



Introduction

Childhood as a separate and distinct stage of life is a modern idea; historians who write about trends in child rearing assign this new outlook to the advent of literature on how to raise children. In fact, the appearance of published advice on raising children, starting in the eighteenth century, signals a profound change in western life, one in which the scientific counsel of experts replaces the wisdom of elders, and the instincts of parents and grandparents.

Early child rearing literature from Britain and the American colonies displays a distinctly moralistic tone. The writers—who tended to be physicians or ministers—linked child rearing practices with future behavior and character. Whether they wrote from the Calvinist perspective—viewing child rearing as a battle of wills between the inherently sinful child and authoritarian parents—or from the more mellow opinions of enlightenment philosophers like Locke and Rousseau—who advocated a gentle molding of the child, considered innocent at birth—all viewed the family as a microcosm of society and believed that the techniques parents used to raise their children would determine the future character of their community and nation.

During the Enlightenment, with its emphasis on creating a society based on science rather than “superstition,” the child no longer appeared as a little adult, but as an impressionable creature that could

be molded into a reasonable citizen with the right upbringing, or allowed to develop unsupervised, like an unweeded garden, in haphazard and possibly ruinous fashion.

With the advent of Darwinism and Freudian psychology, the Enlightenment view of the child as a “blank slate” gave way to the notion of the child as inheritor of instincts forged by evolution and of powerful hidden desires. Child rearing experts cautioned against the suppression of these impulses and advised channeling them into activities beneficial to society.

The authoritarian Luther Emmett Holt, author of *The Care and Feeding of Children* (1894), approached the subject as a physician, aiming to put child rearing on a “scientific” basis. He sternly warned new mothers to avoid asking their mothers and grandmothers for advice on how to raise their children. All superstition and baseless traditions of the past must be discarded in favor of an approach forged out of the “scientific method.”

Holt was president of the American Pediatric Society, and in this role he presided over crowded pediatric wards where staff was overworked and infant mortality was high. He endorsed bottle feeding using whole milk (milk containing adequate amounts of cream), advocated strict feeding and sleeping schedules, insisted that toilet training could be



achieved by the age of three months and warned mothers not to cuddle or play with their babies, even when they cried. Such treatment over-stimulated them, he said, and gave them germs.

Holt's tome was aimed at the training of mothers and nurses as much as of children; in addition to following lengthy and precise instructions, mothers, like the hospital staff, were expected to keep detailed records of their children's progress.

By the 1920s, books on child rearing couched suggestions in terms of psychology and behaviorism. Following in the authoritarian footsteps of Dr. Holt, John B. Watson considered the programming of children during the first two or three years of life as critical to their future development into manageable workers and citizens. According to Watson, the mature adult was entirely the result of the child's encounter with his environment during the growing years. Like Holt, Watson warned against "too much mother love" and believed that parental detachment helped children develop self control. His book, *Psychological Care of Infant and Child* (1928), sold fifty thousand copies in the first year, and was the force that ushered in the phenomenon of the anxious mother.

More laissez-faire than hardliners like Holt and Watson was Arnold Gesell, author of *Infant and Child in the Culture of Today* (1943). Gesell believed that children should be left alone to go through innately programmed patterns—characterized as innovation, integration and equilibrium—and stages of development. Thus, four-year-olds were "expansive," five-year-olds were "focal" and six-year-olds were "dispersive." But while the child unfolded according to his own internal clock, Gesell enjoined the mother to keep detailed records and fill in color-coded charts so as to spot developmental lags. Even the act of changing diapers called for an entry into the development diary.

THE BITTER LEGACY OF DR. SPOCK

The pediatrician Benjamin Spock believed that writers like Holt and Gesell had created an epidemic of parental "hesitancy" and anxiety. His bestselling book, *The Common Sense Book of Baby and Child Care* (1946)—which has sold fifty million copies—was the first to identify with the feel-

ings of the mothers and opens with the lines: "Trust yourself. You know more than you think you do." Spock offered no theories or charts, acknowledging that the book "really all came out of my head." He argued against feeding schedules and coercive toilet training.

Spock did not demand "unnatural patience" from mothers and although he was not in favor of spanking, he did not consider it a very great evil—it was no worse than "nagging a child for half the day, or trying to make him feel deeply guilty." He felt that children naturally wanted to be good; and he recognized the fact that parents aren't perfect: "We all have our troubles, great or small, and we all take them out on our children to some degree."

