

Thumb-sucking

(Written for "The Listener" by DR. H. B. TURBOTT, Director of the Division of School Hygiene, Health Department)

A COMMON nervous habit in young children is thumb-sucking or finger-sucking. It possibly has some connection with the feeding method—sucking at the breast or bottle. Before feeding-time the baby is wrought up, cross and restless from hunger. As he takes his feed, the strain goes, he becomes soothed and relaxed, and if fully satisfied, falls asleep at the end. If something upsets this routine—hurry, emotional upset, inadequate diet—the baby is not satisfied. But he may find some substitute satisfaction reminding him of happy feeding sensations in sucking thumb or fingers. There's no great harm in this, so long as a habit is not formed. If the child's feeding is inadequate, the chances are the habit will become fixed. In a baby or one year-old, therefore, the first thing is to check up on the diet and make sure there's no nutritional cause. In older children it may begin when hungry, or upset emotionally about anything, or very commonly when settling down preparatory to going off to sleep. A frequent cause for the habit becoming fixed in the older ones is the worry shown by parents over it, and the discussions frequently held in the child's hearing about the bad habit.

Bad Effect on Teeth

It is a bad habit. As the child grows up, the habit will recur at times of stress or strain. It will bring derision from others. It is an attempt to escape from facing difficulties. But if this were all, it might not be so undesirable. The development of the jaw is interfered with, and such things as protruding teeth, nasal obstruction from a high-arched palate, follow continuance of the habit. The upper front teeth get pushed forward by the thumb, the lower front teeth backward, and the child gets that ugly prominence of teeth that spoils appearance. Of course, it doesn't always happen so. Nevertheless, the chance is high. For example, 170 children were observed over a five-year period. Thirty of these children sucked their thumbs. In 24 of these 30 there was malocclusion and protuberant front upper teeth.

It is not easy to stop the thumb or finger-sucking habit once it is a fixture. In babies and small children the feeding must be checked over for adequacy. A satisfied child, steadily gaining weight, is less likely to continue the habit. When it goes on, some simple restraint is needed. The old methods of bandaging the hands or putting on cotton gloves, or painting thumbs and fingers with alum, arnica, mustard, etc., usually fail. They will only succeed if the child is old enough to understand and co-operate. Punishment will be unsatisfactory.

It is the suction that is pleasant to the child. A dental nurse has tried out her own method of breaking it, and mothers report success with it—bind the thumb with sticking plaster, sticky side out. Then place small pieces of match stick, about four, parallel with

the thumb, and bind again with plaster, sticky side to the matches. This breaks the suction, and soon ends the habit.

It is, of course, possible that the other thumb or fingers will be substituted. Another tried and successful way is to place a cardboard cylinder round the elbows, tied with tapes above and below the joints, so that the child can play but can't bend his elbows to suck thumbs or fingers.

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LET YOUR CHILD'S FIRST BIRTHDAY BE PROTECTION DAY

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