

ing these communities together. The village three miles away was the logical center and so in the beginning of our fifth year we tore up our roots, not painlessly, and moved our family to the village. For two years I worked in the two-room school as assistant to the principal who had taught in the same room for forty years.

Miss Burgess was taken over by the health department first as public health nurse for the upper part of the county and then in charge of the county as a whole. After six years of class room work I began to feel that what I had learned might possibly be put to some wider use. I did not want to leave my chosen state so I sought the State Superintendent of Schools. "Frankly," said he, "I see no place for you in our system unless you wish to train for a year or so as a helping teacher. But even then I doubt if you would do. You are interested in the sociological conditions surrounding the schoolhouse. That's all right, of course, but we want teachers whose main and controlling interest is in classroom methods." The vision of my daily schedule rose before me and I departed sadly and with many a backward glance at my beautiful adopted state.

Almost two years have passed and I return for the Christmas holidays. I find a vigorous county nursing and health program.

In the village the community club organized with much difficulty three years ago is flourishing. It holds a weekly meeting and dance and owns its own piano. The consolidated school is a solid fact of red brick. Its doors will open next week and to it next term will be brought the children of our little mountain school-house and those of the three similar and adjacent communities.

I think this means more light in the foot hills.

BEULAH WELDON

HEALTH AND THE KINDERGARTEN

WHEN a little boy or girl forms any habit, whether it is a good or bad one, it is very, very hard to change it. "It is easy to change the course of a small stream, but it is not easy when the stream has become a great river." It is important that we start to form good habits while young. The earlier we begin, the stronger and more fixed the habit will become as we grow older. The more fixed the habit is in the child, the less plastic it becomes. It would be very easy to straighten a young tree that had been bent, by merely propping it up straight, but an old tree would never yield. So it is with a person who has formed a good or bad habit. When one has grown accustomed to doing any thing, it is just as hard for him to change as it is for an old crooked tree to be straightened. At first the crooked tree was just as straight as the others, but something bent it just a little, and every time the wind blew it bent the tree a little more until it became very crooked. If when it was young an attempt had been made to straighten it, this could have been very easily done. Strong, straight trees cannot be bent when they are grown. This habit of always being straight has been so firmly fixed that they will always remain so.¹ If the correct habits are formed in the child from the very beginning, by the time the child is grown these habits will be firmly fixed.

We form a habit by doing a thing over and over until it can be done without our having to think about it. After a thing has been done once, it is done more easily the second time and still more easily the third time. In a young child it is just as easy to form a good habit as it is to form a bad one or to form a habit which will count

¹O'Shea, M. V. and Kellog, J. H. *Everyday Health Series*. Book I. p 7.

on the side of health as to form one which will count against it. One's habits of living are the foundation of good or poor health. As the right habits strengthen and harden the body while wrong ones weaken it and break it down,² it is absolutely necessary that we start in the kindergarten to form the correct health habits in the child.

"In the first stages health education should be largely a matter of unconscious response to the right kind of environment."³ The teacher is a very important part of this environment. The child naturally imitates her mannerisms. It is therefore most important for the teacher to embody the ideals that she is trying to teach. She must be enthusiastic about health.

The ideal kindergarten room should have a southern exposure. The health of the child is greatly influenced by his physical environments. There should be a great many large windows which are low enough for the children to see outside. All kindergarten rooms should be open-air rooms as nearly as possible. The floor should be kept clean and should be brushed with sawdust. There should be a dressing room adjoining the kindergarten.

In addition to providing the right kind of environment, there are certain health habits which the children should be taught. By the time the child has completed his kindergarten work he should have established the following habits:

1. Brush the teeth twice daily, before breakfast and before going to bed.
2. Drink six glasses of water daily.
3. Drink milk. Tea or coffee not allowed.
4. Sleep long hours with window open.
5. Play out of doors daily.
6. Eat some vegetables or fruit every day.
7. Take a full bath at least once a week.

²O'Shea, M. V. and Kellog, J. H. *Everyday Health Series*. Book I. p 5.

