Feeding the Family

Specific Indications for
The Infant - The Toddler
The Pre-School Child - The School Child

The best music is played on the best instruments. That is true in the realm of health, too. In early years we are building up superb organs on which to play our symphony of life. The better we build, the finer frames we create, the sweeter the music of existence will be. Any defect in the human mechanism will be manifested in our playing. We must, therefore, be sure we build frames to endure.

"Reason's whole pleasure, all the joys of sense,
Lie in three words—Health, Peace and Competence."

This Nutrition Education Bulletin is issued to mothers free by courtesy of the Medical and Pharmaceutical Professions, compiled by—

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Physicians, nutritionists, and Infant Welfare authorities are in common agreement that adult success, prosperity and happiness is to a very large measure dependent upon the composition of the diet from birth to the age of five years. A diet which conforms with the modern and pre-determined specifications of science will induce the maximum physical strength, mental capacity, nervous stability and personality. A diet which falls short of these clearly-defined standards will fail to develop these combined attributes. It is obvious, therefore, that from the very first time a mother feeds her baby she is in effect “mapping out” the child’s future. The first and perhaps the greatest reward for sane dietary planning is a happy, contented, affectionate child, capable of high scholastic attainments. The second reward is that of adult life crowned by occupational success with a perpetual endowment of personality and fortitude, the most treasured possessions of self-respecting people. The success or failure of a whole life may therefore revolve on an axis of parental influence—an endowment of motherhood, or what?

The feeding of infants and growing children may be compared with the “Science of Architecture,” since both are concerned with the building of a super-structure capable of withstanding the rugged test of endurance in the years that lie ahead.
The special considerations which should always be kept in mind in planning food for children are fourfold:

(1) Children need more energy in proportion to their size than adults.

(2) Their rapid growth calls for plenty of protein, mineral salts and natural vitamins, and hence their diet should contain a higher proportion of these substances than that of adults.

(3) Their food must be especially easy to digest, and such as will not overtax the limited ability of the digestive tract of young children.

(4) Special attention should be given to training the child in what to eat and how to eat it. Habits formed in infancy are carried through life.

**THE FORMATION OF FOOD HABITS**

Dietary habits, likes and dislikes for food become fairly well fixed at the age of five years; the first food habit is established when a cereal is given at the age of 4-5 months. It is thus very important to accustom the child early to eating the foods which are needed to build and maintain healthy bodies. Every mother must know how easy it is even for an infant a few weeks old to establish bad habits; most mothers also know how hard it is to break baby out of bad habits. This applies equally to food as it does to behaviour.

Feeding, because it is the focus of the first emotional relationship between mother and child, must be regarded as one of the most powerful of the influences that impress the infant. This early influence, good or bad, will, so far as food is concerned, become prominent indeed. It can be said that the early influence of motherhood is basically the “blue print” of lifelong habits.

**SOME COMMON ERRORS**

Sugar.—The sweetening of infant foods constitutes one of the most tragic mistakes of mothercraft. The use of sugar is a harmful means of inducing non-sustaining satisfaction of the appetite. It takes the desire for food away without satisfying the body’s needs. The use of sugar in early childhood establishes
“the sweet tooth” habit, which leads to the consumption of sweets, desserts, cakes, and other starchy foods, which are completely lacking in protective and constructive value.

Ready-to-Eat Pre-cooked Cereals.—The unfortunate general use of ready-to-eat cereals caused by extensive uncontrolled advertising is a problem of vital concern to everyone interested in child nutrition. Children from a very early age quickly acquire a desire to copy adults, the use of ready-prepared cereals is responsible for one of our most pronounced faulty dietary habits; thus if such habits are unchecked by mothers, the child is destined to be deprived of large quantities of the important growth factor, Vitamin B1.

