

of a Tuberculosis Centre, in connection with the Anti-Tuberculosis Campaign launched by Her Excellency the Marchioness of Linlithgow. It is now no longer necessary for those who need anti-rabic treatment to have to take long journeys to special centres, as there are adequate facilities for this kind of treatment in hospitals and dispensaries throughout India.

Miss Lucas, Provincial Secretary of Bangalore and Mysore, has left for furlough. **Miss Tollitt**, who is Acting Matron of the Bowring and Curzon Hospitals in Miss Lucas' absence, is acting also as Provincial Secretary for that District.

Miss Tyzack of the Medical College Hospital, Patna, has also gone on leave and **Miss Beetles** of the same hospital is acting in her absence.

We wish these Secretaries very happy and restful holidays and extend our thanks to them for service rendered and to those who step in and help during the time they are away.

NOTES ON THE CARE AND TREATMENT OF PATIENTS SUFFERING FROM FRACTURES OF THE SKULL

By *Dr. W. A. BROWNE, F.R.C.S., (Edin), II R.M.O.,
Presidency General Hospital, Calcutta.*

These notes are in the main not strictly within a nurse's province, but they will serve to emphasise the extreme importance of careful observation and the accurate recording of various changes which may occur in the condition of patients suffering from fractures of the skull, and to understand the reasons for such observation and records.

When a patient who may be suffering from a fracture of the skull is brought to Hospital, the *HISTORY* is first obtained. This is important as will be shown later. Next comes the preliminary examination. Under this head we consider:—

- (a) The temperature, pulse and blood pressure.
- (b) Shock, the degree of shock, and if the patient is unconscious, the degree of unconsciousness.
- (c) Possible head injuries.
- (d) Other injuries.

The pulse, respiration, temperature, and the blood pressure should be recorded two-hourly for 24 hours, and then four-hourly.

I (a) *Pulse*:—A slowing pulse rate with increase in volume indicates compression. A quickening pulse rate with increase in volume indicates cerebral laceration without local compression.

(b) *Respiration*:—This is slow and shallow in concussion, irregular in cerebral laceration and stertorous in advanced compression.

(c) *Temperature*:—Rising in cerebral damage.

(d) *Blood pressure*:—Falls in concussion, rises and keeps up in compression.

II. The bone injuries are examined, their position, character and significance.

In this connection, the position of the bone sutures must be borne in mind, and also differentiation from haematomas.

III. The mouth, nose, ears, eyes, the masseter muscles, and the mandible (more especially the mandibular joints) are carefully examined. Pressure on the mastoid process.

IV. The pupils are then examined—their reaction noted. They may at first be contracted and react sluggishly to light. If one dilates there is either haemorrhage or compression on the same side of the brain.

V. The extremities are examined. Reflexes are tested, the condition of the muscula observed *i.e.*, whether spastic or flaccid.

IV. Finally—radiography of the skull is undertaken. In this connection it is rarely, if ever, possible to detect fractures of the base by X'ray examination.

Having made the above preliminary examination, we now come to the question of the diagnosis. This resolves itself into the simpler question—Is compression developing? If so, what is it due to? The compressing agent may be:—

1. Cerebral Oedema (general compression).
2. Fragment of bone driven inwards.
3. Sub-dural or extra-dural haemorrhage.

If the preliminary examinations have been complete, we may then be able to decide whether:—

- a. There is a fracture of the vault or the base.
 - b. The extent of concussion present.
 - c. Whether compression (general or local) is occurring.
 - d. If local, whether the middle meningeal artery is involved.
- (This is IMPORTANT.)

Now let us discuss the question of concussion and compression.

CONCUSSION. Most head injuries suffer from concussion: it is due to a temporary derangement of nuclear activity, even perhaps, molecular disintegration of connecting and distributing elements.

The symptoms resemble surgical shock and may be tabulated as under:—

	CONCUSSION.	COMPRESSION.
PULSE	Quick, reduced in volume	Slow, increased in volume.
BLOOD PRESSURE	Reduced	Increased.
TEMPERATURE	Sub-normal	Raised.
RESPIRATION	Quick and shallow	Irregular and stertorous.
In addition, in concussion, the muscles are flaccid, the skin is pale and the surface temperature reduced.		

ONSET OF COMPRESSION:—Causes as above.

ITS MECHANISM. First, there is haemorrhage, more room required—the cerebro-spinal fluid is displaced into the spinal canal: still more room, the veins become compressed and yet still more room—the brain becomes mobilized towards the *foramen magnum*.