Spock sided with mothers, and he also sided with the child: "You sometimes hear it recommended that you should never spank a child in anger, but wait until you have cooled off. That seems unnatural. It takes a pretty grim parent to whip a child when the anger is gone." He warned against punishment that "seems to break a child's heart or. . . break his spirit."

Modern writers have criticized Spock for ushering in an era of permissiveness, but most of today's readers would find his advice on child behavior infused with common sense. "A boy needs a friendly, accepting father," said Dr. Spock, "You can be both firm and friendly."

The bitter legacy of Dr. Spock has less to do with his counsels on the emotional and behavioral aspects of child rearing than with his dietary advice, which if it did not come all out of his head, certainly came out of the early promotional efforts for industrial foods; for Spock was the first child rearing "expert" to endorse processed food for babies, including processed ingredients for infant formula. He was also the first to disparage dietary fats for growing children.

Until Spock published *The Common Sense Book of Baby and Child Care*, pediatricians seeking dietary advice often turned to *Nutrition and Diet Therapy: A Textbook of Dietetics*, by Fairfax T. Proudfit, published throughout the 1930s and 1940s—the eighth edition came out in 1945. Chapter 13, "Artificially Fed Infants," gives us a good example of the col-

lective wisdom of the period: “Nature does not always confer upon a woman the important capacity for nursing her baby, but the women who are able should do so. . . the logical substitute for human milk is cow’s milk (or goat’s milk).” Proudfit recommended a formula of cow’s milk diluted with an equal amount of water and the addition of a small amount of sugar. His first choice for the formula was certified raw milk, “the purest form of raw milk obtainable.” He also recommended beef juice, liver and egg yolk as some of baby’s first foods. According to Proudfit, baby should receive a few drops of cod liver oil daily, beginning at two weeks, gradually increasing to two teaspoons by the age of three months. However, Proudfit also endorsed infant formula made with pasteurized, sterilized, powdered and condensed milk and suggested introducing cooked cereals at the age of four months.

In *Baby and Child Care*, Spock takes parents much further down the dark alley of processed foods, and he was the first to inculcate a fear of animal fat in infant feeding. He specifically warned against raw milk and, if the milk came from Guernsey cows, suggested pouring off some of the cream. He promoted formula made with evaporated or powdered milk, with sugar added, and skimmed milk when the baby had diarrhea, because “milk is easier to digest when there is no cream in it.”¹ He made no mention of cod liver oil but recommended “vitamin drops” to provide vitamins A, C and D.

Empty calories got introduced early in Dr. Spock’s regimen, either as orange juice (fresh, frozen or canned) or sugar water given in a bottle. The best weaning food for baby, according to Spock, was cereal, which came before fruit, vegetables, egg yolk and meats.

Baby does not get butter on his vegetables—there is not a single mention of butter in the whole book. Puddings made of milk, egg and starch (tapioca, rice or cornstarch) could be given to baby “for lunch or supper any time after six months. . . supper can be fruit and pudding, or vegetable and pudding.”

Spock had nothing against puddings “in jars or cans for babies” except for the fact that “saliva introduced into the container can spoil food rapidly,” so baby should not be fed pudding directly out of the can or jar.

Babies could transition to pasteurized milk at nine months, said Spock, but in answer to the question, “When do you change from evaporated to pasteurized milk?” he gave the following startling reply: “The really sensible answer would be ‘Never.’ Evaporated milk is sterile, cheaper, easier to store, easier to digest, less likely to cause allergy. It’s only slightly less convenient to serve. When the baby is off formula, you merely mix equal parts of evaporated milk and boiled water in the cup or bottle just before feeding. . . there’s no medical reason why a baby needs to change, so keep him on evaporated milk as long as you are willing to.”

Such advice seems incredible today, when even the most conventional books on child rearing warn against highly sugared processed foods for babies, and when the link between diet and behavior in children is emerging with increasing clarity. Like his predecessors as far back as the eighteenth century, Spock devoted a large part of his book to dealing with misbehavior in children—anger, jealousy, whining, tantrums and disobedience—which even the best “firm and friendly” parenting skills have difficulty solving in the malnourished child on a blood-sugar rollercoaster.