Unfortunately, our social system fails to make the results of authoritative scientific research available to those most vitally concerned with child development—the mothers. The following are the authorities consulted in comparing the Vitamin B1 value of cereal foods:—“The Journal of Industrial Chemistry,” June, 1941; “The Journal of Nutrition,” June, 1943; “The Report of the Commonwealth National Health and Medical Research Council,” November, 1941; “Food and Nutrition Reviews,” August, 1945. The last two are official Commonwealth Government reports. The Vitamin B1 values published are:—

<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>VITAMIN B1 VALUE</th>
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<tbody>
<tr>
<td>Average Wholewheat</td>
<td>45 units per oz.</td>
</tr>
<tr>
<td>Oatmeal</td>
<td>43 units per oz.</td>
</tr>
<tr>
<td>Ready-to-eat Cereals made from Wheat</td>
<td>4 units per oz.</td>
</tr>
<tr>
<td>Ready-to-eat Cereals made from Maize</td>
<td>3 units per oz.</td>
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<tr>
<td>Ready-to-eat Cereals made from Rice</td>
<td>2 units per oz.</td>
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Vitamin B1 destruction in ready-to-eat cereals equals over 80 per cent.

A COMPARISON

<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>VITAMIN B1 VALUE</th>
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<tbody>
<tr>
<td>ENERTONE (for babies)</td>
<td>150 units per oz.</td>
</tr>
<tr>
<td>Pro-Vita Junior Cereal (for toddlers)</td>
<td>130 units per oz.</td>
</tr>
<tr>
<td>Pro-Vita Weat Harts (for the whole family)</td>
<td>300 units per oz.</td>
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</tbody>
</table>

THE COST FACTOR

Are mothers concerned with costs? The following figures show (1) the quantity of various types of cereals required to
It is definitely established that a child between one and two years requires 200 units of Vitamin B1, which is the basis of this calculation. Can any mother picture her child eating 4 1/6 lb. of cornflakes, or 6 1/4 lb. of puffed rice each day? Can a working family afford the cost involved? What of older members of the family whose requirements are higher?

A baby between 7 and 12 months requires 150 units of Vitamin B1 daily; 12 months to two years, 200 units daily; and from two to four years, 300 units daily. These are the recommended dietary allowances of the National Research Council, which are accepted by world authorities. These requirements cannot be met with ready-to-eat cereals, it is, therefore, incumbent on every mother to adopt “the home-cooked cereal habit” with the introduction of baby's very first supplementary cereal food, if the child is to enjoy abundant health with growth and physical development of the highest standard. “Good health” is the result of “good habits.” Good eating habits are the first responsibility of mothercraft.

**INFANT FEEDING**

Milk is Nature's food for the young, and the milk of each species is best adapted for promoting the growth of the young of that species. Thus human milk is the best food for babies, and cow's milk for calves. Calves double their weight in about
48 days, and infants in about 150 days; hence the milk provided by Nature for calves is relatively concentrated in such tissue-building materials as protein, calcium and phosphorus. The sensitive digestive tract of the baby is apt to be upset by this more concentrated and difficultly-digested nutriment, and is much better able to handle human milk. Every effort should be made by mothers to breast-feed their babies. If this is not possible, the mother should rigidly follow the instructions of the physician or Infant Welfare Sister.

Whether breast or bottle-fed, a supplementary cereal food is usually introduced somewhere between four and six months after birth. This is the first step in “habit formation” and a “home-cooked type” of cereal, such as ENERTONE, should be used. This is given at first in small quantities according to directions, and then gradually increased as nutritional requirements of the growing infant become greater. ENERTONE should be used until baby is 12 to 15 months old. At this age, Pro-Vita Junior Cereal should be introduced, and continued until the child reaches the age of 2½ to 3 years; in fact, this special cereal is ideal for the whole period of childhood.

**DIET FOR SECOND YEAR**

From the age of 15 months to 2½ years, the following dietary outline is indicated:

**Milk.**—About one quart daily should be taken as pure milk and as an item in prepared cookery, such as junket or custard.