THE EFFECTS. Local Anaemia in the immediate vicinity of the compression, the remainder of brain becomes congested—then oedema ensues. Oedema causes further pressure on the



In Complications Following Vaccination

Antiphlogistine

aids phagocytosis and absorption of toxic debris; it stimulates the local reparative forces and hastens resolution. • It is an ideal surgical dressing for direct application to wounds, ulcers, burns, broken, raw and torn skin surfaces.

Sample on request

THE DENVER CHEMICAL MANUFACTURING COMPANY

163 VARICK STREET • NEW YORK CITY

Muller & Phipps (India) Ltd., P.O. Box 773, Bombay.

When ordering please mention The Nursing Journal of India

venous sinuses: less cerebro-spinal fluid is absorbed—more oedema follows, there is more pressure, and thus a vicious circle is established.

The local anaemia causes inactivity of the cortical nuclei which control circulation and respiration. Death results from respiratory failure.

SYMPTOMS AND SIGNS: The late symptoms and signs are obvious but they are then too late to help much.

EARLY. If there is a period between concussion and compression, there are certain signs and symptoms which indicate a state of cerebral congestion which may suggest the onset of compression. These are:—

1. Severe persistent headache.
2. Intolerance to bright light.
3. Restlessness, irritability and excitability.
4. Ultimately patient relapses into unconsciousness and then general and local signs of compression become evident.

These signs and symptoms are usually appreciable and call for further investigation and treatment. The danger lies when concussion insensibly emerges into compression so that its recognition is overlooked. In such a case, unconsciousness deepens, the face becomes flushed, there is restlessness; the pulse rate falls, its volume increases; the blood pressure goes-up; the respiration rate falls with increase of individual excursions; the temperature rises, the pupils become contracted, and the urine is retained.

If the compressing force is local in its immediate effects, typically seen when the middle meningeal artery is torn, there is at first incoordination of musculature of opposite side of face, arm, and leg and later flaccid paralysis.

Lastly, a delayed unilateral dilatation of the pupil is evidence of compression on the same side.

There are two aspects of Compression:—

1. General.
2. Focal.

It is important to recognise this, for whereas the first may be treated at least in its initial stages by non-operative measures, the second calls for OPERATION WITHOUT DELAY.

Further evidence of Compression. By estimation of the pressure of cerebro-spinal fluid. The normal is 60-120 m.m. of water. Above this, the pressure is high. If no manometer is available, estimate by the rate of flow of lumbar puncture (the normal rate of flow is one drop per second).

NOTE:—Lumbar Puncture is NOT done unless COMPRESSION is developing—as this may disturb the pressure balance and start a further intra-cranial damage.

To Sum Up—there are three points in the diagnosis of COMPRESSION:—

1. *Effects of a general* increase in intra-cranial pressure as shown by pulse, temperature, blood pressure, respiration, appearance and the general behaviour of patient.
2. Effects of a *local* central pressure as shown by a cortical paralysis.
3. The reading of the pressure of the C.S. Fluid.

Possible Late Developments

1. Delayed compression oedema is associated with cerebral laceration.

2. A meningo-encephalitis—the result of septic invasion.

The first appears about the 4th or 5th day; is a temporary change. Progress can be arrested by hypertonic medication. The secondary infection takes place in fractures at the base communicating with the nose, mouth or auditory canals. This usually leads to death.

Treatment of Uncomplicated Concussion

The patient is undressed with the minimum of disturbance, placed on his back with the head on one side, thus enabling the patient to breathe easier and also get rid of any blood that may collect in the cheek, or of vomited material which may otherwise be swallowed or go down 'the wrong way'.

CONCUSSION is tantamount to SHOCK and is treated accordingly.

1. Hot-water bottles.
 2. Fluids are given preferably by mouth; if not possible, subcutaneously or rectally, and not intravenously as a sudden rise in the blood pressure initiates bleeding in already bruised areas.
 3. Scalp wound, if any, is treated and all bleeding arrested.
 4. A two hourly pulse, respiration, temperature and blood pressure chart is maintained.
 5. The bladder is emptied.
 6. Patient kept very quiet if possible in a darkened room and screened off.
 7. For restlessness—No Morphia is given, as this drug depresses the respiratory centre and increases engorgement of the cerebral tissues. The resulting hypnosis may disguise compression.
- Paraldehyde—one drachm per stone body weight up to eight drachms is given. If the patient can swallow, Chloral Hydrate and Pot. Bromide grains 15 of each three times a day. If stronger measures are required, Hyoscine Hydrobromide can be given, 1/200 grain subcutaneously.

