stark realities of divorces which is so much an inherent part of this conception of marriage.

Perhaps even those in the market place will eventually realize that underlying forces are at work to bring us to a pattern of family life which will meet the demand for full development of individual personality within the family unit.

Teachers, social workers, clergymen, publicists, must join together to bring about a fundamental reorientation of our concept of the basis for satisfaction and happiness in marriage. Too casually these concepts have been shaped by the movies, the popular magazines, romantic literature. The philosophy of family life and family relationships on which they rest are unreal in the economic and social culture which produces the rich and varied personal interests, ambitions, and desires of individual men, women and children. Yet these romantic concepts create the greatest barrier to the development of that sanity of approach which is now imperative if we are to arrest the trend toward family breakdown.

If these leaders of public opinion will so join, they will find much material at their disposal. During the last ten or fifteen years, sociologists and psychologists have made many studies of the various aspects of marriage and family relationships. They are beginning to understand the psychological aspects of marriage adjustment and are attempting to predict the elements necessary to marital happiness. They are experimenting with marital fitness tests. More and more information is piling up for the use of those who are now operating premarital counseling services, marriage clinics, divorce courts, family and child welfare services.

On the other hand, our economic and social system is beginning to adjust to a

new and emerging family pattern. School lunches, free textbooks, deductions for dependents allowed by the income tax, are beginning to relieve parents of the full financial burden for the child. Medical and social insurance by giving greater economic security provide greater opportunity for personal freedom. Vacations for working mothers during confinement, home nursing services, day nurseries, etc., are trends that must be furthered and encouraged if family life is to be made practically compatible with personal hopes and desires.

Above all, perhaps, we must reincorporate into our national philosophy something of the idea that personal fulfillment is possible only when the individual combines a sense of duty and obligation with his quest for personal happiness.

THE 1946 ANNUAL MEETING

The annual meeting of the Society, held on May 9 at the Hotel Sheraton in Boston, brought out one of the largest audiences the Society has reached in many years. Mrs. Harry C. Solomon, vice-president of the Society, presided in the absence of our president, Dr. George Gilbert Smith, who was ill. The meeting was featured by the presentation of the Society's annual report, a report by Mr. Lester W. Dearborn on the personal counseling work of which he is the director, and an address on the subject *Proven Factors in Marriage Counseling* by our guest speaker for the day, Dr. Clifford R. Adams, director of the Marriage Counseling Service of Pennsylvania State College. Dr. Walter Clarke of New York brought greetings from our national affiliate, the American Social Hygiene Association, of which he is executive director.

While there were few exceptional events to recount in the President's report of the year's activities, the steady stream of the Society's educational program was clearly evident in the record of individuals and groups served via the lecture program, personal counseling service, widespread distribution of pamphlets, extensive use of the free lending library, and the promotional and interpretive work of the Society's staff. Activities of the year also included the work with li-

braries in Boston to foster increased use of our own books and the addition of good social hygiene materials to the public library shelves; the publication by the Society of a new pamphlet prepared by the sub-committee on venereal disease of the American Association of Medical Social Workers and entitled *Venereal Disease—How Can the Medical Social Worker Help?*; the revision and publication in new format of our old stand-by *Growing Up In The World Today*; and continued close cooperation with the newly established Western Branch of the Society in Springfield, which has shown remarkable and gratifying progress during its first year.

In the report also was included appreciative acknowledgment to the Massachusetts State Department of Public Health for providing for our use pamphlet and sound film materials; to the Social Hygiene Committee of the Cambridge Tuberculosis and Health Association for its excellent program in that community; to the Hampden County Tuberculosis and Health Association for its contributions to the establishment of the Western Branch in Springfield; and particularly to the Greater Boston Community Fund for its support of our work in the area of Greater Boston; and to the American Social Hygiene Association for the support, which it affords us under our sharing agreement, of work in Massachusetts outside of the Greater Boston area.

Dr. Adams' address was an interesting and provocative discussion of the need and worth of marriage counseling today, with remarks on generalized techniques in common use, and the objectives of a counseling program, as he viewed the situation from his experience as professor of psychology and education at the Pennsylvania State College Graduate School of Education and as director of the marriage counseling service of that college.

Officers and Directors Elected

At the business meeting which preceded the annual meeting program, the following new members were elected to the board of directors: Dr. William Leroy Fleming, director of the Genitoinfectious Disease Clinic of the Massachusetts Memorial Hospitals; Dr. Alfred L. Frechette,

director of the Brookline Board of Health; Mrs. Robert F. Herrick of Boston; Miss Elsbeth Melville, dean of women, Boston University; Dr. Augustus S. Rose, chief of therapeutic research, Boston Psychopathic Hospital; Dr. Joseph L. Rudd, chairman of the Social Hygiene Committee of the Cambridge Tuberculosis and Health Association; Dr. James S. Simmons, dean of Harvard School of Public Health; Miss Ruth Sleeper, director of the school of nursing and nursing service of the Massachusetts General Hospital; and Miss Louise Wood, director of counseling, Boston Y. W. C. A. Since the annual meeting, Mrs. C. Douglas Mercer of Brookline has also accepted membership on our board of directors.

The following officers and directors were re-elected: Dr. George Gilbert Smith, president; Mrs. Harry C. Solomon, vice-president; Mrs. Evangeline H. Morris, secretary; Mr. William Wadsworth, treasurer; Rev. Paul Harmon Chapman, Dr. Austin W. Cheever, Mrs. Donald J. Hurley, Raymond T. King, Esq., Dr. Harold L. Leland, Dr. Robert Sterling Palmer, Dr. George E. Perkins and Mrs. Eva Whiting White, members of the Executive Committee; and Mr. Ralph Bradley, Miss Helene G. Lee, Rev. Donald A. MacGowan and Rev. Abbot Peterson to continued terms as directors. Dr. William Leroy Fleming was elected as a new member of the Executive Committee of the Society.

BRIEFS

The sudden death of Dr. Ernest R. Groves of North Carolina while he was here in Massachusetts during the summer months has removed from the company of stalwarts a well-known teacher, writer and authority on marriage and family living. Dr. Groves was professor of sociology at the University of North Carolina and president of the National Conference of Family Relations. He had just completed a summer course at Boston University when he died in Arlington on August 28.

Others whom death has taken during the past few months are Dr. Rachelle S. Yarros, one of the great pioneers in social hygiene; Dr. Edward G. Huber, professor

of public health practice and associate dean of the Harvard School of Public Health; and Gertrude Robinson Luce, a member of the American Social Hygiene Association's staff since its organization in 1913. Mrs. Luce died at her home in North Orange, Massachusetts.

Our readers will be interested in an article *Rhode Island Serves Her Youth*, by Josephine D. Sever, in the October 1946 Journal of Social Hygiene. Mrs. Sever, a member of our own board of directors, by the way, is serving as executive secretary of the Rhode Island Social Hygiene Association, which has shown a most encouraging record of progress during the first year since it was organized.

Dr. Nels A. Nelson has recently been appointed director of the Bureau of Venereal Diseases of the Baltimore City Health Department. Formerly director of the Massachusetts Division of Genito-infectious Diseases, and later deputy state health officer for Maryland, Dr. Nelson has long been a member of the board of directors of this Society.

Lester W. Dearborn, director of the Society's Counseling Service, was one of the speakers at the annual Institute on Marriage and Home Adjustment held September 16-18 at Pennsylvania State College. The theme of the conference was *Conserving Marriage and the Family*. In conjunction with the institute there

was also a meeting of the American Association of Marriage Counselors of which Mr. Dearborn is the chairman.

**A WATCHWORD FOR
SOCIAL HYGIENE DAY
February 5, 1947**

The American Social Hygiene Association announces that *prevention* is the watchword for Social Hygiene Day in 1947 and blue-prints its meaning for us. Prevention means

- an understanding that "conduct and not medication lies at the core of the venereal disease problem";
- acceptance of individual responsibility for protecting the strength and soundness of marriage and family life;
- sound character-training in childhood and youth to promote high standards of sex conduct;
- provision of safeguards to protect young people from situations which lead to sexual promiscuity;
- steady, vigorous citizen support of the work of law enforcement officials in repressing prostitution;
- help for the victims of the prostitution racket to guide them back to normal living;
- knowledge of the dangers of VD, the importance of avoiding exposure, and the need to seek treatment promptly if infection occurs;
- teamwork to improve community conditions, to reinforce ethical standards, and to provide suitable training, guidance and protection for youth.

**Massachusetts Society for
Social Hygiene, Inc.**

1145 Little Building, Boston 16, Mass.

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HEALTH *for*
WOMEN AND GIRLS

by WILLIAM F. SNOW, M. D.

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

1790 Broadway... NEW YORK 19, N. Y.



Suggestions for Further Reading

Books

- Attaining Womanhood*—95 p. \$1.25.
George W. Corner
- Growing Into Maturity*—38 p. 40 cents.
Katherine B. Crisp
- The Questions Girls Ask*—123 p. \$1.50.
Helen Welshimer
- She's Off to Marriage*—268 p. \$2.50.
G. F. Alsop and M. F. MacBride
- Shadow on the Land: Syphilis*—(Out of print, but in many libraries)
Thomas Parran
- A Girl Grows Up*—235 p. \$1.75
Ruth Fedder
- Healthful Living*—595 p. \$2.75.
H. S. Diehl

Note: Ask for Publication No. A-453, *Social Hygiene Bookshelf*.

Pamphlets (10 cents each unless otherwise stated. Free to members.)

Pub. No.

- 831 *Health for Girls*
- 853 *Question of Petting*
- A-176 *Choosing a Home Partner*
- A-431 *Questions and answers about Syphilis and Gonorrhea* (single copy free)
- 972 *Betrothal*

See also references in Pamphlets I and III. Any of these publications may be obtained from the address below. For a complete list of Social Hygiene Pamphlets, ask for Publication No. A-444, *A Classified List of Social Hygiene Pamphlets*.

Special Series—Pamphlet II

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AMERICAN SOCIAL HYGIENE ASSOCIATION

A Participating Service of the National War Fund

1790 Broadway, New York 19, N.Y.

Publication No. A-541



Price Ten Cents

Health for Women and Girls*

by

WILLIAM F. SNOW, M.D.

(Revised 1944, with the cooperation of the office staff and members of the Committee on Education.)

GOOD health is essential to girls and women. Each year of life through childhood and youth to maturity should see additions to their reserve store of strength and well being. The adolescent period is of great importance in building sound health, and particularly in the growth and development of the reproductive system.

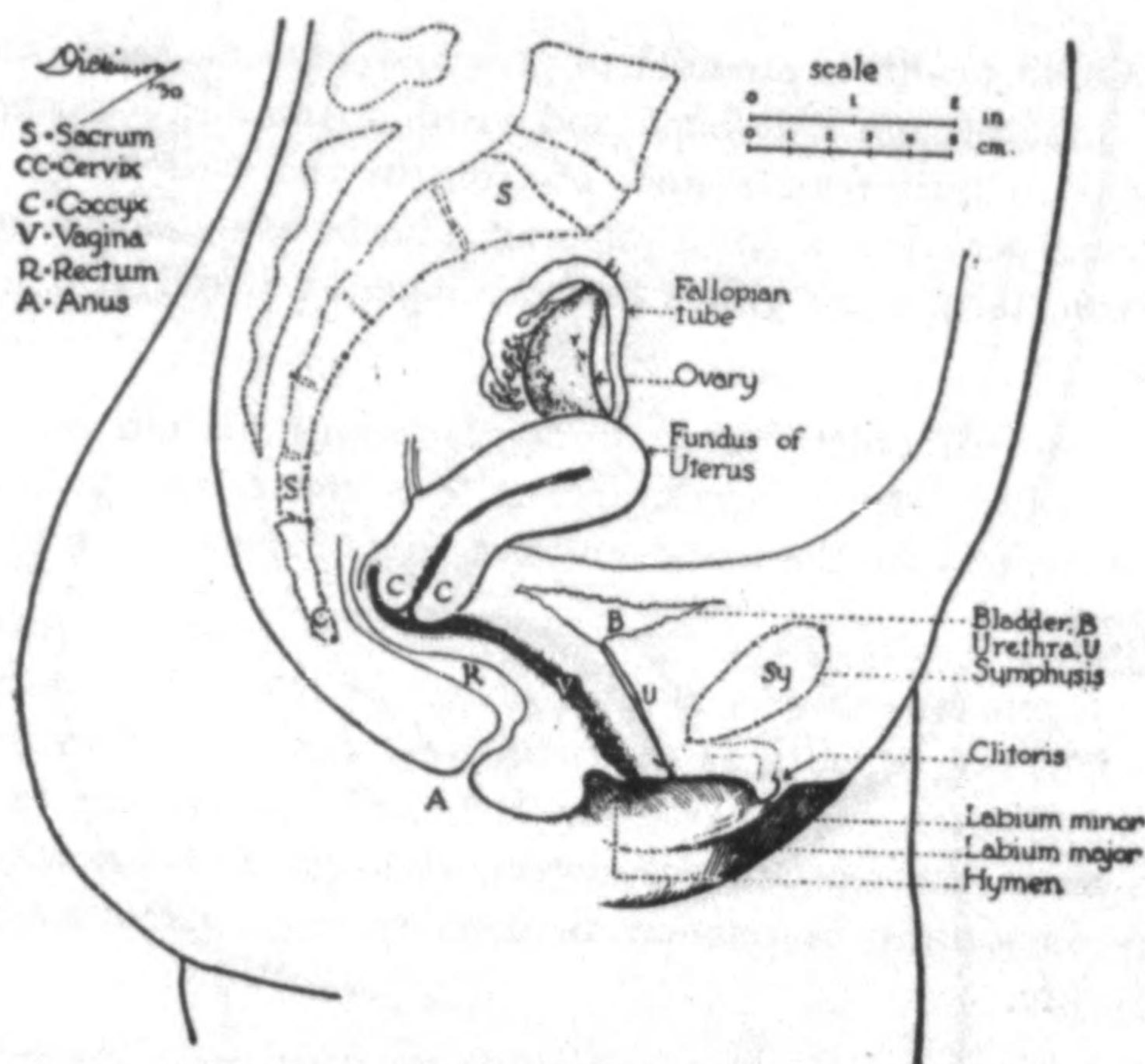
In this pamphlet* are considered various matters of social hygiene which are of significance in this connection, and which are concerned with the health and happiness of women in general.

Anatomy and Physiology—Many people know the essential facts of general anatomy and physiology of the human body and its various organs, such as the circulatory, digestive, excretory and nervous systems. Comparatively few have opportunity to learn much about the reproductive system, although such knowledge is vitally important in relation to heredity, sex, parenthood, and family life.

The diagram on the next page shows the positions of the principal sex or reproductive organs of the human female. As you read, locate the organs on the diagram. The external female organs, for which the collective name is *vulva*, consists of (1) the *mons*,

*Another pamphlet in this Special Series, entitled *Health for Man and Boy* describes the male reproductive system and its importance to normal health of men. The general facts about diagnosis, treatment, and public health in relation to syphilis and gonorrhea are contained in this pamphlet. The third pamphlet in the series is titled *Marriage and Parenthood*. It deals with mating and the heredity of the child, and the influence of the family and home and the community upon children's opportunities to grow up and succeed in life.

the upper part of the vulva which is more or less hairy after the beginning of puberty; the (2) two pairs of *labia* ("lips") of which the outer and larger (*labia majora*) are thick folds of skin, and the inner (*labia minora*) are thin folds with more delicate lining; (3) the *clitoris* between the labia, a small organ with many sensitive nerve endings in its surface; (4) the *openings* of the urethra (the urinary tube from the bladder) and of the vagina (the canal



FEMALE REPRODUCTIVE ORGANS

or passage to the uterus). The vaginal opening in most girls is partially closed by a membrane called *hymen*. The internal female reproductive organs consist of (1) the *uterus* (womb) in which embryos develop, (2) the *vagina*, a large distensible canal or tube which connects the uterus with the exterior as noted above, (3) two *ovaries* or egg-producing organs, and (4) two *Fallopian tubes* through which mature eggs pass from ovaries into the uterus.

(Only the ovary and tube of the left side are shown in the diagram).

The primary function of the female organs described above is, of course, reproduction; but the ovaries also produce certain internal secretions (hormones) which together with other hormones from the thyroid, pituitary and other glands have great influence in growth and development from childhood into maturity and in the processes connected with menstruation and pregnancy.

Menstruation—The most noticeable of the changes in the development from childhood to maturity occurs between the ages of twelve to fifteen years when a girl begins to develop into a young woman. This period is called puberty or early adolescence. At this time the ovaries begin to discharge an egg cell most commonly once every twenty-eight days and normally continue to do this regularly, except during pregnancies, until the age of forty-five to fifty. Unless this almost invisible cell is fertilized, that is, joined by a sperm or male sex cell in one of the Fallopian tubes it soon dies and disintegrates. Each month the lining of the uterus prepares to nest and nourish the egg if fertilized. Otherwise the lining and a small amount of blood flows from the vagina for about four days. This is called menstruation. A young girl should be taught what to expect so that she will not be worried when this process first occurs. If she is well and strong she should feel little or no discomfort during her menstrual periods. It is wise for her to avoid vigorous and rough forms of exercise which cause fatigue. She should also know the importance of daily bathing with special attention to local cleanliness and avoidance of chilling or constipation just before or during menstruation.

Undesirable Habits—Girls as well as boys are sometimes given to self-stimulation (masturbation); but these practices are not likely to be continued for long. If they become very persistent or frequent a doctor ought to be consulted. Care should be taken by parents and others to avoid frightening the girl or promoting a sense of shame or guilt. Sympathetic guidance and suggestions for active, normal work, play and companionship will ordinarily help solve the problem. The interrelations of the physical and psycho-

logical aspects of sex are complicated and demand experienced advice when serious questions arise.

Importance of Early Instruction—It is very important that interest in the opposite sex develop in girls and boys normally, and that sex curiosity and efforts to secure dependable knowledge, be met by adequate information sufficient for the time and circumstance of each question.

In later years women often pay heavily in unhappiness and in nervous and emotional disturbances because they were not fully informed in early adolescence about their normal sex life. Young women particularly need to understand that their sexual desires are just as natural as those of men, and that they should expect to derive just as much pleasure as their husbands from marital relations. Misunderstanding on this point, fear of pregnancy, and other avoidable conditions account for much of the so-called frigidity of wives and subsequent troubles encountered by men and women otherwise most happily mated.

Early Marriage Desirable—Whatever the physical and mental difficulties and strains involved, there are many reasons for advocating continence outside of marriage. Permanent satisfactions are not found in extra-marital relations. Inside of marriage continence is also to be expected if temporarily necessary or wise for any reason, as for example during the later months of pregnancy. At the same time it is also true that as men and women grow older, psychologists frequently observe increasing difficulties of sexual abstinence for many who have not trained themselves in self-control and devoted their lives to absorbing purposes and activities. It seems clear that for most women and men, marriage is better late than never. But early marriage gives more opportunity for happy comradeship, mutual development and physical adjustment; for having and training children, building a home, promoting family life as a community asset, and observing one's grandchildren start their careers. All these things are bound up in the biological history of the human race—part of the heritage of each generation. Health must of necessity be built around these

fundamental truths, and both girls and boys need to be taught them. In no respect is such knowledge more important to success and happiness than in its bearing upon marriage and family relations.

Pregnancy—A new human life begins with the union (fertilization) of egg cell and sperm cell. This occurs in a Fallopian tube, which sperms enter by swimming through the uterus from the vagina where they are deposited during sexual intercourse. At the moment of fertilization the heredity of the child is determined by combining the genetic contributions of two parents and their family lines. This is why it is so important to all descendants that parents should be wisely mated. Everyone thinks a great deal about his own father and mother and their ancestors; but many fail to think about what kind of ancestors they themselves are going to be, and how the fate of future generations lies in their wise choice of mates. (Books on heredity and eugenics are suggested on p. 2).

When the male and female reproductive cells have united, a process of cell multiplication takes place. As the cells increase in number they arrange themselves so that they ultimately form all the tissues and organs of the child's body. The reproductive system, like the bones, muscles, nerves, blood vessels and all other organs, begins in early prenatal life a growth and development which is not completed until the individual reaches maturity many years later.

During the months of pregnancy the developing child is nourished by the mother's blood, which brings food and oxygen to the blood of the child. By a reverse process the child's excretions pass into the blood of the mother. These transfers of food, oxygen and excretions take place in a special embryonic structure known as the placenta or "afterbirth," which is connected with the child's body at the navel by the umbilical cord through which blood circulates until birth. Then this cord is tied and cut, with all the cleanliness and care of a surgical operation, to make certain that no infection occurs. After this the new baby must live his own life. The mother can supply him with milk from her breasts for awhile; and other-

wise care for and protect him, but he is from now on an independent human being, who must learn how to live in the world about him.

During pregnancy the uterus grows from its small non-pregnant state to a large, hollow muscular organ, capable of expelling the child in the process called "labor" or "delivery". After the baby is born the placenta or "after birth" is also discharged, and the uterus gradually returns to its usual size. Throughout pregnancy it is important that the mother should have the best of medical care and living conditions, both for her own sake and for that of the baby. Particularly is this true of the weeks immediately before and after the birth and during delivery of the child. While it is not usually necessary for the mother to be taken to a maternity hospital, this is desirable for the birth of the first baby. If childbirth is to take place in the home, there should be provision for surgical cleanliness and equipment that may be needed. Nursing care should be provided in the home during "labor", and as long thereafter as needed by mother and baby.

The sympathetic understanding and active cooperation of the father during all these vitally important months are very comforting to the mother and help to give the baby a good start in life. So essential is the father's cooperation in this period that health departments and welfare agencies often send special letters to the husband giving full information on ways in which he may watch the health of his wife and aid in the hygiene of pregnancy.

