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baby's cereal and vegetables

*some notes
on
mealtime
psychology*



baby's cereal and vegetables

THE mother today is facing the problem not only of what to feed her baby or young child, but how to feed him. She is also studying her child's psychology in order that she may train him to eat his food readily and regularly. Thus she is insuring meal time happiness for the family and laying the foundation of good food habits by which her child may become a healthy and happy member of society. It is hoped that this booklet may be of interest and help in meeting her problems.



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GERBER PRODUCTS COMPANY
Fremont, Michigan





Gerber's

Strained
Cereal
Tomato
Carrots
Vegetable Soup
Spinach
Peas
Green Beans
Beets
Prunes



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baby's cereal and vegetables




HE daily use of strained cereal and strained vegetables as supplements to the milk diet of the infant is practically universal in the modern home. After the first few weeks a rapidly developing infant needs additional minerals and vitamins to those present in milk. This applies to both the breast-fed and the bottle-fed baby. Cod liver oil and either strained orange or strained tomato are the first additions, followed later by strained, long-cooked cereal and then by strained vegetables. Cod liver oil supplies vitamins A and



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b a b y ' s c e r e a l a n d v e g e t a b l e s



D while the orange or tomato adds vitamin C. These are the vitamins which milk either lacks entirely or does not furnish in adequate amounts for normal growth and development after the first few weeks.


Gerber's Strained Tomato should not be confused with ordinary tomato juice. In this product both the juice and the rich tomato solids are retained with the abundant vitamin and mineral content for which tomato is prescribed in the infant's diet. Straining removes all skins and seeds, leaving the tomato solids in the finely subdivided form most acceptable to baby. Tomato or orange, strained, is an important part of every baby's diet. The two are practically equal

b a b y ' s c e r e a l a n d v e g e t a b l e s

in Vitamin C, but Strained Tomato is richer in vitamins A and B. Gerber's Strained Tomato with the tomato solids in suspension is many times richer in Vitamin A than clear, strained tomato juice alone. In addition to its favorable comparison with orange juice, the Gerber product has the further advantages of ready-to-serve convenience and economy.

Whole grain cereals contain valuable minerals and vitamins which are removed in the milling of white flour or refined cereals. In the manufacture of Gerber's Strained Cereal the whole wheat kernel (including the bran and embryo), hulled oats, and additional wheat germ are long cooked in whole, fresh milk. The pre-cooking under a steam pressure of ten pounds

b a b y ' s c e r e a l a n d v e g e t a b l e s



extracts soluble nutrients from the cereals before straining. Additional wheat germ (or embryo) with the elements extracted from the bran enhance the nutritive values of the cereal and milk, especially in iron and Vitamins B and G. Cereal cooked in milk not only has better food value but delicious flavor.

Strained vegetables, if properly prepared, largely retain the vitamins naturally present and are also good sources of those mineral substances which are necessary for building bones and teeth and help to safeguard against anemia by supplying iron.

These same vitamins and minerals, naturally present in vegetables, are substances part of which are easily

b a b y ' s c e r e a l a n d v e g e t a b l e s


lost by the ordinary methods of preparation in the home.

Gerber's Strained, cooked cereal and strained vegetables not only save the mother much unnecessary labor but insure the application of scientific control in the preparation of the baby's first solid foods.

o r i g i n

THE GERBER Products had their inception in 1927 in the home of Mr. Dan Gerber. Observing the difficulty attached to the daily preparation of strained vegetables for his own two small children, Mr. Gerber originally prepared strained vegetables in his Fremont, Michigan canning plant for use in his own home. Mrs. Gerber was

o r i g i n



naturally enthusiastic, and investigation revealed the fact that not only was there a demand for products of this type, but that physicians were actively interested in the problem because of the losses in home preparation, of vitamin and mineral salt values. A year of research and investigation was devoted to the development of the Gerber Products prior to their first introduction to mothers. Special equipment was developed. Cooking schedules, uniform consistency and texture, and all details affecting the value of the products were analyzed.

They are prescribed today for the baby because of their consistent quality and food value. They are conveniently and economically avail-

o r i g i n

able through grocers and druggists in almost every neighborhood.

p r e p a r a t i o n




ONLY an actual visit to the Gerber Products Company's Michigan plant can adequately visualize the cleanliness, precision, and scientific value of the conditions that surround the preparation of Gerber's Strained Products.

Strained Cereal, Long-Cooked in Milk

Before straining, the mixture of whole wheat, hulled oats and additional wheat germ or embryo is cooked under steam pressure sufficiently to extract the minerals and vitamins in the bran layers of the grains. Straining through fine monel metal screens removes the coarse

p r e p a r a t i o n




particles of bran leaving the smooth textured product desirable for the infant's first semi-solid food. Wheat germ, in addition to that in the whole wheat, is used in order to supply a cereal high in vitamins B and G. Milk furnishes vitamins A, B, and G — also minerals, especially calcium and phosphorus. The cereals supplement the low iron content of milk. Gerber's Strained Cereal is cooked, strained and filled into cans by means of the same equipment as designed for the preparation of strained vegetables described below.

