

Study Shows Boys More Aggressive

Girls Are Less Pugnacious Than Their Brothers, Report Says

Boys are more aggressive and pugnacious than their sisters, according to a survey on "Fights and Quarrels of Pre-School Children" just completed at the Child Development Institute by Dr. Arthur T. Jersild, associate professor of education, Teachers College, Columbia University, and Dr. Francis V. Markey.

Children of pre-school age were found to be unsympathetic. Children from poor homes fought twice as much as children who came from better homes. Bright children fought less than dull children. Girls yelled and screamed more while engaged in fights than did boys.

Dr. Jersild and Dr. Markey studied 54 pre-school children, ranging in age from two to six years, over a period of three years. Each child was observed during ten distributed 15-minute periods or more each year that he was studied. The observer followed one child at a time and recorded, as fully as possible, the behavior of this child in his contacts with other children as well as the behavior exhibited by other children in their contacts with him.

Children differed widely in the frequency of their participation in conflicts. At one extreme was a child who engaged in 141 conflicts, and at the other a child who took part in only 14. One child was an aggressor 70 times, as contrasted with a child who took this role only three times. One child exhibited 87 acts of personal attack, while a child at the opposite extreme did not exhibit a single act in this category.

Boys show a higher average number of conflicts than girls, Dr. Jersild reports. Boys also show a higher average number of aggressions than do girls. They also win more frequently than girls do.

Differences Noted at 4
"Sex differences become more apparent as children grow older," the survey states. "At the age of two years, boys and girls are about equal in the frequency of their hitting and screaming and crying, but at the age of four years, boys do relatively more hitting and relatively less screaming and crying than do the girls."

Dr. Jersild found that boys more often are aggressors than victims of aggression; girls more often lose a conflict; boys more often hit, and girls make more use of language. Conflicts between children of like sex are more frequent than conflicts between children of the opposite sex. The average number of conflicts per boy with another boy is higher than the number of conflicts between a boy and a girl. The average number of conflicts per girl involving another girl is higher than the number involving a girl and a boy.

A boy is more likely to be the aggressor in conflicts with girls than in conflicts with other boys. A boy when in conflict with a girl is likely to hit oftener than is a girl when in conflict with a girl.

A boy is more likely to win in a conflict with a girl than in a conflict with another boy. Boys use less language when in conflict with one another than do girls when in conflict with boys. A girl screams, weeps or cries for help more often when in conflict with a boy than when in conflict with a girl, while a boy screams, weeps or cries for help less often when in conflict with a girl than when in conflict with another boy.

Dr. Jersild also found that bright children fight less than dull children; South European children fight more than North European children fight less as they grow older. The child who hits most, talks most; the child who wins most, loses most. Fighting, it appears, is a function of his total activity.

Children from the poorer homes used a larger "fighting" vocabulary than children from better homes. Oftentimes they used words that the girls who acted as observers were reluctant to record. Obviously the two-year-old child did not understand the meaning of these words, but merely repeated what he had heard at home or in his neighborhood.

Teachers Settle Fights
Teachers settled approximately one-third of all fights. Teachers

Communicable Diseases Dropping As Constant Immunizing Program Is Carried on Throughout This Area

Baby's chances of reaching healthy adulthood and, in the process, of escaping the diseases which long were considered a natural accompaniment to childhood are increasing steadily in Marion county, according to Dr. Vernon A. Douglas, county health officer.

More preschool children than ever before are being immunized against communicable diseases and as a result cases are diminishing in number, Dr. Douglas pointed out. Diphtheria, for example, has become a rarity rather than the commonplace it once was in this county.

The immunizing program may be started with children as young as six months of age, Dr. Douglas said. The health department advises parents to have their children treated against whooping cough, diphtheria and smallpox as early as possible.

predominately settled the fight in favor of the child who could win by himself. Nursery schools do not curb a child's fighting spirit. A high correlation exists between the fighting child does one year and what he does the next within the same nursery school. Dr. Jersild concludes that you can predict the fighting and quarrelling a child does one year as a basis of what he will do the next. Children who were aggressive, active, ready to fight the first year, exhibited the same characteristics the second and third years of the study.

In fact, says Dr. Jersild, you can predict the nursery school child's fighting tendencies within a constant environment better than you can predict his I. Q.

One of the interesting phenomena noted in the survey was the case of children who used hugging and kissing as a means of combat. A youngster while at another with his fists, would sometimes try to hug or kiss the other, not as a love token but as a means of overpowering him. Perhaps, Dr. Jersild suggests, many children consider the effusive form of love and kisses at home as a form of punishment, rather than affection.

The child who makes relatively much use of language and of screaming and weeping during conflicts tends to hit and to win less often than does the child who uses only a small proportion of word and screams.

Few Exhibit Sympathy

"The findings definitely show that such methods as were used by teachers to curtail children's aggressive and combative behavior did not bring about a progressive decline in such behavior," Dr. Jersild reports. "Children of the group that was subject to the most persistent and deliberate teacher interference showed a marked increase in conflicts when such restraints were removed. During a year of discipline, these children had not acquired abiding inhibitions, or substitutes for combat."