Mistaken Beliefs and Unnecessary Worries—There are many mistaken beliefs and unnecessary worries which cause needless anxiety and unhappiness to girls and women. Some fear that they might not be able to have children if they should marry. Premarital examinations by competent physicians find relatively few women or men who can be diagnosed as sterile. If after two or three years of married life children have not come into the home, both the husband and the wife should consult a physician who gives special attention to marriage problems. It is not generally known that in about one-third of the marriages which are involuntarily childless the husband is the sterile partner. A considerable per-

centage of such childless couples become parents after following the physician's hygienic advice and in some cases receiving medical and even surgical treatment. When permanent sterility has been determined in one of the married partners or in both, many of these childless couples have found that adopted children are quite satisfying in meeting the natural desire for children in the home.

Another fear is that a baby may become birth-marked or injured in some way by mental "maternal impressions", such as the mother's receiving a fright or being very unhappy. There is no such danger. There has been much scientific study of this question, and it is now certain that a mother's mental states make no "impressions" on the child during prenatal life.

One of the worries which has been eliminated by all good hospitals is the fear of mothers that their babies may get mixed up in the nursery. To prevent this, footprints taken of each baby as it is born are positively reliable. Often a small chain with identification tag or beads is securely fastened to the baby's wrist or neck.

Syphilis and Gonorrhoea—Syphilis and gonorrhoea attack women and girls as well as men. These diseases have been described in the pamphlet of this series entitled *Health for Man and Boy*. A few additional statements are of special interest to women. It is important for them to know that the "chancre" initial sore in syphilis often appears on the inner side of the labia or folds of skin at the entrance to the vagina, or inside the vagina. Consulting a competent physician promptly is especially important at this time, when it is essential to recognize the infection and get treatment started. Because neither men nor women can be certain about infection if they have been exposed, physicians and health officers advocate the teaching of sexual hygiene and advise careful examination before marriage for both men and women. Many States have laws requiring such examination with special reference to syphilis.

Syphilis in Prenatal Life—The child of a syphilitic mother will probably become infected before birth, the germs passing from mother's blood to that of the child. If the mother is not

adequately treated by a competent physician during pregnancy, the chances are that five out of six infected babies will die, the result being miscarriage or stillbirth. The unfortunate children born with the disease (congenital syphilis) are likely to die in childhood, have damaged health, or be crippled in mind and body, unless they are given the standard treatment for syphilis.

Fortunately, early discovery of the mother's infection and treatment begun before the third or even the fifth month of pregnancy, will give reasonable assurance that the child will be born healthy and without any trace of the disease. In addition, the disease in the mother will be arrested and she may be kept well and free from any danger of infecting her family. If every woman could go to a competent physician for examination and advice, including a bloodtest, early in pregnancy, syphilis, along with other diseases and abnormal conditions, would be discovered and serious trouble could be prevented by treatment. Such examinations and tests are so practical and so important that every pregnant woman should have them as part of general health examinations. Many States now require a blood test for syphilis as part of the health examination of expectant mothers.

Gonorrhea in Women—Gonorrhea is often more serious for women than for men because its inflammatory process may spread from the vagina up through the uterus, on into the Fallopian tubes and the ovaries. When neglected or not properly treated the inflammation may seal the tubes permanently, which means that the woman cannot have children; or pus may form in the tubes, causing abscesses requiring surgical operation. Fortunately, however, the recent discoveries such as the use of the so-called "sulfa-drugs" combined with other medical treatment make it possible for competent doctors to guard their patients against such tragic results.

Preventing Ophthalmia Neonatorum Babies (Sore Eyes)—Every woman should know about a special danger to the eyes of babies at birth. To protect them from possible blindness due to the gonococcus and to other organisms, the physician drops into the

child's eyes a standard solution (usually silver nitrate) immediately after birth. This is required by laws of almost all States or regulations of boards of health.

There are other results of gonorrhoea and new researches promise still greater results in diagnosis and treatment, but enough has been said to indicate why self-treatment should never be attempted and why a physician should promptly be consulted and his instructions carried out most carefully when there is any question about any member of a family having this disease.

Good Medical Advice Should Be Secured—Sexual disorders in women and girls which are not due to any disease or infection also cause much illness, suffering and unhappiness. They afford opportunity for charlatans and quacks to impose on women. One still sees painted on barns along the countryside or in the advertising columns of some newspapers and magazines, announcements of "cures" for "female complaints," "favorite compounds" and similar suggestions for self-diagnosis and treatment. The only wise thing to do is to consult a competent physician, and find out what is the matter. Very frequently these "complaints" are not due to any condition of the reproductive system, but rather to general health impairment or illness which readily responds to scientific treatment.

Periodic Health Examinations—It is particularly important for women to have periodic health examinations which include general and pelvic examinations, and blood and urine tests. It is the best protection they can secure against avoidable, curable or controllable conditions—such as, early cancer of breast or uterus, diabetes, and other diseases which often cause premature deaths. Fortunately, the medical profession, health authorities, voluntary health agencies, and life insurance companies are cooperating in providing for such examinations.

Women's Part in Sex Conduct—One of the questions on which young women seek advice has to do with their responsibility for boy-girl relations which may lead beyond the limits of self-control. The physician is often asked why women should not have as

much freedom in their sex life as men have claimed in the past. The experience of the human race shows that the family is a vital unit of social organization; and the welfare of the family demands the same self-control and continence for the man as is advocated for the woman. This question is discussed in the third pamphlet in this series, *Marriage and Parenthood*. It is only necessary to say here that the girl when fully informed may usually be counted upon to think more clearly and act with greater judgment and thought for the future than the boy, even though her emotions and sexual desires may be as great as are his. Both boys and girls who study the matter will realize that the church, the state and their own families advise continence before marriage because it is the real road to happiness and the normal satisfactions of family life. In cases of genuine love and companionship which lead to permanent unions, which are desirable for community and national welfare, the girl usually has within her power the control, through her personal conduct, restraint and good fellowship, not only of her own sex conduct, but that of the boy as well.

Family Relations—Enduring relations between the sexes are built upon attractions which include the whole personality of each partner and lead naturally through mutual interests, respect and companionship to marriage, home and family ties. The rewards of such relations justify the self-control asked of young men and young women from puberty to marriage. The question of long or short engagements, which so often arises, is more a matter of emotional control, frequency of meeting, and degree of physical intimacy than of years. However, early marriage, after two young people are sure of their love for each other, has much in its favor. Especially is this true if such young couples can have the personal advice of a physician competent to deal with questions of marital hygiene and of family relations. The birth of children can usually be postponed, if necessary, without harm if there is competent medical and spiritual advice. This is often an important question not only because of illness but also of health, endurance, and responsibilities.

Menopause, "change of life"—The average woman reaches the end of her child-bearing period between the ages of forty-five and

fifty. This is referred to as the menopause, meaning cessation of menstruation. Ordinarily it is not a time for anxiety or serious adjustment. It need not end the companionship and marriage relations of husband and wife. It is however, one of the times when a general health examination is especially desirable because physicians now have special drugs of great value in many cases where medical measures are necessary.

Discussions of women's health usually close with the remark that women normally have remarkable powers of recuperation and adjustment. They need only knowledge and access to adequate medical advice and care to ensure going through life with a maximum of health for themselves and happiness for others, and a minimum of illness and physical handicaps.

The serenity of advancing years, for women who have kept their health and interests in life, is a reassuring and delightful thing to observe.

POINTS TO REMEMBER*

1. Health is a matter of body, mind and spirit. The whole personality affects and is affected by one's health. Health of the reproductive system is a fundamental factor in health as a whole, and needs to be frankly and wholesomely recognized in women as well as in men.

2. Adolescence, or youth, is the period of ten years more or less during which the transition from childhood to maturity takes place. During these years between twelve or fourteen and twenty-one or more, gradual changes occur which profoundly influence the life and activities of each individual. The early life and education of girls and boys from birth to adolescence should prepare the way for more specific instruction and guidance concerning sex and standards of conduct. Such education is the proper work of the home, the church, the school and youth-guiding agencies.

3. Love and the companionship of marriage at their best lead naturally and wisely to parenthood. The health of women is particularly important in these relations.

4. With the right outlook and mutual respect for one another's personalities, both women and men may confidently count on marital adjustments and the physical and spiritual satisfactions of family life.

*Continued from the first pamphlet of this series, *Health for Man and Boy*, and concluded in third pamphlet, *Marriage and Parenthood*.

5. The vast majority of health problems of girls and women are readily solved with knowledge, and the advice and occasional medical care of the family physician. Periodic "check-ups" and health examinations and more detailed medical observations during pregnancies, are necessary safeguards.

6. Syphilis and gonorrhea are not likely to endanger women and girls unless they marry men who are infected and are not under competent medical treatment; or expose themselves to extra-marital sexual contacts with such men. Unfortunately it frequently happens that a man or a woman is not aware of being infected or even of having been exposed. This is another reason for periodic health examinations which include tests for these diseases. If infection is found before these diseases progress very far treatment will control and probably prevent serious damage.

7. The protection of infants can be reasonably assured by early examination of all pregnant women and treating those who are found to have syphilis, and by treating the eyes of all new-born babies with standard nitrate silver "drops" to prevent danger of blindness caused by gonorrhea. Knowledge that these practicable procedures exist has taken away from women particularly, much of the fear of marriage and child-bearing.

8. The experience of motherhood is the normal result of one of the strongest instincts. Possible disturbances chiefly mental and emotional resulting from prolonged postponement or absence of this experience need to be guarded against by planning a life filled with absorbing activities guided by understanding. The desire of a man for a home and children in addition to the companionship of a wife, grows out of the same fundamental instinct. The adoption of children is often a solution of these problems for men or women who cannot have the direct experience of parenthood.

9. Among the needless worries of women is the fear of growing old and losing their attractiveness. For most men and women, the spirit, mind and body develops strength and attractiveness with years of useful service. Experience shows that just as adolescence is a gradual transition from childhood to the more permanently satisfying things in adult life, so the changes from the full power and beauty of middle life to old age bring contentment and sweetness and continuing love and affection.

10. It has been said that each generation depends upon its young to equip it with gaiety and enthusiasm and continued pleasure in living. However this may be, it is true that the mingling of the enthusiasms of youth and the philosophy of age gives results which bear upon health as upon other factors in successful living.



Growing Up and
Liking It!

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Milltown, N. J.



**Almost a
Teen**

SO MUCH HAPPENS when you're a teen . . .

It's a pretty exciting age.

Grown-ups suddenly take a curious new interest in you.

Mother begins to get even more fussy about your clothes. Aunt Susie is possessed to fiddle with your hair. Dozens of people drive you crazy by staring at you and saying: "My, what a *big* girl you're getting to be!"

To most of this you'd like to say "phooey!" And yet you sort of know, way down inside, that something *is* happening to you. You begin to feel different about so many things.

There are times when the gang acts awfully "simple." You haven't the faintest desire to play tomboy games with them—you'd rather read, or just sit and think. . . .

Maybe you dream about how wonderful it would be to be grown up. To wear a long white dress and diamonds in your hair and dance in the moonlight.



The "Gang." Of course, they're all your very best friends, and you love them very much. But there are times, now and then, when they seem a little childish!



"THAT'S the kind of a dress I'd love to have!" Even though you know it's hopeless, you just *yearn* for that lovely romantic thing.

Sometimes you're so happy you think you'll burst. The world seems like a mighty swell place.

Other times you are suddenly overcome by deepest gloom. Nothing looks right to you—you wish you'd never been born.

And it's at times like these that Mother is sure to look anxious and ask you if you're not feeling well!

It may all seem maddening, but there's a reason for all this fidgeting and wondering on your part. And it's a very good one. You are changing *inside* as well as outside. You are turning from a child into an adult—and you can't expect to do it all in one jump.

Actually, growing up is the most fascinating and interesting thing in the world. And the most fun.

But it's important to know how to enjoy it. That takes a little time, a little patience, a little know-how.

The first step is to learn just exactly what happens when you grow up—and why it happens.



When dreams begin to come true! Somewhere in your teenage time starts the magic whirl of dates and dances and marvelous grown-up things. You are no longer "just a kid."

CHAPTER II

What Happens When You Grow Up

THE REAL JOB of every human being—man or woman—is to create. To produce and bring up and educate the next generation.

Naturally, some people never get around to doing this. But, essentially, that is what we're here for. And that is why we're made as we are.

As we all know, the job of human creation takes two people—a father and a mother. And the mother's role is a very important one.

It takes time to get ready for this role of motherhood. And somewhere in her teens a girl starts out on an active period of preparation for it.

Here are some of the things that happen in this period of preparation.

A girl's body starts to change shape. She discovers the start of a real waistline, the beginnings of a bosom and the first sign of hips.

And she begins to have a slight flow of blood from the body, about once a month.





This flow comes from the vagina, an opening located between the one from which you urinate and the one from which you have bowel movements.

This entirely normal flow is known as *menstruation*. You've probably heard that one before, but you may not know that it comes from the Latin word "menses" which means month.

Some girls call it the "curse," others the "monthlies." There are literally hundreds of other terms. However, *menstruation*, or the *menstrual period*, is the right one.

There's no need to be excited or upset about this menstrual flow. It is perfectly normal, and it's *supposed* to happen.

It doesn't interfere with any other bodily function—and it doesn't make you any "different" than you are on any other day.

Later on in this booklet you will see just how menstruation is connected with motherhood. It will tell you, step by step, exactly what happens during menstruation. It will tell you what organs are involved.

So read the following pages carefully first. Then consult—and *study*—Chapter VI, "The Doctor Explains."

CHAPTER III

The way it used to be!

Things have changed since Grandmother was a girl your age.

She, too, grew up and fussed and dreamed and got mad at her clothes. She, too, changed inside as well as outside. But nobody told her much—except to expect all sorts of trying times because that was “woman’s lot.”

“Woman’s lot” is hoey! What a shame Grandmother didn’t know it in time to really enjoy herself, as girls do today. And to spare herself a lot of unnecessary worrying.



If Grandmother showed signs of moodiness, the family was inclined to fuss. Too much dithering can add to one's gloom.



If Grandmother complained of a little discomfort, she ended up by missing out on the fun—often unnecessarily.



Grandmother spent too much time “on the shelf.” No wonder! Think how uncomfortable her homemade sanitary napkins must have been!

The way it is today!

Modern science and the modern viewpoint between them have practically exploded the old-time belief of "difficult days."

We know today that a lot of annoyance can be avoided, because a lot of it is in not being as comfortable as you can be.

Also, if you get to feeling slightly "blue" or out of sorts, nobody gets upset. So you go out of your way not to be a "sour-puss"

First thing you know your mood changes, and you end up having a swell time.



Super-soft Modess— that miracle of comfort— fits like a dream. You can be blissfully unaware of its existence. And feel marvelously sure of yourself because you're so well protected.



You don't sit around and moon. Why should you? You are wonderfully at ease, wearing an up-to-date Modess Sanitary Napkin.



What a difference the right point of view, and the right protection, make!

CHAPTER IV

Answers to Questions Girls

When does it start?

Menstruation can start as early as 10 years. Or as late as age 17 or 18. There is no set rule.

It seems, though, that in the United States, most girls start to menstruate in their 13th year.

This does not mean that if you're 14 or 15 or 16 years old and haven't yet started, that there's anything wrong with you. Different girls start to menstruate at different ages—and that's perfectly normal.

*How often
does it happen?*

Generally, girls menstruate about every 28 days. Some menstruate every 21 days. And others every 32 days.

It takes at least six months for a girl just starting to menstruate to get on to a smooth-clicking, menstrual time-table.

Usually a girl's cycle will estab-

lish itself by the end of the first year.

But there's no rule about this either. Or just exactly how often you should menstruate.

The main thing to remember is that you will *eventually* menstruate approximately every 28 days, or 21 days, or 32 days, or whatever your own special cycle turns out to be.

And remember, even a cycle that has settled down to a clock-work routine may be thrown off schedule by various things.

Very often in the excitement of going away to summer camp, girls may not menstruate during the entire time they are away from home.

The excitement of a train or plane trip is apt to throw schedules off, too.

Also, a change of activity may interfere. A shift to a school program that called for more exercise—or less—might easily make a difference in your regularity.

But don't let any of these possibilities change any plans you want to make. The less attention you pay to a minor irregularity (and the reasons for it) the better off you'll be.

Ask About Menstruation

How long does it last?

The menstrual period usually lasts 4 or 5 days. But if yours should last only 2 or 3 days—or as long as 6 or 7 days—it's all right (providing, of course, that the flow is not too profuse for 6 or 7 days).

The amount of flow

Depends entirely upon the person. The total amount is really very small—only a few ounces. Most girls are apt to flow a little harder on the second day of their periods.

The small amount of flow that you lose during menstruation is not going to bring on acute anemia. Nor weaken you in any way. Your body replaces it quickly.

When does it finish?

As a general rule, when women approach 50 years of age they

stop menstruating. This is called the "Menopause."

No two alike

What most of this boils down to is that *no two girls are alike*. So you can't make any hard-and-fast rules, any more than you can say that all people born east of the Mississippi must have blue eyes, or that all men must be 6 feet tall.

You are *you*—a distinct and different person from everybody else in the world. You are developing constantly—and menstruation is very definitely an important part of that development.

You can be attractive and charming about it—or you can fuss and fume and carry on to the irritation of all those you come in contact with. And they'll have very little sympathy for you, because—if they're women and girls—they have it, too!

Compare notes with about a dozen of your friends. Chances are you'll find they're all different from you—and from each other—in details. This is only natural. After all, you don't all *look* alike or *act* alike, do you?

CHAPTER V

How To Take Those Days In Your Stride

SMILE—when you get these advance tips!

Most girls wouldn't have any idea when their menstrual period was due unless they checked it off, very carefully, on a calendar.

And others have "advance notice." For some, there are a few signs which come a few days before they start to menstruate.

Those signs are nothing serious in themselves. You may never have any of them—and you certainly won't have them all. Here they are:



THE "BLUES": Little problems are apt to assume gigantic proportions just before menstruation. Remember your woeful feelings are only temporary.



NO PEP: Don't be surprised if you don't feel like climbing Pike's Peak. Lots of people *never* do!



BACKACHE: This isn't an ache, but a sort of heaviness in the lower regions. It'll vanish. So don't brood about it.



FEELING FAT: You feel as if you'd gained *pounds*, all around the middle! You haven't—it's the same business as the backache. Forget it.



CRAMPS: Sometimes they can be rather severe without being serious. If they are annoying enough to really bother you, relax, take things easier.



SWELLING UP: Is this *your* bosom? Don't let a very slight swelling or tenderness get you down—it goes away, fast.



**Keep track!
Get the calendar habit!**

Better not rely on any signs to tell you when your date is coming up. Write down your dates. Then there's no chance for confusion.

You probably keep a diary. If not, get a calendar. On it mark with a circle the day you start to menstruate. Then count off 28 days into the next month and you can tell when you're due again.

And, just to make sure you're *never* caught unprepared, always keep a supply of super-soft, snowy-white Modess Sanitary Napkins in your bureau drawer.

If you're going anywhere overnight, near the time, take a few Modess along to see you through. Even if you're just off for the day—it's a good idea to tuck a Modess or two (wrapped in tissue) in your purse.

**Keep calm!
Stay "On the Beam!"**

If you're not right on the dot every month, remember that few

girls are. Fretting about it could delay it longer.

So could a bad cold. So could any violent excitement.

It's a good idea to remember that the whole performance is so much easier if you're relaxed. Besides, a calm, relaxed girl is much more attractive.



**Keep comfortable!
Hold that smile!**

You don't have to go around feeling as though you had far too many underpinnings on—or nervous because you haven't enough.

You can be perfectly comfortable—and carefree as can be, summer and winter—wearing Modess Sanitary Napkins.

Physical comfort and peace of mind, you know, can make the difference between the gal who is awkward and self-conscious, and the gal who goes right ahead and has a perfectly swell time.

Wouldn't *any* gal take the softest, safest napkin she could find? Millions say it's Modess.

What's Taboo? What's Okay? on "Those Days"

BATHS OR SHOWERS: In the old days, they wouldn't dream of it. Now doctors advise them for cleanliness sake. Just be sure the water is *warm*—but not too hot and not too cold.



DANCE with *moderation*. Even the most glamorous creatures sit down once in a while. It's more appealing than to caper all night. (Take it easy the first few days.)

OKAY FOR THESE:



WASH YOUR HAIR if you want to. But dry it quickly and thoroughly. And stay out of drafts.



SWIMMING is okay, on the days when you have less flow. *Don't* swim in *icy* water. And, in consideration of others, stay out of pools.



MILD EXERCISES are perfectly O.K. Deep breathing is good too. Both help to straighten out kinks, tune up the system.

PICNICS, MOVIES, sible than vio. Make dates ahead. apt to get involve things.

What's Okay? on "Those Days"

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DANCE with *moderation*. Even the most glamorous creatures sit down once in a while. It's more appealing than to caper all night. (Take it easy the first few days.)

OKAY FOR THESE:

MILD EXERCISES are perfectly O.K. Deep breathing is good too. Both help to straighten out kinks, tune up the system.

PICNICS, MOVIES, are more sensible than violent exercise. Make dates ahead. You'll be less apt to get involved in strenuous things.

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SKATING isn't so good unless you are professional and do it every day. Even then it isn't the best idea in the world, on the day you have the most flow.

RIDING: Obviously, there are more comfortable places to be, at this time, than on the back of a horse. The jiggling won't help.



GO EASY

TENNIS: Think twice about this one. Certainly *not* singles. Maybe a mild game of mixed doubles—where the boy expects to do all the playing anyway.





JITTERBUGGING is something you'd better put off until another day. Go to the movies instead.

