



GUIDE TO BABY FEEDING

TRUBY KING SYSTEM

MOTTO:
"BREAST FED IS BEST FED"



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Please turn over to last page.

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Kindly give this to a friend if you already have a copy yourself. It may help her also.

GUIDE TO BABY FEEDING

BY SIR TRUBY KING,

C.M.G., M.B., B.Sc. Public Health, Edin.;
Founder The Royal N.Z. Society for the
Health of Women and Children, New Zealand;
Mothercraft Training Society, London;
Australian Mothercraft Society, and
Karitane Products Society.

Achievements of the Royal N.Z. Society for the Health of Women and Children (Truby King System) and the Karitane Products Society in N.Z.

New Zealand mothers now lose only One Baby out of a Hundred in rearing them from a Month to a Year old. The average loss in Australia is double this, and in England about four times.

Before the formation of the Royal N.Z. Society for the Health of Women and Children, the deaths in New Zealand from Infantile Diarrhoea alone sometimes exceeded 500 in a single year; now there are only 50.

In 1907, the year of the formation of the Royal N.Z. Society for the Health of Women and Children, the death rate for New Zealand from Infantile Diarrhoea and other Gastric Ailments, was over 15 per 1,000 live births. This rate has fallen steadily, and for the past ten years, up to 1938, the death rate from Gastric Intestinal Ailments and Summer Diarrhoea has been less than 1 per 1,000 live births.

These remarkable changes have been brought about mainly by the following means:—

- (1) By showing mothers how to keep up their full supply of breast milk as long as possible.
- (2) By teaching people how to prepare simply, cheaply and efficiently, the best substitutes for Human Milk when this fails.
- (3) By supplying the best preparations at the lowest rates, for converting fresh cow's milk into Humanised Milk, and preventing, as far as possible, the use of Cane Sugar, Dried Milks, Condensed Milks, and Patent Foods in the rearing of infants.

Healthy Happy Mother Means Healthy Happy Baby.

*Therefore the First Duty of the Mother is to
keep herself in Perfect Health.*

What Does the Mother Need Most?

(1) **Good Pre-natal Care, Obtain Medical Advice Early, Sunshine, Pure Air, Outing and Exercise.** No mother gives herself or her baby a fair chance who does not go out into the sunshine as much as her circumstances permit, besides keeping the windows open day and night. Pure air and sunshine have almost as much effect on the health and strength of both mother and child as good food, and no woman can be in her best form as a mother who neglects to take regular daily open-air exercise. Walking in an open park, or country lane, or on a sunny beach, alternating with rest and enjoyment of scenery, are ideal. An evening spent occasionally at the "pictures" is interesting and enjoyable, but the mother should never waste any portion of the precious sunlight in this way.

(2) Regular Daily Action of the Bowels.

This is supremely important, both for the mother's own health and that of her baby. The bowels should be trained to move regularly and easily at the same time, every day. Daily active out-door exercise, and stimulation of the skin by cold bathing, or sponging followed by a good rub down with a rough towel, promote bowel action.

The best of all laxatives is the taking of ample fluid, especially the drinking of a full tumbler of water on rising. This also promotes the secretion of the milk. Purgatives should not be used; but from 5 to 10 drops of fluid extract of Cascara may be taken every evening for a week or two as a tonic laxative; and further, if needed, a level teaspoonful or less of any ordinary simple saline may be taken on rising, at the same time as the early morning glass of water. Never continue the use of any Drug or "Salts" without medical direction. Obtain your doctor's permission to do special exercises as demonstrated by skilled nurses.

(3) Suitable Diet—What is the Best Diet for the Nursing Mother? If the mother's ordinary diet has been wholesome and nutritious, and has agreed with her previously, she should continue on the same general lines while nursing—merely avoiding anything generally regarded as specially indigestible, or which she has previously found unsuitable. The nursing mother should not change, as is often done, to a faddy, unattractive diet, consisting largely of gruels and other insipid sloppy food. She needs to be well nourished, and her food should be sufficiently tasty and varied to be appetising and enjoyable

In addition to the ordinary staples, such as bread, butter, potatoes, milk, etc., some of the following should be included in the diet:—

Take some finely ground wholemeal bread, fresh green vegetables (including lettuce, salads, spinach, etc.), also raw tomatoes and fresh fruits.