Strained Vegetables

The vegetables are received crisp and fresh from the supervised Michigan gardens in which they are grown. Care really starts with seed selection.



p r e p a r a t i o n



Growing conditions are supervised by our own trained field agents. Each product is picked at the exact stage of proper maturity. It is inspected and washed before entering the Gerber Products plant. Inside the factory, circulating air is forced in through washing, cleaning, and humidifying equipment of the most approved type. This special air intake apparatus operates in conjunction with mechanical exhaust fans that maintain a constant circulation of pure, washed air at all times. This air is controlled for the exact degree of humidity desired, as well as for temperature. The operators are carefully selected and specially trained. They are dressed in freshly laundered white uniforms. Floors are of smooth-finished concrete; the walls, ceilings, and all machinery

p r e p a r a t i o n

are kept in spotless condition, and are painted with the blue and white color combination of the Gerber label. All parts of equipment that come in contact with the vegetables are cleansed with live steam.

After re-inspection following the washing operation, the vegetables accepted for the Gerber Products enter this modern laboratory atmosphere. The cooking is done in large glass-lined steam-pressure cookers. Moisture content, cooking temperature and the duration of the cooking period, are scientifically regulated with special equipment that makes it possible to control all variable factors. The cooking process is performed in an atmosphere of steam. This excludes air and therefore oxygen, thus preventing loss of vitamins through oxidation. It is



p r e p a r a t i o n



now known that heat alone is not the factor which destroys vitamins—the destruction is due to the presence of oxygen.

After completion of the cooking process, the products are automatically passed through a monel metal strainer. This important operation is also performed with oxygen excluded to effect maximum vitamin conservation. Retention of all liquids prevents loss of minerals.

When the products have been strained to the smooth, finely subdivided texture considered best for infant feeding, they pass to the canning machines. Steam and hot water can washers deliver the cans automatically to these machines.


The products are sealed immediately and are then steam-cooked in their



preparation

sealed containers for the exact length of time determined necessary for each product. Each Gerber Product brings to the baby the choicest fresh vegetables of maximum purity and wholesomeness, cooked and strained in an approved scientific manner.

general function

 THE NECESSITY for all of this care and special equipment rests in the susceptibility of the important vitamin factors to loss and destruction through contact with air during either the cooking or straining processes, and to the possible loss of mineral values through solution when cooked in the usual way with water.

Vitamin C, in which milk is deficient, is supplied mainly from fruits and




general function

vegetables. This vitamin is especially susceptible to loss through oxidation unless care and special equipment are used. It has long been known that complete absence of vitamin C results in the disease called scurvy. The newer knowledge of nutrition recognizes that the modern problem is not so much the prevention of scurvy as the provision of an adequate amount of vitamin C which is necessary for optimum nutrition and health.

Absence of any one vitamin from the food results in specific disease, as an eye disease from lack of vitamin A, beriberi from lack of vitamin B and scurvy from lack of vitamin C. However, of far more concern in infant feeding is the fact that an inadequate supply, while it may not be severe enough to cause these deficiency



general function




diseases, is responsible for a general poor physical condition and minor ailments. An insufficient amount of vitamin A may result in frequent colds, poor growth and development and susceptibility to infections. Thus, when vitamin B is fully supplied there is better appetite, less inclination to nervousness and irritability, and growth is improved. Vitamin C is believed to function in formation of sound teeth.

The addition of other foods to the infant's milk diet before he is a year of age has been found by scientific nutrition studies and by clinical and practical experience to result in well formed bones and teeth, and sturdier, healthier babies. In order to secure these valuable food substances special preparation is necessary under scien-

general function

tific control and a variety of foods must be used to obtain all these nutrients. Some foods are rich in certain of the vitamins and minerals, some in others.



The minerals and vitamins in vegetables are the principal reasons for their inclusion in the diet of the infant. Calcium, phosphorus and iron are three minerals which are known to be necessary in relatively large amounts for the rapidly growing child. Calcium and phosphorus compounds form the greater part of bone and tooth structure. Where these are lacking or there is a wrong ratio of one to the other, rickets usually results. Milk is a good source of these two mineral factors, but the child of six or seven months of age needs the additional minerals which vegetables supply. Milk is low in con-

general function

tent of iron, which is essential for formation of blood and the prevention of anemia. Green vegetables are good sources of iron — spinach and peas are particularly rich in this vital element.

Copper and manganese are now receiving attention in nutrition laboratories and probably other minerals not yet investigated will receive future emphasis. What these elements and their special values may be is not yet fully determined but it is known that vegetables are rich in mineral substances and are practical sources in the feeding of infants.