CAREFUL WHEN IT RAINS! You're more apt to get a chill at this time. Peel off soggy clothes *fast*—if you get wet in spite of all warnings.



.....
HERE:
.....



BASKETBALL: Think twice before rushing out to shoot baskets for the team —not good on "those days."

**Follow
These Health Rules—
EVERY Day
of the Month!**

It makes a tremendous difference what you do every day of the month as to how well you feel while you're menstruating.

You *can* help avoid unnecessary trouble, so why don't you? Here's how:



GET LOTS OF SLEEP: Forty winks now and again *won't do*. Nor will all morning in bed help much. Get at least eight full hours of sleep every night.



KEEP REGULAR: It's awfully important to have a regular bowel movement every day. Wise girls will aim for a daily *after-breakfast* schedule.



EAT RIGHT: You'll be the first to regret an over-supply of sodas and sundaes, cake, candy. (Watch those curves!) Concentrate on fresh vegetables, fruit, milk, cereal, eggs, fish.



STAND UP STRAIGHT: The slouch, the crouch, or the droop may look smart to you—but they don't to anyone else. Stand up and let your "insides" get the right support. You'll feel better.



EXERCISES: The kind that strengthen your tummy muscles will do the most for you. Do them 10 minutes every morning. Good muscular tone is a big help on menstruation days.



DRINK PLENTY OF WATER: Your body needs all the water you can drink. Drink plenty of milk, too. Soft drinks are all right, too. But don't overdo them.



See Your Doctor IF—

There are times when the doctor should be consulted about menstruation.

If something unusual happens, tell your mother right away. Then, if she thinks it's a good idea, have a frank and friendly chat with the doctor.

Be sure to tell him *everything*. The doctor's your pal—and the more you tell him, the more he'll be able to help you.

Here are the signals which mean "better tell Mother all about it." Let *her* decide what to do next.

1. If you are always very irregular. That means very, very late one month—much too early the

next. Or skipping a month completely. True, if you've just started to menstruate, you won't settle down right away to a routine schedule. But don't let it go too long without saying something about it.

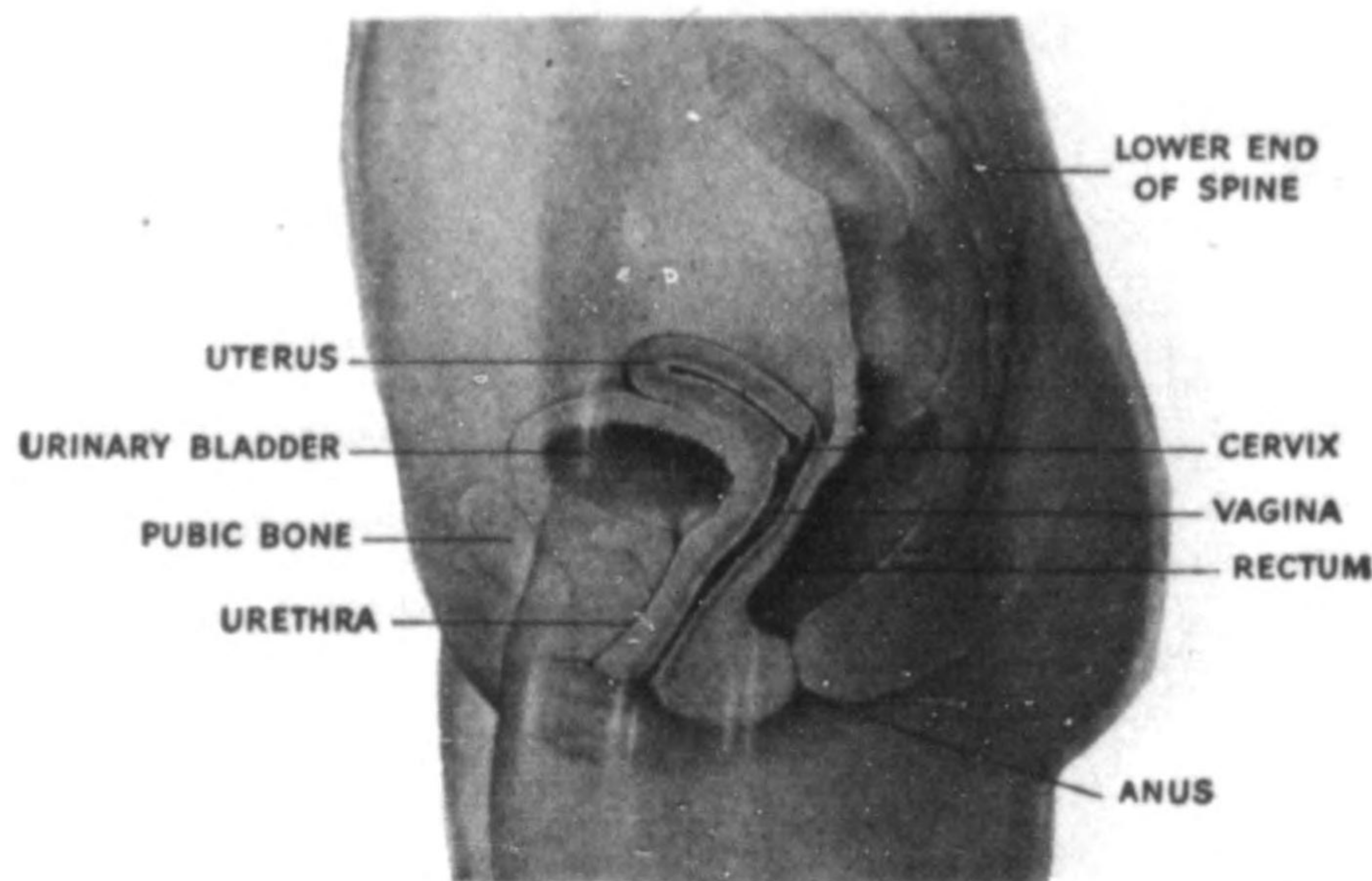
2. If you have really violent cramps. That doesn't mean insignificant twinges, heaviness, draggy sensations, a slight discomfort. It means real pain.

3. If you flow too hard (using as many as 12 sanitary napkins a day would be too hard). Or too long (more than 7 days would be too long).

4. If there's any flow between periods.

CHAPTER VI

The Doctor Explains Menstruation



Menstruation is a normal monthly blood-like flow from the body. It plays an important part in reproduction.

The reproductive organs are all located in the lower part of the abdomen, the *pelvic region*.

These organs are shown in the diagrams in this chapter. They are:

1. The *ovaries*: two organs the size and shape of almonds, in which human egg cells (or ova) originate.
2. The *Fallopian tubes*: twin ducts through which the eggs pass from the ovaries to
3. The *uterus* (or womb): a hollow, muscular, pear-shaped organ, in which a fertilized egg develops.
4. The *cervix*: the lower part of the uterus, connecting it with
5. The *vagina*: a passageway that

leads from the uterus to the outside of the body.

When you start to mature (*puberty*), a little gland at the base of the brain, known as the *pituitary*, discharges special chemical messengers into the blood stream.

These messengers are called *hormones*. They travel through the blood stream to the ovaries, where they lead to the formation of other hormones known as *ovarian hormones*.

The ovarian hormones affect the reproductive organs in various ways. One way is to build up a soft, thick layer of tissue and blood vessels in the lining of the uterus.

The spongy membrane which results is called the *endometrium*.

About fifteen days before menstruation starts, one of the hundreds of tiny eggs in the ovaries makes its way to the surface and leaves it.

This release of the little egg (ovum) from the ovaries is called *ovulation*.

The released egg enters the Fallopian tube and starts moving toward the uterus.

If a sperm (male cell) meets the egg, the two unite. This union of the two cells is called *fertilization*, or *conception*.

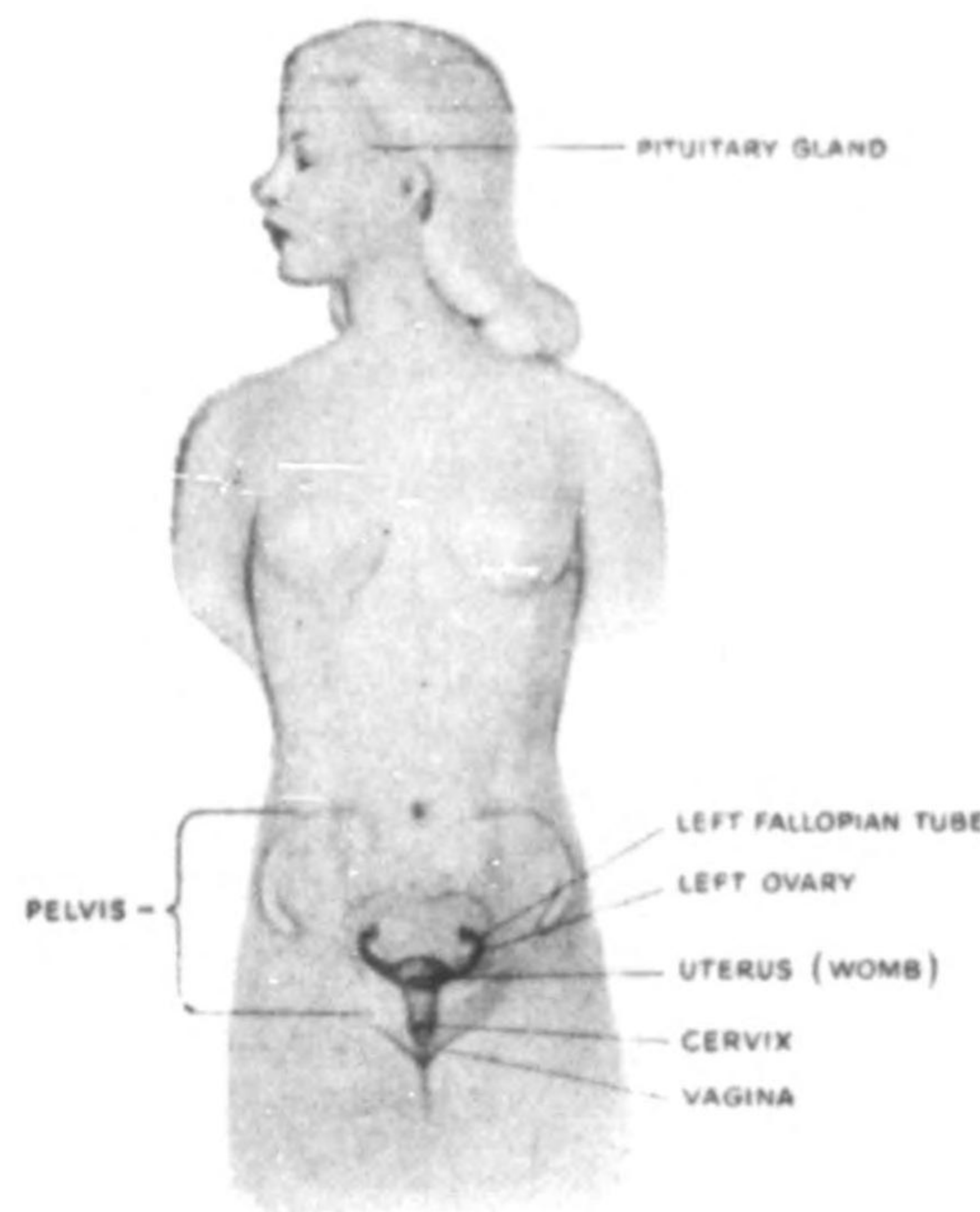
The fertilized egg then moves on to the uterus and attaches itself to the rich new endometrium. The endometrium nourishes the fertilized egg, and protects it as it starts to grow into a baby.

If the egg is *not* fertilized, it continues on its way into the uterus and leaves the body through the vagina.

When no fertilized egg attaches itself to the endometrium—and there's no baby to nourish—this membrane, with its many small, full blood vessels, breaks down and passes from the uterus through the cervix to the vagina, leaving the body as *menstrual flow*.

So you see, actually the menstrual flow consists of this small amount of blood and broken-down tissues for which your body has no further use.

As soon as the flow is over each

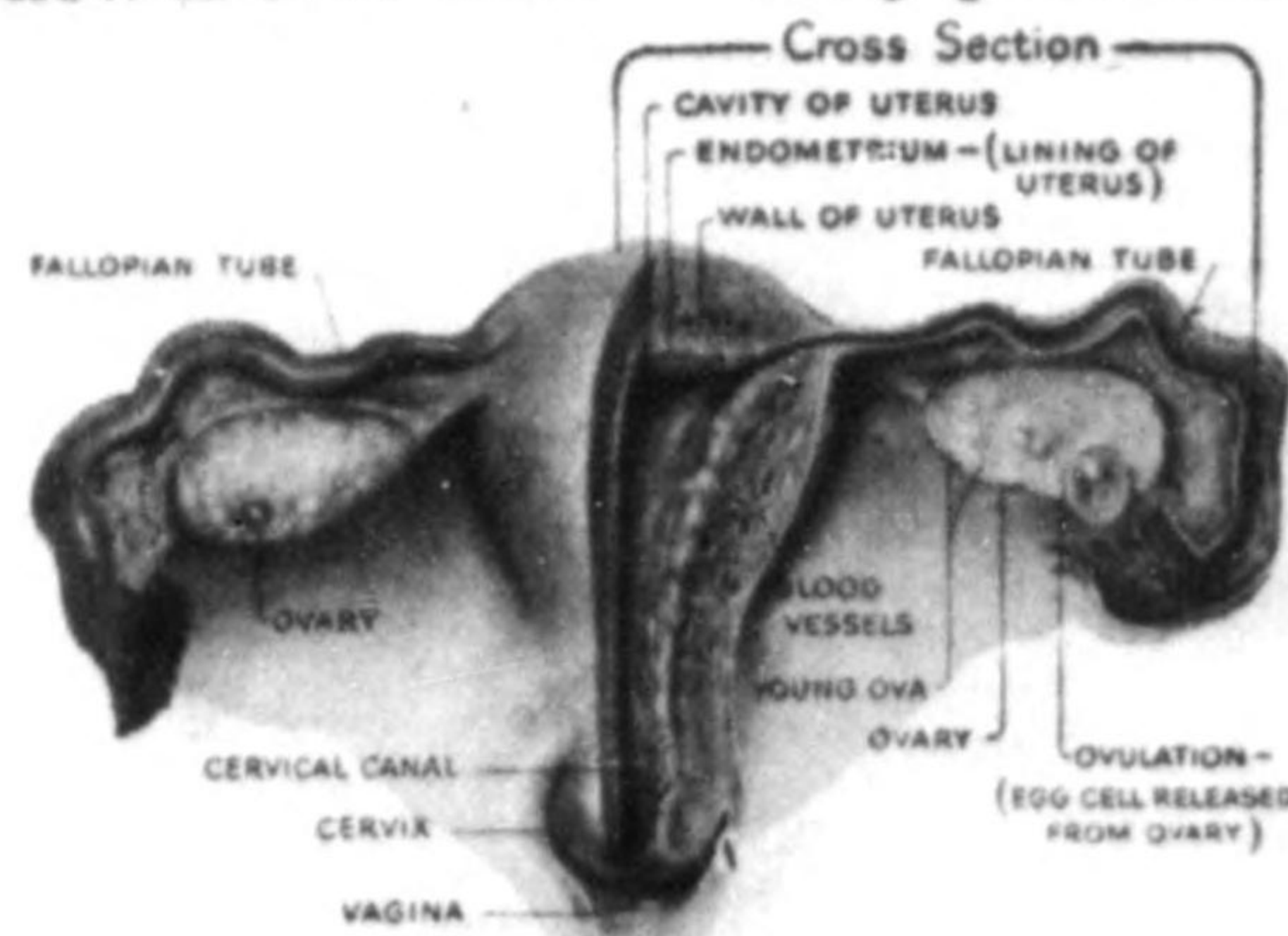


month, the uterus starts to build up a new endometrium. That's because nature wants to make sure that there's always a *fresh, new* endometrium in case reproduction occurs.

This entire cycle repeats itself on an average of every 28 days.

Thus menstruation is a basic and normal procedure in the healthy life of every girl in the world. It continues until you reach the *menopause*.

Then menstruation stops for good, as you are beyond your baby-producing days.



CHAPTER VII

Why is the Right Sanitary Protection So Important?

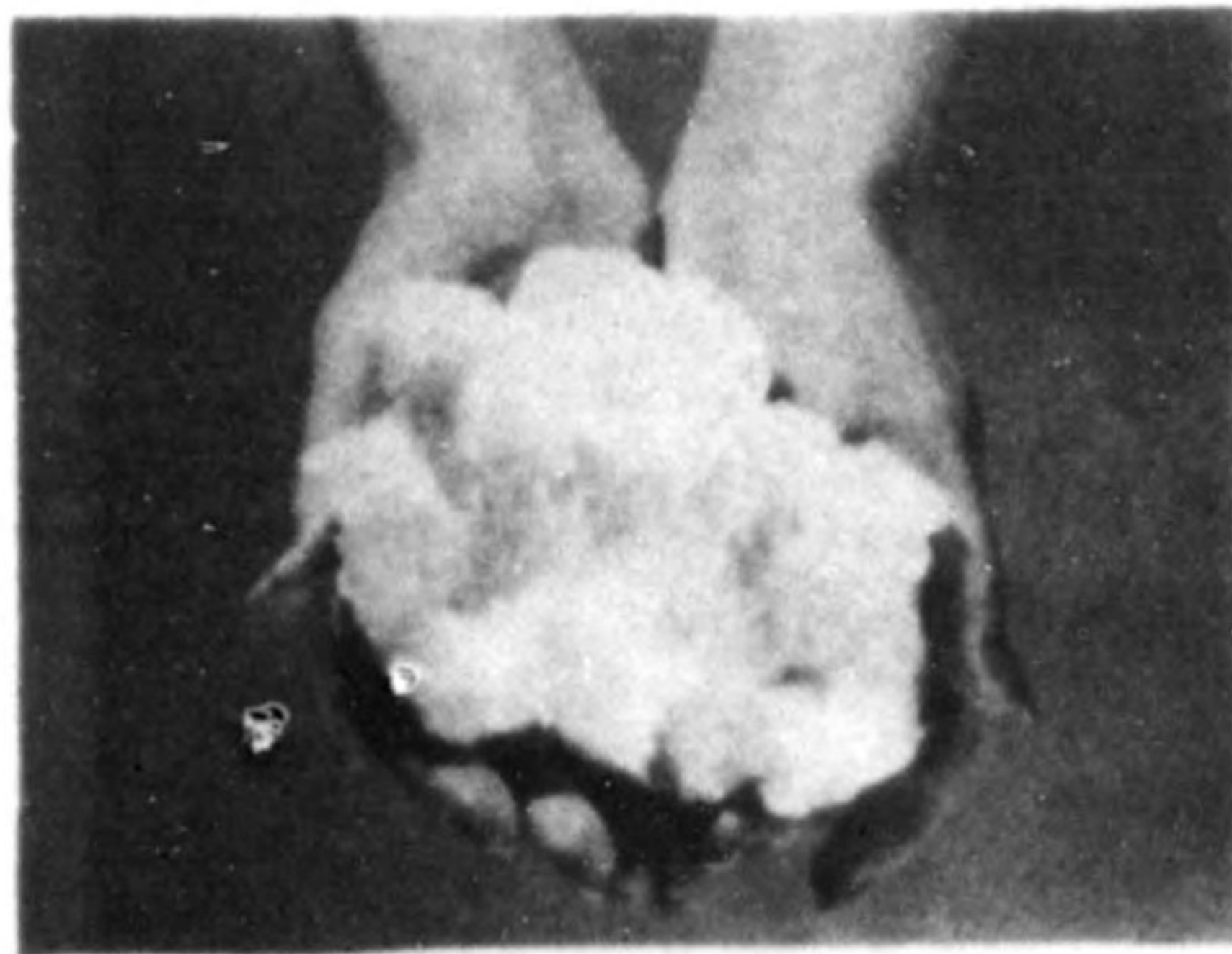
So many of the bugaboos about menstruation can come from using the wrong kind of sanitary protection.

It stands to reason that anyone is apt to make a mountain out of a molehill if she isn't completely at ease.

Today, however, *every* girl can be perfectly comfortable and perfectly protected. Naturally, this does wonders for the morale. And, say what you will, good spirits honestly help the way you feel physically.

So, because the sanitary protection you use makes such a difference, you should know what to look for in a napkin.

Sanitary napkins are *not* alike. Ask yourself these questions before you buy.

