A HUNDRED YEARS AGO

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ANOREXIA NERVOSA IN CHILDREN

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THE CHILD WHO IS the sole pre-occupation of his parents and of his nurse, is apt to grow up in an atmosphere of fuss and worry and of excessive solicitude, which undermines his vitality both morally and physically.

Susceptibility to suggestion

Perhaps the most striking quality of the nervous child is his susceptibility to suggestion. He will shape his individuality and behaviour in accordance with the direct or indirect suggestions of those around him. That which is feared for him and thought of him – that he rapidly becomes. If he is given the reputation of eating well and sleeping well, etc, it will not occur to him to question that these things are characteristic of him. But if every day we make the opposite suggestion to him, whether by subtle communication of our own worries and apprehensions or by what we say of him in his hearing, then with equal facility he acts as in accordance with these ideas derived from us.

Refusal of food

When a little child, particularly a nervous one, begins to encounter new flavours, he may be seen to start and waver at each new sensation.

Nothing should be done to concentrate attention on the difficulty. If he is appealed to and urged too much, if his suspicions are aroused by praising excessively the flavour of the food, or if an attempt is made to force him to swallow, then a strong impression may be made upon his mind which may recur the next time he encounters the same article.

If the nurse then believes that there exists an antipathy to this particular food, her manner in offering it will be apt to add to the force of the suggestion.

Before long he sees himself – and takes great pleasure in the thought – as a strange child whose peculiarity in refusing to drink milk, to eat meat, or green vegetables creates a pleasant stir, and excites considerable interest in the minds of the grown-up people around him. These likes and dislikes can persist all through a long life – a legacy of unwise nursery management.

In serious cases opposition extends to all food and the child seems without appetite, resolutely refusing to eat, clenching the teeth, shaking the head or shouting, "No, no". Such a misfortune only befalls a child whose behaviour visibly distresses his parents or nurse, and who fully appreciates the stir he has created.

Boy aged two with anorexia nervosa

A boy, aged two, was brought to me for anorexia nervosa. Three weeks before, he had been taken in the motorcar to midday Sunday dinner with his grandparents, where everyone had engaged in efforts to induce him to eat, but without success.

I explained the origin of the difficulty to his parents. His father said to me, "You have accounted for what the child said, when he saw the motorcar today for the first time since his visit to his grandfather. When it came to fetch him to you, he said at once, 'Not eat my dinner.'"

The sight or sound of the preparation of food was sufficient to produce in this child a paroxysm of opposition. Many of these children readily develop the further symptom of vomiting, if, after much coaxing, struggling and protesting, the food is ultimately swallowed.

The only way to cure the fault is to reverse the suggestion, to seize every opportunity to speak before the child of his improving appetite, to say that he now refuses nothing, or even at times to take his plate away saying that he has eaten so much that he must eat no more.

"The nurse who urges a child to eat, like the nurse who leaves the room with the parting injunction to the children not to put beads up their noses, has much to learn in the management of children"

Above all, we must hide from the child that we care at all if he eats too little. The nurse, more often than the mother, is apt to persist in the policy of coaxing, urging and commanding. The nurse who urges a child to eat, like the nurse who leaves the room with the parting injunction to the children not to put beads up their noses, has much to learn in the management of children.

In children, refusal of food is not the only nervous symptom present. We shall nearly always detect other clear signs of nervousness due to faults of management, such as enuresis, stammering, phobias, or tics.

Refusal of food in adults

Sometimes adults show the survival of an infantile disorder of conduct into adult life. I had under my care a girl of 20 years of age, who had suffered for many years from uncontrollable vomiting and an appetite so capricious that at times she would eat nothing but apples.

She had been a premature baby, and had been nursed through years of delicate infancy and childhood with most loving and most injudicious care.

The vomiting and emaciation had become so distressing, that she had been under medical treatment for many years.

In a home where the sister-in-charge devoted herself to the work of disciplining and bracing the moral character weakened by years of indulgence, she made rapid progress. Her weight increased by three stone, she took food well, and there was no vomiting.

Finally, work was found for her, and she left the home bearing with her a sum of money stolen from the sister's purse.

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