Knowledge about nutrition has increased exponentially since Spock wrote *Baby and Child Care*, and most modern books on the subject give lip service to the importance of vitamins and minerals, and fats and oils, not only for physical health, but for brain development, behavior and emotional development. But the information in modern baby books is conflicting, with much of it obviously wrong. And this brings us to the burning question: when it comes to children (and their parents), what constitutes a healthy diet?

THE ENDURING OBSERVATIONS OF WESTON A. PRICE

One year before *Baby and Child Care* appeared in print, a dentist named Weston A. Price published a book called *Nutrition and Physical Degeneration* (1945). Price was well known and well respected in his field—he had published a textbook on dentistry and was head of research for the National Dental Association. *Nutrition and Physical Degeneration* contained a number of Price’s articles, which had

appeared separately over the years in dental journals, and included several new chapters in which Price summarized his findings.

Nutrition and Physical Degeneration describes a series of unique investigations, which engaged the author's attention and energies for over ten years. Price was disturbed by what he found when he looked into the mouths of his patients. Rarely did an examination of an adult client reveal anything but rampant decay, often accompanied by serious problems elsewhere in the body such as arthritis, osteoporosis, diabetes, intestinal complaints and fatigue.

But it was the dentition of younger patients that gave him the most cause for concern. He observed that crowded, crooked teeth were becoming more and more common, along with what Price called "facial deformities"—overbites, narrowed faces, underdevelopment of the nose, lack of well-defined cheekbones and pinched nostrils. Such children invariably suffered from one or more complaints that sound all too familiar to today's parents—frequent infections, allergies, anemia, asthma, poor vision, lack of coordination, fatigue, learning disorders and behavioral problems—not to mention the fact that as they reached maturity, their lack of physical attractiveness made them unhappy.

Price did not believe that such "physical degeneration" was mankind's natural state. He was rather inclined to believe that Nature intended physical

perfection for all human beings, and that children should grow up free of ailments.

Price's bewilderment gave way to a unique idea. He would travel to various isolated parts of the world, where the inhabitants had no contact with "civilization," to study their health and physical development. His investigations took him to isolated Swiss villages and a windswept island off the coast of Scotland. He studied traditional Eskimos, Indian tribes in Canada and the Florida Everglades, South Sea islanders, Aborigines in Australia, Maoris in New Zealand, Peruvian and Amazonian Indians and tribesmen in Africa.

These investigations occurred at a time when remote pockets of humanity, untouched by modern inventions, still existed, yet when one modern invention, the camera, allowed Price to make a permanent record of the people he studied. The photographs Price took, the descriptions of what he found and his startling conclusions are preserved in *Nutrition and Physical Degeneration*. Yet this compendium of ancestral wisdom did not enjoy the popularity that greeted Spock's child rearing manual; in fact, even today, Price's book is relatively unknown, although it has remained in print since 1945.

Nutrition and Physical Degeneration is the kind of book that changes the way people view the world. No one can look at the handsome photographs of so-called primitive people—faces that are broad,

PARADISE LOST

"As a child I had an experience similar to that of Weston Price. My family spent six weeks each summer traveling to different parts of the world. Our favorite was the Pacific Islands, so I was there four times, from 1958 to 1968. In that space of time, we noticed dramatic changes in the children on the islands. My father was a gynecologist (infertility specialist) and my mother was an anthropologist/sociologist, so we noticed these things! On our last voyage, when our cruise ship arrived, the crew told us we had to wait to disembark because the Sara Lee coffee cakes got off first. They told us they would be sold out of the stores within twenty-four hours.

"On our first visit, the children we saw were round-faced, with wide beautiful smiles and gleaming even teeth. They always smiled, laughed and ran around playing. By the last visit, they looked like poor Americans, with pinched faces, darkened uneven teeth and sullen expressions. There was more picking on one another than playing. The South Pacific was no longer paradise. During that time, the French completely transformed Papeete, Tahiti for their nuclear program and American Samoa was likewise changed. Even in Hawaii the same thing was evident."

Randy Rolfe, Letter to *Wise Traditions*, Winter 2000

well-formed and noble—without realizing that there is something very wrong with the development of modern children. In every isolated region he visited, Price found tribes or villages where virtually every individual exhibited genuine physical perfection. In such groups, tooth decay was rare and dental crowding and occlusions—the kind of problems that keep American orthodontists in yachts and vacation homes—nonexistent. Price took photograph after photograph of beautiful smiles, and noted that the natives were invariably cheerful and optimistic. Such people were characterized by “splendid physical development” and an almost complete absence of disease, even those living in physical environments that were extremely harsh.