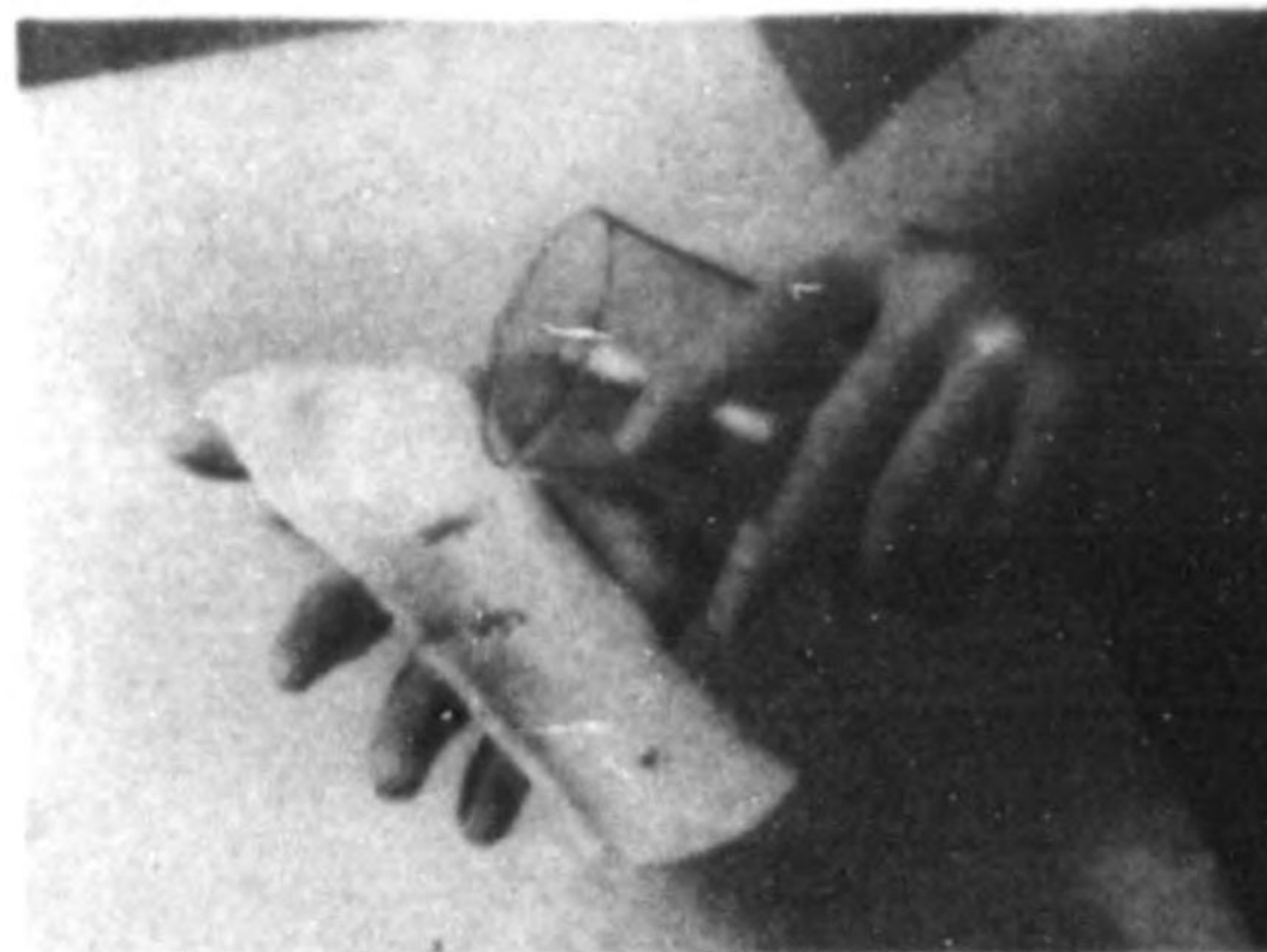


How comfortable is it?

Most napkins look pretty much alike on the outside.

But *inside*, it's a very different story. Some napkins are made on the "layer" principle—tight, close-packed papery folds.

But Modess is made with a special softspun filler, so downy soft it feels like a cloud. This means perfect comfort.



How safe is it?

A sanitary napkin should be thoroughly absorbent. It must protect you from "accidents," too.

Modess has a special safety feature to keep you from worrying about "coming through." There's a triple, full-length shield at the back of every Modess napkin instead of a part-way one. So you get *full-way* protection—not just part-way, as in some other napkins.



Most girls buy the Regular size. It's so highly absorbent it takes care of even above-average needs. Makes bulky, oversize pads unnecessary.

Modess Junior is just right for those who prefer a slightly narrower napkin. It's *just* as absorbent, *just* as soft.

So try both sizes and see which is the most comfortable one for you. Both are equally absorbent.

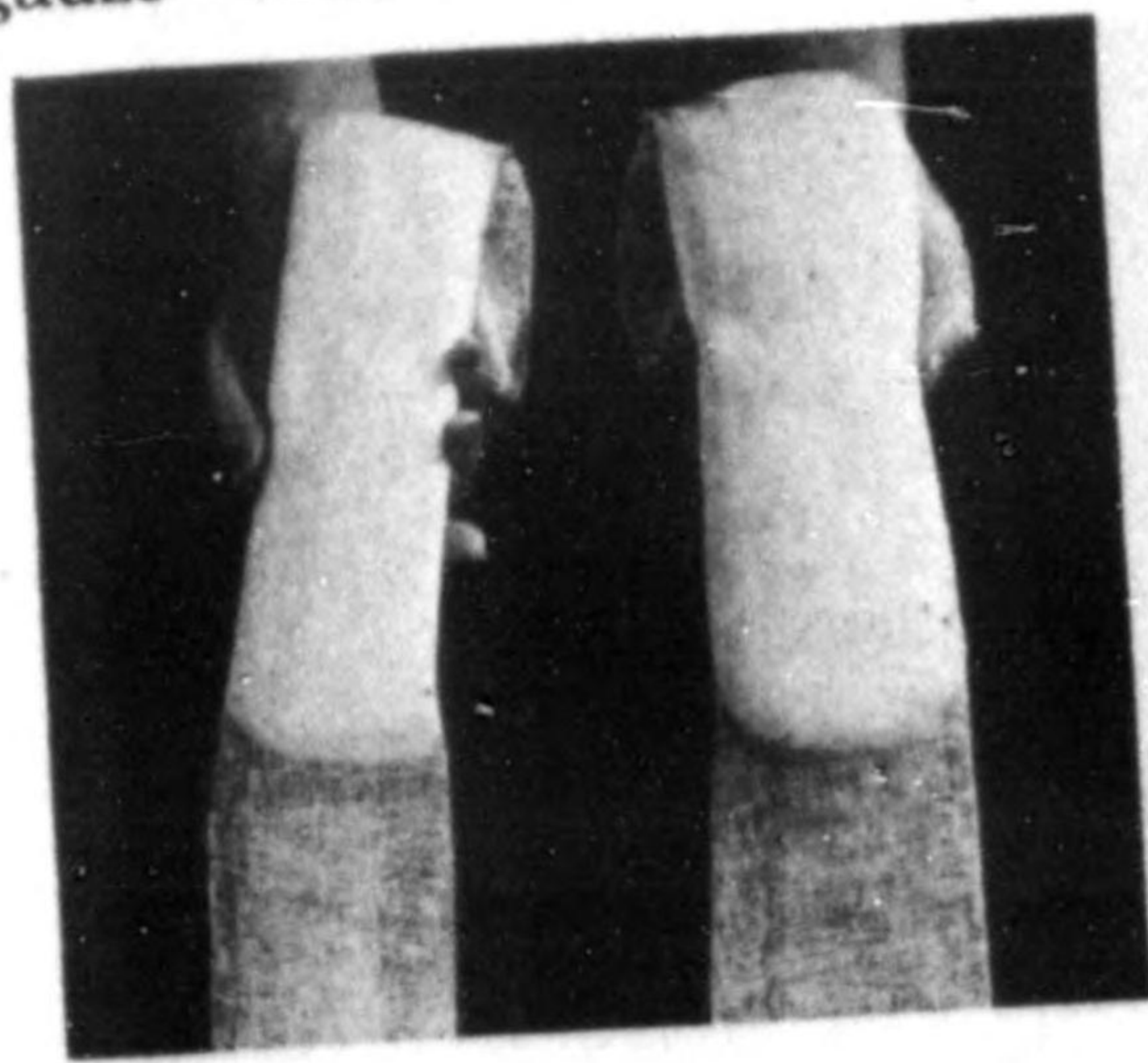
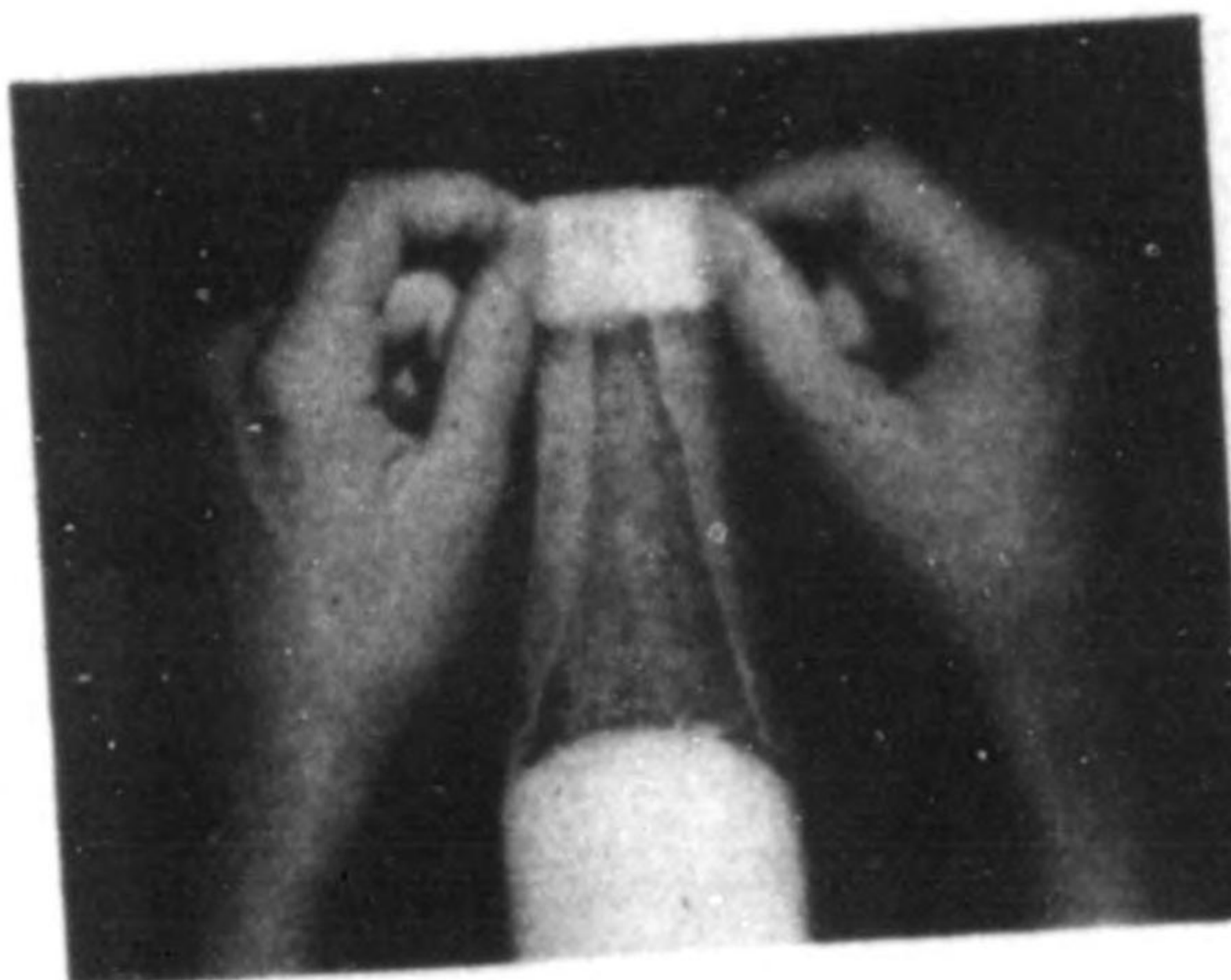
Does it fit smoothly?

No two girls are shaped exactly alike.

That's why a napkin must be soft and yielding so that it can fit *you* perfectly—without bulk.

Modess is so marvelously soft that you can wear it under your shorts or slacks or slinkiest "glamour dress"—without fear of a "give-away" outline.

Where other napkins have hard tab ends, Modess has sheerest gauze—filmier than a fine slip.



What's the best size for you?

Modess comes in two sizes—*Regular* and *Junior*.

What's the best way to wear Modess?

You'll find that Modess has a long gauze end, and a shorter gauze end.

You're supposed to wear the long one in back, and the shorter one in front.

Put Modess on with the blue line *away* from your body. Turn down the soft gauze ends so that they make a V point. Fold under and over your belt and fasten with a reliable safety pin.

If you like a sanitary belt with a patented fastener of its own, follow the directions for wearing as they appear on the package or box the belt comes in.

It's a good idea to change often

If you would be your most attractive self, it is wise to change any napkin frequently.

You see, when menstrual flow comes into contact with air, it creates an odor which will offend if you let it.

So even Modess (which will protect you for hours) should be changed often during the day. Use a fresh one when you go to bed, and another when you get up in the morning.

Don't forget it's perfectly all right to take baths or showers while you are menstruating.

Give special attention to hair and nails. Change your underwear even more often than usual...

All this will result in *more* charm.

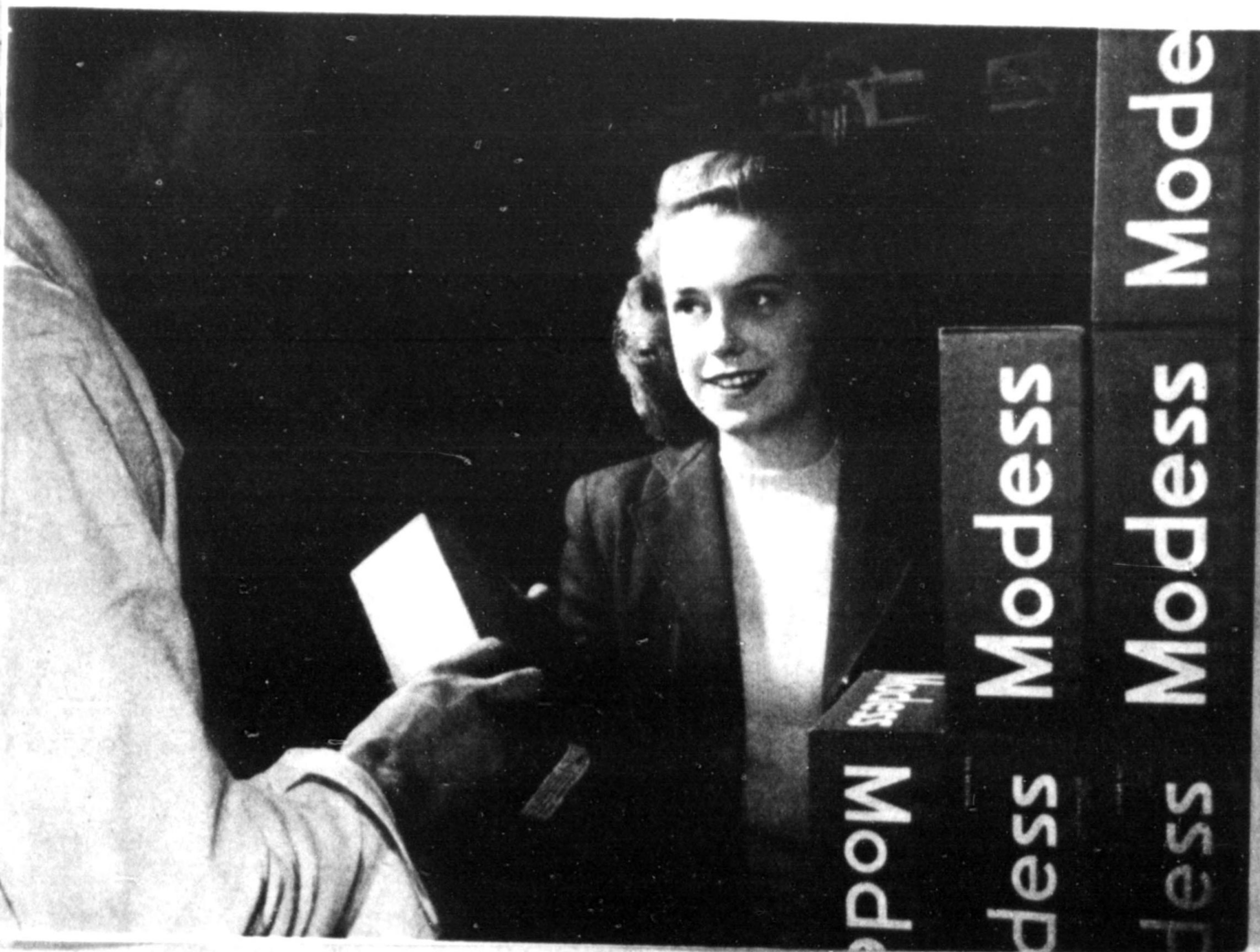
So easy to buy

There was a time when buying sanitary napkins made a girl nearly die with embarrassment.

Now, thank goodness, people are more matter-of-fact about such things. And manufacturers have made their products so well known that all you have to do is say, "Modess, please."

As far as the sales clerk is concerned, Modess is as impersonal as toothpaste or aspirin or nail polish.

So step up and ask for Modess. Remember it comes in two sizes — Regular and Junior.





What About Tampons?

You may have wondered just what these are, and if they aren't even more modern and wonderful than sanitary napkins.

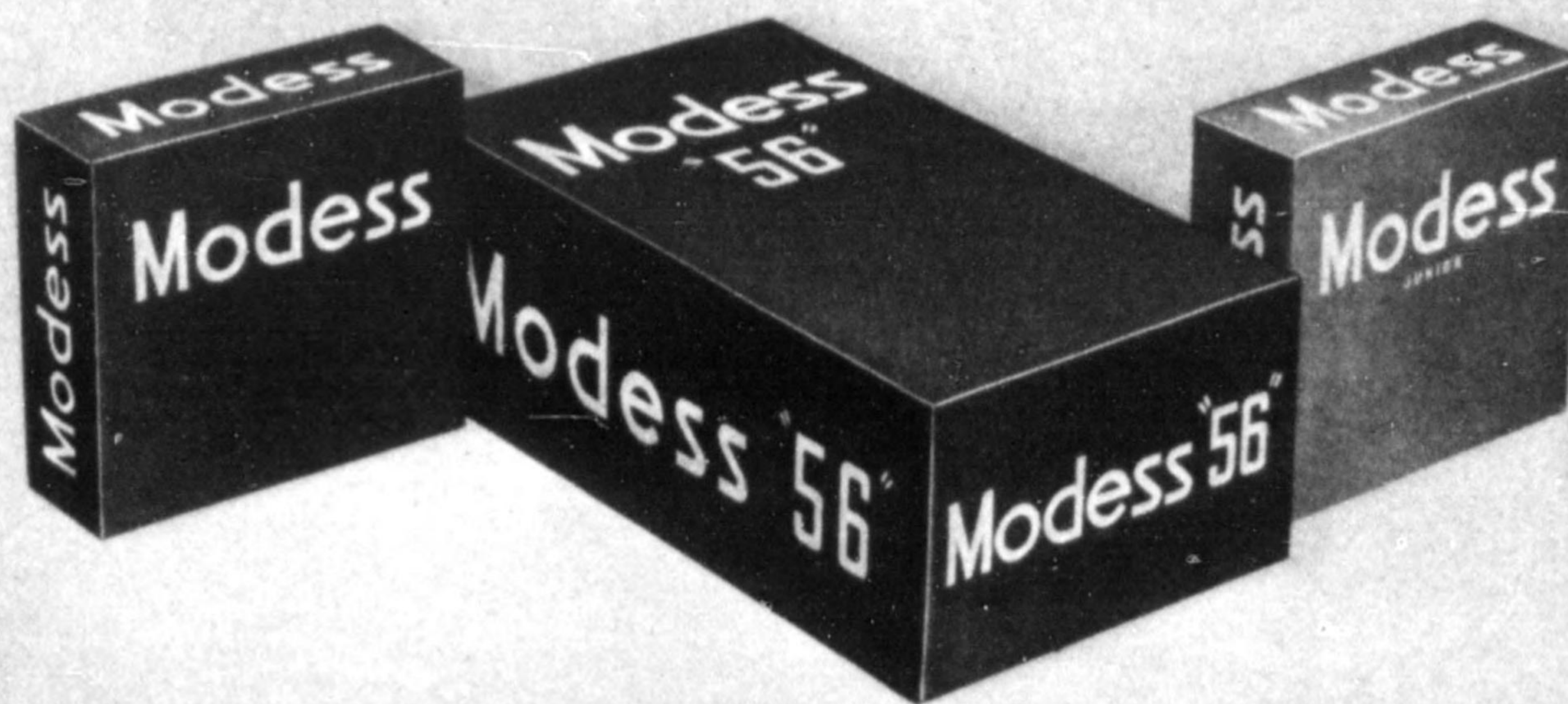
Many mature women find tampons a great convenience, but they are not advisable for young girls.

Until your doctor explicitly

says that tampons will be all right for *you*, don't try them. Just forget them until you're a good deal older.

The makers of Modess make tampons, too. They are called "Meds."

Grown women find Meds ideal because they are scientifically constructed to conform to individual needs.





It all adds up to this—unless you are one girl in a million, you can stop worrying about yourself and have a thoroughly good time *all the time*.

Take menstruation in your stride—and you'll be a lot hap-

pier every day.

Remember, you're a "modern." And moderns accept nature's little ways with sense, and with a smile.

That's why Modess was invented. *To help keep you smiling.*

Adams County Reference Zone Health Department
Rm. 200 and 214 Majestic Building
633 Main Street
Quincy, Illinois

E 1-2

How To Be
Big Time^a
Operator



Prepared By

Oklahoma State

Department of Health

Oklahoma City, 5



Isn't you
got no happy?

Has your late date been giving you the business?