IMPORTANCE OF SEA-FOODS.

No class of foodstuffs has its particular qualities and values more completely corroborated by recent scientific investigation than have fish and other sea-foods. The flesh of fish consists of proteins in a very digestible form, their fats are particularly rich in vitamins and the relatively high content of such essential elements as calcium, magnesium, manganese, phosphorus, and iodine, gives them additional value. Since iodine is deficient in N.Z. the addition of occasional meals of fish, or better still of shell-fish, would make for better health among our population, and more particularly the juvenile part of it. Oysters, particularly in the raw state, provide elements essential to a healthy diet. They, in common with many sea-foods, provide iodine, which is entirely lacking in many of our ordinary foods. The leading authorities on the subject recommend the taking of Iodised Salt and sea-foods regularly as part of our daily diet, as one of the essentials towards the prevention of Goitre.

Salads, apples, etc., cannot be chewed and enjoyed unless the teeth (whether natural or artificial) are in good order. The Expectant Mother should see a Dentist as well as her Doctor directly she knows she is pregnant; and it is equally important for the Nursing Mother to chew her food thoroughly and enjoy her meals.

(4) **Extra Daily Fluid Intake.**—The Nursing Mother must have extra fluid. This she may take in the form of plain water three or four times a day—say, a glass on rising, another at bed-time, and one or two between meals.

During the first month after childbirth the mother should have at least $1\frac{1}{2}$ pints more fluid than she would take when not nursing, and if her flow of milk proves insufficient,

she may take a quart beyond the ordinary. (1 quart equals 4 breakfast cups.)

If tea is used, it should be very weak, and freshly made. There is no harm in a cup of milk-gruel, or weak cocoa-and-milk about bed-time, if desired. The use of milk in moderation improves and promotes the secretion of milk.

During the first month the mother may take a total of a pint to 1½ pints of milk in the 24 hours as part of the meals. This may be partly diluted with water, and partly combined in milk-puddings, soup, gruel, weak tea, cocoa, etc. Boiling for a minute or two and diluting with water, makes milk lighter and easier to digest

Defective supply of Mother's Milk is generally due more to Indigestion and Constipation, brought on by lack of sunlight, fresh air and exercise, than to careless feeding, though diet is often at fault also.

What to Avoid.—Pastry, rich cakes, strongly-spiced, fried, over-fatty, over-cooked, twice-cooked, or other indigestible food should be avoided; also beer, stout, wine, spirits, strong tea, strong coffee, or other stimulants. (For further details see "Feeding and Care of Baby," by Sir Truby King, and "Mothercraft," by Mary Truby King.)

If her meals have been sensible, wholesome and nutritious, and her food has agreed with her, she should continue on the same general lines—merely avoiding anything known to be indigestible, or which disagrees with her. But she must pay attention to the third-last paragraph on page 3, and get her teeth attended to at once, if necessary.

What to Do if the Mother's Milk Supply Threatens to Fail Too Soon.

In this case the mother is strongly advised to see a competent doctor and a specially-trained Infant Welfare Nurse, either at a

visiting centre, or at a Baby Hospital. There steps would be taken to find out the exact breast-supply, and to show the mother how to promote the flow; or, better still, they would arrange for her admission to a Truby King Hospital for a few days, so as to leave no stone unturned to ensure resumption of full breast-feeding by means of suitable dieting, skilled systematic massage of the breasts, etc. This any mother can easily be taught to carry out herself in her own home; and by such simple means many a baby is saved nowadays from the curse of early bottle-feeding, and ensured the inestimable blessing of being entirely breast-fed for at least the first six months.

Mothers ought not to be misled or deceived by the pictures of babies made over-fat and over-heavy when reared on Patent Baby Foods, Dried Milks, or Condensed Milk.

Nothing is easier than to over-feed and over-fatten a baby by such means; but parents should pity and not be proud of these unfortunate victims of misleading advice. Such children are seriously handicapped for life, and lack the well-balanced normal proportionate development of muscles, bones, teeth and internal organs, which only breast-feeding can establish in perfection during the first six months or more after birth. These children have been denied their natural birth-right and the means of lying down, at the start, sound, solid structure for the rest of life.

Natural Feeding Supremely Important in the Early Months.

"Nothing can ever replace the Milk and the Heart of a Mother."—Old French Proverb.