Price described babies and children who were robust, healthy, alert and curious. He noted that primitive village life was rarely interrupted by the sound of a child crying. The cheerful optimism of young and old especially impressed the peripatetic dentist—parents in these cultures did not need advice on dealing with anger, tantrums, whining and destructive conduct because these types of behavior did not exist. And when every individual in a society was attractive, well-formed and healthy, jealousy was rarely an issue. Price came to the conclusion that what his contemporaries referred to as “defects in moral character” were not the result of poor parenting skills or bad genetics but poor nutrition.

The fact that “primitives” often exhibited a high degree of physical perfection and beautiful straight white teeth was not unknown to other investigators of the era. The accepted explanation was that these people were “racially pure” and that unfortunate changes in facial structure were due to “race mixing.” Today dentists insist that crowded teeth, narrow faces and other deformities are inherited, or are the result of eating “soft foods.”

Price found the racial mixing theory unacceptable. Very often the groups he studied lived close to racially similar groups that had come in contact with traders or missionaries, and had abandoned their traditional diet for foodstuffs available in the newly established stores—sugar, refined grains, canned foods, condensed and pasteurized milk and devitalized fats and oils—what Price called the “displacing foods of modern commerce.” In these peoples, he found rampant tooth decay, infectious illness and

degenerative conditions. Children born to parents who had adopted the so-called civilized diet had crowded and crooked teeth, narrowed faces, deformities of bone structure and reduced immunity to disease.

Price concluded that race mixing had nothing to do with these changes. He noted that physical degeneration occurred in children of native parents who had adopted the white man’s diet while mixed race children whose parents had consumed traditional foods were born with wide handsome faces and straight teeth. “Individual beauty is a matter of both design of the face and regularity and perfection of the teeth,” wrote Dr. Price. “Nature always builds harmoniously if conditions are sufficiently favorable, regardless of race, color or location.”

The notion that facial narrowing is due to genetics does not hold up to simple logic: the parents and grandparents of children with facial deformities did not have crooked teeth and facial deformities. Genetic changes do not take place in one generation. And the facial structure of an individual is apparent from the day of birth; it continues to manifest during infancy when the only food is a soft food—milk.

The diets of the healthy “primitives” Price studied were all very different: In the Swiss village where Price began his investigations, the inhabitants lived on rich dairy products—unpasteurized milk, butter, cream and cheese—dense rye bread, occasional meat and organ meats, bone broth soups and the few vegetables they could cultivate during the short summer months. The village was known for the beauty of its women and the strength and athletic prowess of the men; during athletic contests the men drank bowls of pure cream.

The children never brushed their teeth—in fact their teeth were often covered with green slime—but Price found that only about one percent of the teeth had any decay at all. The children went barefoot in frigid streams during weather that forced Dr. Price and his wife to wear heavy wool coats; nevertheless childhood illnesses were virtually nonexistent, and the village had never known a single case of tuberculosis.

A key finding—one that amazed Dr. Price—was the emphasis primitive peoples put on special, nutrient-

dense foods for parents before conception, for pregnant and nursing mothers, and for children during their growing years, when the body is formed and the connections in the brain are made—for these so-called primitive peoples, childhood was indeed a separate and distinct stage of life. Without the help of scientists or doctors, they instinctively knew that formation and growth require extra nutrition, and that parents needed to prepare themselves in advance so that good nutrition was available from the moment of conception.

For the Swiss villagers, this nutrient-dense food was a special kind of butter—the deep orange butter that came from their cows when they first went to pasture in the spring. They believed that when the cows were eating rapidly growing, bright green grass, the butter they produced was especially nutritious. In fact, the spring butter was a sacred food to the isolated mountaineers, honored with a special ceremony in their churches, in which they placed a bowl of spring butter on the altar and lighted a wick in it to acknowledge its life-giving properties.

Hearty Gallic fishermen living off the coast of Scotland consumed no dairy products. Seafood formed the mainstay of the diet, along with oats made into porridge and oatcakes. The special food for pregnant women and children was fish heads stuffed with oats and chopped fish liver—children consumed stuffed fish heads, not Cheerios and skim milk, every morning for breakfast.