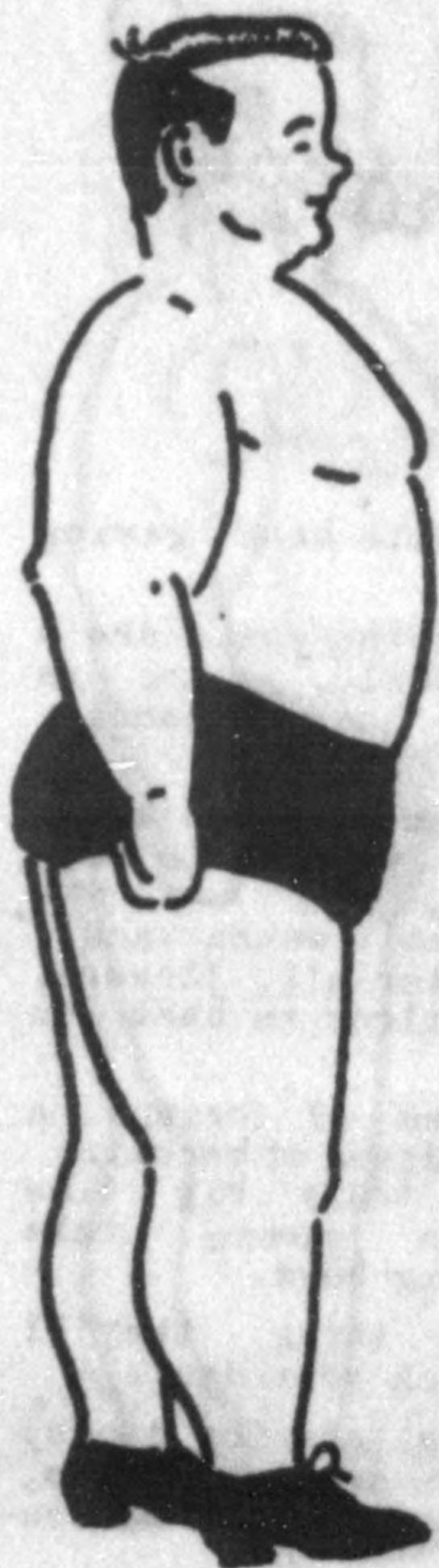
If it's come to the point she'd rather talk than cuddle, you're in a bad way, chum -- and no fidoodling.

However, you can't blame a gal these days for not wanting to nestle on a thin shin. Nor can you squawk if she doesn't wanna tackle a mound of fat. After all, Jackson, the war's over. Kilroy is back in town!

If you're tired of being a little cog and you dream of becoming a big wheel -- a truly big time operator -- you've gotta take lessons from the big boys.

And the first thing they'll tell you is to watch your diet.

Oh, sure, diets are for dames, you say. But guys are for dames, too -- so you can draw your own conclusions.



Now, if you're so skinny your bathing trunks look like bloomers -- or if you bear a startling resemblance to Man Mountain Dean -- you'd better trot it down to the doctor's office on the double. You may have some glandular disorder which nominates you for special treatment.

But if you're only slightly repulsive, you can talk it over with the physical education teacher, or the coach. They're good guys and they'll understand any problems you put up to them. They were probably young once, too.

However, there are a few things every guy can do to stay on the beam. Such foods as milk shakes, pastries, cakes, rich sauces, cream, fat meats and candies are no-go if you sport a plump rump. You'll have to leave the table before the seconds come around on bread, butter and desserts.

If you're a slim jim -- and you can tell from the number of times she slams that receiver down in your ear -- you'll need to eat more of the fattening foods. But, whatever your failing, you'll have to keep the lamps posted on the seven basic foods:



- Green and yellow vegetables . . . One serving a day
- Citrus fruits One serving a day
- Potatoes and other fruits Two or three serv-
and vegetables ings daily
- Milk and milk products One quart daily
- Meat, fish, eggs and poultry . . . Two servings daily
- Whole grain or enriched bread . . . Three servings
and cereal daily
- Butter or fortified margarine. . . Three tablespoons
daily

Include these in your three squares a day and let your weight determine what other foods need to be added to your diet.

Try this schedule on your lane frame, and we'll lay you odds the old date book will also take on better proportions.

How are your doo-dads?

Remember when you bought that jalopy?

A stripped down body wasn't enough. A smooth operating motor helped some, but still didn't quite turn the trick.

It was the accessories that made the old buggy really loom up.

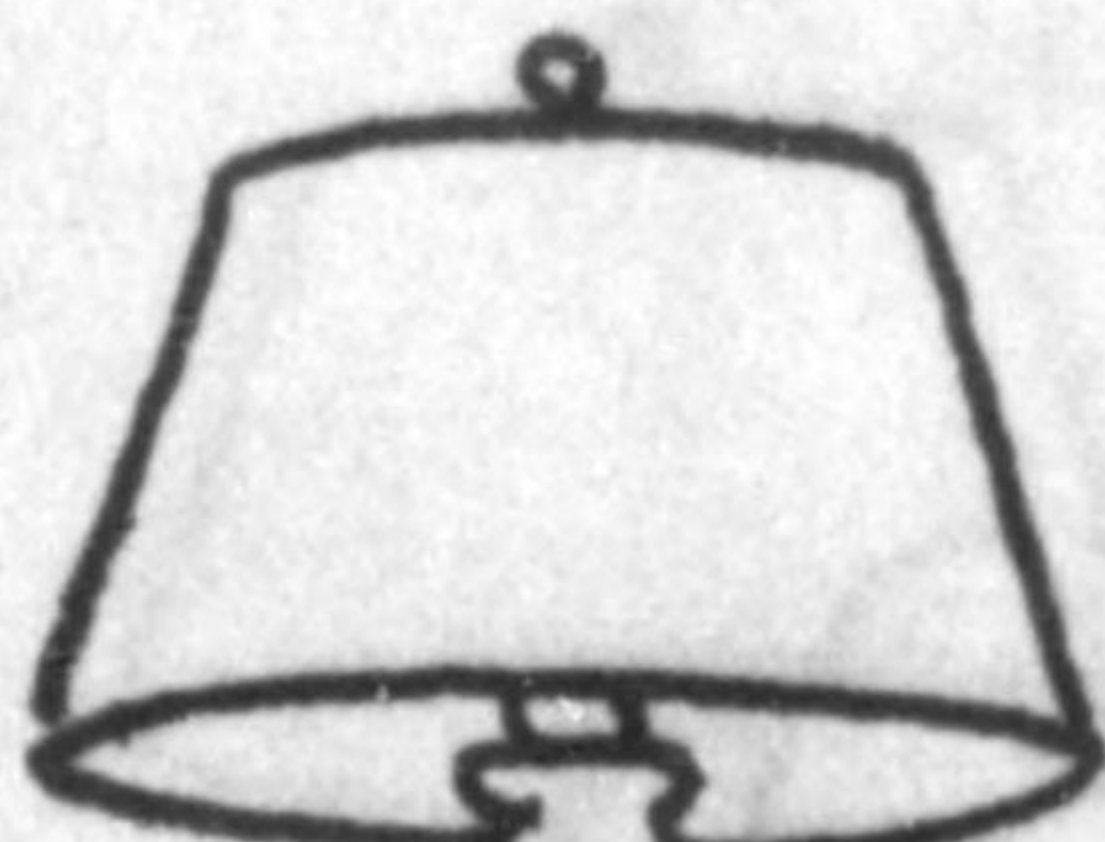
Well, that's just how it is with your own body and personality. Big broad shoulders and athlete's hips are certainly an asset -- but it takes a few additional doo-dads to snag the dates.

A good, clear skin, a nice crop of hair and eyes with a knowing gaze will open more front doors than the frame that carries them around.

However, these little gadgets aren't always so easy to come by. You can't just amble up to a window and place your order. They come from a correct diet. Wanna try it?

Of course, you know your faults as well as the next one. But, sometimes, you get so used to your own blemishes that you sorta overlook them. For once, though, dig out a mirror and give the old map an honest once-over.

See those hickies? We'll call them hickies, because the proper name would make you realize how sluggish and careless you really are. They aren't too pretty, are they? Of course, Joe and



Moe and Hi and Si have 'em, too
But we can't worry about how
they're doing. We'll concen-
trate on you.

You'll have to get more
sleep and quit eating so many
sweets. You need eight to ten
hours of sleep every night. And
wash your face with a mild,
pure soap every day, and be
sure the wash cloth is clean.

Poor elimination can do lots
besides ruin your skin, so drink
from six to eight glasses of
water daily. Keep
clean inside and
out, and you'll be
more apt to feel
better.

Do you have bags
under your eyes? There are several ways to hide
them, but the most effective way is to eliminate
them. If you read or work in poor light, you'll get
bloodshot or swollen eyes. Read or work only in a
good light that comes from over your left shoulder.
Avoid strong glares and harsh winds.

Don't use your eyes too long and be sure to rest
them often. Teach your eyes to be friendly and in-
teresting.

Now, take a look at the fringe on top. Is the
hair dull, lifeless and colorless -- without that
old zip and sparkle? Lots of fresh fruits, green
and yellow vegetables and milk will put the lustre
back in the old mop.

Throw away your dirty hairbrush. Latch on to a
nice clean one and keep it that way. Massage your
scalp with your fingertips. It will help your scalp.

and strengthen your hands for . . . well, you know for what.

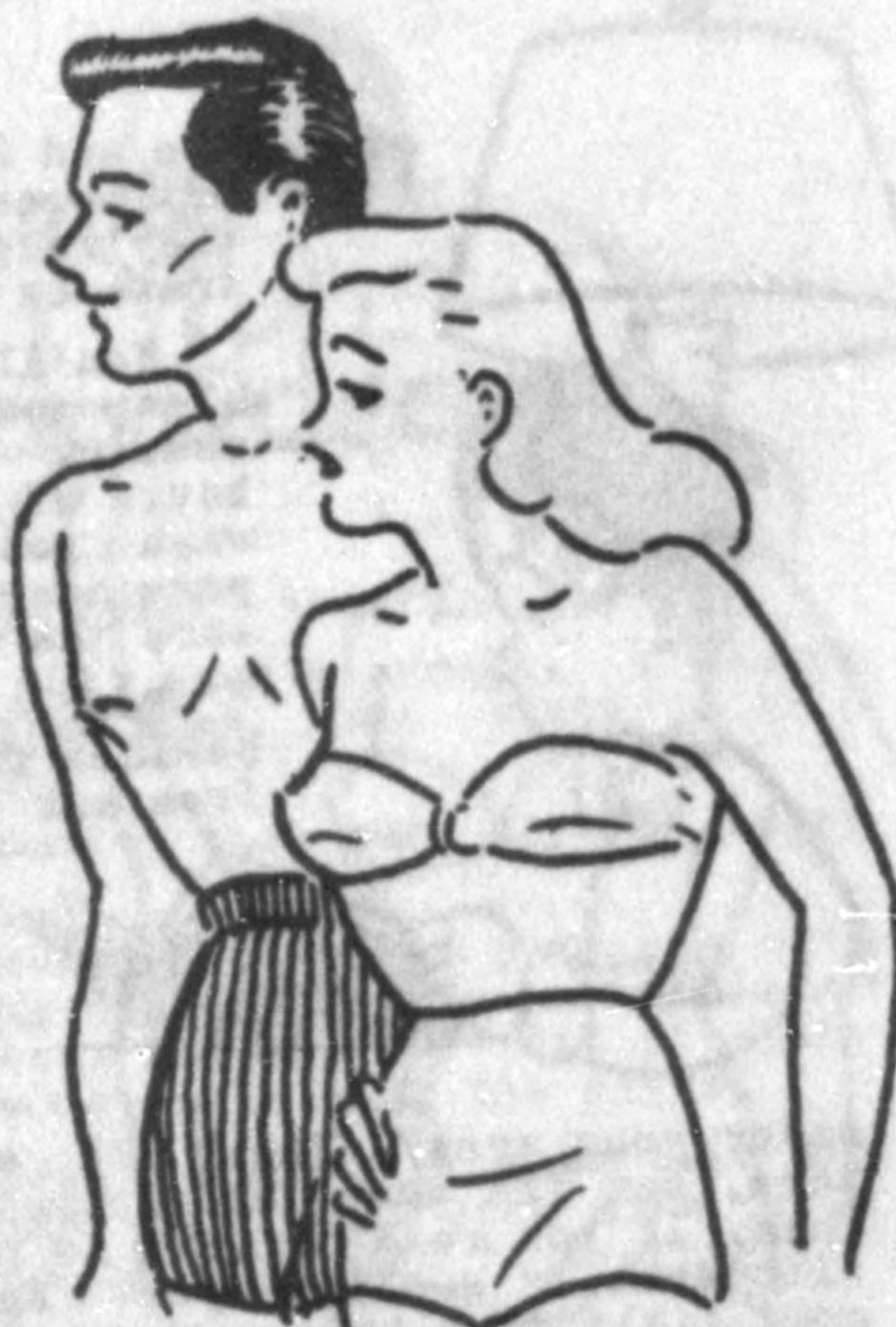
How's about the posture. If you have a droop swoop, the gals can't tell if you're coming or going, standing or sitting. If it's saggy shoulders or a sunken chest, you really are a sorry sight. Worse than that, you're just plain lazy.

Proper posture is not only pleasing to look at, but it denotes energy and vitality. And the best way to get these is to eat the seven basic foods every day.

Here are seven points of good posture to help you check up on your own alignment:

1. Feet parallel, weight on whole foot.
2. Knees slightly relaxed.
3. Chest high.
4. Abdomen flat.
5. Shoulders relaxed.
6. Head up.
7. Chin up.

And now, chum, may you stand up with the best of them.



Why are you so Glum, Chum?

So you're handsome! You're forced to admit you're the answer to a damsel's day dreams!

Still, there's definitely a hitch in your get-along. The lush thrush can live without you . . . and the gals give you the icy stare that should be reserved for Luke the Spook.

There must be a reason, you pout. You're right, there is. And if your best friends haven't told you, we'll drop a delicate hint. You stink . . . you exhude a terrific odor in the disposition.

Nobody's gonna give a second glance to a sour puss. Nobody has to in this day and time when the competition for the fair femmee is so fierce. It's every guy for himself, but strictly.

The kind of food you eat directly affects your disposition. To be cooperative, efficient, sincere and loyal, you must eat properly.

It's been proved that diet can make or break the spirit, so there's no point in your trying it the hard way. Take it from one who knows, for many studies have been made in which people were placed on inadequate rations.



After eight to twelve weeks of a poor diet, those people were listless and fatigued. Some were nauseated.

Other experiments indicated that underfed subjects became irritable, depressed, quarrelsome, uncooperative and were possessed of a fear that some misfortune awaited them. It was a perpetual Blue Monday. Two individuals actually tried to commit suicide . . . simply because of diet deficiencies.

After being placed on a proper diet again, all persons in the experiment quickly returned to their normal, pleasant dispositions. They forgot their aches and pains.

Now, in order to obtain a proper diet, you must eat three square meals a day. Breakfast is extremely important and demands more attention than the candy bar and coffee you usually give it.

Without sufficient breakfast, it's impossible to have enough energy to carry through the day. A proper breakfast consists of a fruit or fruit juice, an egg or whole-grain cereal, bread and milk.

The remainder of the daily requirements can be divided between lunch and dinner. Try to check ten every day.

One serving of green and yellow vegetables.

One serving of other vegetables, such as potatoes, cabbage, beets or string beans.

Another serving of other vegetables.

One serving of citrus fruits or tomatoes.

One other fruit -- banana, apple or prunes.

Three cups of milk.

Another cup of milk or two milk-made foods.

One serving of meat, fish, poultry or three eggs.

At least three servings of whole-grain or enriched cereal or bread.

At least three servings of butter or fortified margarine.

Fill these food needs first. Desserts, sundaes and cokes can come later. Inevitably, the women will follow. After, all, that's all you're after.

So goodbye for now. And when the old date book overflows with nifty numbers, don't forget who told you so.



E1-2
HOW

TO

BE



A

WHISTLE JOB

FOOD FOR A
CLASSY
CHASSIS



If you're strickley a whistle job, you can go ahead and answer the phone that's ringing off the wall. This little book is not for you.

But if the telephone doesn't work as well as it did, or if the junior department dresses just don't snuggle up to the chassis as of old, lend an ear, sister -- lend an ear!

The sad fact is, kid, you've slipped.

So you've investigated the mouthwashes and all the underarm lotions that are absotively, posilutely guaranteed to make the belle of the brawl -- the vasp of the camp. You've even learned to bang the piano in ten easy lessons, and your about down to improving your mind.

The only trouble with these attractive solutions is they don't work. And that ain't the half; they never work.

You've one more thing to learn before you can expect to show improvement. The trouble with you is you!

There's only one way out of the mess that you're in; and while it isn't the easiest way in the world, you can just be thankful it isn't impossible.

Quit hanging crepe and uncurl the lower lip long enough to think about what you've been eating, 'cause you're probably mal-nourished. That goes for you skinny ninnies, as well as the plump frumps.

If you look as if you're mother had been scared by a thermometer, you'll never stop traffic. On the other hand, a girdle or other form of flesh thresher may turn the spotlight on you; but you can be sure you won't enjoy it.

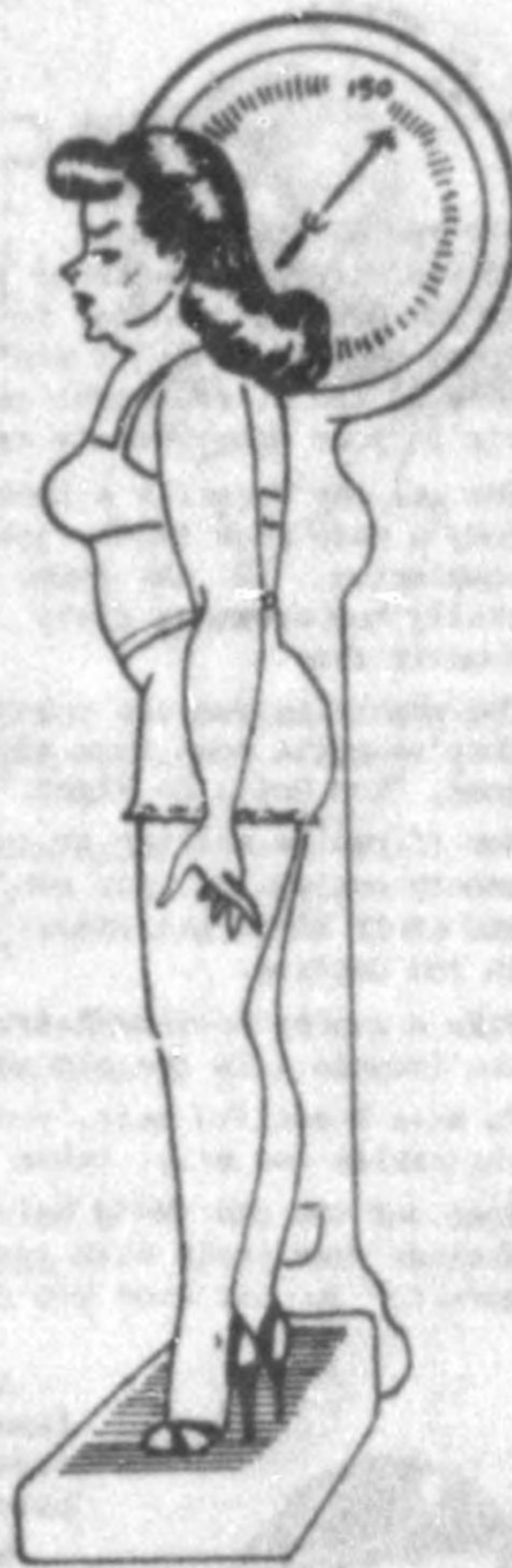
A proper diet is the sixty-four dollar answer. The stickler, now, is to find a proper diet -- and to stay on it.

Well the first half of that poster is fairly simple. Your family doctor can tell you exactly what you need. You might be the victim of a glandular disorder and need some special treatment.

Or your home-making teacher will be mighty happy to help you work out a diet. She can also tell you where to look for helpful suggestions on exercises, if you really do mean business.

Naturally there are a few things we're all hep to. Food such as milk shakes, pastries, cakes, rich sauces, cream, fat meats and candies are definitely on the red signal for fatty. You'll have to survive without extra servings of bread, butter and potatoes, if you're gonna hurdle the girdle.

If you're on the lanky side, you'll need to eat more of the above. But whatever your failing, you'll have to keep an eye on the seven basic foods, which go like so:



- Green and yellow vegetables One serving a day
- Citrus fruits One serving a day
- Potatoes and other fruits and vegetables . Two or three servings daily
- Milk and milk products One quart daily
- Meat, fish, eggs and poultry Two servings daily
- Whole grain or enriched bread & cereal . Three servings daily
- Butter or fortified margarine Three tablespoons daily

Play these on your bathroom scales, and we'll be seeing you -- and so will the dream boat with the gleam in his eye.

LET'S FEED YOUR FACE

Are you a satchel puss?
Do you carry your glamour in a make-up kit?
If you do, you'd better invest in a nice, big, rooey bag — 'cause it won't be long before you'll have to add store bought teeth and a tailor made wig to your other beauty crutches.

The gal who's really a three-line entry in somebody's date book is the job with the super-duper complexion . . . the femme with the hair that's really her crowning glory . . . the dame with the boudoir eyes.

The payoff is you can't buy those little gadgets. They've gotta come from within. As the old song goes, "You Gotta Do Right."

Now if you're willing to put out a little honest-to-Pete effort, you can also be the snooty cutie. Oh, you won't be any overnight sensation — that only happens in books and stuff like that there. But, in six months, you'll be the kind of gal a guy can date in the daytime.

Take a gander at your hair. If it pains you to look, take a second peek and see what's the trouble. Is the old mop dull, lifeless, mousy?

To have beautiful hair, you must eat correctly. Lot's of fresh fruits, green and yellow vegetables and milk, taken in proper daily doses, will put that sparkle back in your locks.

Toss out the old dirty hair brush. Buy a nice clean one — and see that it stays that way. Massage your scalp with your fingertips. It'll help your scalp and strengthen your fingers for the day when you can afford to say "No".

And let's see about your complexion. If you've got hickies lined up and down your map like mountain ranges, you'll be distinctive, all right. Distinctively repulsive. Still, you might snag a blind man.