³Health Education Series No. 14. Department of the Interior. Bureau of Education. (1923) p 12.

The kindergarten teacher has no means of checking up on these habits, as they are largely habits that must be formed out of school hours. All of the health teaching, however, may be done with these habits in mind. The kindergarten teacher may check up on the following habits:

1. Bring a clean handkerchief to school every day.
2. Have clean finger nails.
3. Have clean hands.
4. Have clean faces.
5. Have clean ears.
6. Have clean noses.

She should not ask each child if he has brushed his teeth or slept with his windows open as this very often tends to make the small child dishonest, but by having daily inspection the teacher may see that the child has clean finger nails or has brought a clean handkerchief.

Daily inspection should play an important part in checking on the health habits. This is necessary to prevent a lapse in the practice of the habit before it has become mechanical. This inspection should be made pleasurable, not painful. The children may sing their health songs while the inspection is taking place. There should be a corner where the children may go to clean their finger nails. The teacher may also provide soap and water and towels so that all dirty hands may be washed. The carrying out of this inspection depends upon the originality and initiative of the teacher.

The small child is not naturally concerned about his health. It is hard for him to understand why he should not put a pencil point into his mouth or why he should brush his teeth daily. It is difficult to form any health habit in the child unless he understands that it will help him to run faster or to play the game better than his companions.

An investigation in the Speyer School, in New York City, regarding the child's at-

titude towards health has been summarized as follows: "In no answer is there any suggestion that the child is interested in health in the abstract or as a future beneficial state. His sole health concern exists in application and relation to the immediate present. Interest in growing well and strong is nowhere indicated save as this state gives increased power and capacity for present enjoyment."⁴ The child then has only a vague appreciation of the meaning of health. Every little boy wants to be strong and every little girl wants to be beautiful, so the teacher should build on these natural interests of the child. The first step, then, in the development of health habits is to make the child desire health. The child should not necessarily desire health for its own sake, but because it is the healthy child who is the successful and happy child.⁵

The first step in the health program is to weigh the children once a month. This furnishes a motive for practicing the health habits. There should be a Class-Room Weight Record on which the teacher records the monthly gain of the child. A star may be placed by the name of the child who has reached his normal weight. The children will all desire a gold star and will therefore be more willing to go to bed early, to clean their teeth, and to obey the other laws of health. Individual teachers may originate attractive methods for interesting the children in their monthly gain. One kindergarten teacher in the public schools of Newton, Mass., has prepared a card for each child, showing a miniature scale. A penciled arrow points to the desired weight and a movable arrow arises from a slit in the card to indicate the actual weight. Each child selects and colors a paper representative to stand on the scale and gleefully moves the adjustable hand after each weighing day. The cards are kept in a conspicu-

ous place on the wall. Another teacher has drawn on the blackboard a meadow over which are many white clouds. Each boy has his kite. Each girl has her balloon, and every month the scale indicates how high each may fly. Those belonging to the children of normal weight or over, are soaring way above the clouds and appear as colored specks. Those flying lower belong to the children not quite up to weight.

In another room the children are having a race upstairs. Each child has a pictured flight of stairs and a paper representative who moves up or down as the scale indicates. The step of normal weight has a different color so that the child can see exactly where he stands.

In the kindergarten the child reproduces his or her own life with play materials. The use of the doll house may be one of the most effective means of teaching the correct health habits. Play situations are provided where health may be emphasized.

One child may begin the game by saying, "Betty is in bed, but she wants to get up bright and early."

"Ding, ding, ding," seven times does another child imitate the striking of the clock. Betty jumps quickly out of bed. She brushes her teeth up and down (the children may all go through the motion for her). Then Betty washes her face and hands and then her neck and ears. She carefully dresses herself, remembering to be very neat. All the suggestions for the care of Betty come from the children.

Betty then skips happily downstairs saying, "Good morning, mother. I am so very happy and hungry."

Betty always remembers to use her napkin while at the table, so she will keep her blouse clean. The children will then decide upon a suitable breakfast for Betty. A class discussion of what Betty should eat and what she should not eat will arise here.