The Eskimo diet, composed largely of fish, fish roe and marine animals, including seal oil and blubber, allowed Eskimo mothers to produce one sturdy baby after another without suffering any health problems or tooth decay. Their sacred food was salmon roe, preserved in the spring and consumed frequently, they told Dr. Price, so they could have healthy babies.

Well-muscled hunter-gatherers in Canada, the Everglades, the Amazon, Australia and Africa consumed game animals, particularly the parts that civilized folk tend to avoid—organ meats, glands, blood, marrow and fat—along with a variety of grains, tubers, vegetables and fruits that were available. Native Americans prepared a kind of milk out of bone marrow for growing children.

African cattle-keeping tribes like the Masaai consumed virtually no plant foods—just meat, blood and milk. Marriage was preceded by a period of special feeding. Many African tribes considered liver a sacred food.

South Sea islanders and the Maori of New Zealand ate seafood of every sort—fish, shark, octopus, shellfish, sea worms—along with pork meat and fat, and a variety of plant foods including coconut, manioc, yams and fruit. They exposed themselves to considerable danger by hunting the shark, because they considered the shark's liver a sacred food, necessary for healthy babies. In addition, the men ate the male reproductive organs of the shark and the women ate the female reproductive organs, to prepare for conception and pregnancy.

Whenever these isolated peoples could obtain sea foods they did so—even Indian tribes living high in the Andes. Andean Indians put a high value on fish roe, which was available in dried form even in the most remote villages. Like the Eskimos thousands of miles to the north, they consumed fish roe in order to have healthy babies.

Insects were another common food in all regions except the Arctic, but especially in Africa. We do not eat insects in the West, but a look through a microscope at stored grains that have not been fumigated is enough to clinch the argument that until recently, most of humankind inadvertently consumed insects.

The foods that allow people of every race and every climate to be healthy are nutrient-dense natural foods—meat with its fat and especially organ meats, whole unprocessed milk products from grass-fed animals, fish, shellfish, insects, whole grains, tubers, vegetables and fruit—not newfangled concoctions made with white sugar, refined flour, processed milk and rancid, chemically altered vegetable oils—not puddings, fruit juice, sugar water and condensed milk.

Price took samples of native foods back to his laboratory in Cleveland and subjected them to analysis. He found that the diets of healthy peoples contained at least four times more minerals and water-soluble vitamins—vitamin C and B complex—than the diet of modernized peoples. Price would un-

doubtedly find a greater discrepancy today, as we enter the twenty-first century, due to continual depletion of our soil fertility through industrial farming practices, and the wholesale acceptance of processed foods. What's more, among traditional populations, grains, legumes and tubers were prepared in ways that increased vitamin content and made minerals more available—soaking, fermenting, sprouting and sour leavening.

It was when Price analyzed the native foods for fat-soluble vitamins that he got a real surprise. The diets of healthy native groups contained at least ten times more vitamin A and vitamin D than the diet of modernized peoples! These vitamins are found only in animal fats—butter, lard, egg yolks, fish liver oils—and foods with fat-rich cellular membranes like liver and other organ meats, fish eggs and shellfish.

Price referred to the fat-soluble vitamins as “catalysts” or “activators” upon which the assimilation of all the other nutrients depend—protein, minerals and vitamins. In other words, without the dietary factors found in animal fats, all the other nutrients largely go to waste.

Price discovered another fat-soluble vitamin that was a more powerful catalyst for nutrient absorption than vitamins A and D. He called it “Activator X.” All the healthy groups Price studied consumed foods rich in Activator X. In fact, these were the very foods they considered so important for fertility and growth—fish liver oil, fish eggs, organ meats and the deep yellow spring and fall butter from cows eating rapidly growing green grass.

The therapeutic value of foods rich in the vitamins A, D and the X Factor was recognized during the years before the Second World War. Price found that the action of “high-vitamin” spring and fall butter was nothing short of magical, especially when small doses of cod liver oil were also part of the diet. He used the combination of cod liver oil and high vitamin butter oil, made by extracting the unsaturated oils in butter from the harder fats through a slow centrifuge process, with great success to treat osteoporosis, tooth decay, arthritis, rickets and failure to thrive in children.