Every baby ought to be breast-fed for the first nine months; and partial breast-feeding at least should be continued until the child is 8 or 9 months of age, unless it has been found impossible to increase the supply, or there are other distinct reasons to the contrary.

ARTIFICIAL FEEDING IS ALWAYS INFERIOR TO BREAST-FEEDING.

(1) During the first three months breast-feeding is particularly important.

(2) In the second quarter (from 3 to 6 months) artificial feeding should be staved off if possible. Should the supply be short and impossible to increase, the baby generally does well if the mother continues to give the breast at each feeding, and gives only as much diluted and properly modified cow's milk ("Humanised Milk") as may be needed to make up for the mother's short supply.

This is called "Complementary Feeding," and needs great care and attention on the part of the mother. The risks of over-feeding and upsetting the baby are much greater, especially at first, than when there is complete breast feeding; and the mother is strongly advised to read the directions and explanations given under the headings: (1) "Ideal Baby Feeding," (2) "Over-Feeding," and (3) "Mixed Feeding" in **Feeding and Care of Baby**, by Sir Truby King, and **Mothercraft**, by Mary Truby King. These books for mothers can be procured from any leading bookseller or from Box 3627s, G.P.O., Sydney.

(3) At any time towards baby's ninth month it becomes increasingly probable that the baby may need some "Humanised Milk" after each suckling, on account of the mother's supply falling off.

In the case of a normal mother leading a healthy life, the baby needs little beyond her milk for the first nine months, except an occasional ounce or two of water for slaking thirst in hot weather; a little orange juice can also be added.

However, it is always advisable to accustom the baby's lips and mouth to the use

and "feeling" of a teat at one month of age by giving an ounce or so of boiled water, once or twice a day by bottle. If this is not done, extreme difficulty may be encountered when any attempt is made to wean. In their early months babies readily take to drinking or feeding by bottle; but after five or six months, if not previously accustomed to a rubber-teat or spoon, a baby may struggle and fight persistently against the use of either, and may actually starve rather than give in.

Having impressed on the mother the seriousness of giving up breast-feeding before her baby is at least 6 months of age, and the great benefit of partial suckling at every feeding up to 9 months (however little mother's milk the baby may get from the breast towards the end) it is now our duty to point out that:—

Every Baby must be Artificially Fed after Weaning. Therefore, it is the Mother's Duty to learn how to prepare Suitable Food for her Child, on the lines of Human Milk, before her own milk begins to fall off.

HOW TO "HUMANISE" COW'S MILK.

The name "Humanised Milk" is given to milk prepared and modified so as to resemble human milk in the proportions of water and of the three essential foodstuffs (Sugar, Fat and Protein) which enter into the composition of all milks.

The following table shows at a glance how greatly cow's milk differs from human milk in its nature and composition:—

	Cow's Milk.		Human Milk.	
Milk Sugar	5	per cent.	7	per cent.
Fats and Oils	3½	" "	3½	" "
Protein (or body building material)	3½	" "	1½	" "
Water	88	" "	88	" "
	8			

The reason for the great excess of Protein (or "Flesh-forming Material") in Cow's Milk is the fact that the calf is intended to grow three times as quickly as the baby—the calf doubling its weight in less than two months, and the human baby in about five or six months. Therefore, in order to make cow's milk fit for the baby, it must be diluted with water to half strength or weaker. But this reduces the proportion of Milk-Sugar and also the Fats and Oils to only about a third of what the baby needs. Fortunately, the sugars and fats can easily be made up to the human standard by merely adding some "Karilac" Sugar and also some "Kariol" Emulsion. "Kariol" and "Karilac" can be bought from all leading chemists. (See prices, manufacturers' address, etc., on inside back cover.) Get suitable recipes from Truby King Baby Clinic.

The following recipe shows how to prepare 1½ pints of Humanised Milk for the baby—this being about the average quantity of Mother's Milk, or Humanised Milk, needed for completely feeding the normal infant at three months of age. It has taken the Medical Advisers of the Royal N.Z. Society for Health of Women and Children (Truby King System) nearly 25 years to arrive at this extremely economical, simple and scientifically correct way of changing cow's milk into the nearest practical approach to human milk. Mothers can now prepare the baby's whole food for 24 hours in 10 to 15 minutes.