After breakfast Betty gets ready for school. She skips all the way because she

⁴Andress, J. M. *Teaching Hygiene in the Grades.* p 41.

⁵Health Education Series No. 4. Department of the Interior, Bureau of Education. (1919) p 5.

is happy and feels so good after her nice breakfast.

After hanging up her coat and hat Betty seats herself at her desk. Here there will arise a discussion of how Betty should sit. Of course she should sit up nice and straight.

In their discussion the children will decide upon the habits that Betty should form and they will try to make these good habits their own.

The children may also be responsible for the care of the house. It must be kept clean and orderly and it must be dusted every day. The beds must be put near the window and they must be aired.

There may be an informal conversation period some time during the day. During this period the children may be very easily led to talk of the care of their dolls. This conversation will naturally lead to a discussion of what the doll should do to keep healthy and grow. Food, sleep, clothing and cleanliness will naturally be the chief topics of discussion. During this period the kindergarten teacher will find her best opportunities for health teaching, getting most of the suggestions from the children.

One teacher tells this anecdote to show how the children can teach one another through their play. There was a large family of dolls to be accommodated in a small doll house. There were only two beds in one room and there were three people to be provided for. One of the children was planning to have the dolls "double up," but another child said, "No, we will have to make another bed because when people sleep together they snore their breath in each other's faces." This is a good illustration of how vivid the play with dolls may be and how truths may be taught without formal instruction.

In introducing health teaching, rhymes have been used with great success. Children love to write these funny little health rhymes which may be based on Mother Goose rhymes or some other familiar

poems. The following are examples of health rhymes which have been composed by small children.

Mary, Mary quite contrary,
How does your garden grow?
Carrots and lettuce, spinach and peas,
Green vegetables, all in a row.

Peter, Peter, orange eater,
Every day your smile grows sweeter.

One, two,
Milk's good for you!

Three, four,
Play out of doors.

Five, six,
Bread nice and thick.

Seven, eight,
Stand up straight.

Nine, ten,
Eggs from the hen.

Eleven, twelve,
Brush your teeth well.

And so on to—

Nineteen, twenty,
Healthy children are plenty.

The play song may also be used in attempting to strengthen the health habits. The children may dramatize getting ready to go to school. They sing this to the tune of "The Mulberry Bush":

This is the way we wash our face
So early in the morning.

This is the way we brush our teeth, etc.

They may also dramatize preparing and eating breakfast. The instinct to act is predominant in every child. Even in the kindergarten children will find some way to dramatize almost every phase of the health program. Katherine Rembrant says that educating the mind of a little child of today is a matter of educating his body. "What he can do with his muscles, he can, also, do with his mind. Education by 'precept' has been relegated to the scrap heap; education by action has taken its place." We still talk

a great deal to children about what they ought to do with the result that we create a certain "mental deafness" in them. They do not obey because they do not "mentally hear." The mind of the child is quicker to respond to the stimulus of an impression made upon any other sense than that of hearing.⁶

Health posters are found on the walls of every kindergarten room. Children delight in looking at and discussing the pictures on these posters. There may be a poster to illustrate each of the rules of health. These posters may be made by the teacher or by the children. The children love to illustrate the health rhymes that they have made. Their crude illustrations may be used in making posters. Pictures of families are used in all kindergartens and these afford opportunities for talking about food and fresh air and proper clothing. One kindergarten teacher had her children make an alphabet book based on the child health alphabet. The children may make their own illustrations or they may cut pictures from magazines brought from home. In one kindergarten room there were two food charts hung on the wall. The children brought pictures of different foods which they had cut from magazines. In their discussion period, they talked about these foods deciding which ones were good for them and which ones were not good. On one chart they pasted the food that was good for them and on the other chart they pasted the foods that they should not eat.

The school lunch period in the kindergarten provides some of the most fruitful opportunities for establishing good habits. Following is a list of habits which may be developed:

1. Washing hands before eating.
2. Using individual cups.

3. Not exchanging food or picking it up from the floor.
4. Eating slowly.
5. Not handling other people's food.
6. Using a napkin.