The identification of Activator X remained a mys-

tery until recently; we now know that Activator X is vitamin K₂, the animal form of vitamin K.² Research on vitamin K₂ dovetails perfectly with Dr. Price's findings. Price's lab tests identified Activator X in butterfat, fish eggs, organ meats and animal fats; modern research confirms the presence of vitamin K₂ in butterfat, organ meats and animal fats.

Vitamin K₂ is synthesized by animal tissues, including the mammary glands, from vitamin K₁, which is found in association with the chlorophyll of green plants in proportion to their photosynthetic activity—thus the presence of vitamin K₂ in the spring butter so prized by the Swiss villagers. When cows eat rapidly growing green grass, rich in vitamin K₁, they transform this precursor into vitamin K₂, which is then carried in the butterfat.

Modern science has discovered that vitamin K₂ activates cells to produce proteins after signaling by vitamins A and D—hence the synergy of cod liver oil, rich in vitamins A and D, with high-vitamin butter or high-vitamin butter oil, rich in vitamin K₂.

Price's research indicated that Activator X plays an important role in reproduction, infant growth, facial structure, mineral utilization, bone density, protection from cavities, and protection from fatigue; it supports mental development and neurological health. Price even cured a boy of seizures with a combination of cod liver oil and high-vitamin butter oil.

Modern research has revealed that sperm possess a vitamin K₂-dependent protein; thus the vitamin plays an important role in reproduction. Vitamin K₂ activates proteins responsible for the deposition of calcium and phosphorus in the bones and teeth; the presence of vitamin K₂ in the saliva prevents cavities. And while vitamin K₂ contributes to the development of strong, dense bones, it also protects against the calcification and inflammation of blood vessels and the accumulation of atherosclerotic plaque.

Vitamin K₂ supports energy production in the body—deficiency induces fatigue in laboratory animals.

The brain contains one of the highest concentrations of vitamin K₂, where it is involved in the synthesis

of the myelin sheath of nerve cells, thus contributing to learning capacity; and vitamin K₂ is involved in the synthesis of lipids called sulfatides in the brain, the absence of which induces seizures.

Most significantly, vitamin K₂ contributes to infant and childhood growth by preventing the premature calcification of the cartilaginous growth zones of the bones, including the bones of the face. Thus vitamin K₂ supports the development of a wide facial structure, capacious sinus cavities, long nose and attractive high cheekbones. A specific sign of vitamin K₂ deficiency is a “sunken in” structure of cheeks and nose, what Dr. Price referred to as “the underdevelopment of the middle third of the face.”

Other dietary practices among healthy primitive peoples included the use of bones, usually as a nourishing bone broth; careful preparation techniques for grains, legumes and nuts; and the use of fermented foods, all of which increase nutrient content and improve digestibility of these foods.

Those groups that consumed milk were characterized by tall stature; milk from cows, goats, sheep, reindeer, camels or water buffalo was always consumed raw and often fermented.

MODERN ADVICE

Unfortunately, the modern world has largely ignored—or even ridiculed—the findings of Dr. Weston Price. Instead, formula feeding and canned baby food have become the foods of choice for infants, and lowfat diets for children are enshrined as national policy.

Most books on infant feeding warn that vitamin A is toxic and that vitamin D must be obtained through a supplement. Vitamin K₂, so necessary for growth, bone density and mental development, is rarely mentioned.

The American Academy of Pediatrics recommends no special foods for pregnancy other than a prena-

BAD ADVICE IN BABY BOOKS

“Your body’s need for fat [during pregnancy] is minimal, reduce your intake by trimming fat off meat, using less butter, drinking low-fat milk, boiling or steaming foods. . . ”

The Complete Book of Pregnancy and Childbirth by Sheila Kitzinger, Knopf, 2003

“Limit total fat intake to 25 to 30 percent of total calories by cutting back on saturated fats in fatty meats and dairy products. . . . You can’t eat butter because its high saturated fat content increases the risk for heart disease. . . ”

Nutrition for a Healthy Pregnancy by Elizabeth Somer, MA, RD, Owl Books, 2002

“Choose lean meats and trim fat from meat before cooking. With poultry, remove skin.”

The Everything Pregnancy Nutrition Book by Kimberly A. Tessmer, RD, LD, Adams Media Corporation, 2005

“Saturated fats are the least healthy (fat) and are best used in small amounts. Go easy on butter, fat found in meats, coconut, coconut oils and palm oil.”