Many of these minerals are readily soluble in water and are easily lost by methods usually used in the home. The Gerber process cooks the vegetables under steam pressure, thus the loss of valuable mineral elements is prevented.



advantages of the Gerber products

For Baby

1. Strained Cereal

- a. Nutritious combination of cereals, wheat germ and milk.
- b. Strained to a smooth texture making a starting cereal acceptable to the very young infant.
- c. Long-cooking and fine straining-in make it easily digested.
- d. The combination of ingredients, cooked before straining to retain minerals and vitamins gives a product high in food value—especially in vitamins B and G and important minerals.
- e. For the first feedings the cereal may be added to milk or formula milk and fed from the bottle, or diluted with milk and fed with a spoon.



advantages of the Gerber products

2. Strained Vegetables

- a. They are prepared from strictly fresh vegetables.
- b. They assure regularity in the daily feeding schedule.
- c. They provide vegetables prepared in scientifically accepted form.
- d. They offer wholesome variety.
- e. They make available everywhere the choicest of Michigan vegetables at all seasons.
- f. Vitamin values and mineral salts are conserved in the maximum degree.



For Mothers

- a. The Gerber Products bring the assurance that the best that can be provided is being supplied for baby.



advantages of the Gerber products

- b. They free the mother from hours of kitchen drudgery daily.
- c. Their use is an economy in the kitchen budget, as well as a saving in time and effort.
- d. They enable the mother to carry out the doctor's instructions in a scientifically accurate manner.



u n s e a s o n e d

THE SUCCESS that has followed the professional acceptance of the Gerber Products has naturally invited imitation. We are therefore prompted to state that the genuine Gerber Products are only available in the original Gerber package, identified by the

u n s e a s o n e d

Gerber name, the Gerber baby, and the A, B, C blocks.

The infant does not require seasoned foods. Upon professional advice the Gerber products have been prepared without addition of salt or sugar. Mothers should use the products in their original unseasoned form, or add a small amount of salt or sugar or butter as the baby's doctor indicates. (If the infant has had salt in either cereal or vegetables it may be necessary to add salt to conform to this acquired taste.)

t h e t i n c o n t a i n e r

PRIOR to the introduction of the Gerber Products, serious consideration was given to the possible use of a glass container. It was thought that



t h e t i n c o n t a i n e r

this might prove more popular with many mothers. This plan was abandoned because of an investigation conducted on this subject with members of the medical profession, and a separate investigation with mothers themselves. In only a few instances were mothers found who were not conversant with the standard of safety provided in the modern tin container. Professional opinion was so definitely in favor of tin for a finely subdivided product of this type, that all thought of other types of containers was abandoned. The tin container was selected for the Gerber Products for the following reasons:

1. A more uniformly perfect seal is insured.
2. Tin eliminates the danger of fragmentation.



the tin container

3. More rapid and effective heat penetration.
4. The products are made available to mothers at less cost than would otherwise be possible.



method of feeding

IN FEEDING the Gerber Products, each mother should be guided by her own doctor's diet instructions. The Strained Cereal, the assortment of Strained Vegetables, and Gerber's Strained Vegetable Soup make available to every baby one or two cereal feedings, a soup feeding and a vegetable feeding daily, with a range of selection that provides the variety considered adequate by the majority of physicians. The products should receive no additional cooking in the

method of feeding

home. They should be warmed to the temperature desirable for feeding. Use as they are, or add butter or seasoning as the baby's doctor directs.

Starting a baby on any new food sometimes takes a good deal of patience and persistence on the part of the mother and the physician. Babies have not learned to have patience so we must have it for them. An infant should be started on very small amounts for the first few days, probably one teaspoonful is sufficient, or merely see that he gets a taste, until the new flavor becomes familiar. Always offer a new food to which the baby is not accustomed at the beginning of the meal when the appetite is keen and then follow with the foods he has already learned to like. Keep feeding the same vegetable for ten



method of feeding

days or even two weeks before starting with another. Physicians usually recommend that vegetables be fed with a spoon and not from the bottle. It accustoms baby to the use of a spoon and later feeding problems are simplified.

Gerber's Strained Tomato is concentrated and may be diluted with an equal amount of water. This food may be fed with a spoon, with or without diluting, or diluted with boiled water for bottle feedings. Usually babies take Strained Tomato without added salt. If not, season as your doctor directs.

The Strained Cereal is packed in a $10\frac{1}{4}$ ounce container because very quickly after starting cereal feedings the average baby takes cereal twice a day. The Strained Vegetables are

method of feeding

packed in $4\frac{1}{2}$ ounce containers because this size provides a quantity usually sufficient for two feedings for an average baby soon after started on vegetables. The quantity used is increased gradually, depending on the individual baby's requirements. Any unused portion may be saved for the next feeding, if properly refrigerated, or used with other cans of the products in preparing tempting vegetable dishes for the rest of the family.