It is natural that during the luncheon period we talk of things to eat. Foods that make us grow will naturally be emphasized. The group spirit which may be developed through the school lunch helps many a child to overcome a fancied dislike. The school lunch period offers an opportunity for developing the right food habits and for applying knowledge about foods. The period should be one of sociability enjoyed by all.

The child must be given some incentive to work for in establishing all of the health habits. The State Board of Health and the State Medical Society have adopted a plan by which the child receives a reward for his efforts. They have adopted a minimum health standard for a working basis in the health program, and the child reaching this present minimum standard is called a Five Point Child. It is necessary that he measure up to the following requirements:

1. Vision: Child indicates direction that letter E is pointing on the Quellen eye testing chart at a distance of twenty feet (each eye tested separately) or has glasses which are properly fitted.

Quellen's Test Types may be obtained from the Secretary of State Board of Education. Hartford, Conn.

2. Hearing: Child hears conversational voice at a distance of twenty feet. (Each ear tested separately).
3. Good teeth: Child has not stained teeth or unfilled cavities. (Preferably checked by dentist.
4. Throat: Child has no symptoms or trouble with tonsils and adenoids; not a mouth breather. (Preferably checked by doctor.)

⁶Rembrandt, K. "Training a Child's Mind Thru His Body." *The Kindergarten Review*. Vol. XXVI (1915).

5. Weight: Child is not ten per cent or more underweight; or not twenty per cent or more overweight.

This may be explained to the children by drawing a Five Point Star and naming each corner of the star with one of the five points. The interest of the child is immediately aroused and he will attempt to become a Five Point child. As a result, many corrections are being made. When a child once reaches the Five Point standard he will naturally not want to fall below and he will become interested in practicing his health habits.

When the child reaches the Five Point standard, his picture is taken and placed in the album kept at the State Board of Health. In some countries the Five Point children are given blue ribbons at the County School Fair, and in other places they are selected for prominent parts in health program, especially the May Day Child Health Day celebration. Next year a state certificate will be awarded such children.⁷

In the Health Education Series No. 4 there is given the aim and the guiding principles of this new education in health. "The end to be aimed at is not information but action: not simply knowledge of what things are desirable, but rather the habitual practice of the rules of healthy living." All successful health education must be positive rather than negative. "We must learn to think of health in terms of strength and beauty and joy, rather than of weakness and disease." "Thou shalt!" must be the command rather than "Thou shalt not!" We must not say, "Don't forget to sleep with windows open or you will not be healthy." Instead we must say, "Sleep long hours with the windows open as that will help us to be more healthy."

"Health must not be taught didactically"

⁷Brydon, Mary E. "The New Viewpoint for the Health Program in Virginia." *The Virginia Journal of Education*. (Sept. 1916) pp 21-23.

but by personal example. It should arise from the personal experience of the child and should be taught from his natural interests.

The teaching of health cannot be confined to any one period. It may be introduced into any study in the curriculum. The health discussions should take place whenever the occasion arises. "It is the *what* rather than the *why* which should be impressed on the younger children."⁸

"There are three ways in which a teacher can emphasize health work in the kindergarten. First, by establishing habits through the children's natural response to a healthful environment. Second, by giving information in relation to actual life situations. Third, by creating an attitude toward health essentials through appeal to the imagination."⁹

The parent must coöperate with the teacher in the establishment of health habits. Repetition is one of the rules of habit formation. It is the responsibility of the home to establish the habits relative to activities carried on in the home and also to see that the habits which the teacher is trying to form is practiced while at home. The same standards should be maintained in the school and in the home. The parent's attention should be called to the health standards before the child enters the kindergarten so that he will already have formed a great many good habits when he enters school. The kindergarten teacher receives the "beginner" and upon her is placed the responsibility of strengthening and making automatic the habits which will make the healthy child and therefore the happy and successful child.

MARTHA MINTON

⁸Health Education Series No. 4 Department of the Interior. Bureau of Education. (1919) pp 3-4.

⁹Health Education Series No. 14. Department of the Interior. Bureau of Education. (1923) p 17.