

My Encounters with Children

I consider myself as fortunate for I get to see children in their growing phase of life. This early phase is unique for it is full of innocence, inquisitiveness, love and spontaneity that rubs on you.

The story begins with the entry of the child into your clinic room. The anxious kids announce their arrival with a loud and shrill cry. The hesitant ones enter with baby steps, one at a time, being prodded by their parents, their shoes squeaking and looking at you with suspicion. The confident ones push the door, extend their hand in front, seek your permission 'may I come in?' and enter with full confidence. They are so eager to get in, that they peep into the room from time to time and seem impatient to sit and wait their turn. The child clearly loves being the center of attraction.

I always make it a point to call each child by name. One bright kid said he was impressed by my memory and asked me how I could remember all the kids name correctly. He wanted to know the secret so that he could use the same strategy to remember his class work well. Little did he know that I quickly glanced at the name on the file before calling them by name. Once in a while when the file is missing, I directly ask the child his or her name. One child asked me why I keep on asking the name again and again even after so many visits, and innocently said that I should not be so forgetful and try to remember the name correctly.

The children's attire is eye-catching. Their clothes, caps, socks, shorts, frocks and scarves reflect a riot of colors. Many children carry their favorite toy with them, which usually has a name. They insist on examining the toy as well. Children's haircuts are eye catching. To me a haircut implies getting ones hair cut to the shortest possible length. Boys flaunt a variety of styles: crew cut, under cut, half cut, messi cut, dabbang cut, dhoni cut, mika cut, pony tail, ghazini cut *etc.* Girls are equally stylish and they appraise me of their bob cut, layers, waves, parting, cotton candy cut, boy cut, pixie cut *etc.* These hair styles change with changing seasons. The kids take great pride in their appearance and love it when you pay them compliments.

The temperament of each child gradually emerges when you talk with them. The anxious ones don't communicate at all. The hesitant ones are quiet, look down or at their parents, and take their own sweet time to answer. The confident ones loudly announce their name, with the

spelling, "A-A-S-T-H-A", (so that I write it correctly); others inform their complete name including the father's name and surname and few in one breath finish their full name, class, school and complete home address. At times the children state their names as "Virat", "Singham", or "Shahrukh" that makes one realize how much they are influenced by celebrities.

To make them at ease, I usually ask the child about what they do in school. The answers invariably are eat, play and study (in that order). On further enquiry on what they wish to become on growing up, the usual answers are doctor, police, scientist, collector, teacher; but one also comes across kids who desire to be a Bodyguard, Hero, CID or Superman. One kid stated that he wanted to become a doctor because they have big cars, which they change frequently (obviously he was very fond of cars!). Parents take pride in informing you about their wards 'academic achievements'. Many parents love to make their child recite a poem or a story to you. The hesitant ones sing as if there is a catch in the music player, the confident ones perform with actions, gestures and dramatic sounds, while the over-enthusiastic one start reciting a medley of poems and need to be stopped when it seems their stock is never-ending.

The parents are eager to give you their version of their child's illness. Some of these problems or terms are usually not found in standard textbooks—cough, cold or fever since birth, serious 'inspection' (means infection), critical problem of not passing stools for months, or passing stools every alternate minute, urine attracting ants when passed on floor, excessive rubbing of ears or private parts. Some insist on expert opinion for a patch on skin that miraculously disappears when the child is unclothed.

Examination of a child can be funny. When you ask them to open their mouths, many children refuse. This provokes the parents to open their own mouth and ask the child to imitate them. Some children continue to keep their mouth open even after examination is over and you need to tell them it is okay to close their mouths now. As you auscultate, parents ask the child to breathe in and out and many start hyperventilating to provoke the child into imitating them. Once after auscultating different sites, a child quietly asked me whether I had found what I was searching for.

Some unusual references to therapies that I have come across in practice include the following; electrical therapy (Electral ORS) for diarrhea, national dosing (for deworming), nasal drops instilled in ear to relieve ear congestion, and antibiotic powder given with water by spoon (instead of preparing the solution in the bottle as per instructions). Some parents make you undergo a rapid-fire question round referring to a checklist, only to return to the cabin with few more questions that they had forgotten to ask.

All these encounters brings cheer to one's life, a smile on one's face, and makes you see the world through a child's eye thus awakening the child within yourself.

Funding: Priceless encounters with children.

Competing interest: Complete and passionate interest in child wellbeing.

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