Mothering Magazine’s Having a Baby, Naturally by Peggy O’Mara (editor of *Parenting* magazine) and others, Atria 2003

“Babies don’t need any oil. . . . Children do not need whole milk. They do not need that for the developing brain. That myth is old, was never true and has been discredited.”

Listening to Your Baby by Jay Gordon, MD, Perigee Books, 2002

“Your milk has every vitamin, mineral and other nutritional element that your baby’s body needs. . . . There’s no need to worry about the quality of your milk. Eating more won’t make more milk and not eating enough won’t make less milk.”

The Womanly Art of Breastfeeding, Eighth Edition, La Leche League, 2010

tal vitamin pill and an extra three hundred calories per day; for babies, they suggest cereals as the first food, starting at four months.

The Baby Book, the best-selling tome by William and Martha Sears, contains no dietary recommendations whatsoever for pregnant mothers and warns against saturated fats in foods like eggs and butter for children older than two years. Both the American Academy of Pediatrics and William and Martha Sears specifically follow USDA dietary recommendations, calling for lowfat milk after the age of two.

Not surprisingly, *The Baby Book* devotes a large portion of its pages to dealing with behavior problems, digestive disorders, rashes and respiratory problems like asthma and bronchitis, considering such unfortunate conditions as normal in the course of the childhood years.

Modern books on baby and child care largely warn against the foods formerly considered important for growing children: raw whole milk, butter, liver and other organ meats, bone broths and egg yolks. Cautionary statements against seafood are common, due to misplaced concerns about mercury, and cod liver oil is roundly condemned as a source of “toxic” vitamin A. Fat-phobia now reaches its bony pointed finger down to those who need it most, the very young.

The day is not far off when we will view these puritanical and unscientific restrictions as a severe form of child abuse, worse than corporal punishment, over-strict parenting, child labor or the Victorian suppression of natural instincts.

Even more serious is the medical establishment’s wholesale acceptance of soy foods—known to be toxic—starting with soy-based formula for the vulnerable infant and progressing to soy milk, soy protein and tofu for the toddler. Pregnancy and child-care magazines in particular have heavily promoted soy foods as “natural” or “alternative” health foods for growing children, putting the soy-fed generation at risk for nutrient deficiencies, growth problems, digestive disorders, learning disorders, hormonal disturbances and infertility.

Another obsession shared by modern child rearing “experts” is germs. While sterile conditions are nec-

essary in the operating room and in the treatment of open wounds, the rampage against germs in baby’s day-to-day environment is not only futile, but counterproductive.

During the last twenty years, the old paradigm—that the intestinal tract should be sterile and that germs attack us and make us sick—has given way to the discovery of beneficial bacteria and the many ways in which they support good health. The new paradigm recognizes the necessity of up to six pounds of beneficial bacteria lining the intestinal tract. These microorganisms play many important roles: they help digest our food, they prevent the absorption of toxins and heavy metals like mercury, they keep the few species of harmful bacteria at bay, they support the immune system, they produce vital nutrients and they even play a role in the production of feel-good chemicals.

Thus a key goal for today’s parents lies in creating the conditions necessary for the proliferation of beneficial bacteria in the intestinal tract and, through good nutrition, the creation of a healthy symbiotic relationship between the infant and the multitudes of “germs” with which he comes in contact.

As lowfat diets, soy foods and sterile environments will soon be relegated to the dust heap of discarded medical ideas, so too will the practice of vaccinations. A child vaccinated according to the official schedule today receives over three dozen shots before entering school, starting with day one after birth. Profit and influence have prevented physicians from admitting the harm done by so many vaccines (or even any vaccines), all carrying a load of neurotoxins, all interfering with the development of natural immunity.

Modern baby books tend to gloss over the consequences of bad advice about nutrition and dangerous interventions like vaccination; unfortunately, without the tools of good nutrition and a recognition of the body’s innate wisdom, there is not much useful advice these books can give to a parent whose child has severe asthma, allergies, frequent infections, cancer, so-called “genetic” disorders, disruptive behavior, growth problems and learning disorders—not to mention the living hell of autism, now afflicting as many as one child in seventy.