The Treatment of Fractures

I. Linear Fractures:—These are of no significance except when in the region of the middle meningeal artery.

II. Depressed Fractures: In such cases, OPERATE if (a) the scalp wound overlies the fracture, (b) if they are in-driven, (c) if there is any reason to believe the fracture is associated with sub-dural or extradural haemorrhage.

In the first of these indications, there is the possibility of intracranial infections and the sooner it is remedied the better. As regards the second, the earlier the relief, the better for the patient but whenever possible POSTPONE operation until the effects of SHOCK have passed off.

III. Fractures of the Base:—(A) ANTERIOR FOSSA:—Rarely associated with any immediate danger. (B) MIDDLE FOSSA:—

Immediate Danger. There may be extensive haemorrhage or the pituitary fossa may be involved and the pituitary gland or its stalk endangered. Remote dangers. The fracture may communicate with the ear cavity and so become infected. (C) POSTERIOR FOSSA:—The immediate danger is involvement of the vital area of the medulla; there is however no risk of any infection.

As a group the gravity of basal fractures as compared with fractures of the vault depends on an anatomical fact—this is the arrangement of the dura mater which is fixed at the base and easily separable at the vault. It therefore tears through in fractures at the base. The existence of the basal fracture does not call for any variation in the treatment for the moment. Sepsis is avoided by the installation of 5% Argyrol into the ear, and spraying of the nose and throat by suitable antiseptics.

The Treatment of Compression

The readings of the pressure of the C.S.F. regulate the first part of the treatment of compression.

If the pressure is above 120 m.m. of water and less than 200 m.m. the C.S.F. is drained until the normal is reached. If over 200 m.m. 2 drachms of Mag. Sulphate in 2 ozs of water are given as a first dose and then 1 drachm in 2 ounces of water every 2 hours until loose evacuations are obtained. If the patient cannot swallow, 3 ozs of Mag Sulphate in 6 ounces of water are given as an enema. These are hypertonic solutions and by virtue of their osmotic properties attract fluid and withdraw it from the tissues. An intra-venous injection of 15% Sodium Chloride is a powerful dehydrating agent but dangerous to use, as rapid dehydration may disturb a clot and thus give rise to serious haemorrhage.

The Decision to Operate

If the above line of treatment does not produce the desired result—Repeat it. If this also fails to produce the desired result, one is justified in concluding that the cause of the compression is not a simple and general oedema and that it is more than likely a haemorrhage which is slowly and insidiously progressing.

There are three general considerations in making the decision to operate.

1. A simple Cerebral Decompression operation is relatively an easy one.

2. It is better to OPERATE than to DELAY and REGRET.

3. If an OPERATION is to be done, the EARLIER it is performed the BETTER. No general anaesthetic is necessary as a rule: NOVOCAINE 1% with 1 in 2,00,000 Adrenalin is used.

The incision is an oblique one in front of the tragus. An opening $2\frac{1}{2}$ " square is made. If that fails to afford relief a decompression is done on the opposite side and a repetition of the dehydration treatment carried out.

CHEAP BALANCED DIETS FOR YOUNG INDIAN CHILDREN (By L. GRAVELEY, Madras.)

The three tables on the following pages conclude the article published in the July Magazine.