**Cod Liver Oil Emulsion.**—All such emulsions sold by chemists conform with B.P. standard. Cod liver oil emulsions rank among the most important resistance and growth-promoting products that are available. It should be introduced to the child at the earliest possible age, and continued right through to school leaving age. Pay special attention to establishing this habit firmly.

**Cereals.**—Having established “the home-cooked cereal habit” by using ENERTONE until the age of 15 months is reached, the next step should be the introduction of Pro-Vita Junior Cereal, which has been specially prepared to meet the demands of the growing child from the age of 15 months to three years. Pro-Vita Junior Cereal should be served with
one teaspoonful of Weat Harts with milk and little or no sugar twice daily, morning and evening.

Bread-Stuffs.—Dry toast or Pro-Vita Baby Rusks one to three times a day by gradual increase. Do not give more than three times a day during second year.

Vegetables.—Best given once or twice a day; two to three tablespoonsful each, or two or three vegetables may be given. This should include one small potato (cooked in jacket), with one green and one yellow vegetable, preferably from the home garden.

Fruits and Fruit Juices.—About two to four ounces of orange juice or strained tomato juice every day. Apple, prune or apricot pulped. Scraped ripe, raw apple or mashed banana may be given (one to three tablespoons) once a day at end of meal.

Eggs.—Whole egg may be begun at about 15 months, one half lightly poached egg at first; after 18 months a whole poached or soft boiled egg may be given three to four times a week; if well handled a small serve of egg and milk custard may be given.

Meat and Meat Broths.—Medical opinions differ on this matter. Some doctors give meat juices or scraped beef early in the second year. Some recommend small amounts of finely cut lean meats well cooked at the rate of three to six tablespoonsful several times a week. There would seem to be no special advantage in the addition of meat at an early age, provided the recommended amount of milk, eggs and vegetables are taken to supply protein and iron in liberal amounts.

Butter.—The use of butter may begin at the age of 15 months in very small quantities gradually increasing after the end of the second year.

Desserts.—Simple desserts may be introduced towards the end of the second year. These should take the form of junket, custard or ENERTONE made as blanc mange or served with pulped fruit. Desserts should contain little or no sugar and should always be reserved until the end of the meal.

Daily Feeding Schedule.—With certain reservations and subject to the recommendations of the doctor or Infant Welfare
Sister, the following feeding schedule is suggested during the second year:

6 or 6.30 a.m. . . . 8 ozs. warm milk.
3 a.m. . . . . . . . . . 2 to 3 ozs. fruit juice.
9 a.m. . . . . . . . . . Cereal with milk, dry toast or rusk. Milk to drink and usually fruit pulp.
12.30 a.m. . . . . Main meal with vegetables, egg or meat, bread or rusk, milk to drink and fruit pulp or dessert.
6 a.m. . . . . . . . . . Cereal with milk and Weat Harts.

The quantity of food required will be governed by the appetite of the child, but should be sufficient to completely satisfy the appetite of the child at the three main feedings.

Particular attention should be paid to the provision of chewing exercise. This not only helps the development of healthy teeth, but also stimulates the flow of digestive juices. A rusk or bread crust is good for this purpose.

FROM 2½ TO 5 YEARS

The dietary formula best suited for children from 2½ to 5 years is one employing a similar outline to that already set out, increasing the quantities of eggs, meat, vegetables, fruit, home-cooked cereals and orange juice to meet the increasing demands of the child. If the family is following a sane diet, a child at the age of five may successfully follow the adult dietary pattern.

The gravest danger lies in the fact that most home dietaries fall far short of meeting the needs of the growing child. In these circumstances the child's future should not be sacrificed through the dietary errors and faulty habits of his elders. One of our greatest social needs is the formation of a parents' education society in every suburb and town throughout Australia. Such an organisation would open the way to securing the services of qualified lecturers to teach our community the science of living healthy, productive lives in this fair land of plenty. Such a plan would prove a most efficient counter to "the unqualified opportunist" who today thrusts his denatured, valueless wares upon us with the aid of unscrupulous advertising over which there is no control.
WEIGH YOUR CHILD

From the first month to the age of four years every child’s weight should be checked at regular periods, once each month during the first year, then once every two months thereafter. A regular increase in weight is a sign of normal progress; a repeated decline in weight or a failure to show a normal increase calls for prompt medical advice.

