

MEDICINE

# Play for Health

## Hospital for Juvenile Patients Considers That Games Take Their Place With Medicine in Restoring Health

By JANE STAFFORD

**C**AN you imagine children sick in bed playing "Farmer in the Dell" or "I Sent a Letter"?

That is what the children in the wards of Children's Memorial Hospital in Chicago do, and apparently they enjoy these and similar games as much as healthy, active youngsters in school or on the playground. And, although the children may not know it, the games represent more than just play. They are real aids in hastening the children's recovery.

Maybe you never thought of play as a remedy to help sick children get well fast. The doctors and nurses at this Chicago hospital, however, have found that it can be a valuable part of the treatment for their small patients. Children's Memorial has incorporated play as an integral part of the nursing and treatment of its patients.

For a long time kindly ladies have gone to children's wards in hospitals to play with the children, read to them and otherwise amuse them. Occupational therapy and school lessons have likewise been a part of the program for children confined to a hospital bed for long periods. But the play program at Children's Memorial Hospital is different.

Play there is not just "something tacked on after the physical care has been attended to," and it is not merely entertainment, explained Miss Anne Smith, director of play at the hospital—Play Lady to the children.

### Sick Generally Deprived

The hospital staff find that play is almost as necessary for the child's development as food, drink and physical care. Of course, that applies to well children as well as sick ones, but the well children manage to get the necessary play while those in hospitals are generally deprived of it. Even at home, a sick child may be missing out on play, especially if he is a child in a home where no one has time or knows how to play with him.

The play is arranged to suit the various children and their physical condi-

tion just as medicines and other treatment are prescribed, and the nurses at the hospital are taught play technic just as they are taught how to take temperatures, give baths and otherwise care for their small patients. Most of the young women entering the hospital's School for Pediatric Nursing have never had any contact with children. The student nurse may have been an only child in a family herself, and her unfamiliarity with children and feeling of strangeness may make it difficult for her to handle the little patients. Play, she soon finds, makes it all much easier, but first she must learn how and what to play.

### Nurses Must Play

A course of play is consequently required of every student nurse at this hospital. The student has eight lessons in which she learns how to play without any equipment. She learns how to interest and soothe the child with stories and poetry, how to play finger and singing games with him, and how to start the whole group playing a game or acting a favorite story.

The games are all social games. None of them is competitive, as that would entail too much of a strain for sick chil-

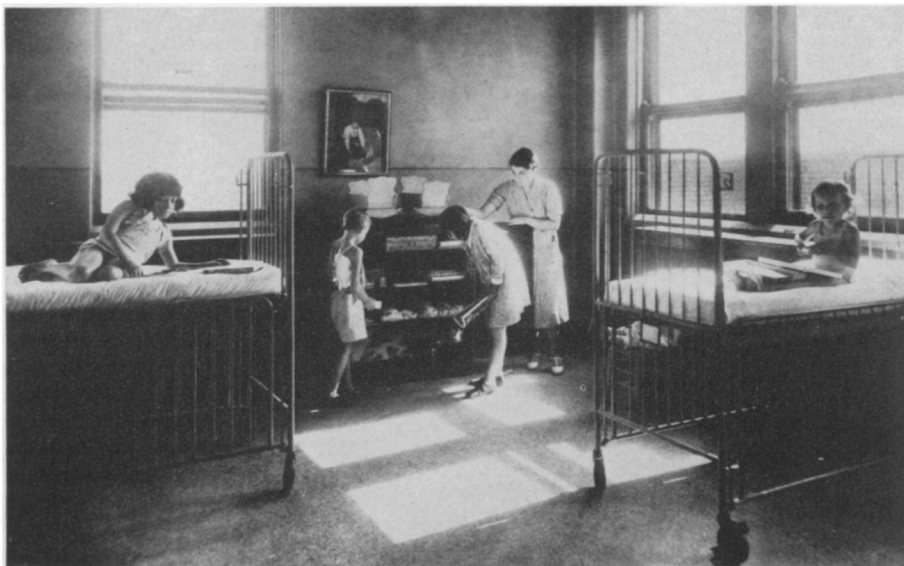
dren. They are the kind that children of all ages can play together, since the children are grouped in the wards not according to age but according to the kinds of illnesses they have. Even little children with heart disease, whose physical activity is greatly limited, can join in such games as "Farmer in the Dell." The child's imagination fills in the action quite satisfactorily.

### Folk Games Used

Folk games of all countries are drawn on for the play program. Although many of the little patients are children of foreign-born parents, the games are generally new to them. They have rarely been taught the social type of games. Many of these children are used to playing Tarzan and gangster at home. At the hospital, they learn the new ones with delight and when they return home they do not forget them, and the hospital is remembered as "the place where they play with you."