However let's suppose your guy can see. He only uses the touch system for fun. The sight of a greasy, sallow skin makes his stomach turn over instead of his heart.

You've been eating too many sweets, or you haven't been getting enough sleep. Maybe, both. You need at least eight to ten hours sleep every night. You can't burn the candle at both ends, without singeing your fingers.

So you do all this and still have pimples.

Do you cleanse your face properly and use clean powder puffs? Use a mild, pure soap to clean your face, and be sure your wash cloth is clean. Rinse off all soap with clear, cold water, so the

pores won't be clogged.

If your skin is dry, apply a good night cream as you need it. And don't forget your neck in this beauty treatment. Don't be silly, you know what your neck's for.

Poor elimination is one of the worst enemies of a lovely skin. The best way to aid elimination is to eat properly and drink six to eight glasses of water daily. That'll give you something to think about and, besides, you can catch up on your reading.

Keep clean, both inside and outside, and you'll be sore apt to have a lovely complexion.



Do you have to hide the overnight bags under your eyes with cheaters? Well, that's one way. But the most satisfactory method is to get that come-hither-and-follow-me look.

If you read or do close work in poor light, you're gonna have bloodshot and swollen eyes. So here are a few rules to follow. Read or work only in a good light that comes over the left shoulder. Avoid strong glares and harsh winds.

Don't use your eyes too long and rest them frequently.

After you get that healthy gaze, you don't wanna go around staring like an Eiger Bergen dummy. So teach your eyes to be friendly and interesting. Look people straight in the eye. You'll be surprised at what you see.

Now you have the hair, skin and eyes the doctor ordered. But if you have a slinky backward crouch, saggy shoulders or a sunken chest, you're a sorry sight. Worse than that, you're just plain lazy.

Good posture is so important that it's the first thing John Robert Powers teaches his famous models. Proper bearing is not only pleasing to look at, but it denotes energy and vitality. And the best way to get energy and vitality is to eat the seven basic foods every day.

If you eat good food, you'll get what it takes to take what they've got.

And here are seven points of good posture, to help you check up on your own alignment.

1. Feet parallel, weight on whole foot.
2. Knees slightly relaxed.
3. Chest high.
4. Abdomen flat.
5. Shoulders relaxed.
6. Head up.
7. Chin in.



So, at long last, you're ready for the unveiling and don't blame us if the gals are furious when their dates look you up. It's far better to be looked over than it is to be overlooked.



DO YOU HAVE
"POISONALITY"



Now that the body is all shaped up and ready to ramble, let's have a look at the old personality.

A poison puss can ruin everything -- everyone else's fun, as well as her own. After all, who's gonna notice what goes on below a face that reflects a dill pickle disposition.

Of course, you're no closet child; and you wouldn't admit it if you were. But, surely you know a few gals who are candidates for a grave diggers' convention. So here are a few tips you can pass on to your cronies with a perpetual blue jag.

First off, you'd better tell 'em the kind of food they eat directly affects their dispositions. To be cooperative, efficient, sincere and loyal -- to have plenty of what it takes -- they simply have to eat properly.

Now this may sound like a gory story, but it's been proved that diet can make or break the spirit. A study was made in the eastern section of the United States to determine the effects of an inadequate diet on a group of normal people.

After the thirteenth day of a deficient diet, the subjects became listless and fatigued. Their condition became worse every day. Listlessness progressed to apathy, and many became nauseated. Some were even prostrated.

Another study involved 11 women. They were placed on inadequate rations for 132 days. After 8 to 12 weeks of such a diet, there were marked changes in their behavior, attitude and general efficiency.

They became typical Gravel Gerties. They avoided their accustomed tasks and were unable to make social adjustments within their group. All subjects became irritable, depressed, quarrelsome, uncooperative -- and, without knowing why they were possessed of a fear that some misfortune awaited them. Sounds like some of the "moody" spells you've heard about, doesn't it?

Two of these women felt life was no longer worth living and threatened suicide. All became inefficient and complained of headaches, backaches, sleeplessness, tenseness and oversensitivity to noises.

After being placed on a proper diet again, these 11 women returned to their normal, pleasant dispositions. They forgot their aches and pains.

These are but two of several studies made on the subject of diet, but it does prove that it's essential to eat adequate foods to be happy, healthy and likable.

In order to obtain a proper diet, you'll have to eat three square meals a day. Breakfast is extremely important and worth such more to you than the extra 15 or 20 minutes of sleep you hanker for in the mornings.

Without breakfast, it's impossible to gain energy to carry through the day. To start the day right, you must eat right. And that means a fruit or fruit juice, an egg or whole-grain cereal, bread and milk.

The remainder of the daily requirements will be divided between luncheon and dinner.

Now, if you get your friend to take our advice, you'll be doing your part to develop a charming and popular person. And you can use the following as a guide in checking up on your -- pardon us -- in checking up on her eating habits. Try to check ten each day.

One serving green or yellow vegetables.

One serving of other vegetables, such as potato, cabbage, beets or string beans.

Another serving of other vegetables.

One serving of citrus fruits or tomato.

One other fruit -- banana, apple, prunes.

Three cups of milk.

Another cup of milk or two milk-made foods.

One serving of meat, fish poultry or three eggs.

One serving of whole grain or enriched cereal, or two slices of whole wheat or enriched bread.

One ounce of butter or fortified margarine.

Fill these food needs first. Desserts, sundaes, cokes can come later.



OKLAHOMA STATE DEPARTMENT OF HEALTH
OKLAHOMA CITY 5, OKLAHOMA



Guiding the
ADOLESCENT

PREFACE TO THE REVISED EDITION

This edition of *Guiding the Adolescent* has been revised to bring it into line with our increased knowledge of teen-age children. The principles underlying the guidance of adolescent children have remained the same since the bulletin was written for the Children's Bureau in 1933 by Dr. Douglas A. Thom, director of the Habit Clinic for Child Guidance, of Boston. Since its original publication, several reprints have been issued, and altogether some three quarters of a million copies have been used by parents. It is hoped that in this new edition the bulletin will continue to help parents to give their children affectionate guidance into adulthood.

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GUIDING THE ADOLESCENT



INTRODUCTION

PURPOSE OF THE PAMPHLET

A parent's interest in the welfare of his child begins long before birth and lasts all his life, but his method of expressing this interest necessarily undergoes many changes. Before the child's birth it is manifested in the mother's care of herself—in her attention to her diet, her hours of rest, her out-of-door exercise, and the various details of care of her own body. After birth this care is transferred to the infant—to nursing, bathing, and dressing him, and keeping him dry and comfortable. As the baby grows older, some of the interest in caring for his elementary physical needs is turned to getting his cooperation in this care—in getting him, for instance, to use the toilet chair and to feed himself. With the development of his mental life, interest in his physical needs becomes secondary to interest in his rapidly forming habits and attitudes—his ability to care for himself and to get along with other people. And as the child grows up, the parent's interest is in the child's achievements, his school grades, his athletic and social activities, his vocation, his friendships, his marriage, and in turn, his children.

This interest grows out of the parent's love and sense of responsibility for the child, but accurate information on the best methods of rearing the child under the conditions of present-day civilization will not come in this way. The pamphlets on Prenatal Care, Infant Care, and Your Child from One to Six, were published by the Children's Bureau in the hope of making such information more easily available to parents. As the child begins to grow up, however, ideas of "care" and "management" must be abandoned, for the growing child resents such parental control; he wants to care for and manage himself, and this is not only desirable but essential if he is to become a normal, independent adult. But because the child does not learn to become completely independent all at once, the parent will find it necessary to replace care and management with tactful guidance.

The present pamphlet has been written in the hope of helping parents to understand the adolescent and to guide him from childhood to healthy, happy adulthood.

WHAT IS ADOLESCENCE?

Adolescence is the period of growing up that comes between childhood and adulthood. It may be thought of either as the actual growing-up process or as the time during which this process takes place. In either case it is usually regarded as covering the years from 12 to 20, or the "teen" age.

In the simple forms of animal life this growing up is a purely physiological process which takes place so naturally that there is no distinct period of adolescence. With increasing complexity of life and of civilization, however, growing up, too, becomes more complex. Thus it is necessary for the child of today to become not only physiologically mature but also intellectually, emotionally, and socially mature; and, as these various forms of growing up may not all take place at the same time, adolescence stretches out over an increasingly longer period. A girl who reaches puberty at the age of 12 or 13 years may find herself at a loss for a time because her intimate associates are still immature, while she is experiencing feelings that make her seek wider social contacts; or a boy, growing up with adults and spending much of his time in reading and adult conversation, may reach 16 with an intellectual maturity far beyond that of the average adult, while physically and emotionally he is still immature.

But other periods in the life of the child are similarly complex in present-day civilization. During early childhood, boys and girls must not only learn to care for such simple physical needs as keeping clean, but they must also learn to read and write, to be polite, to get along with others, and to control their tempers and their impulse to cry over every injury.

Not until the child begins to grow up is he, however, likely to be troubled by, or even conscious of, the fact that there are many sides to his nature; that these sides do not always keep pace with one another; and that, although he is "too big" to do some things, he is not old enough to do others. He may find that although he is too grown up to play "Indians" or to be "tucked in," he is not yet considered old enough to go to late parties; or although he is wearing long trousers he is not yet considered old enough to smoke. Nor does the law help by setting any one age as the end of childhood and the beginning of adulthood. On the contrary, it fixes one age as the minimum for driving an automobile, another for required school attendance, another for entering industry, another for culpability for unlawful conduct, another for marrying without parental consent, another for making valid contracts, and another for voting; and, although some of these may coincide, they are more likely to vary, not only from State to State but even within one State and one community.

Thus the growing up which takes place very simply in young animals and in primitive children, who are often initiated into their adult responsibilities as soon as they have reached puberty, is so gradual and complex in our children that it requires approximately 8 years; and these 8 years have

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come to be regarded as a special period with peculiar qualities and characteristics of its own, known as adolescence.

ADULT ATTITUDE TOWARD ADOLESCENCE

Within the last few years the "problems of adolescence" have been the subject of so many investigations, books, articles, and speeches that many people have come to think of adolescence as necessarily a period of problems. Every period of life has its problems. But the problems occurring in early childhood or in late adult life are likely to bother only the members of the immediate family who, in one way or another, must adjust themselves to the undesirable personality traits and behavior manifestations of their offspring, their sisters and brothers, or the husband or wife, as the case may be. The problems occurring during adolescence, however, are likely to be noticed in the boarding school, the high school, and the college, or in recreational groups, such as clubs and camps; and they may come to the attention of such an agency as the juvenile court. As these institutions and agencies have looked to the fields of psychology and psychiatry for help in dealing with their young people, the problems occurring during adolescence have doubtless been scrutinized more extensively and more specifically than those occurring, for example, during the twenties or the thirties.

No attempt will be made in this publication to discuss all the problems which may occur during adolescence. As the aim of the pamphlet is to help the parent guide the normal adolescent and deal with problems common to most growing boys and girls, unusual problems and problems which cannot be dealt with save by a physician or a psychiatrist have no place in the discussion.

There is grave danger that those whose professional activities bring them rather exclusively in contact with the maladjusted will eventually begin to interpret life in terms of the peculiarities, eccentricities, and personality deviations found in this rather restricted and unrepresentative group. Members of the professions of education, psychology, psychiatry, and social work whose attention has been centered rather exclusively on maladjusted or problem individuals in the adolescent years have not been immune to this danger. In their interest in working with this group, they have been inclined to analyze the primary make-up of these poorly adjusted adolescents, selecting every problem and every deviation from the so-called "normal," and to combine these findings into a description which they then regard as characteristic of all adolescents but which actually represents nothing at all, being characteristic neither of adolescents as a group nor of any particular adolescent who may be maladjusted. This is one of the dangers of too high specialization, too broad generalization, and, last and most important, too little association with the great masses of people who make up human society.

It is not to be denied that between the years of 12 and 20 there are very definite problems of a physical, mental, and social nature which youth must necessarily meet in its adjustment to present needs and preparation for life's future demands. These problems are sufficiently well recognized, and the most common causes for failure in meeting them sufficiently well understood to justify discussion. Yet to assume that every adolescent boy or girl is drifting about in an emotional whirlpool or may be dashed on the shores of failure because of some hidden conflict, is nothing more than an indulgence in phantasy.

There are a sufficient number of problem people and problem situations to demand the attention and occupy the time of all those who are now trained or may be adequately trained in the next decade without creating problems where they do not exist.

PHYSICAL GROWTH AND DEVELOPMENT

GENERAL PHYSICAL GROWTH¹

A sudden and perhaps surprising increase in height and weight, and in the size of arms, legs, hands, feet, and any other part of the anatomy is typical at the onset of adolescence. Within 1 year the child may gain 25 or 30 pounds in weight and 4 or 5 inches in height. This period of rapid growth usually occurs anywhere between the ages of 8 and 14 in girls and between 11 and 16 in boys. On the average, 12-year-old girls are going through their most rapid period of growth, while for boys the year between 14 and 15 will frequently be the one in which the greatest spurt in height takes place.

This sudden increase, however, rarely changes the nature of the child's physique. In other words, both the short child and the tall child grow noticeably during adolescence, the short child growing into a short adult, and the tall child into a tall adult. A short child may outstrip a taller one for awhile, if the latter happens to be a late-maturing individual. If puberty takes place early, the full growth is also likely to be reached early.

There are, of course, exceptions; a child who has had long and serious illness interfering with normal growth before adolescence may, on recovery, suddenly make up for this during adolescence; and a child suffering from a glandular disturbance may have an abnormal rate of growth. For the average child, however, nothing but continuous growth should be expected.

Girls grow much more slowly after 14 years and usually stop growing entirely before they are 20. Boys may continue to grow slightly until they are 22 or even 23 years of age, but their rate of growth is slower after the fifteenth or the sixteenth year.

Strength also increases rapidly from the seventh year on, and more rapidly during the early teens.

MATURING OF THE REPRODUCTIVE SYSTEM

The most outstanding physiological development during adolescence is the maturing of the reproductive organs. When these organs become capable of functioning as in the adult—when the ovaries in the girl begin to release the egg cells, or ova, essential to child-bearing, and the testicles in the boy begin to release the sperm cells essential to fertilization—puberty has been reached.

It is not easy to know just when the reproductive organs begin to func-

¹The author is indebted to D. Appleton & Co. for permission to use in this pamphlet some of the material which has previously appeared in his book, *Normal Youth and its Everyday Problems*, published in 1932.

tion. A girl is said to be "mature" when she has had her first menstrual flow, or "monthly period." Although there is no similar process in the boy, the discharge of semen during sleep, known as a "nocturnal emission," is often considered evidence that he is approaching maturity. It may be some time, however, before the maturing of egg cells in the case of the girl, and of spermatozoa in the case of the boy, make reproduction possible.

The age at which these signs of maturity occur varies considerably. In this country puberty is likely to occur between the ages of 12 and 15 years in girls and a year or two later in boys. But race, climate, living conditions, and the child's own physical condition all play a part in the maturing process and make even further variations in age possible.

Accompanying and preceding puberty itself, noticeable physical changes take place in the child. There is a growth of hair in the armpits and pubic regions, and further development of the genitals; the voice becomes fuller and, in the boy, is likely to "break" as it changes from a childish to a more masculine pitch. As the girl's breasts develop and her hips broaden, her body begins to appear womanly, while the boy, with his broadening shoulders and the growth of hair on his face, begins to take on a more manly aspect.

PHYSICAL HYGIENE

With all these changes taking place in the child's body, some thought must be given to his physical hygiene. Rapid growth is likely to cause either a tremendous increase in the child's appetite, or, particularly in the girl, a tendency to finickiness with loss of appetite at some times and strong, special cravings—as, for example, for particularly sweet or sour dishes—at other times. Attention must therefore be given not only to the child's diet but also to his eating habits. Sudden increase in the rate of growth is likely to cause fatigue, making long hours of sleep essential. Rapid growth of the larger muscles, gain in strength, and the possible awakening of a disturbing sex-consciousness make out-of-door exercise highly desirable. As all the increased body activities are likely to increase the body wastes, good habits of elimination, including freedom from constipation without the use of drugs, and a healthy, active skin condition are of primary importance.

In other words, the rules for the adolescent are much the same as those for the younger child. Parents scarcely need to be reminded that an abundance of milk, wholegrain bread and cereals, and fresh fruits and vegetables are essential; that a diet too rich in pastries, sweets, and other carbohydrates is undesirable; and that tea and coffee are unsuitable. They know from experience that regular meals and a minimum of eating between meals keep the small child's digestive system in good order; and that plenty of out-of-door play, regular toilet habits, and a clean body are essential to keeping him comfortable, healthy, and cheerful. By the time adolescence is reached, they should be able to depend on their boys and girls to follow a hygienic routine with little assistance.

PHYSICAL GROWTH AND DEVELOPMENT

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Certain modifications may have to be introduced; e.g., increase in the amounts of food, gradual decrease in the hours of sleep, changes in the type of out-of-door activity, and perhaps greater conscientiousness about internal and external body cleanliness. But there are no special rules for the hygiene of the adolescent; puberty is, after all, but the continuation of a development which began before birth and for which the normal human being is as well equipped as he is for any other natural physical change. The parent who has helped his child establish good habits of eating, sleeping, elimination, cleanliness, posture, and exercise in early childhood needs only to impress upon the adolescent the importance of continuing to observe the fundamental principles of physical hygiene in order to maintain a healthy and efficient body during this or any other period of his life.

The old attitude that the menstruating girl was "sick" or "unwell," that she could not bathe, that she must never get wet feet, that she must not eat certain foods, and that all her activities should be modified, is scorned by the modern girl who goes to coeducational schools and lets nothing interfere with the interests and activities she shares with boys; and it is necessarily scorned by the girl who enters industry or business and is obliged to ignore all minor ills and discomforts. Physical build, the position and stage of development of the reproductive organs, the functioning of the glands of internal secretion, and the general physical condition of individual girls vary so greatly that although one girl may safely indulge in sea bathing during her menstrual period, another may be obliged to cut down her activity during menstruation. Although the effects of menstruation on physical and mental activities have been studied by numerous investigators, these studies have usually been made on women and girls in whom the function was already well established; their findings would not necessarily apply, therefore, to the maturing girl who is not yet fully grown and whose periods are often still somewhat irregular.

For these reasons parents can be advised only in a general way, that they themselves regard menstruation as a normal process, neither looking upon the girl as "sick" nor letting her regard herself so. They may encourage her to continue her usual activities in the usual manner, warning, however, against overexertion and undue exposure. If she seems to be experiencing unusual discomfort or pain, they should refer her to a physician both for advice on hygiene in the particular case and for correction of the cause of the difficulty if possible.

PROBLEMS INCIDENTAL TO PHYSICAL GROWTH AND DEVELOPMENT

Much of the behavior which parents consider unusual, disturbing, irritating, or alarming is actually but a normal reaction to the processes of physical development and the general business of growing up. One of the trying difficulties for both parents and child may be the self-consciousness

that comes to a child who has his attention constantly called to his rapid growth. He may become diffident and sensitive, developing an awkwardness that is the result of a feeling of social ineptness rather than of growth changes in themselves. So, too, the self-consciousness and unhappiness resulting from the poor complexion with which many adolescents are afflicted may lead to such lack of self-confidence that the boy or girl prefers solitude to participation in activities with others, and may wander about friendless and forlorn. One of the things an adolescent fears most is to be considered different from others. This makes him more aware of changes in his body and more sensitive to criticism and comparison with others.

The following description of Martha illustrates the unhappy attitude which may arise in the course of self-consciousness over physical development:

Martha was a girl who grew tall very fast, and who also matured early. She was rather bright and very studious and held her own well with her classmates, but she was noticeably taller and more fully developed than any of the other girls and she felt self-conscious and ashamed of this. Whenever she was called upon to recite she would stand with a slump, her knees flexed, her shoulders drooping, and her whole body sagging. She did this so continuously whenever she was with these smaller children, that she developed not only a poor standing but also a poor walking posture, which, quite aside from possible danger to her health, made her look most unattractive.

The importance of good posture habits in maintaining the various organs of the body in their proper position and in enabling them to work to the best advantage has been so much stressed by physicians in recent years that posture charts, posture exercises, and posture clinics have been made available for great numbers of children. Posture training, however, is something which should be begun in early childhood and under the supervision of someone familiar with the anatomy and "mechanics" of the human body, and therefore no attempt will be made to outline its principles here. The subject is called to the attention of parents, in this connection, for two reasons only: (1) That rapidly growing children may have difficulty in learning how to carry themselves or may feel tired and inclined to slump, so that special attention to posture is advisable at this time; and (2) that many adolescents, particularly girls, assume unhealthy posture because of self-consciousness over their sudden growth. The former may need more rest, other forms of exercise, and possibly the advice of the physician, but the latter need chiefly a change of mental attitude.

Round-shoulderedness is not an easy habit to overcome. Although it is difficult to convince the 12- or 13-year-old girl that she will come to be proud of her height and her good figure as she grows older, it is far easier to prevent poor posture habits than to correct them once they are formed.

Parents can accomplish a great deal in this direction merely by helping the girl choose clothes suitable to her type, and, so far as possible, sufficiently attractive to make her confident that she looks well. They can also help greatly by softening some of the inevitable jibes of thoughtless brothers and

sisters (or, indeed, by encouraging these members of the family to be more considerate) and, most of all, by helping the girl to see her good points and gain enough self-confidence not only to take criticism good-naturedly but to make the best of her figure as it is.