Sympathetic fighting, where one child would take the part of another, was rarely found. But children who did show sympathy did the most amount of fighting—again merely a function of his total activity stride. Most instances were observed in which a child would urge or "egg on" another child to fight than instances in which a child would fight in behalf of another one.

"The evidence suggests that a child by nature is more intent upon his own personal interests than upon ministering to others," Dr. Jersild concludes. "It seems more natural for the child to take than to give, to hit another than to go to his aid. The usual child of pre-school age will try to snatch another's toy more often than he will voluntarily offer his own toy to another."

"He will hit another child decidedly more often than he will sympathize with him. The occasions when a child tried to fight in another's behalf or attempted to bring sympathy and aid to another were trifling as compared with the number of opportunities that arose for such expressions of fellow-feeling."

The survey will be published in the Child Development Series this spring by the Teachers College Bureau of Publications.

Why Punish
The best reason for punishing

The latest immunization treatment to be developed so that it may be carried on on a wide scale is that for prevention of whooping cough. This treatment, which requires three months to take effect, is now recommended as the first the baby should receive, the health officer stated. Toxoid immunization to diphtheria, now a single-treatment process, and vaccination against smallpox should follow as quickly as possible, he added.

Measles, a scourge to childhood because of its contagiousness and because of the serious complications that often follow this disease, may now be avoided in many cases, Dr. Douglas said. There is no pre-immunization treatment available as yet but a satisfactory preventive treatment has been developed for children who have been exposed to the disease.

a child is to make him understand he must not do the naughty thing again.

Baby's Serenity Training Matter

Serenity and poise in a baby are learned, as are all other ways of acting, by association of satisfaction with the desirable way of doing and dissatisfaction with the undesirable. If a baby of six months is picked up when she cries violently, that is a logical reason for her to continue to cry as a means of getting things she desires.

If at one year all the family dance attendance when a youngster kicks and screams, it is entirely reasonable for him to continue that way of acting to show his dislike for things as they are. The small youngster whose crying is ignored, soon discovers that it is not use to cry. The five and six months' old child who cries for attention, if ignored, soon returns to serene contemplation of his toes and fingers. When the screaming youngster is taken away because "we do not like to hear him scream" he soon becomes accustomed to a more socially accepted way of behavior.

Child Can Learn Early In Life to Comb Hair

Combing hair is nearly always interesting to a child who is allowed to have some part in it. By the time a baby is a year old if a comb and brush have been used regularly he will reach for them, put them on his head and thus indicate plainly that he knows what they are for. At first the baby is likely to muss up his hair as fast as the adult can comb or brush it. Gradually he will learn to keep his hands down while it is being combed. Sometimes combing his hair in front of a mirror helps, since he becomes more interested in his image than in the comb and brush.

Remain in Bed

After-effects can sometimes be more dangerous than the disease itself. After any severe illness a child should remain in bed from three days to a week after the temperature has returned to normal.

Proper Diet For New Mother Need

Foundation For Baby's Teeth Laid in Days Before Arrival

The development of the teeth begins at least six month before birth. It is probable that the proper foods in the diet of the prospective mother help to lay the foundation for healthy teeth in the baby and that lack of proper food will deprive both her own and the baby's teeth of some part of their normal vigor. After the baby is born, in order that the teeth may continue to develop normally, it is of utmost importance that he himself receive the best diet possible, namely, his mother's milk. During the period of breast feeding it is also important that the mother should eat the proper foods and get plenty of direct sunlight.

The child's first set of teeth are called the deciduous, or "milk" teeth. Most of them come through the gums during the first two years and are replaced, beginning at about the sixth year, with the second or permanent teeth.

At birth every tiny tooth of both sets has already begun to form; nearly all the first set are already partly or wholly hardened. As the baby grows, the teeth grow also; and if the baby is healthy they are ready to cut through the gums; beginning at about the sixth or seventh month of life.

Teething is a normal process

which continues from about the age of 6 months to 2½ years. During the time when a tooth is actually coming through the gum the baby may be irritable or fretful and may not eat well, but teething alone rarely accounts for illness or fever. If, during the period from 6 to 18 months when the first 12 teeth are coming through, the baby is feverish or sick, a doctor should be consulted, and the illness should not be attributed to "teething" until all other possible causes such as colds, abscess in the ear, and other diseases have been ruled out by the doctor.

There are 20 of the milk teeth—10 in the upper jaw and 10 in the lower. By the time a baby is 1 year old he may have 6 teeth; at 1½ years, 12; at 2 years, 16. At 2½ years the entire set of 20 should be cut. There is considerable variation both as to the order in which the teeth appear and in the time they take; and the mother need not be alarmed if her baby does not follow the ordinary average, but if he has no teeth at the end of the first year he can hardly be developing properly, and therefore the doctor should be consulted. The diet may be at fault, or some disease may be retarding the baby's growth. Racial and family traits account for some of the differences.

Have Plenty

The very new baby will frequently wear exactly the same type of garment—either a nightgown or a gertrude—both day and night. When this is the case, five or six should be on hand instead of the three usually recommended.

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