Where the baby's doctor directs that vegetable feedings be begun at an early age, the consistency of the Gerber Products makes them easily diluted with milk, formula milk, or water.



ages and quantities

SOME physicians having constant supervision of a baby begin Strained Cereal feedings earlier than at three months of age and Strained Vegetables about two months later. Others feel that the feedings should be delayed a month or two. Infants vary in their requirements so that mother should be guided in this regard by the counsel of her own baby's physician. She should consult her physician regularly on the all-important subject of her baby's diet. Only his analysis of the baby's individual requirements should decide the time, quantity, or variety of the elements of the diet.

standardizing the baby's soft diet

TOO MANY babies have been overfed or underfed, and too many mothers

standardizing the baby's soft diet

over-jubilant or over-anxious because of a natural tendency to compare the baby's individual performance with published "standards." After their first introduction into the baby's diet, the quantities of the Gerber Products used at each meal naturally increase as the baby continues to grow, and becomes accustomed to the more varied menu. The variety of the products used, and the quantity in which they are used are questions that can best be regulated by the physician's analysis of the requirements of each individual case. The only standard or "normal" that should really be of concern to the mother is her baby's maintenance of a normal rate of progress, measured by his natural individual standards of height,

standardizing the baby's soft diet

weight, appetite and growth. Capacities for assimilating food vary. A quantity that may represent all of the caloric intake one baby requires may leave another of almost identical age and weight underfed and undernourished.

Competent medical counsel on baby's diet is the only means of "Standardization" that will really meet your own baby's individual diet requirements.

special diet uses

PREPARED without the addition of salt or sugar, the Gerber Products lend themselves particularly to the observance of special dietary regime in the home. They are being widely



special diet uses

used in a variety of special diet cases and in general convalescent diets. The manner in which the products are cooked, and their finely subdivided texture, make them applicable in many other cases where ease of digestion is desirable. The small sized can makes possible definiteness in amounts, and regularity in home use.

The Gerber Products have also found a growing field of usefulness in many homes in making vegetable dishes more attractive to pre-school children. Recipes will be furnished on request.



notes on mealtime p s y c h o l o g y



A CONSIDER the irony of the all too common mealtime scene. The 6 months old babe or the 6 year old child! It makes little difference! Surrounded by every approach to ideal achievement of which modern science has been capable, the little tyrant all too frequently rules his world to his own real injury and the anxiety and distress of everyone around him. Dinner tables become veritable battle-

notes on mealtime p s y c h o l o g y




fields. Fathers grow irritable — mothers weep — and each such scene but further aggravates a serious problem — and makes correction increasingly difficult. The current literature of the medical profession is filled with the subject. Medical conventions are occupied with its discussion. Pediatricians appeal to psychologists. And psychologists all too frequently fail to master the problem right in their own homes.

“Anorexia” is its name. Nearly 80% of the children receiving medical attention present the problem in a more or less marked degree.



notes on mealtime p s y c h o l o g y


 "Anorexia" means lack of appetite. The name is applied to the hunger strike of many, many children.

Each mother must strive to master the problem in her own home. The correction of a bad start is difficult. Proper psychological procedure — **right from the beginning** — is almost sure to bring good results. It should begin with the nursing baby.

anorexia — its locus

IT FREQUENTLY helps the attack on an enemy to determine exactly **what and where** he is.

Considerable thought must be given the fact that anorexia is so often found in homes of average prosperity where the child is surrounded with every comfort and attention. The fact that lack of appetite is common in these homes does much to confirm the belief that in all except cases that result from some definite physical factor — the fault lies in the lack of a proper mealtime psychology on the part of the parents or other attendants of the child. It is hardly to be denied that most cases of anorexia have their origin in faulty handling of the mealtime problem by the mother, nurse, or other attendant, **during the first few**





anorexia — its locus

months of the baby's life; and that the tendency becomes a chronic disorder largely as a result of the child's later training at the table. It is almost appropriate to paraphrase this, and credit a large part of the fault to "over-training" of the child at the table.

hunger and appetite

HUNGER is a physical sensation. Muscular contractions of the stomach, a feeling of faintness and weakness, are its symptoms.

Appetite, on the other hand, is an active desire — a pleasant desire. Memories — previous pleasant tastes — previous pleasant mealtime associations — are all factors that stimulate



hunger and appetite

the flow of the gastric juices that attend an active appetite. A scolding at table, an unpleasant scene of any sort, an unpleasant association, can definitely retard an active appetite. It is possible to be hungry without an active appetite. It is also possible to have an active appetite or desire without being hungry — witness the conventional dessert, eaten for pleasure after hunger has really been appeased.