No. 4.	Oz.	Grammes Protein.	Grammes Fat.	Grammes carbohydrate.	Calories.	Ca.	Ph.	Iron	Vit. A	Vit. B group.	Vit. C
Morning Conjee											
Ragi	0.5 (15)	*1.4 (42)	0.24 (7.2)	11.68 (350.4)	54.5 (1635)	xxx	xx	xxx	—	—	—
Milk (skim)	6 (180)	*6.5 (195)	0.02 (0.6)	8.71 (261.3)	61.6 (1848)	xx	L	—	—	+	—
Jaggery	0.37 (11.1)	0.03 (0.9)	—	9.38 (281.4)	37.5 (1125)	x	L	R	x	—	xxx
Orange	3 (90)	0.75 (22.5)	0.09 (2.7)	8.07 (242.1)	36 (1080)	L	—	—	xx	x	—
10-30. Orange											
12 o'clock, Vegetable Curry											
Rice (brown)	1 (30)	*2.3 (69)	0.09 (2.7)	22.3 (669)	99 (2970)	—	x	xx	—	xx	—
Dhal	0.25 (7.5)	*1.63 (48.9)	0.25 (7.5)	4.05 (121.5)	25 (750)	xx	xx	xxx	x	+	—
Milled Soya beans	0.12 (3.6)	1.2 (36)	0.59 (17.7)	1.19 (35.7)	14.87 (446.1)	xxx	xxx	+	xxx	+	—
Cluster beans	0.5 (15)	0.53 (15.9)	0.03 (0.9)	1.44 (43.2)	8.07 (242.1)	xx	L	xxx	xx	+	—
Radish	0.5 (15)	0.1 (3)	0.01 (0.3)	0.61 (18.3)	2.89 (86.7)	L	L	L	—	xx	—
Turnip (yellow)	1 (30)	0.34 (10.2)	0.03 (0.9)	1.25 (37.5)	7 (210)	L	L	L	—	x	—
Brinjal	1 (30)	*0.34 (10.2)	0.09 (2.7)	1.44 (43.2)	8 (240)	L	L	L	—	x	—
Onions	0.37 (11.1)	0.14 (4.2)	0.01 (0.3)	1.15 (34.5)	5.25 (157.5)	xxx	L	L	—	—	L
Snake gourd	1 (30)	0.13 (3.9)	0.03 (0.9)	1.27 (38.1)	6.41 (192.3)	L	L	L	x	—	—
Green mango	0.5 (15)	0.1 (3)	0.02 (0.6)	1.26 (37.8)	5.56 (166.8)	x	L	L	—	+	—
Sweet potatoes	0.25 (7.5)	*0.12 (3.6)	0.02 (0.6)	2.2 (66)	9.36 (280.8)	L	L	L	—	+	—
Drumstick leaves	2 (60)	3.8 (114)	0.98 (29.4)	7.7 (231)	54.84 (1645.2)	xxx	L	xxx	R	x	R
Cabbage	1 (30)	*0.39 (11.7)	0.03 (0.9)	1.27 (38.1)	7 (210)	—	—	—	—	—	—
Gingelly oil	0.43 (12.9)	—	12 (360)	—	108 (3240)	—	—	—	—	—	—
Ghee	0.12 (3.6)	—	2.89 (86.7)	—	26 (780)	—	—	—	—	—	—
Salad											
Curd (skim)	4 (120)	*3.84 (115.2)	0.32 (9.6)	5.76 (172.8)	40 (1200)	xx	L	—	—	+	—
Raw tender kowai	0.5 (15)	0.17 (5.1)	0.02 (0.6)	0.52 (15.6)	2.87 (86.1)	—	L	xxx	x	+	—
Coriander leaves (few)	—	—	—	—	—	—	—	—	—	+	—
Grated cocoanut	0.2 (6)	0.32 (9.6)	2.86 (75.8)	1.58 (47.4)	33.4 (100)	xx	xx	x	—	+	—
Sprouted green gram	0.33 (9.9)	2.28 (68.4)	0.12 (3.6)	5.39 (161.7)	32.85 (985.5)	xx	xx	xxx	R	+	—
Grated raw carrots	0.5 (15)	0.13 (3.9)	0.02 (0.6)	1.13 (33.9)	5 (150)	x	—	—	xx	xx	—
Afternoon, Murukku											
Green gram	0.4 (12)	2.73 (81.9)	0.14 (4.2)	6.46 (193.8)	38.02 (1140.6)	xx	xx	xxx	x	+	—
Bengal gram	0.4 (12)	*1.95 (58.5)	0.6 (18)	6.98 (209.4)	41.11 (1233.3)	xxx	x	xxx	xx	+	—
Rice flour	0.16 (4.8)	*0.34 (10.2)	0.03 (0.6)	3.84 (115.2)	16.9 (507)	—	x	—	L	—	—
Turmeric (little)	—	—	—	—	—	—	—	—	—	—	—
Roasted ground nuts	0.2 (6)	1.46 (43.8)	2.19 (65.7)	1.38 (41.4)	91 (930)	L	xxx	xx	—	—	—
Total	...	33.03 (990.6)	23.77 (713.1)	118.01 (3540.3)	818 (24540)	—	—	—	—	—	—
Less 10% for waste	...	3.8 (99.06)	2.38 (71.31)	11.8 (354.03)	81.8 (2454)	—	—	—	—	—	—
Final Total	...	29.73 (891.54)	21.39 (641.79)	106.21 (3186.27)	736.2 (22086)	—	—	—	—	—	—

