COOKERY PAGE

THE TODDLER AND HIS DIET.—Concluded.

Vitamins, Mineral salts and Roughage.

This month we conclude the consideration of our Toddler's diet. Three things we have to discuss—vitamins, mineral salts, and roughage.

Vitamins are substances of which little is known, but that they are essential to good development has been effectively proved. The best known are Vitamins A. B. and C. They are required in very small amounts and it is impossible to say how much. They are specially important during the period of growth.

Vitamins are obtained from most of the animal fats, green vegetables and fruits. Fresh milk contains all the vitamins, and it and leafy green vegetables and salads are often called "protective foods" because they have the power of adjusting an unsatisfactory diet when added in quite small amounts.

Vitamin A. known as fat soluble A, is found chiefly in butter, egg yolk, milk, green vegetables and fish oils. It is not present in vegetable oils, therefore when food is cooked in mustard oil and other vegetable oils or products as cocogem, Vitamin A must be added in some other form.

Lack of this vitamin, besides retarding growth, often produces eye complaints and probably rickets. It is quite likely that the chronic eye conditions met with in young children are due to lack of this vitamin. Vitamin A is not destroyed by heat during cooking if air is excluded during the process.

Vitamin B is present in yolk of egg, internal organs (kidneys, liver etc.) Some pulses, nuts, cereals and in atta; but not in refined white flour or polished rice. It is found in lesser amounts in milk, and some vegetables. In countries where the diet consists largely of grain such as rice, and this is deprived of its outer covering, serious diseases such as Beri-Beri and pellagra may result. Lack of this vitamin may lead to nervous affections.

Fresh milk in quite small amounts has been found the best antidote.

Vitamin C. The best sources of this are fresh fruit and vegetables, particularly those that are juicy. Oranges, lemons, grape fruit, and tomatoes are specially rich in it. Cabbage has a good amount but much is lost during cooking; small quantities are found in some pulses, cereals and in milk. Absence of Vitamin C may cause Scurvy.

Good sources of Vitamins

A	B	C
Animal fats, except lard.	Seeds, specially	Orange juice
Fish oils	the germ and husk,	Lemon juice
Fat fish	Yeast	Grape fruit
Butter	Eggs	Tomatoes
Eggs	Tomatoes	Carrots
Milk		Green vegetables
Green vegetables		
Tomatoes		

As well as vitamins roughage is needed daily, so as to ensure an action of the bowels. This is obtained from the fibres of green vegetables and the cellulose of fruit etc., and wholemeal bread. The vegetables which supply vitamins and mineral salts also supply roughage.

Mineral salts are essential, specially during childhood. Calcium so necessary for bones and teeth is found in cheese, egg yolk, milk, cauliflower, spinach and carrots.

Phosphorus is found in cheese, yolk of egg, meat whole meal bread, pulses, white bread cauliflower and spinach.

Iron is found in egg yolk, wholemeal bread, meat, oatmeal, green vegetables and fruit. So if we give our Toddler a mixed diet and some fresh milk, butter and fruit daily he will lack nothing for his proper growth and development. We will finish up with the health rhyme—

" A pint of milk, eggs, orange and greens,
Will give you your daily vitamins."

Recipes

Kidney and Rice

½ lb. of rice
4 oz dripping or butter
2 pints water
1 lb. ox kidney
Salt and pepper

Well wash the kidney and cut into pieces. Wash the rice and put into fast boiling water. When it begins to thicken put in kidney, which can be lightly fried first. Add salt and pepper and simmer in double saucepan for 2½ hours or until kidney is tender.

Ounces of

	Protein.	Fat.	Carbo-hydrates.	Calories.
	4·37	4·47	6·40	2318
One portion ...	·6	·7	1·1	385

Risotto

¾ lb. of rice
4 oz. cheese
2 large onions
Salt and pepper
2 oz. butter
1 lb. tomatoes, peeled
3 oz. bacon

Cook the rice, add the grated cheese and bacon cut up. Cook the tomatoes with the onions, add the butter. Mix all ingredients together and serve very hot.

Ounces of

	Protein.	Fat.	Carbo-hydrates.	Calories.
	2·26	5·02	10·48	2763
One portion ...	·4	·8	1·7	460

Fruit Salad

2 lbs. fruit mixed, (apples, oranges, pears, bananas, cherries, grapes) or half oranges and half bananas.

½ lb. sugar and ½ pint water.

Cut up fruit, boil the sugar and water together for 10 minutes, add a few drops of lemon juice and pour over fruit.

	Ounces of			
	Protein.	Fat.	Carbo-hydrates.	Calories.
	·13	—	11·20	1328
One portion ...	—	—	1·9	220

ANNE S. GRAHAM.

HEALTH VISITORS' LEAGUE PAGE

DEAR FELLOW-MEMBERS,

Miss Simon has given us such a nice long letter this month that there is no need for me to say anything; especially as I have had no news of any of you so I will leave you to study Miss Simon's letter.

Yours sincerely,
EDRIS GRIFFIN,
Hon. Secy., Health Visitors' League.

DEAR FELLOW-MEMBERS OF THE H. V. L.