In dealing with the child we have these four general conditions.

1. Good appetite with normal hunger sensation.
2. Good appetite with reduced or absent hunger sensation.
3. Poor appetite with normal hunger sensation.
4. Poor appetite with absent hunger sensation.





struggles for standards

CHILDREN in the latter two groups — those of poor appetite — are the obvious subjects for study. The causes are enumerated later in detail. Where the child has normal hunger sensations but persists in showing poor appetite, in almost every case the fault lies in past experiences which have established in the child's mind unpleasant associations with that food, and which have destroyed the pleasant appetite-sensation that would otherwise be present.

One of the commonest means of destroying a normal appetite is the effort many mothers make to maintain "standards of growth" during the baby's early life. We have made too



struggles for standards

much of a fetish of tables of weights and heights — and much too arbitrary a yardstick of the subject of calories. The normal caloric intake of two individuals varies as widely as the normal gasoline intake of two different automobile engines. Measured quantities of food prescribed by a standard table may actually be insufficient for one child, whereas another infant may require forcing and stuffing to a point where he subsequently develops the difficult condition of chronic anorexia. One great advantage that the breast-fed baby enjoys is the fact that neither the nurse nor the mother can see how much milk the baby is getting. If the mother's milk is flowing freely, the



struggles for standards

average normal infant will nurse until its hunger is appeased — will then continue nursing until the pleasant appetite sensation is satisfied — and then it will stop.

The bottle should certainly be presented to the artificially fed baby as often as is necessary for it to eat and enjoy the amount of food required to maintain a satisfactory rate of progress.

“A satisfactory rate of progress,” however, is a rate that only your own physician can intelligently determine in terms of your own individual baby — its bone structure, its general physical development, its antecedents, its attendant conditions and problems. If a baby is progressing in a happy,

struggles for standards

normal manner — the mother may well forget the fact that her neighbor's baby weighs two pounds more and is eating so much more or so much less. She need have no competitive interest in her neighbor's baby — and only casual interest in standards of average performance. Forcing the baby in an effort to meet these standards has spoiled many a natural, healthy appetite. And worry over these standards has spoiled many a normal, healthy mother — making her an anxious scold at meal times, instead of the pleasant companion who could so largely solve the whole problem.

the causes of poor appetite

THROUGHOUT the baby's important first year, and throughout the early years of the growing child, diet, and the judgment of "normal" growth and development, should be given proper medical attention. Some causes of poor appetite consist of organic disorders that call for immediate medical attention. In his book on "Cultivating the Child's Appetite," Dr. Charles Anderson Aldrich, Associate Attending Physician, The Children's Memorial Hospital, Chicago, Illinois, conveniently tabulates the causes of poor appetite as follows:

1. Physical Causes of Poor Appetite:
 - A. Disease Processes



the causes of poor appetite

1. (Continued).

(Not enumerated because they are outside the scope of this booklet).

B. Hygienic Causes

- (a) Lack of fresh air
- (b) Lack of exercise
- (c) Lack of sunlight
- (d) Lack of sleep

C. Dietary Causes

- (a) Overfeeding — general or with any one food, such as milk.
- (b) Too short intervals between meals — eating between meals.
- (c) Too much of foods rich in fats





the causes of poor appetite

1. (Continued).

- (d) Lack of vitamins
- (e) Food idiosyncrasy
- (f) Constipating diet
- (g) Too much sweet or starchy food

2. Psychological Causes of Poor Appetite:

A. In the child

- (a) Negativism
- (b) Desire for attention
- (c) Attempt to obtain desires
- (d) Interest in other things
- (e) Desire to go out and play
- (f) Imitative nature

B. In attendants

- (a) Multiplicity of methods used
- (b) Too many attendants, each with a different method



the causes of poor appetite

2. (Continued).

- (c) Wrong methods in general psychologic handling
- (d) Lack of education or purpose — haphazard methods

C. In the technique of the meal

- (a) Forced feeding
- (b) Oversolicitous, hovering attitude
- (c) Too much talk about eating habits
- (d) Too much discipline, especially stressing of manners
- (e) Emotional strain at the table or before eating
- (f) Story telling or other stunts as a reward for eating
- (g) Unpleasant surroundings at meals
- (h) Too much time allowed at meals



prevention of anorexia

IT HAS already been suggested that the prevention of anorexia is much less difficult than its correction. The effort at prevention should begin with the nursing baby. If the baby is breast-fed, the breast should be offered exactly at the times the doctor has specified during the day. The baby should be left alone between nursings. Most babies require a little coaxing. They like to stop and get their breath, belch, or rest a moment. After these little rests, the breast should be offered again — **but it should not be forced.** While surrounded with pleasant sensations, and mother's undivided attention and care, the nursing time should not be allowed to develop into a dawdling period in which the serious



prevention of anorexia

and pleasant business of nursing is allowed to be interrupted by other persons who want to "goo" or gurgle at the baby, and no distractions should be initiated by the mother herself that would interfere with the definite development in the baby's mind of direct, pleasant associations with **food** without other unimportant accessories introduced as entertainment. In other words, when the baby seems not to be actively hungry, and when its interest flags, **it should be returned to its bed.**

If it idles and loafs through meal-time, instead of nursing with the healthy hunger and appetite it should show, nature will take care of the situ-



prevention of anorexia

ation and make amends at the next meal.