The Recipe given below is now used throughout Australia for artificial feeding.

RECIPE.

Fresh Cow's Milk	13 ounces
"Karilac"	2 level tablespoons	and 1 teaspoon	
"Kariol"	6 level teaspoons		
Water	17 ounces		

It is better not to mix Kariol with the other ingredients, but to give it separately by spoon.

REQUIREMENTS.

Have Ready:	Utensils Required:
Fresh Milk	Graded 10-ounce measure. Also jug large enough to hold milk mixture.
"Karilac"	Household tablespoon—medium size.
Boiling Water	3 to 4 thickness butter muslin, for straining, large enough to fit over a jug.
"Kariol"	Small saucepan, knife, teaspoon.

To Make 30 Ounces of Humanised Milk (Full Strength).

Boil all utensils.

- (1) Stir the milk thoroughly and measure 13 ounces into a saucepan.
- (2) Dissolve the Karilac in 5 ounces of boiling water. Stir well until it is completely dissolved.
- (3) Add this to the milk in the saucepan and then add rest of water. Stir well.
- (4) Bring the mixture to the boil. Turn the gas very low (or remove saucepan to the side of the stove). Put lid on and keep simmering for 2 to 3 minutes.
- (5) If no lid, keep on stirring and then pour into a scalded jug. Cool rapidly by standing the jug in a stream of tap water, flowing across the sink—or, better still, during summer, in ice-cooled water. Do not stop stirring until the mixture has become merely warm—not hot enough to burn the hand. Strain the mixture when cold (after stirring well) as otherwise particles of cream may block the teat during feeds.
- (6) Keep an ice chest separate from other food, or a cool, airy outside safe, with the jug standing in a dish of cold water, covered with double damp butter muslin.

The muslin keeps wet by drawing up moisture from the water in the deep soup plate or dish into which it dips. If it is possible to raise the muslin

above the jug by a hook or frame and still allow the ends to dip into the water, it is even better, as this ensures a current of air circulating freely all around the jug and above the milk mixture as well. The milk mixture is thus kept cool by evaporation.

IMPORTANT.

Boiling for 10 minutes is advised in the beginning, because it renders the milk more digestible and safer for early use. In the summer it is a further safeguard to resort to 10-minute boiling, or to re-boil the milk mixture (when fresh milk cannot be obtained twice daily). Should any of the water evaporate during boiling, it must always be made up by the addition of **boiled water**.

The length of time for boiling should be gradually reduced by a minute daily (according to how baby is digesting it), until at the end of the second week boiling for two or three minutes is reached. However, when the weather is hottest, and epidemic "Summer Diarrhoea" is specially liable to occur, keep the Humanised Milk about the boil for a longer time, as explained above.

INCREASING TO FULL STRENGTH.

The recipes given on page 13 are **FULL STRENGTH** recipes. **If baby is under two weeks**, begin with only one-third of the quantity of the milk in the recipe.

If baby is over two weeks of age, begin with half the quantity of milk in the recipe. Increase to full strength in a week, if baby can digest it.

How to Give KARIOL EMULSION.

The total amount of "Kariol" ordered for the day should be measured into a tiny cup or jar when the milk mixture is made, and this quantity must be fairly divided between

the day's feedings, say (if the baby is fed four-hourly), one-fifth of the total quantity should be given by teaspoon before each bottle. The whole day's allowance of Kariol must be finished by the time the next day's food is made, when a fresh day's allowance should be put out. It is never advisable to mix the whole day's supply with the milk mixture, or to put the allowance for each feed into the baby's bottle at feeding time.

The words "teaspoon" and "tablespoon" refer to **LEVEL** teaspoonful and **LEVEL** tablespoonful in every case. (Fill the spoon, press down, and cut off level with a knife.)

Use **Ordinary Standard-size Household Spoons**, not medicine measures. Medical teaspoons and tablespoons are considerably smaller than domestic spoons, and should only be used if expressly specified.

Caution Regarding the Introduction and Use of "Kariol."

In commencing to give "Kariol" to a baby who has had none previously, give only half a teaspoonful in the twenty-four hours for a day or so. Then increase by half a teaspoonful every other day, or two or three times a week, until the total amount ordered in the recipes is reached—say, in about three weeks or a month, according to the baby's fat-digesting powers.