Self-consciousness over an unhealthy and unsightly complexion is even more likely to give parents cause for anxiety. Skin eruptions are fairly common during early adolescence. The small ducts through which oil is carried to the skin apparently do not grow fast enough to take care of the increased activity of the glands supplying this secretion, and, as a result, they become stopped up and a comedo, or "blackhead," forms at the opening of the duct. As the glands continue to function even though drainage is blocked, the ducts become overfilled and little raised places, or "pimples," begin to appear on the surface of the skin.

It is unfortunate that just at the time when the growing child's skin is perhaps in need of a little added care he is most tempted by chocolates, candy bars, cookies, ice-cream sundaes, and soda-fountain drinks, and possibly most careless about keeping his digestive system in healthy order. Skin specialists have found that proper attention to the fundamental principles of physical hygiene already referred to, wholesome diet, free elimination, plenty of sunshine and out-of-door exercise, and thorough daily or twice-daily washing with warm water and soap (which is not nearly so harmful to the complexion as many adolescents believe) will keep most young complexions in good condition. When the skin fails to respond well to this routine, more specific measures under the direction of a physician are advisable. It is well known, however, that proper attention to the skin in the early stages of these afflictions can prevent development of the unsightly later stages for which medical treatment may be necessary.

But in spite of our best efforts we cannot eliminate all the sources of unhappy self-consciousness during adolescence, and therefore we might well spend some of our effort in helping young people acquire a philosophy of life which will make their burdens bearable. The need for this is well illustrated in Mattie's case.

Mattie was in the seventh grade when her life began to be miserable because of her complexion. She had always been rather thin and pale. Although she would have been described as plain, she was not unattractive until her face began to be disfigured by numerous unsightly blemishes. She washed harder than ever, tried to be discreet in her diet, but still her face continued to be covered with blackheads and pimples.

Daily scrutiny before a mirror had made *Mattie* so unhappy about her appearance that she became extremely sensitive to any fancied slights from her schoolmates. She suspected that some of them avoided her because they found her face repulsive. All this unhappiness was, however, greatly increased when someone called her "Miss Pimples."

Mattie now began to suspect that some of the other children were calling her "Miss Pimples," and she went about in a self-conscious, unhappy way. Then a schoolmate with whom she had been friendly gave a party and failed to invite her and even let it be known that *Mattie* had been left out because of her pimples.

This example, perhaps, shows the schoolmate as unfeeling. But the fact

remains that the world has its share of such unfeeling individuals, who derive some compensatory satisfaction from calling attention to the defects and weaknesses of others. There are always some who, being insecure themselves, seek reassurance by pointing out directly or indirectly the physical, mental, or social imperfections and inferiorities of others. To meet these attacks requires courage and a greater indifference to pain than most adolescents possess. For it is through the experience of pain that individuals develop a philosophy of life which permits them to endure suffering, and in early adolescence most boys and girls have not yet had sufficient experience to endure pain easily.

Discoursing on the injustices of life adds little sweetness to the adolescent's own suffering. Perhaps the most that can be done to help him is to encourage him to see his strong points and build his philosophy of life around these rather than around his weaknesses; and then to help him gain a little perspective, so that even though the tribulations of today loom largest, he will not completely lose sight of the fact that tomorrow and the next day and the next still hold promise of brightness.

ATTITUDES TOWARD SEX

Notwithstanding the fact that sex is a subject which causes parents concern, not only during the adolescent period but also during earlier years, there is always danger of overstressing its problems by featuring the subject and danger of creating a panic where nothing more than intelligent interest, keen observation, and ordinary wisdom is needed. For this reason much that should be said about this subject is being presented as it naturally comes up in the discussions of physical growth and development, personal relations, and work and leisure-time activities. This section, therefore, is intended only as general background from which may be obtained a common point of view on the subject.

It is now generally recognized that the methods in vogue a half of a century back, which attempted to prevent undesirable sex conduct by keeping young people in ignorance and subjecting them to rigid disciplinary measures, were neither wise nor effective and that the results of such methods were more harmful than the indiscretions which they were intended to prevent. In other words, more real harm may come from the worry, anxiety, fear, and feelings of guilt and inferiority caused by unwise efforts on the part of the parent to prevent or stop an undesirable sex practice than from the practice itself. This does not mean that the subject should be ignored and that indulgences of this kind should be permitted to go on without parental intervention. It does indicate, however, that sex instruction should be frank, honest, and in keeping with the facts. No attempt should be made to bolster up good, sound advice with statements of dangers which, in the first place, may not exist and, in the second place, serve no other purpose than the creation of unreasonable fears that actually harm the individual at the time and may well become handicaps to him later in life.

SEX INSTRUCTION

Just as training in the habits of physical hygiene for adolescence should be a continuation of the training of early childhood, so instruction in the nature and function of the reproductive organs and the part that sex plays in the life of the growing human being should be a continuation of earlier sex instruction. In other words, the parent should not think of adolescence as the time for a campaign in physical hygiene and sex instruction. For just as habits of physical hygiene, either good or bad, are formed long before adolescence, so sex information, either good or bad, is picked up by most children before puberty. The parent who thinks that the child who does not discuss these things is ignorant of them should be warned that the

child's very silence may indicate a greater knowledge than he cares to share with his parent.

Nowadays, parents try from the early years to build wholesome attitudes toward sex, as well as to give clear, frank answers suited to the child's intelligence and development on all questions of sex. When this practice is followed, it may well happen that by the time a child reaches adolescence, particularly if he is brought up intimately with older children, he has asked for all the information he needs. But the parents should by no means feel obliged to wait for the child's questions when they see that rapid development is taking place. They can easily notice the body changes already described and remind or point out to the child that these are signs that he is passing from childhood to adulthood.

The father can, perhaps, discuss these matters most helpfully with the boy. He should prepare him to expect an occasional discharge of semen, likely to occur during sleep, explaining that this is nature's way of taking care of his sex activity until he should be physically, economically, and socially ready to assume the responsibility of mating, and assuring him that these nocturnal emissions, as well as the involuntary erections he may experience either in sleep or in sexually exciting situations, are perfectly natural occurrences about which he should feel no alarm. He should also advise the boy that he is less likely to be disturbed by these experiences if he leads a vigorous life, finding pleasure and perhaps a certain pride in hard work and play, cool and regular sleep, cold baths, and wholesome interests.

The mother's instruction should prepare the girl for the occurrence of menstruation, explaining its purpose in relation to child-bearing and advising her how to care for herself during her monthly periods. The girl should also be given some understanding of her sex reactions. She should be reassured, for instance, regarding the vaginal discharge she may experience in situations that are in some way sexually stimulating to her. She should also have an understanding of the sex tension and urge which, although less obvious and less clearly recognized than in the boy, may, nevertheless, be disturbing. She has a right to know that her days of excessive irritability or restlessness or emotional instability are due, not so much to the minor annoyances of everyday life or to any inherent disagreeableness or crossness, as to the periodic physiological tension which is a part of every mature and normal woman's sex life. Once they are recognized, she can learn to relieve her feelings of pent-up emotion and energy by entering into suitable activities. Instead of battling blindly with something she does not understand, she will be able to seek deliberately for a satisfactory means of expression. Her outlet may be in tennis, or swimming, or cleaning the porches, or mowing the lawn; she may crave doing something physically strenuous and should be helped to find it; or she may have need for a purely emotional outlet and may find it best in music, in dramatics,

or in writing. When she finds a satisfactory outlet, she should be allowed to make the most of it, regardless of how skillful she may be. It is more important that she find an enjoyable and helpful means of expression than that she become a good performer. As time goes on, she will find new outlets; happy companionship with a group of young people, engrossing work, intensive study, and service for others will all help her to satisfy her growing emotional and physical tension until she is ready to enter into a mature sex relation and assume the responsibilities of wifehood and motherhood.

Both the boy and the girl should be told not only about the organs and processes of reproduction in their own sex, but also about those of the other sex. Above all, they should be made to feel free to ask any questions or consult their parents about any feelings or experiences which they find puzzling or disturbing.

Parents who feel that they do not know enough about these matters to explain them to their children may find it well to discuss them first with each other and with their family physician. They may also get help from various books describing the physiology of reproduction and suggesting ways in which parents can explain it to their children. If for some reason they still feel unable to tackle the subject, they should arrange to have the school or family-guidance counselor or the family physician confer with the child or recommend something to be read by the child himself. Although by this method they will probably lose the rather precious experiences that come to the parent who is on an intimate, confidential level with his child, they will at least not fail the child as they would by neglecting this matter entirely.

Some parents are inclined to feel that the importance of sex instruction—and, indeed, of all aspects of child care and guidance—is greatly exaggerated. They believe that they, and many of their friends, grew up to be competent men and women without any so-called habit training or careful sex instruction. But even if they can recall no anxieties, doubts, shocks, or unhappy experiences which they might have been spared with wise guidance, they will surely be able to see that the very changes which they and their generation have made in the world are creating the need for changing methods of bringing up the next generation.

As civilization speeds up, there is an increase not only in life's conveniences, comforts, and pleasures, but also in its dangers. Automobiles, for example, contribute greatly to man's convenience, comfort, and pleasure, but they also greatly increase accidents; motion pictures add to our sources of amusement, but they may also give the growing child premature and undesirable ideas concerning the relations between men and women. This does not mean that all automobiles and all motion pictures should be condemned. It does mean, however, that parents must teach their children to cross the streets carefully as soon as they begin to go out alone; and, in

the same spirit, as soon as children come in contact with sex attitudes, parents will want to help them get a sane and healthy outlook on this part of life. Parents should expect, and accept, that it may be a bit disturbing to themselves and their children to discuss this subject. It is wiser to talk about sex in relation to a lead given by the child, through remarks or questions, than to bring the subject up "out of the blue," when the child is not prepared to consider it. But a parent who is sensitive to children's needs will find opportunities arising when explanations (as of reasons for social customs, perhaps) make the transition to discussion of sex behavior natural.

SEX TALK AND READING

Parents, as well as teachers and recreation leaders, are frequently alarmed at the sexual precociousness shown in the conversations of some of their worldly-wise children, or concerned, and possibly offended, by what they consider "smutty" or "dirty" talk. Their concern increases when they discover that these conversations are traveling far and wide and that indignant parents are complaining of having their children contaminated.

The child's motive in such talk may be merely a response to a lively, healthy curiosity and a desire for information. If he is already well supplied with information and has not been made to feel that it is particularly private or personal, he may have a generous inclination to pass it along or to show off his superior knowledge to companions who are less well informed. Children will often use vulgar words or phrases in each other's company. Characteristically they mention the word or phrase and then giggle or nervously laugh. Every normal child experiments with these words or phrases which are taboo. Parents who recognize this, and who don't censure a child when they overhear such talk, will be helping to prevent unhealthy feelings of guilt.

Even after the boy and girl reach puberty, and long after they have acquired an intellectual understanding of sex and its relation to much of their social activity, they may still utilize sex talk, obscene words, smutty stories, and recitals of personal experiences (often without a foundation in fact) as a means of "putting themselves across." But there seem to be other, more fundamental reasons why not only adolescents but many adults in this country joke about sex. Everyone feels that sexual adjustment is very important in his life. Many people feel uncertain and insecure about sexual problems and feelings because they sense that they don't know as much about the subject as they need to. Joking about sex often helps them in two ways. They seek additional sex knowledge through listening to jokes; and second, when one can laugh at what one is a bit afraid of, one feels easier and more assured—false though this feeling may be. Sometimes they begin to derive from their conversations a vicarious sex thrill—first through the visual and verbal stimulation of an imagined experience, and secondly

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through the excitement of participating in a conversation that would be frowned upon, if not actually forbidden, by their elders.

That this may develop into a recognizable problem and therefore merits intelligent handling may be seen from the following example:

Alvin was on the verge of being expelled from high school, for although he was a good student, a fair athlete, and a natural leader he was constantly being reported to the principal because of his smutty conversation. His stories were always floating around the corridors, the washrooms, the locker rooms, the showers, and, in fact, any corner where he might draw a private audience. In spite of several warnings he continued with his obscene chatter until the principal began to conclude that this boy was really "foul-minded" and was a bad influence in the school.

In spite of the sophisticated stories this boy was telling it became clear in one frank conversation with him that he was amazingly ignorant of the elementary facts of sex. Since earliest childhood he had had great curiosity regarding anatomical differences between boys and girls, the process of birth, the behavior of animals, and the sensations of his own body. When he had approached his parents with questions he had been told that this was a subject not to be discussed by children. His father had been particularly remote, making him feel that he was much too young and too unimportant to have any thoughts worthy of serious consideration. Alvin accepted this attitude and made no further inroads on his father's time and attention, but he did not give up his search for information.

It soon became one of his favorite pastimes to hunt for the answers to his questions. But the garbled ideas of his companions and the vague discussions in books merely served to excite his curiosity further. At the same time he began to discover that such information as he had picked up and pieced together proved interesting to others; sometimes he would be able to shock them and sometimes to amuse them; sometimes he would embarrass and sometimes entertain his audience, all depending on their own degree of sophistication. But always he would provoke their interest and attention. So he continued to use this method of making himself interesting and added new spiciness to his tales lest he lose prestige.

This became such a habit with Alvin that he failed to realize as he grew older that some of his companions would have liked him just as well, or even better, if he had dropped some of his obscenities. They were as much disgusted by his vulgar habits of conversation as they would have been by vulgar eating or toilet habits in a 16-year-old boy. They were ashamed to have him visit at their homes and unwilling to invite him to any of their parties.

Alvin was himself rather disgusted and ashamed when he finally began to realize how his conversation must have sounded to boys who had received better instruction than he and had a better understanding of his stories than he had. He was interested in the discovery, too, that his conversation was but a bid for attention and popularity, which he might seek to better advantage by his skill, for example, in some of his favorite sports.

The method of handling these problems depends on the type of individual concerned. It is useless in any case to appear shocked and horrified, or to resort to tears or anger. It is far better to let the immature youngster know that we understand just what this activity means to him and why he is seeking to gain recognition in this particular way. The fact that people in general consider this line of conversation vulgar and offensive, just as they would bad manners, may be pointed out to him, and at the same time other ways of getting recognition may be suggested. With the younger group a frank talk on the subject of sex, making it interesting and unemotional, does more good than anything else. It gives them a new and more responsible attitude toward keeping the whole subject of sex clean.

The older adolescents will recognize that young people who specialize in sex talk usually have no other way of making themselves interesting. Such individuals would rather be criticized and censured than ignored. As a 9-year-old once said of another boy of his own age who was always talking smut, "He is the dirtiest and the weakest boy in school. I can lick him with one hand."

Most children do pass through this phase of using more or less obscene language, just as they pass through phases of making grimaces or tiresome noises. It requires considerable patience to live through all these various phases with equanimity, but even a period of obscenity should not call forth parental excitement. An unemotional attitude and a certain amount of understanding of what the child is driving at are more helpful than either wrath or sorrow.

Much of the discussion concerning sex talk applies also to the reading of erotic literature. The danger in this type of lurid literature lies in the fact that much of it portrays situations which are overdrawn and not actually representative of reality as these boys and girls will experience it. There is always a sufficient amount of literature available which serves the purpose of diverting sex interests into other channels without stimulating sex phantasies and creating further problems, and both the schools and the public libraries should offer every assistance to parents and to the adolescents themselves in finding books that are worth while.

MASTURBATION

The practice of handling or otherwise stimulating the genitals is not limited to adolescents. Most young children make the discovery either in the course of exploring their bodies, playing some game, or under the influence of other children or unscrupulous adults, that certain parts of their bodies respond more pleasurably than others to touch, and for a brief time at least, during this early period of sexual awareness they may innocently experiment with these new sensations. It is important to discourage this practice in general by keeping the genitals clean and the clothing comfortable, by carefully supervising the child's visits to the toilet, by being familiar with all his associates and well informed about his activities in various places and at various times of the day, and on specific occasions by diverting him from the practice to some other activity or interest without letting him feel self-conscious or ashamed.

The practice of masturbation is encountered so frequently, however, in normal, healthy boys and girls from the preschool age through adolescence that there is no logical reason why everything possible should not be done to help the parent understand its occurrence. The real harm results from the treatment of the habit which is likely to be instituted when parents become emotionally upset. The parent is likely to think only in terms of the possible dire physical effects the habit may have upon the human orga-

nism, quite unmindful that the real danger lies in making the child feel self-conscious and inferior, and in leading him to turn all his thoughts upon his supposed wickedness and abnormality. This tendency to introspective self-examination and self-condemnation in turn affects his attitude toward the world at large; he avoids mingling with others, feeling unworthy of their society and perhaps fearing lest they suspect and discover his weakness. In this way the child's normal, healthy outlook on life may become distorted.

There is probably no surer way of perpetuating such a habit than that of making the individual feel that he is sinful, different, queer, and wicked, or will become physically degenerate, an object to be avoided, and a candidate for a mental hospital through his indiscretions. What he needs is relief from anxiety, not more anxiety; a feeling of strength and superiority, not of weakness and inferiority; truth, not lies. The adolescent already feels that he is a victim of an undesirable habit. He knows that any habit which makes him think less well of himself is something to be fought and mastered. He is already carrying a heavy burden. A panicky parent should not add to it by injecting fears which have no basis in fact merely because this seems to be the easiest way to meet the situation.

Undesirable sex behavior need not be either ignored or condemned. When it comes to the parents' attention as a problem of one of their own children, they should seize the opportunity for a frank discussion of the whole subject of sex and the varied healthy activities that may be utilized as substitutes for this immature sex behavior. If the parents cannot approach the subject in this intellectual and unemotional way, they should delegate the task to the family physician, a wise teacher, a friend, or some other suitable person who will help rather than hinder the adolescent in his attempt to get a mature outlook on sex conduct. This is not the time for evasion, prudery, or deceit; it is the time for frank, honest approach to one of the most common problems adolescents have to face.

The insidious way in which poor handling of this problem may give rise to conflicts interfering with the individual's physical and mental well-being may be seen in the following story of a 15-year-old boy:

Dennis had a problem of sleeplessness which worried his parents so much that they finally consulted a physician. For 2 years he had been wakeful at night, though, so far as his parents knew, there was nothing the matter with him. They had always regarded his sleeplessness as a bad habit acquired through his interest in reading in bed; but as the boy grew older and the habit continued and as it became obvious that he was in need of more sleep, they felt increasingly anxious about him.

Dennis' father was a busy clergyman. He had given his son very little sex instruction, and his attitude toward the subject had not encouraged the boy to discuss his thoughts and experiences with him. He told his son "the dangers of self-abuse" and gave most of his sex instruction in terms of what not to do.

Unfortunately *Dennis* had already been initiated into the practice of masturbation by one of his companions before his father had got around to telling him how "evil" and "dangerous" he felt that this indulgence is. Immediately following his father's talk with him, the boy became very anxious.

He entertained the idea that he had committed some unpardonable sin, that he had ruined his health, and that everybody could tell that he was in the grip of this habit. He plunged himself into a variety of activities which allowed him to forget his problem during the day, but at night he would be haunted by fears of the terrible results which he would eventually suffer from his indulgences. His fears, however, did not help him to overcome the habit; in fact, the habit was the only way he could give momentary relief to his anxious mind and put an end to his struggle with sleeplessness.

A perfectly frank discussion of the whole subject of sex and its function was a revelation to the boy. It gave him a new lease on life and permitted him to think of himself and compare himself with others without need for torturing self-condemnation. This well-meaning father might well have sown the seeds for a real catastrophe in the life of this boy had not some relief been administered by presenting to him a true picture of the normal stages of development.

It is unwise for parents to pry into the sex activity of their children and get confessions of these secret indulgences. The whole sex problem can be discussed quite as frankly in an impersonal way and often more helpfully than the individual problem. It is wise for parents to let children appreciate that these situations are common to practically everyone, that most boys have to meet them, and that it is everyone's responsibility to learn to control them. At the same time they do well to stress the fact that solitary preoccupation with one's own body for the purpose of obtaining pleasurable sensations is an immature form of behavior, that immature sex habits tend to interfere with one's normal adjustment to other people, and that any habit which tends to lessen one's self-esteem should be discarded. Then ways and means of meeting the situation can be outlined, and there will be a much better chance of the plan being carried through by the boy whose self-esteem has been restored than by the boy who is in the grip of fear.

Having looked into some of the aspects of sex behavior that are likely to trouble parents, let us now look back for a moment at the subject of sex in general. Sex is not a problem; it is one of the many aspects of normal life. Like the physical, emotional, and intellectual aspects of life, it passes through various normal stages of development. In the course of this development there may be physical awkwardness, emotional turmoil, intellectual doubts and misgivings, and times of unusual sex awareness, all of which serve to let the organism know that growth is taking place. The normal adolescent learns to adjust his life to all these changes. There is no need to make him feel that adolescence is a kind of battleground or that he will be forever fighting his cravings for sex experiences.

In the end the sex behavior of the adolescent boy and girl is determined to a large extent by their whole adjustment to life. If their relations with their parents and their friends are satisfactory and happy, and they have adequate outlets for their various energies and interests, they are likely to meet their maturing sex drives adequately. It is the emotionally starved boy or girl or the adolescent without adequate interests who is most likely to plunge into experimentation with sex for the satisfaction which he has failed to find in ways more in keeping with his stage of development.

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Mental development is not nearly so easy to observe as physical development. Any mother can see that her young daughter is outgrowing her sweaters and dresses and that her young son's wrists are sticking out of his coat sleeves; and the boy and girl can add to this evidence of growth by pointing to last year's notch on the measuring tree or figuring out the gain in actual inches and pounds. But when it comes to mental development, units and standards of measurement are lacking. The parent may realize that the son or daughter has a more grown-up outlook on life; and the son and daughter may realize that they are able to do more advanced school work, but they would all find it more difficult to measure this growth in terms of mental inches or pounds.