It is difficult for the mother of the bottle-fed baby — all too constantly conscious of standards of weight, etc., — to refrain from forcing the last bitter ounce down the child. If the child is not developing properly — if, in spite of this, it is consistently failing to nurse with interest — the problem is one on which the baby's physician should be consulted.

A most important period for both mother and child comes with the first feedings of solid food. Strained Cereal and Vegetable feedings should start before weaning is begun and the very small amounts fed at first gradually increased. The child frequently will

prevention of anorexia

spit out his new food, not because he doesn't like it, but because he hasn't learned how to eat it. Patience and confidence are imperative. The meal-time scene should be made a bright and cheery one — a pleasant room, a gay bib, and an attractive dish. The child may even have the privilege of smearing spinach on his nose or Cereal in his hair; if he is fundamentally interested in that portion of the feeding that is getting into his mouth, he is making progress in the business of learning to eat. New foods should be given with confidence, starting with small amounts at the beginning of the meal when his appetite is keenest, and giving him a chance to learn to like them. Above all things, if the child

prevention of anorexia

should choke or vomit, the situation calls for calmness and lack of fuss and confusion. If he is really ill, the fact is probably apparent, and if he isn't — he is probably just having a little unpleasant fun. Distress or anxiety merely informs the young tyrant that while he has hitherto got a fairly satisfactory amount of attention — he can readily precipitate commotion and distress just by reversing the swallowing process. Improper management may develop the type of tyrant who in later months or in the second, third, or later years, regurgitates his food as the surest way of securing whatever he happens to want.




correction of anorexia

IN THE table of physical causes of anorexia, there is little for us to comment on in this brief pamphlet. Under the heading of "Dietary Causes," lack of vitamins is indicated. It has been definitely determined that lack of an adequate quantity of Vitamin B inhibits the development of normal appetite. As modern pediatricians supplement the infant's milk diet with fruit juices, and subsequently with cereals and strained vegetables, there is little opportunity for Vitamin B deficiency to develop. In this same division, "food idiosyncrasy" is indicated as a cause. Occasionally it develops that some definitely unpleasant association with a particular food may establish a real food-idiosyncrasy that



c o r r e c t i o n o f a n o r e x i a



will make it impossible for a child to accept this food with pleasure for the time being. It is frequently a mistake to attempt to "make Tommy eat everything." Tommy and mother alike would frequently be better off if the one objectionable food were omitted for a while. It may later be introduced into the diet along with a food that is particularly pleasant to the child. The idiosyncrasy may be corrected by developing the child's interest in the preparation or purchase of the objectionable food. If there is some one thing, however, that the child "simply won't eat" — it is usually better to omit this particular dish without comment or discussion.


The other physical causes listed are



c o r r e c t i o n o f a n o r e x i a

either self-explanatory, or of such a nature as more properly to be discussed with the baby's physician. Where the causes are physical, however, the physician is able to attack them with proper diagnosis and treatment. It is in dealing with the psychological causes, where the attack must be carried by the mother, that the physician is powerless without proper co-operation. We would urge every mother to study the "psychological causes" enumerated by Dr. Aldrich. "Negativism" is the natural tendency not to want to do the thing one is told one should do.

Under Division C, in the technique of the meal, too much emphasis cannot be placed on the avoidance of



correction of anorexia

emotional strain at the table, or before eating. A cross child has no appetite, although it may suffer hunger. Unpleasant discussions, distress or irritation expressed by an adult during mealtime, not only impair the appetite of the adults and older children present, but definitely disturb the appetite sensations of the infant who may be sitting in his high-chair nearby. We cannot repeat too often that the table must be a happy place, and mealtime a happy time for everyone.

With regard to length of time allowed for eating — the child should of course not be rushed or hurried at mealtime. Nor should he be allowed to play and dawdle with his food.

In a study of mother's experiences,



correction of anorexia




perhaps the commonest problem is that of the child who persistently dawdles at mealtime. Many mothers may be cheered by knowing that practically all authorities advise a reduction of the quantity of food offered to such children. If the child finishes the reduced quantity supplied, and actively desires more, an additional small quantity can easily be provided.