These conditions burden not only the child, but the child's whole circle of relatives; they disrupt family life, drain finances and create devastating emotional conflicts. Modern baby books do not prepare parents for the tragedy of serious disease; and when disease occurs, they insist that nothing can be done, that the cause is "genes" or "germs," against which we are helpless.

In spite of—or perhaps because of—the advice of well meaning "experts" and health officials, modern parents in fact tend to be anxious, hesitant and distrustful of the natural world, clearing baby's path with antibacterial wipes, slathering on sunscreen before dressing their children (just in case they might be exposed to the sun), clamoring for strong drugs including antibiotics at the first sign of a sniffle, vaccinating against every possible illness, trundling their youngsters off to lessons, sports and pre-school, in short, focusing on everything but what children need most from their parents: good nutrition provided in an atmosphere of freedom to develop, balanced with careful discipline and unconditional love.

RUDOLF STEINER ON THE DEVELOPMENT OF THE CHILD

It was the Austrian philosopher, social thinker and esotericist Rudolf Steiner (1861-1925) who first discussed childhood as a separate stage of existence.

According to Steiner, the human being is actually composed of four bodies: a physical body, which is the material body that we perceive with our senses; the etheric or life body, which comprises the plant-like, liquid and electronic forces in the body; the astral or emotional body, often referred to as the soul, which houses our instinctive and subconscious life and which we share with the animal kingdom; and the ego, mental or thinking body, which houses the spirit and is unique to the human being.

Each seven years of human development corresponds to the development of one of these four bodies.

It is during the first seven years of existence, from birth to the change of teeth, says Steiner, that the forces of development are focused most intently on the physical body—a concept echoed in the practic-

es of so-called primitive peoples with their emphasis on special nutrient-dense foods during the period of pregnancy and early growth.

During the second seven-year period, the etheric or life body unfolds; during this state, children are subject to the various illnesses of childhood, such as measles and mumps.

The emotional body reaches maturity during the sometimes stormy adolescent years, from the onset of puberty at age fourteen to the age twenty-one.

The ego body, the forces of clear thinking and individualism, emerge only during the fourth stage, from age twenty-one until age twenty-eight.

Steiner describes the child up to the age of seven as "one big sensory organ," with which most parents—observing their toddlers putting objects into their mouths or making a beeline for an electrical socket or dish of cat food—would agree.

During this age, the child learns by imitating, and his most important activity is play. The modern tendency to force intellectual learning on young children, and to structure their lives with classes, lessons and team sports, deprives children of the vital development that accrues from unstructured, imaginative play, and can have serious consequences on the child's emotional and intellectual development. A child deprived of time and freedom for play during the early years may tend to engage in escapist, childish activities for the rest of his life. And well nourished children will learn to read, write, study and think when the time is appropriate; we do children no service by forcing them into these activities before the seventh year.

In agreement with many other philosophers of his day, Steiner believed that within every human being was an "ideal human being," a complete and harmonious ego capable of giving love in perfect freedom; and that only such human beings could give rise to a harmonious, just and free human community.

Thus, the role of the parent is important indeed, and we would agree with the early writers of child rearing books that the way we bring up our children determines the character of human society in the years to come. But we do not say this to instill hesitancy

or anxiety, only to provide inspiration, along with practical guidelines.

Steiner warned against extremes. The life fully lived, he said, was a life consciously and precisely guided between opposing tendencies—between materialism and mysticism, between discipline and relaxation, between structure and laissez-faire. This is good advice for parents torn between strict “parentist” and relaxed “childist” philosophies of child rearing, between “helicopter” and hands-off parenting. Parents do well when they avoid extremes, providing gentle discipline but also freedom to play within the structure of family life, good nutrition through delicious meals, and an example of relaxed self-discipline, above all avoiding the extremes of constant disapproval and smothering affection.

And while your child is engaged in the very serious business of growth and play, you as parent can observe and enjoy. For the universe holds no greater wonder than the developing child, especially the very healthy developing child; and if parents know how to provide the foods for optimal physical growth, and the environment for optimal emotional and spiritual growth, they can sit back, relax and let Nature do the rest.

FOR MORE INFORMATION

Nutrition and Physical Degeneration by Weston A. Price, DDS, published by the Price-Pottenger Nutrition Foundation, www.ppnf.org.

Raising America: Experts, Parents and a Century of Advice About Children by Ann Hulbert.

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