Mind is thought of in terms of processes and activities, and it is naturally less easy to measure these than to measure body stature. Moreover, the various mental processes and activities become manifest at different times and in different degrees. It has been found that while many activities increase during adolescence, some remain about the same and some actually decrease. Mental development goes on unceasingly throughout life as the individual adds to his experience, knowledge, and insight.

Although the most important period of the individual's mental growth is past at adolescence, many parents first become interested in the mental development of their boys and girls at this time. Adolescents, too, begin to consider seriously their plans for the future. They begin to consider how far they can go in school and to what advantage; what they are best fitted to do vocationally; and, in general, what their special capacities and special disabilities are. Obviously these are questions that can be answered only after careful study of the individual boy or girl. But for those lay readers who would like a better understanding of some of the factors involved in such a study the following discussion may be of some value.

MEASUREMENT OF INTELLIGENCE

Within the last 30 years a large number and variety of so-called tests for the measurement of various mental processes have been devised. There are tests of memory, perception, attention, motor coordination, comprehension, suggestibility, judgment, imagination, range of emotional response, learning ability, initiative, and so on. Some of these tests have proved unsatisfactory; they have been found to reveal acquired learning rather than native ability or to make insufficient allowance for environmental factors or differences of personality. But through their continued use in large numbers of

cases and through comparison of the resulting scores with such ordinary standards of judgment as school grades and personal impressions, a number of very useful tests have been developed. They are being used throughout the world for purposes of classifying children in schools, making vocational plans and recommendations, studying the special problems of individual children, and carrying on experiments in various fields of research. Essentially they do nothing more than sample the various intellectual processes; each sample is then scored, and the intelligence as a whole is estimated on the basis of the total score.

The individual's score may be rated in comparison with that of his fellow classmates, to give an estimate of his class rank, or it may be computed in terms of the ratio between his mental age, as determined in the test, and his chronological age in years and months, to give his intelligence quotient (I.Q.).

Duncan was 10 years and 11 months of age when he was tested. He was given the usual tests for the average 5-year-old, the 6-year-old, and the 7-year-old. He could do most of the 5-year items and some of the 6-year items but failed practically all the 7-year items. In actual points he scored a mental age of 5 years and 7 months.

It is apparent that a child almost 11 years of age with the mental development of a child between 5 and 6 years of age must be mentally retarded. The I.Q. is a convenient way of telling how much he is retarded, for *Duncan's* I.Q. would be 51 as compared with the normal I.Q. of 100.

Thus when the mental age is below the chronological age, the child may be said to be in varying degrees slow or retarded; when the two are equal, the child may be said to be average; when the mental age is above the chronological age, the child may be looked upon as accelerated or superior. To be sure, a range of 10 points more or less must be allowed for possible error due to factors not under control. But, in a general way, the boy or girl can thus be classified in relation to the great numbers of boys and girls of the same age who have been similarly tested.

In order to be of any use such intelligence testing must be done by well-trained people who have had wide experience with growing children under test conditions. Moreover the test results must be interpreted in the light of the norms established by tests in the past. *Even then no single test should be regarded as the last word and final verdict regarding the child.* It should also be noted that most tests given at school are group tests that tell us more about the child's relation to his group than about him as an individual. An intelligence test should be considered only as a point of departure to be supplemented by a child's medical history, consideration of his environmental limitations and opportunities, a history of his actual school achievement and his social adjustment, and further study of such particular aptitudes or handicaps as he may manifest.

It is of greatest importance that parents understand the nature of this type of intelligence test. The interesting publicity given to various kinds of mental testing has had the unfortunate effect of confusing and mislead-

ing lay readers regarding the purpose of psychological examination before they ever had a chance to understand what it was all about. It is perfectly true that psychologists and criminologists have been working out tests for the purpose of discovering guilt reactions in individuals suspected of lying, stealing, and other delinquencies and offenses. It is also true that psychiatrists and psychologists have been working out tests for the purpose of discovering abnormal emotional reactions as an aid to establishing a diagnosis of insanity. But these tests are as distinct from the ordinary intelligence tests as laboratory tests for the presence of tuberculosis are distinct from the routine weighing and measuring done in the public schools. Parents sometimes ask whether the intelligence tests given to their children are not the same as those used to determine whether or not a child is feeble-minded. They forget that there is only one kind of scale for measuring weight, and that it is no disgrace to be found of normal weight on the same scale which showed someone else to be overweight or underweight.

So much for the nature of intelligence tests. Now let us consider their application.

THE SLOW MIND

In this bulletin no attempt will be made to deal with the problems of the defective or severely retarded individual, first, because this discussion is limited to the problems of normal adolescents and, secondly, because the problems of the defective boy or girl must ordinarily be met and dealt with before the time of adolescence. The problems of the mentally slow child, on the other hand, are often not recognized until he reaches the upper grades.

Eric had entered school at the age of 6 and, by plodding along diligently, had managed to reach the fifth grade at the age of 12. It was obvious that he was not doing particularly well at school; yet he seemed to have an excellent memory and to be clever in the use of his hands, and therefore his mediocre work was attributed simply to "poor concentration" and "lack of attention."

Eric was an obedient child and apparently happy. Consequently no one worried about his poor work until his fifth-grade teacher was obliged to demote him to the fourth grade. *Eric* seemed quite indifferent to this procedure, and his parents began to wonder what the trouble could be.

A psychological examination revealed that *Eric's* mental age was fully 2 years below his chronological age; in other words, he was not mentally ready for fifth-grade work. His good memory had helped him to acquire a considerable store of general information, which up to this point had covered up his helplessness in working out new problems and grasping new situations.

Eric's parents accepted these facts, and, instead of trying to push their son beyond his capacity in an effort to have him keep in step with the boys of his age, they undertook to find out more about his particular liabilities and assets. Next they set about to learn all they could concerning the types of vocation which would be open to him and in which he could use his manual skill, his perseverance, his cooperative spirit, and his other assets to the best advantage and to his own greater happiness. They took an eager interest in his plans for getting the necessary vocational training. Instead of preparing for disappointment over *Eric's* inability to acquire a college degree, they prepared themselves to take pleasure and pride in such work as would ultimately provide their son with opportunities for success and happiness.

This story of Eric illustrates three important principles to be observed by parents and teachers in planning for the boy or girl with a slow mind: (1) The necessity of giving frank and early recognition to whatever handicap he may have; (2) the importance of placing him properly in school so that he will not have to struggle beyond his capacity, or constantly experience a sense of discouragement and failure; (3) the wisdom of planning for the child's greatest satisfaction and happiness rather than for the fulfillment of parental ambition.

THE AVERAGE MIND

It would seem that the youngster with an average mind would be the last to require any special consideration and that life would present no special problems to him or to his parents, but it is the nature of many never to be content with his lot. Nor can it be denied that when the individual with an average mind is obliged to compete with a group of individuals having superior minds, he is at as great a disadvantage as 12-year-old Eric would have been in the fifth or sixth grade. This is well illustrated by Adeline's predicament.

Adeline was 10 years and 2 months of age and was in the fifth grade of a good private school. Her teachers were not satisfied with her work and, thinking that she might be mentally retarded, suggested that she be given a psychological examination. The psychologist found her to have a mental age of 11 years and an I.Q. of 108, indicative of a good average mind. This was reported to the school, but the principal's reply was in effect as follows: Adeline's I.Q. of 108 might well be considered eight points above the norm according to some standards; but, inasmuch as the majority of children in this private school had an I.Q. of 120 or higher, Adeline's I.Q. of 108 had to be considered below average. In other words, she was competing with a group of superior children who were naturally setting too fast a pace for her. It was, of course, advisable to transfer her to a school in which she could hold her own with fifth-graders who were more nearly her equal.

"Average," like "inferior" and "superior," is but a relative term; and the individual who is average as compared to the general population or to the standard test scale is no longer average when compared to a selected group who, by reason of their superiority, are going on to special schools and colleges. Even within the family group, the individual with average ability may seem inferior. This is well illustrated in the following case:¹

Warren was a boy with "average" mental equipment. He went through the elementary grades without any special difficulty and was standing above the middle of his class when he finished the sixth grade at the age of 11½ years. He began to slump in the seventh grade, and by the time he had reached the eighth grade his work had become so poor and was done so carelessly that his father had to begin helping him at home.

Warren's father was a clergyman. Little is known about the early relation between father and son. The mother reported that on one occasion the father had cried out impatiently something about Warren's being a "stupid" fellow who never could learn anything. She attached considerable importance to this and thought it accounted for his feeling of inferiority.

¹ Thom, Douglas A.: *Normal Youth and Its Everyday Problems*, pp. 89-91. D. Appleton & Co., New York, 1932.

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It was not until Warren entered high school, however, that the trouble became acute. His father's own description of this experience is most enlightening:

"Warren's first year in high school was very bad for him. He was taking the college-preparatory course. I gave him constant attention, assisting him with his Latin and algebra, and toward the end of the year, with his ancient history. He did his English by himself, but I think he would have failed in this if his teacher had set proper standards. In March he became very nervous, and it was evident that he could not carry all the work. He dropped his Latin and, by dint of personal attention from me, succeeded in getting through the rest of his studies.

"He spent the summer at camp and did very well, winning the camp letter and passing the Junior Red Cross life-saving test.

"In the fall he returned again to the local high school.

"It soon became evident that he could not carry the work without a great deal of help. He was very greatly discouraged and nervous. When I worked with him he would get 'nerved up.' It was wearing on me. At this point his mother took things practically into her own hands and made arrangements for him to go to a private school.

"He appears to have been very happy and to have behaved well, but he has failed most of his subjects."

The father's letter then continues with a revealing description of the boy's behavior:

"One of the marked features of his case is that he refers to himself as a 'dumbbell' and says that he will never amount to anything. One night this June, after he had been at home for about 2 weeks, he had a bitter crying spell about his failure in school and said that he would have to go off and live as a hermit for the rest of his life, as he could not be of any use in the world.

"He teases his younger brothers and that has many times led to bad quarrels. At times he has exasperated me almost to distraction by his insolence. I used to give him corporal punishment, and I have at times struck him in anger. I am fully aware that I have not always dealt calmly and wisely with him.

"Since he has been back from New Hampshire, he has been working in a local store, using an adding machine and doing miscellaneous clerical work. So far he has not been discharged. He seems happy in this work and likes both his superiors and his associates.

"So far as we know, he is clean morally. He does not smoke."

This serves, perhaps, to suggest enough of the father's attitude. His letter continues for several more pages in the same vein. He is chagrined to the limits of his power of self-control that he, a man who has always set great store by intellectual accomplishments and was always successful in his own scholastic endeavors, should have so stupid and dull a son!

He is puzzled, as well as chagrined. Why should this have happened? Is he to blame? Possibly he has been too severe with the boy? Yet he has helped him with his lessons; he has sent him to camp for several summers; he has had his tonsils removed; he has had him examined annually by a specialist in preventive medicine; and he has had him tested annually, since the age of 12, by a consulting psychologist who recommended the college-preparatory course. Something must be wrong with him. He suggests several possibilities. Instruments had been used on his head at birth. Could this have affected his mind? He had had diphtheria and colitis as a young child. Would either of these contribute to his present condition? He had not yet developed sexually as far as other boys of his age. Could this be an important factor? Or was his behavior indicative of some nervous or mental disorder?

The one explanation which does not suggest itself to him or which he refuses to admit, is that his son may have been born with no more than average mental ability and that his own critical, overambitious, and extremely emotional attitude has aroused such conflicts in the boy that he is unable to make the best use of even his limited ability.

The principles to be observed in guiding the adolescent with average ability are but variations of those to be observed in planning for the child with the slow mind: (1) The necessity of recognizing the child's ability

for what it is; (2) the importance of placing him properly in school so that his powers will be developed to their maximum fulfillment and yet not subjected to competition that would lead only to failure; and (3) the wisdom of guiding the child toward his own satisfaction and happiness rather than toward the goal set by parental ambition.

THE SUPERIOR MIND

That the mentally superior child may perplex his parents and become a problem to himself is a not uncommon assumption. People have innumerable theories about the vagaries of children with superior endowment. They may be convinced that brilliant children are usually poor specimens so far as physical development is concerned; or that they are inclined to be introspective, absent-minded bookworms with no sense about practical matters; or that they are selfish, egocentric individuals who are ever greedy for more learning and more college degrees regardless of the economic cost to their parents or the necessary sacrifice of the aspirations of brothers and sisters; or that gifted children turn out to be dull adults; or that highly intellectual boys and girls make poor social adjustments and later become the crochety, cantankerous, neurotic, or psychotic members of society. Although everyone knows men and women whom the above descriptions would seem to fit perfectly, the conclusion that their maladjustments, their faults, and their failures are due to, or necessarily connected with, intellectual superiority is fallacious.

Thorough and long-continued studies of intellectually superior children all tend to show that true intellectual superiority is usually accompanied by superiority in other respects, as, for example, physical health and social adaptability. If certain of these boys and girls later turn out to be lopsided, topheavy, or otherwise unbalanced individuals, does the fault lie in their intellectual superiority in itself? Does it not rather lie in the fact that they have been encouraged by ambitious parents and eager teachers to spend all their time and energy in developing their intellects to the exclusion of their other faculties?

In some cases poverty may have made it necessary for them to be self-supporting while receiving their education, so that all the time not spent in class or at study has been spent at work, and little, if any, time was left for leisurely companionship with fellow students, or for participation in sports, in group activities, or in any other form of play and recreation. Others may have come from families whose social background was markedly inferior to that of their intellectual equals, so that they have always felt unable to enjoy the intimate companionship of the very people with whom they might otherwise have had most in common. All these factors, and more, have undoubtedly contributed to the maladjustments of some highly endowed individuals. A specific instance will illustrate this situation.

Nick was only 12 when he entered high school. He was a little shaver with a sweet, baby face—the kind of youngster who is promptly designated as “cute” and accepted as a pet by teachers and classmates alike. His superior intelligence had been amply appreciated by his grade-school teachers, who had pushed him rapidly ahead, much to the satisfaction of his parents, and his high-school enrollment was looked upon as a dramatic event.

In the small grade school, where no sharp dividing line existed between grades as such, Nick had managed to have a pretty good time. There were always boys of his size and interests on the playground, and he had his neighborhood pals. The matter of his being a grade or two ahead of some of his chums gave him a little added prestige when it came to club elections, but he still remained “one of the bunch.”

On entering high school Nick gradually found himself cut off from his old associates. He could no longer walk home from school with them; he sometimes had algebra or Latin assignments to do when the “gang” were getting together for some activity; he had to attend a high-school class meeting or a game on the night when the old club had its meetings; and then, even when he did see them he was, after all, a high-school boy and no longer one of them. To be sure, the logical step would have been for Nick now to throw in his lot with the high-school group. But physically he was small even for his age and could not well compete with his classmates on the football field or in the gymnasium. He received cordial invitations to various clubs, but he was petted and teased and shown off and it was obvious that no matter how much he was liked he was not accepted as an equal.

Then the work itself proved taxing; for although he had a superior mind, he was still a little boy in many ways and was not yet ready to settle down to concentrated effort on conjugations and declensions, though he knew that high marks were expected of him.

He came through the first year creditably enough. But the second year was bad from the very start. People had become accustomed to the novelty of seeing this “cute little fellow” in their midst and no longer made such a fuss about him. Moreover, he was beginning to grow a little, and as new freshmen came he was no longer such an unusual figure. He had not had a chance to make a real place for himself in athletics or outside activities during the first year and, therefore, had little to offer as a bid for popularity the second. One day, in an effort to win recognition as a “regular fellow,” he accepted a dare to smoke. The aftereffects were bad, the whole affair became a joke, and for a while life seemed pretty burdensome. Nick found himself with nothing but hard work to do, and there was no satisfaction in it, especially as his marks fell lower and lower.

Modern American educators and psychologists seem to agree that it is far wiser to enrich the course of the superior child than to push him ahead. If Nick's physical development had been as greatly advanced as his intellectual development, probably the promotion to high school would have proved an easy and pleasant experience. In view of his small size and his general immaturity it would have been far better, however, to let him take the last few grades at school more slowly, with additional work in outside reading, as, for instance, in ancient history, in folklore and mythology, in biography, in the history of art and music, or in the sciences. Some schools definitely plan for such extensions of their curricula, adding projects to be worked out in class providing adequate activity and stimulation for the bright boy and girl. Even when this is not provided by the school, parents can often guide and direct such pursuits. The increasing popularity of the junior high school which bridges the gap between the grade-school group and the mature high-school group contributes to the solution of such dilemmas. For, after all, the child with superior endowment often presents a dilemma.

The fact that 12-year-old *Alma*, whose mental age was 3 years ahead of her chronological age, was flunking all her grade-school work because it was not sufficiently interesting or stimulating to hold her attention, illustrates the folly of holding the bright child back. The discovery that she was really bright was as much of a surprise to her as to her teachers, and almost at once she began to do more difficult work in a more satisfactory manner.

The same three principles apply in dealing with the superior child: (1) The necessity for recognizing the superior ability for what it is, meanwhile taking stock of the physical development and personality traits that go with it; (2) the importance of placing the child properly in school, with reference not only to his mental age but also to his size and his general level of maturity; and (3) the wisdom of guiding the adolescent toward becoming a well-adjusted and happy individual rather than merely an efficient set of brain cells.

SPECIAL ABILITIES AND DISABILITIES

Certain special abilities and disabilities, talents, and intellectual handicaps or defects occur not uncommonly. Examples of individuals remarkable for such special abilities and disabilities are known to everyone; there are individuals with extraordinary visual memories enabling them to visualize a printed page and thus recall to memory names and dates as if they were reading them; there are individuals with extraordinary auditory memories who can recite a poem or retain the tune of a song after hearing it but once; there are some individuals who earn a livelihood by showing off their ability as lightning calculators; and in contrast to all of these, there are the students who have "a wretched memory," "no ear for a tune," or "no head for figures."

Special abilities or disabilities may be a part of the intellectual equipment of the feeble-minded, the average, or the superior individual. It is, therefore, not sufficient to recognize the special ability or disability without also recognizing the general level of intelligence that goes with it. The father who said, "My son can draw well and could make a good cartoonist, but he has no ideas," showed good insight into the relation between a special ability and general intelligence, and also a good appreciation of his son's equipment. He realized that his son had superior ability in drawing but that his general level of intelligence was low.

This does not indicate that the special ability should be neglected or even that it should not be cultivated. The danger lies in building the young person's entire life around his one strong point regardless of his possible inability to bring the rest of his life up to this peak. One would not think of trying to make a tennis champion out of a boy merely because he had a good stroke and a good eye for his ball, without considering the condition of his heart and his general physical reaction to exercise; yet the mere fact that he is not up to the strenuous practice and the excitement of a professional tournament need not debar him from enjoying amateur games.

It is even more disastrous, however, to build the young person's life

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around a disability and to say, for example, that there is no point in continuing his education because he can never learn to spell, or to classify him once and for all as stupid and dull because he has a poor visual memory or difficulty in reading. Reading disabilities, although they often go unrecognized, are relatively common and sometimes cause serious problems. In recent years much experimental work has been done in an effort to discover ways and means of helping individuals to overcome or compensate for such special disabilities. Special instruction, once a disability is recognized, will often help greatly in overcoming it. But even where it is not possible to provide such remedial assistance, it is still possible to prevent young people from looking upon a particular handicap as the stumbling block in the way of happiness regardless of the road pursued.

Naturally, the special ability has certain advantages over the disability, for it can often be capitalized with appreciable success. A good memory can be capitalized in dozens of ways and may completely conceal from the general public an otherwise inferior mind; but a poor memory—of what possible advantage can it be save to serve as a convenient excuse for failure?

Although the psychologists and their intelligence tests have contributed to an appreciative understanding of these deviations of the human mind, and although it may be necessary to turn to them for an expert opinion or a final word of advice when in doubt about the best plan for an individual child, there is no reason why parents and teachers should not be able to recognize some of these things from their own observation and take such steps as seem wise to overcome the handicap.

THE INDIVIDUAL AS A WHOLE

Notwithstanding the fact that we study the physical growth and development of the child, that we investigate with keen interest his varied habits and conduct patterns, we still are confronted with the necessity of measuring success or failure in life in terms of how well all these varied aspects of the total individual are coordinating one with the other. After all is said and done, a good intellect, sound bodily health, and what are commonly called "good habits," all may work out to no useful purpose unless they are so operating as to make a harmonious unity.

How frequently we hear a remark like this: "Why is it that John never really accomplished anything in life? He came from a good family, was well educated, and never had any real sickness. He works hard, has clean habits, and is perfectly straight, yet he has never gone very far in business. He doesn't make friends easily, and he seems to be getting so little out of life. John has never quite fitted into the scheme of things socially, and he realizes it quite as well as his neighbors, but nobody knows why this is so."

John's failure to make the grade in life is not a problem that can be solved by casual observation; it is one of those situations which is very complicated and involved, frequently leading back to childhood. Parental attitudes and early experiences which have resulted in warping his point of view on life or giving him a false evaluation of his own relation to the world are the most common causes for his failure.

The world is full of Johns—individuals who are failing to make life as full as they should either for themselves or for those with whom they come in contact. The twists in personality which account for failure and unhappiness are not introduced into the life of the individual suddenly and unexpectedly; invariably they are the result of a very slow, insidious process, being the effect of the environment over a long period of years. One does not have to wait until the child reaches the adolescent age to determine the evidence of impending danger. All his habits and personality traits are in the process of development from birth, and it is fortunate indeed that the efficiency of an individual at any given age level can be measured with a fair degree of success.

People are inclined to think of maturity as a definite state to be reached much as if it were the end of a journey. It would be better to think of it as an ever-receding goal toward which we begin to march at birth and go on to the end of life. We can check up at any given point and find out whether or not we are on time, so to speak, or have covered the allotted distance for any given period. In other words, there is a fairly well recog-