In cases of diarrhoea, discontinue the emulsion temporarily, starting again with very small quantities when the motions are back to normal.

The following Table shows **Recipes for various quantities of Humanised Milk**, using Fresh Milk, "Karilac," and "Kariol." (If Fresh Milk is unobtainable and Dried Milk, such as Lactogen or Glaxo, has to be used, use only an eighth of the weight of Fresh Milk, as shown in the Table.)

FULL STRENGTH HUMANISED MILK.

To Make	5 ozs.	10 ozs.	20 ozs.	25 ozs.	30 ozs.	35 ozs.	40 ozs.
Fresh Milk	2 ozs.	4½ ozs.	8½ ozs.	11 ozs.	13 ozs.	15 ozs.	17½ ozs.
(if Dried Milk is used)	(¾ oz.)	(½ oz.)	(1 oz.)	(1¼ ozs.)	(1½ ozs.)	(1¾ ozs.)	(2 ozs.)
"Karilac"	1½ tea- spoons	3 tea- spoons	1 table- spoon & 2 teaspoons	1 table- spoon & 3½ teaspoons	2 table- spoons & 1 teaspoon	2 table- spoons & 2 teaspoons	3 table- spoons
"Kariol"	1 teaspoon	2 tea- spoons	4 tea- spoons	1 table- spoon & 1 teaspoon	6 tea- spoons	7 tea- spoons	8 tea- spoons
Water to make Total up to	5 ozs.	10 ozs.	20 ozs.	25 ozs.	30 ozs.	35 ozs.	40 ozs.

FRUIT JUICE.

Every bottle-fed baby must be given the juice of some fresh uncooked fruit or vegetable daily, such as orange juice, or tomato or carrot juice. This is also recommended for breast-fed babies.

In the baby's second month, begin by giving a few drops of strained orange juice daily, diluting with an equal quantity of cool boiled water. This should be given between feedings. In a few weeks the baby may have half a teaspoonful of strained orange juice daily; and as age increases, the quantity of orange juice can be steadily increased. **Never pour boiling water over fresh fruit juice.** (See "Feeding and Care of Baby," by Sir Truby King.)

Allowance of Humanised Milk.

The following table shows the average full allowance of Humanized Milk for the average baby at different ages. However, **no Feeding Table can be an absolute guide as the the quantity and strength of food best suited to a given baby.** For a time (especially in the early months) infants with a tendency to weak digestion generally thrive better if the food specified in the Table is lessened by one or more teaspoonfuls at each feeding—boiled water being added to dilute and make up quantity.

TABLE FOR ARTIFICIAL FEEDING.

Age of Baby	Humanised Ounces Milk	Total Fluid at each Feeding	Four-hourly Feeding Times
1 month	20	4	6, 10 a.m.
2 months	25	5½	2, 6, 10 p.m.
3 "	30	6	" "
4 "	30½	6½	" "
5 "	35	7	" "
6 "	37½	7½	" "
9 "	40	8	" "

N.B.—About the seventh month, ask the nearest Truby King Centre, or Box 3627S, G.P.O., Sydney, for the special pamphlet of Truby King instructions on the feeding of baby from seven months to five years.

WHY USE KARILAC?

(1) Because babies can deal better and more easily and completely with the best blend of Dextrose and Dextrin, as specially

selected for the making of Karilac, than if they are restricted to mere Milk Sugar. Further, the use of Karilac makes babies much less likely to suffer from indigestion, constipation, or diarrhoea.

(2) The baby is generally more contented, sleeps better, grows and gains weight more quickly, and is less liable to "upsets" of any kind.

(3) The Gelatine in Karilac makes it unnecessary to use Lime Water when preparing Humanised Milk.

ECONOMY of Society's Preparations.

A special and unique feature of all the K.P.S. preparations for use in infancy and early childhood is **CONCENTRATION**. As far as practicable, water or moisture is eliminated by evaporation, etc.

Thus, all ordinary Emulsions contain from 35 to 45 per cent. of water, whereas the Karitane Products Society's Emulsion (Kariol) contains under 15 per cent. of moisture—which is the standard allowance for pure fresh butter. Therefore, the K.P.S. Emulsions will keep well without preservatives; and Kariol has double the Caloric or feeding value of ordinary cow's milk-cream, and from 25 to 30 per cent. higher caloric value than ordinary trade emulsions.