Cheap Balanced Indian Diet for Children in Nursery Schools

No. 5.	Oz.	Grammes Protein.	Grammes Fat.	Grammes Carbohydrate.	Calories.	Ca.	Ph.	Iron	Vit. A	Vit. B group.	Vit. C
Morning Conjee											
Cambu	0.5 (15)	*1.82 (54.6)	0.69 (20.7)	9.7 (29.1)	52.5 (1575)	L	xxx	xxx	x	xxx	—
Milk (skim)	6 (180)	*6.5 (195)	0.02 (0.6)	8.71 (261.3)	61.6 (1848)	xx	L	R	—	+	—
Jaggery	0.37 (11.1)	0.03 (0.9)	—	9.38 (281.4)	37.5 (1125)	x	L	L	R	—	xxx
2 (60)		0.32 (9.6)	—	0.2 (6)	2	—	—	—	—	—	—
10-30. Papaya											
12 o'clock,											
Fish Curry											
Broken wheat	1 (30)	3.9 (117)	0.54 (16.2)	20.35 (610.5)	102 (3060)	x	xxx	xxx	x	+R	—
Fish (non-fat)	0.75 (22.5)	*3.86 (115.8)	0.15 (4.5)	—	16.5 (495)	L	x	L	—	—	—
Tomatoes	1 (30)	0.2 (6)	0.04 (1.2)	1.27 (38.1)	6 (180)	—	—	L	xx	x	xx
Potatoes	1.5 (45)	1.05 (31.5)	0.06 (1.8)	12.23 (366.9)	54 (1620)	—	—	—	—	++x	x
Oil	0.5 (15)	—	14 (420)	—	126 (3780)	—	—	—	—	—	—
Ghee	0.12 (3.6)	—	2.89 (86.7)	—	26 (780)	—	—	—	—	—	—
Spinach	2 (60)	*1.02 (30.6)	0.12 (3.6)	1.64 (49.2)	12 (360)	L	—	xxx	R	xx	xxx
Dhal	0.67 (20.1)	*4.16 (124.8)	0.65 (19.8)	10.8 (324)	66.66 (1999.8)	xx	xx	xxx	x	+R	R
Cabbage	1 (30)	*0.39 (11.7)	0.03 (0.9)	1.27 (38.1)	7 (210)	—	—	L	R	x	L
Onions	0.37 (11.1)	0.14 (4.2)	0.01 (0.3)	1.15 (34.5)	5.25 (157.5)	xxx	L	L	—	x	—
Salad											
Curd (skim)	4 (120)	3.84 (115.2)	0.32 (9.6)	5.76 (172.8)	40 (1200)	xx	L	—	—	+	—
Lettuce	0.5 (15)	0.15 (4.5)	0.03 (0.9)	0.27 (8.1)	2 (60)	x	—	xx	R	xx	—
Raw tender kovai	0.25 (7.5)	0.09 (2.7)	0.01 (0.3)	0.26 (7.8)	1.44 (43.2)	—	—	x	x	—	—
Sprouted green gram	0.33 (9.9)	2.28 (68.4)	0.12 (3.6)	5.39 (161.7)	32.57 (977.1)	xx	xx	xxx	R	+R	L
Grated coconut	0.25 (7.5)	0.41 (12.3)	3.58 (107.4)	1.98 (59.4)	41.75 (1252.5)	x	—	x	—	—	—
raw carrot	0.5 (15)	0.13 (3.9)	0.02 (0.6)	1.13 (33.9)	5 (150)	—	—	xx	R	xx	—
Coriander leaves (few)	—	—	—	—	—	xx	L	xxx	R	+	R
Afternoon, Ragi Adai											
Ragi	0.5 (15)	*1.4 (42)	0.24 (7.2)	11.68 (350.4)	54.5 (1635)	xxx	xx	xxx	L	—	—
Jaggery (treacle)	0.33 (9.9)	0.03 (0.9)	—	8.33 (249.9)	33.33 (999.9)	x	L	R	x	—	—
Banana	3 (90)	1.35 (40.5)	0.09 (2.7)	6.78 (203.4)	33 (990)	—	L	+	L	x	—
Total		33.07 (992.1)	23.62 (708.6)	118.28 (3548.4)	818.6 (24558)						
Less 10% for waste		3.31 (99.21)	2.36 (70.86)	11.83 (354.84)	81.86 (2455.8)						
Final Total		29.76 (892.89)	21.26 (637.74)	106.45 (3193.56)	736.74 (22102.2)						

* Spinacea oleracea (Tamil, chattravartin kirai).