If, however, it still consumes only a portion of the reduced quantity, the meal should be ended at the proper time, the unused food removed, and **the child allowed to go hungry until the next regular mealtime.**

Many authorities also agree that one of the best ways to correct anorexia in the child of a year or older is to



correction of anorexia



reduce the amount of milk that is supplied. The average child should have approximately a quart of milk a day. Many mothers make the mistake, however, of allowing the child to "pass up" its cereal or vegetables if it will only drink its full quantity of milk. One of the best means of insuring that the other prescribed foods will be properly enjoyed is to reduce the quantity of milk for a few days. Often a week of this treatment permits a return to the normal schedule with some definite improvement in the child's appetite and general mealtime attitude.

Above all things, the dawdling child must not succeed in attracting the desired attention (even in spite of a




correction of anorexia

probably healthy appetite). The child should be ignored, and the meal terminated at the proper time, regardless of whether or not the food has been eaten.

Consider one healthy, vigorous youngster who was cured of a bad dawdling habit in a very simple manner.

She had originally been extremely difficult to wean from the bottle. At four years she still required coaxing to drink her milk from the glass. Every dinner hour was prolonged by coaxing. It was frequently completed only after this four year old had been given her milk with a spoon. One evening at mealtime when the child and all the rest of the family had



correction of anorexia

finished dessert, and the usual effort had been made to coax her to finish drinking her milk, the father pretended to discover the situation for the first time.

While the rest of the children listened in amazement, instead of speaking to the child, he addressed the mother with simulated annoyance at her extravagance in serving more food than was desired.

"If you don't want that milk, sister," he abruptly addressed the child, "don't you drink it just to save it. It's too expensive. I like it."

And before the child could recover from her surprise, he drained the glass with exclamations of delight from




correction of anorexia

dad, but with wails of genuine distress from the persistent offender.

The trick was turned with this spontaneous bit of inspiration; and it worked not only for the offender — but for the other three children present. This father reported that for some time afterward he had only to glance with envious eye at a bit of food on some laggard's plate to turn the whole brood into a crew of gallant trenchermen, for both he and the mother had the quick good sense not to treat the incident as a joke — but as strictly matter-of-fact business.



p a t i e n c e



IT IS exceedingly difficult to apply some of the very simple corrective suggestions we have indicated. Nothing is harder than to be pleasant and patient when one is really irritated and worried. Mothers should be reassured. The problem is not an individual problem. It is almost universal. Patience and intelligence can do more to correct it than can any amount of punishment, rewards, scoldings, coaxings, or other mealtime atrocities. Both the mother herself and each attendant at the table, whether it be an older child or an adult, should be reminded that there is no star quite so bright as the light of a good example. All of us, and the baby too, are imitative in our attitudes.

family co-operation

ALL TOO frequently the mother is left to carry on alone the battle of the child's meals. Either with the young baby, or with older children, she must often contend not only with unintelligent interference, but with lack of active co-operation on the part of the other members of the family.

The oldest child should be instructed in its influence on the next child — the mother should start with herself — and should have a long discussion with father.

Too many times the father's arrival home marks the hour of doom for some young culprit who has been guilty of a misdemeanor during the day. This older child sits at the table following his punishment — or sits there expecting it. Small wonder that the meal



family co-operation

develops into a scolding contest, because of his lack of interest in food. If there is a baby at the table who has been subjected to this atmosphere previously, calamity follows. The first child suffers, the baby remembering past achievements, proceeds to regurgitate its food — or otherwise calls attention to itself — not because it didn't want the food, but because it did want some special attention.

If the mother has been at fault in associating the evening meal hour with anticipation of punishment, she must correct this error. If the father, however, is fatigued, irritable, too exacting in discipline, or otherwise at fault, let him ask himself honestly whether or not he is really enjoying his own meal. If the fault rests in




family co-operation

psychological errors of the adults, correction on the part of the children cannot be expected to be instantaneous. The correction of adult faults, however, is frequently the necessary beginning — patience and intelligent co-operation by all attendants, the prerequisite to the recreation of a normal happy mealtime psychology, and the recovery of the normal hearty eating habits that follow an active appetite, as well as the less pleasant and more purely physical impulses of hunger.

In case the desperate mother answers, "I have tried just everything," perhaps that is just the trouble. Simple but correct psychological procedure may create an entirely different picture.



family co-operation



Let those who think their case difficult consider the following: Persons, Father; Mother; Daughter Helen, 13 years old; May, age 2; Ted, age 8; Fred, age 6; and servant.