Your chemist has dependable scales which are at your disposal without obligation. As a safeguard of quality and as an act of practical reciprocation, mothers are advised to purchase special foods and dietary supplementaries from the chemist wherever it is possible to do so. Most modern chemists are taking a practical interest in human nutrition, therefore, his advice is often of great value. Many chemists are members of the "Pharmacists Nutrition Bureau," an organisation which makes available information relating to scientific research in human nutrition.

CONCLUSION

In the light of modern knowledge it should be the ambition of every mother to gradually change the dietary pattern in the home until it reaches something approximating modern dietary standards. This is a process of elimination and addition. Eliminating starchy, non-protective foods, such as sweets, desserts, ready-to-eat cereals, pastry, cakes and starches, and supplementing these eliminations with milk, cheese, fresh vegetables and fruits, eggs, meat, butter and home-cooked cereals. Wholemeal bread is certainly preferable to white, but it must also be remembered that white bread is a five times better food than the ready-to-eat cereals in common use today. What is more, bread is the cheapest food in the world. The answer to our overcrowded hospital problem will be found in a sane combination of natural fresh foods, with the maximum use of the home garden plot for fresh green vegetables.

In most things the self-sacrifice of motherhood is unequalled. A mother will sacrifice even life itself for baby, yet countless thousands of mothers fall for the advertising catch phrase "ready-to-serve" as applied to cereals. A few minutes spent on the preparation of baby’s cereal may save many sleepless nights and days of anxiety which may be caused by a half nourished
child. Half the discomfort, sleeplessness, loss of appetite and sickness of infancy is due to “hidden hunger” resulting from malnourishment. Perhaps it is because Australian mothers have not had the opportunity of learning the truth about ready-to-serve cereals. To err in innocence is not a crime, but having learned the facts there is no excuse for continuing to err in this respect.


Where several of these signs become apparent the wise mother will hasten to make immediate dietary adjustments. Remember, ENERTONE for Infants and Pro-Vita Junior Cereal for Toddlers, take only a few minutes to prepare, and require but little attention if instructions are followed. These two foods appeal to the child’s palate and provide a definite assurance against hidden hunger or malnutrition. Health is the birthright of every child, every mother should make her contribution toward the promotion of health by the early establishment of healthful eating habits.

Every member of the family should take the recommended quantity of Pro-Vita Weat Harts daily. They are nature’s most abundant source of the essential Vitamins of the B Complex — prevention is always better and cheaper than cure.
Pro-vita Special Foods

Enertone.—The Velvet Textured Vitamin and Protein enriched cereal for Infants. This special food contains three times as much Vitamin B as any other Infant Food. Easy to prepare, palate pleasing and appetising, Enertone costs only one penny per day for a baby six months old.

Large 30 oz. Canisters, 3/6 each.

Pro-Vita Junior Cereal.—For growing toddlers from the age of 15 months. This is baby’s first real cereal. It is the most nourishing and delicious cereal ever produced. All children love it.

20 oz. Packets, 2/6 each.

Pro-Vita Weat Harts.—The delicious nut sweet vitamin concentration produced from the living embryo of golden Wheat (only one pound of Weat Harts can be made from 100 lbs. of Wheat). Rich in the essential Vitamin B Complex which is so hard to maintain at the proper level in modern diets. One dessert-spoonful for children and two for adults. Sprinkle Weat Harts on cereals, stewed or canned fruits, ice cream or in soups and note the new vitality and stamina which follows.

1/- per 8 oz. Packet. 2/6 per 20 oz. Canister.

Your Chemist throughout Australia sell all these special Food Products.

F. W. Niven Pty Ltd, Printers, 40 Flinders Street, Melbourne, C.1.