We are in the middle of a discussion about the work of a Welfare Centre. It is rather a difficult subject to write about, as it must vary so much according as to whether we are working in a town or a village among well-to-do or poor people, etc., etc.

I do not propose to discuss the work of a rural Welfare Centre, as the needs of the village people and the times at which they can attend, depend on so many things—the weather, the crops and so on.

But in towns, there is a good deal of similarity in the nature of the work, though such extras as bathing facilities for babies and women, a Milk Department Classes and so on, depend on the amount of Funds at the disposal of our Committee.

First of all, what is the chief work of a Welfare Centre?

Undoubtedly, it is the giving of sound advices to each individual mother, who attend as to how best she may bring up her baby or her toddler, and protect it from illness. The same applies to expectant mothers. Now our hours of attendance at the Welfare Centre must be limited by the other needs

of our work home visiting, dais instruction, and so on, so that if we have a very large number of attendances we cannot possibly carry out our chief function—*i.e.*, individual health teaching.

In my opinion 20 mothers is the maximum number one can really deal satisfactorily with in a morning's work (say 2½-3 hours) and I am sorry for those workers who have much larger numbers, for in their case, they can not possibly do the best kind of Centre work.

Often, however, it is our own fault that our Centre attendances are so big—that false ambition for large numbers creeps in on us, and we deal with numbers of small ailments which really are the work of the hospitals or dispensaries, and which, if we are really firm from the beginning with our mothers, can quite well be sent straight on from the Centre.

If there is a dispensary within reasonable distance, we should make an absolute rule that only those babies or toddlers who are attending our Centre quite regularly should get any kind of treatment from us whatever, that will soon discourage a large number of casual attendances who prevent us from doing our real work properly.

When I am going through the Centre attendances records of my Health Visitors, I take no account whatever of the numbers of "1st Visits" paid, in judging whether the Centre is really a flourishing one or not, but only of the number of "Re-Visits."

For this reason, it is important that we should look through our Centre Cards at least once a fortnight, so that we may visit promptly any mother who is getting unpunctual in her attendance, and remind her to come back before she "slacks off" altogether. To this end, we must keep a Card Index, we cannot check visits from a day book the kind of register of daily attendances that is kept in hospitals and dispensaries. I hope that, by now, most of us are keeping the Card Index. In the Punjab we make no different card for a baby or a toddler or for an antenatal case, we merely make a note in red ink on the Card that the mother or baby is attending the Centre, and from that time on, whether we visit the case at home and whether it visits at the Centre, the same Card is used, and in that way continuity is preserved.

The only difference is that the Cards of cases attending the Centre quite regularly are kept separate from the Home Visiting file, so that they may be quickly found when the mother or the baby comes to the Centre. I find it is better not to use serial numbers, but to keep all the Cards in Alphabetical order, according to the first letter of the father's or husband's name.

In the beginning, it is difficult to "work up" good attendances. I know mothers cannot see why they should take the trouble of visiting us when they or their little ones are quite well. But they do quickly learn the advantages of it, particularly with a keen Health Visitor who is always pleased to see them, always gives them her full attention, and goes to their home to remind them that they have forgotten the visiting day and really must not do so again!

The dais are often very good about bringing up both ante-natal cases, and new babies and should be encouraged to feel it is their responsibility to do so. I object to giving sweets at a centre, personally, but a prize giving twice a year

for regular attendance or a special Class for welfare centre babies who have paid the required number of visits during the year, at the annual Health or Baby Week Celebrations,—both there are good and harmless ways, I think, of encouraging mothers to attend. Here, co-operation is useful between the well-to-do ladies of the place and the Health Centre. They will often provide prizes and give a party for the occasion. Girls' Schools and Colleges will often make the necessary warm garments for prizes I always suggest, the Health Visitor providing good patterns, for in that way the girls learn useful lessons themselves—to help others, and to make baby clothes. Moreover, as they grow up, leave school, marry and become mothers, there is a generation which knows all about Welfare Centres and their work, and will probably make good use of them themselves. I find that graphical weight charts, were mothers can see the rising or falling curve of their boy's weight, create much interest. Copies of the best weight curves can be pinned up on the Centre wall causing much legitimate pride to mothers' hearts.

May I go on talking about Welfare Centres next month?

Yours sincerely,

MURIEL SIMON.

A NURSE'S PRAYER

I dedicate myself to Thee,
O Lord my God: this work I undertake
Alone in Thy great name, and for Thy sake
In ministering to suffering I would learn,
Thy sympathy that in The heart did burn,
For those who on life's weary way
Unto diseases divers are a prey,
Take, then, my eyes, and teach them to perceive
The ablest way each sick one to relieve.
Guide Thou my hands, that e'en their touch may prove
The gentleness and aptness born of love.
Bless Thou my feet, and while they safely tread,
May faces smile on many a sufferers bed.
Touch Thou my lips, guide Thou my tongue
Give me a word in season for each one.
Clothe me with hope and love, which know no fear,
And faith, that coming face to face with death
Shall e'en inspire with joy the dying breath.
All through the arduous day my actions guide
And through the lonely night watch by my side.
So shall I wake refreshed with strength to pray,
"Work in me, through me, with me Lord this day."

AUTHOR UNKNOWN.