A year ago this family ate in somewhat the following fashion: The father ate a large lunch at a late hour downtown and habitually expressed lack of interest in his food at dinner time. The mother was undertaking to handle the problem alone, except for the co-operation of Helen, the 13 year old daughter, who, however, was continually absent-minded at mealtime, although co-operating actively in assisting in the feeding of May and Fred. The 8 year old son, Ted, had been an invalid since birth, and presented a case of anorexia through



family co-operation

purely legitimate physical causes. Fred, the 6 year old son, in competition with Ted, secured attention at mealtime only as he attracted it to himself; presenting himself to the overworked mother as a problem, or receiving abrupt and unexpected rebukes from the father. He engaged himself the greater part of the while in efforts at teasing the older sister in her efforts at feeding the 2 year old. Mealtime was a dreaded scene by every member of the family, largely because of the unavoidable example of anorexia established by the invalid, and the father's bad example and lack of co-operation which contributed to the corruption of the eating habits of the older children.

The efforts of the mother to excite



family co-operation

the father's appreciation of the seriousness of the problem were habitually unsuccessful. The mother herself was frequently too exhausted to do other than retire as soon as the children had been put to bed.

Let's not be too hard on the father. He was overworked also. He frequently left the dinner table to find privacy in his study for an evening's work; on an average he remained in his office downtown 2 or 3 nights a week.

This family was typical of many thousands in that the dinner hour was providing absolutely no pleasure for anyone — and no one was eating with proper relish as much food as he should, although an abundance was available.

family co-operation

As frequently happens, an emotional crisis developed and fortunately was met intelligently.

The 13 year old daughter presented a case of anorexia because of (1) her sensitive reaction to the general atmosphere, and (2) lack of exercise. Her treatment was almost immediately effective. It only consisted of an explanation on the part of the father of his recognition of his fault at the table in failing to get May, Fred, and Ted to eat, and his request for Helen's co-operation in setting a good example. **At the same time, she was entered in a daily swimming class.**

The mother rearranged the punishment schedule so that disciplinary action was no longer required at the dinner hour.

family co-operation



For several months the father made it a point to engage the 3 younger children in lively conversation at mealtime on subjects other than food — subjects in which each of the 3 were actively interested. With Ted this took the form of a mathematical game, with Fred it consisted in planning a fishing trip and a hunting trip, and with May it consisted in an effort to pick up familiar Mother Goose jingles out of any conversational opportunities that suggested them. It is important to note, however, that no child was allowed to take an active part in the general conversation unless it was making satisfactory progress with its food. The dinner period with this effort was made lively and interesting to each child.



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family co-operation


A canary was purchased and its cage placed in the dining room. The radio was moved from the living room to the dining room for a specific purpose. For a few weeks it was used at mealtime for its contribution to the atmosphere of enjoyment that both parents struggled to develop. Most important is the fact that the father religiously ate food he didn't want, and made a point of admiring it and asking for more. In brief, an effort was made both by the father and mother to manifest the keen active appreciation of food that prevails at any table under perfectly normal conditions.

After a few weeks, the radio was habitually turned off at mealtime, "because we can't talk to each other with so much noise." Flowers at the



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family co-operation




table, birthday cakes on the 4 birthdays that were available for this ceremony, the Thanksgiving party at the table, the Christmas party itself centered about the dining table — in fact every intelligent thing that could be done to contribute to the job of making this dining room attractive in spirit was done. No special equipment is really necessary for the accomplishment of this purpose. It requires only intelligence, patience and effort.

The Result

THE CHRONIC invalid, Ted, at the present time is in better health than he has ever been. May, the 2 year old, spills food plentifully, but is feeding herself and doing it with relish. Fred,

family co-operation

the 6 year old, is no longer neglected, and no longer attracts attention to himself through negativism or any of the unhappy tricks in the psychological category. Helen, the 13 year old, is an habitual seeker of second helpings. Both the father and mother have already learned to look forward to the dinner hour as the big hour in their own day. Within a few short months, mealtime, in spite of its difficult complications, has become the big family party that it ought to be, and except for the fact that the children are restricted to one serving of dessert, food discussions have practically vanished.




More important than this, however, is the fact that each child today is sturdier, healthier, and happier than

family co-operation

it was less than a year ago — and the same applies to the parents.

c o n c l u s i o n

 WHEN a mother expresses her distress at her own problem and makes the oft-repeated comment, "I have simply tried everything," one is tempted to tell her that she probably has failed to try the one best thing that she can do. If the fault is her own — she should correct it. If the father is at fault, his co-operation must be secured — but whoever is at fault — let the family all get together and **manifest**, until they unconsciously actually **feel**, the normal, contagious mealtime psychology that makes the table a happy place for everyone —



c o n c l u s i o n

a place where hunger is appeased — and where appetite is satisfied — a bright place, a gay place, a place to which every toddler and every child goes at mealtime with the assurance that a happy, pleasant time is waiting.

The person who shouts, "Hurrah — let's eat!" will shortly find the youngster shouting with him. No amount of noise is bad as long as it is a happy noise, and what a welcome sound for many mothers it would be if shouts of laughter and delight accompanied the good news, "Dinner is ready."



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