One object of the play is to make the child feel at ease.

"Many children come to the hospital with strange fears of doctors, nurses and hospitals which are magnified by the odor of ether, the sight of the nurses from the operating room who look like ghosts in their all-white garb and masks, and of doctors wearing strange instruments around their necks and foreheads," Miss Smith observed. (The Play Lady and her volunteer assistants who



GAMES IN THE WARD



### REQUIRED COURSE

*Nurses must learn to play and to lead their charges in games that will help the children back to health and strength.*

supplement the nurses wear cheery yellow smocks.)

Too often a threat of doctor, nurse or hospital is used by parents to frighten children into obedience, so that they are terrified when they actually find themselves in a hospital. But play is a familiar and important part of normal child life and the play which starts almost as soon as the young patients are put to bed in the hospital ward makes them feel at home and unafraid.

An interesting feature of the play is the way it is used for children who come to have their tonsils out or for other operations. All these patients are gathered in a sun room at eight in the morning of the operation. The room is as far removed from the operating room as possible, so that all sight, sound and smell of it are avoided. In this sun room the whole group plays together. Nurses come at intervals of from five to twenty minutes, taking the youngest children first, but the rest go on playing until their turn comes. As a result they are content and calm until the last minute before their operation.

### Tonsils Out Peacefully

"It was really astounding," said one of the nurses, "to see how many children could have their tonsils removed peacefully and even happily because of this preliminary play experience."

Group play has been going on at Children's Memorial Hospital since 1932. As a result, frightened, homesick children crying themselves into a fever are

unknown there. Nurses find that their small charges quickly stop crying and resisting the various necessary treatments and care when stories are told or games are played while the unfamiliar and therefore frightening procedures are being carried out. Neurotic tendencies, which are so apt to have their beginnings in long illnesses of children, are prevented by the play program, the staff at Children's Memorial Hospital finds. Bad habits are prevented or forgotten when group play is part of the life at the hospital.

### Atmosphere Changed

"The whole atmosphere of a hospital is changed," Miss Smith said. "One visiting doctor from the East seeing all the alert happy faces in our hospital claimed we had no sick children. We know that a hospital full of wan-faced irritable children is unnecessary and should cease to exist."

Although the play program does not depend on toys, the children have playthings to amuse themselves with also, and these are fitted into the play program as much as possible.

Visitors to the little patients at this hospital are familiar with a table full of toys which have been carefully selected as suitable for sick children. The toys are displayed in the reception room on visiting days, as a guide to parents and other visitors in selecting just the right toy or game to amuse some sick little boy or girl.

Just any toy that takes your grown-up

fancy—even a very handsome and expensive toy—may not be the correct one to give to a child who must play with it in bed. So if you are planning a visit to a sick child, or if you are one of those generous persons who donates toys to children's hospitals, Miss Smith's selection, based as it is on science and long experience, may be helpful to you.

### Simple Toys

Psychologists agree that children's toys should be simple and need not be expensive. Many of the toys selected by Miss Smith can be purchased at the ten-cent stores. The reason for this is partly to spare the pocketbook. Another important reason is that if the toy or book becomes contaminated—it may fall on the floor or the child using it may develop a contagious disease—a clean duplicate can be easily provided and the young owner need not suffer the pang of having to discard his favorite plaything. Only new toys are acceptable at hospitals, where no chance can be taken on the young patient picking up even a cold "germ" to add to his physical suffering.

The beautiful woolly dog or the fetching stuffed doll are also on the "don't give" list. Stuffed toys cannot be cleaned, and toys for sick children, especially in a hospital, must be cleanable.

Don't give playthings that will drop out of the child's high hospital bed and break. Avoid also the toys that have sharp edges or other features that may injure the child when he plays with them. You may be amused by pop-up books, but the sick child will not be, and he may even be frightened by them.

The weight and size of both books and toys should be considered. Large heavy books and toys are more tiring than enjoyable for the child who is flat on his back and whose small arms are already weakened by illness. Small books with plenty of pictures and large type are ideal gifts for sick children.

### No Scrap Books

It may surprise you to learn that the scrap book for which you have been collecting pictures all year will not bring much joy to the sick child for whom it was lovingly made. They have but momentary interest for the child. For one thing, the scrap books are invariably too large and heavy and the child is bewildered by all the pictures, rather than entertained. If you feel you must give scrap books, give small, lightweight and empty ones which the child can fill himself, if he wants to.

Blank books with crayons are better than the usual type of drawing book which has pictures to be copied or outline drawings to be filled in by the child. Children like to make up their own designs or to choose themselves the subjects to paint or model.