Cheap Balanced Indian Diet for Children in Nursery Schools

No. 6.	Oz.	Grammes Protein.	Grammes Fat.	Grammes Carbohydrate.	Calories.	Ca.	Ph	Iron	Vit. A	Vit. B group	Vit. C
Morning Conjee											
Sui...	0.75 (22.5)	3.15 (94.5)	0.51 (15.3)	10.65 (319.5)	60 (1800)	L	xx	xx	x	+R	—
Milk (skim)	6 (180)	6.5 (195)	0.02 (0.6)	8.71 (261.3)	61.6 (1848)	xx	L	R	x	+	—
Jaggery	0.33 (9.9)	0.03 (0.9)	—	8.33 (249.9)	33.33 (999.9)	x	L	L	R	—	xx
10-30. Mango	2 (60)	0.08 (2.4)	0.44 (13.2)	10.4 (312)	46 (1380)	—	—	—	—	—	—
12 o'clock, Liver Curry											
Rice (brown)	1 (30)	2.3 (69)	0.09 (2.7)	22.3 (669)	99 (2970)	—	x	xx	—	xx	—
Liver (minced)	1 25 (37.5)	7.64 (229.2)	2.13 (63.9)	0.95 (28.5)	53.75 (1612.5)	—	xxx	xxx	R	xxx	L
Onions	1 (30)	0.37 (11.1)	0.03 (0.9)	3.06 (91.8)	14 (420)	xxx	L	L	—	x	xx
Tomatoes	1 (30)	0.2 (6)	0.03 (0.9)	1.27 (38.1)	6 (180)	—	—	L	xx	x	—
Ash gourd	1 (30)	0.12 (3.6)	0.02 (0.6)	0.91 (27.3)	4.25 (127.5)	L	—	x	—	L	—
Snake gourd	1 (30)	0.13 (3.9)	0.09 (2.7)	1.27 (38.1)	6.41 (192.3)	L	L	x	x	—	—
Brinjals	1 (30)	0.17 (5.1)	0.05 (1.5)	0.72 (21.6)	4 (120)	L	L	L	—	+	xx
Elephant yam	0.5 (15)	0.18 (5.4)	0.01 (0.3)	2.61 (78.3)	11.17 (335.1)	L	—	L	—	+	—
Turnip	0.5 (15)	0.17 (5.1)	0.02 (0.6)	0.63 (18.9)	3.5 (105)	L	—	L	—	x	xxx
Spinach	2 (60)	1.02 (30.6)	0.12 (3.6)	1.64 (49.2)	12 (360)	L	—	xxx	R	xx	xxx
Gingelly oil	0.45 (13.5)	—	12.7 (381)	—	114.35 (3429)	—	—	—	—	—	—
Ghee	0.12 (3.6)	—	2.89 (86.7)	—	26 (780)	—	—	—	—	—	—
Salad											
Curd (skim)	4 (120)	3.84 (115.2)	0.32 (9.6)	5.76 (172.8)	40 (1200)	xx	L	—	—	+	—
Grated cocoanut	0.25 (7.5)	0.41 (12.3)	3.58 (107.4)	1.98 (59.4)	41.75 (1252.5)	—	xx	L	—	—	—
" raw knol kohl	0.25 (7.5)	0.07 (2.1)	0.04 (1.2)	0.83 (24.9)	3.87 (116.1)	L	—	L	—	—	xxx
Raw tender koval	0.5 (15)	0.17 (5.1)	0.02 (0.6)	0.52 (15.6)	2.87 (86.1)	—	—	x	x	—	xx
Sprouted green gram	0.33 (9.9)	2.38 (63.4)	0.12 (3.6)	5.39 (161.7)	32.57 (977.1)	xx	xx	xxx	R	+R	L
Afternoon, Chapatis											
Wheat	1 (30)	3.9 (117)	0.54 (16.2)	20.35 (610.5)	102 (3060)	x	xxx	xxx	x	+R	—
Jaggery (treacle)	0.4 (12)	0.08 (0.9)	—	10 (300)	40 (1200)	x	L	R	x	—	—
Total		32.76 (982.8)	23.77 (713.1)	118.28 (3548.4)	818.37 (24551.1)						
Less 10% for waste		3.28 (98.3)	2.38 (71.3)	11.83 (354.8)	81.84 (2455.1)						
Final Total		29.48 (884.5)	21.39 (641.8)	106.45 (3193.6)	736.53 (22096)						