Kariol is specially prepared for artificial feeding during infancy; but it can also be used for older children or for adults.

Kariol and Karilac can be bought from any chemist. If your chemist does not already stock them, he will do so on request, obtaining his supplies from the manufacturers.

The prices are:—

Karilac 2/1 per lb. packet

Kariol 3/3 per lb. tin

You need both for the making of Humanised Milk.

Karil 3/3 per lb. tin

This is recommended for babies over one year, for older children and adults, and especially for expectant mothers.

Cost of Humanised Milk.

Feeding a three-months-old baby on Humanised Milk (made by yourself) costs 3/7½ per week (gas inclusive).

Feeding a nine-months-old baby on Humanised Milk costs 4/4 a week (gas inclusive). You will thus see that this method, besides being far better for baby, is much cheaper for you than if you buy any of the "ready made," tinned, dried Humanised Milks on the market.

Please study this "Guide" very carefully BEFORE MAKING HUMANISED MILK. It contains a wealth of valuable information. Please keep it somewhere where there is no risk of it being destroyed.

TRUBY KING MOTHERCRAFT AND BABY WELFARE CENTRES

WESTERN AUSTRALIA

PERTH—Sister Nicholson, Infant Health Correspondence Nurse, Perth.

SOUTH AUSTRALIA

ADELAIDE—The Truby King Mothercraft League of South Australia (Headquarters and Central Rooms), Kither's Building, 31a King William St.

ADELAIDE—Centre at John Martin & Co. Ltd, 92-106 Rundle St. (First Floor).

BURRA—Centre at Burra Hospital.

MOOROOK—Sister Stevens.

WOODVILLE—Presbyterian Church Hall, Woodville Road. Hours: 9 a.m. to 11.30 a.m. each Tuesday.

QUEENSLAND

DALBY—Miss Dever, Burra Bru Private Hospital.

MARYBOROUGH—The Misses Francis, St. Mary's Private Hospital, John St.

TASMANIA

HOBART—The Child Welfare Association. The Mothercraft Home, Roope St., Newtown.

LAUNCESTON—The Child Welfare Association

F. W. THOMPSON PTY. LTD.

227 George Street, SYDNEY.

Distributing Agents for—

Karitane Products Society Ltd.,

Wellington, N.Z.

TRUBY KING LEAGUE OF VICTORIA.

MELBOURNE—Headquarters and Central Rooms, Buckley & Nunn Ltd., 306 Bourke Street.

Kelvin Hall, 55 Collins Place.

FOOTSCRAY—Tweddle Hospital for Babies.

Leed Street, Centre and Sub-Centre.

TRUBY KING CENTRES

Berwick, Beaconsfield Upper, *Braybrook, *Coburg, Carrum Downs, Dandenong, Euroa, *East Malvern, Glenroy, Kilmore, *Kyneton, *Newport, Noble Park, North Balwyn, *Preston, *Swan Hill, Sunshine, Seymour, Springvale, Williamstown, Werribee, Wyche-proof, *Yarraville.

*Truby King Centre and Sub-Centre.

KARIOL EMULSION

Kariol is prepared for the express purpose of taking the place of the Natural delicate Cream of the Mother's Milk whenever the baby has to be fed artificially.

VITAMIN CONTENT OF KARIOL.

Kariol has been biologically assayed and found to contain not less than 8,000 international units of Vitamin A and not less than 750 international units of Vitamin D per ounce (28.34 grams).

KARIL EMULSION

An Emulsion of specially selected and prepared Fats, Oils and Malt Extract for Children and Adults.

If you have a child over one year of age, Karil Emulsion is a good investment for him, especially during the winter months. All leading chemists keep Karil Emulsion, for older children and adults. **DO NOT ACCEPT A SUBSTITUTE.** The fat particles in Karil are actually much finer than those of human milk, and Karil is thus very readily digested. Karil is inexpensive, costing only 3/3 per lb. tin. Karil is the only Emulsion recommended by the Australian Mothercraft Society for adults, and children over one year of age.

VITAMIN CONTENT OF KARIL.

Karil has been biologically assayed and found to contain not less than 8,000 international units of Vitamin A and not less than 750 international units of Vitamin D per ounce (28.34 grams).