Modeling clay will bring much happiness to small patients. Another favorite and approved plaything at Children's Memorial Hospital is a bean bag game consisting of a cat's head on cardboard, with cut-out mouth forming a hole to throw the bean bags through. Very small patients amuse themselves by just putting the bags through the mouth, without using any throwing motion. Larger ones throw the bags, and the exercise incidentally may be made part of the muscle treatment in certain cases. The bean bags should be small, fairly light weight, and of course made of washable, durable material.

Playthings must be selected with regard to the young patient's particular ailment or state of progress on the road to health. Balls cannot be given to heart disease patients because the throwing

motion is forbidden to these children.

Heavy pull toys, wagons, tricycles and the like, are entirely unsuitable for bed patients and even for some convalescents. For children recovering from broken bones or joint operations—what the doctors call orthopedic cases—these toys may, on the other hand, be helpful in that stage of the treatment where muscles are to be strengthened and muscular control regained.

Another bit of advice: if you are giving toys to hospital children on any extensive scale—taking enough for a number of children rather than for the one small patient you may be interested in individually—get in touch with the director of the hospital before you make your selections. Some institutions might not welcome modeling clay, for example. Other institutions, such as an eye and ear hospital or an orthopedic hospital, would be delighted with heavy pull toys.

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Science News Letter, May 2, 1936

Apparently there is a critical division of labor between the nervous mechanisms controlling the eye movements alone and those controlling the body and legs in response to objects seen, Dr. Smith concluded. In the normal cat, these mechanisms work together in perfect harmony and cooperation. But cats lacking entirely the visual cortex of the brain keep a rudimentary capacity to avoid objects and threatening gestures.

Science News Letter, May 2, 1936

#### ASTRONOMY

## Solar System Unstable After Great Lapses of Time

THE solar system, idealized, was looked upon with the eyes of a mathematician, Prof. George D. Birkhoff of Harvard, who told members of the National Academy of Sciences that "ultimate instability is highly probable." He reassured his listeners, however, with the statement that "this instability would only arise after enormous lapses of time."

Applied to the solar system in which we live, this would mean that even if the sun does not hit another star or burn itself out, it and its family of planets will probably fly asunder in the remote future.

Prof. Birkhoff is not concerned with the real solar system, however, but with the problem of "the general formally stable motion of a dynamic system" which he concludes in the general case must be that of actual instability.

Science News Letter, May 2, 1936

#### MEDICINE

## Pioneer in Lung Surgery Wins Trudeau Medal

FOR introducing the life-saving chest operation, thoracoplasty, into America, Dr. Edward A. Archibald of McGill University, Montreal, was awarded the Trudeau Medal of the National Tuberculosis Association.

The operation which Dr. Archibald introduced is the most drastic of the procedures used to treat tuberculosis by "lung collapse therapy." The operation consists of removing all or nearly all the ribs on one side as close to the spinal column as possible. The result is that the chest muscles of the side and back, formerly held in place by the arch of the ribs, contract and compress the afflicted lung so that the patient cannot breathe with it. This places the lung at complete rest and closes up the tuberculous cavities, thus speeding the cure.

Science News Letter, May 2, 1936

#### PSYCHOLOGY-PHYSIOLOGY

## Cats Have Two Kinds of Sight; Brain Cortex Needed for One

CATS have two kinds of sight.

When they use their eyes to make a "forced landing" on all four feet as an obstacle is shoved at them, that is one kind of vision. They have to use their brains for that—the special part of the brain cortex known as the visual area.

They have another kind of sight when a menacing paw makes a pass for their eyes. The quick natural blink that follows when bright light on the eye is interrupted by a threatening shadow does not depend upon the brain cortex. This almost instantaneous signal from sense organ to muscle may be short-circuited through a more primitive part of the nervous system.

That these two kinds of seeing are entirely different and are controlled by

different parts of the nervous system, Dr. Karl U. Smith, of Brown University, Providence, R. I., told members of the New York Branch, American Psychological Association.

This intricate division of labor in the nervous system was revealed by experiments on cats that had lost the parts of the brain cortex which control vision. Although nothing was wrong with the eyes of these cats, they might be considered blind as judged by ordinary standards. They could not find their way to food. They could not climb stairs, or jump from a table.

But these "blind" cats would still blink at a threatening movement near their eyes, provided, however, that the cats were in a bright light. The opening of the pupil of the eye is made still smaller when the cats are brought from dim light into a bright glare, just as it is in normal animals. They still make compensating movements of their eyeballs when they see objects revolving around them.

But these "blind" animals could no longer place their legs to jump or land on an approaching surface.

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