

because so much of the advice went unheeded. Much as with cooking, one learned from family or from vague cultural traditions.⁶⁰ And culinary writers may indulge in elaborate "food fantasies" intended at most for very special occasions, such as the recipe for quail with lingonberry sauce that is reproduced above. One may similarly wonder how often guests were regaled with the potted pigeons described earlier.

On the other hand, unlike child-rearing, cooking is a relatively short-term process producing tangible results that can be tested and judged the same day. As Amy Bentley's article elsewhere in this issue suggests, if almost nobody used recipes for adult dishes containing commercial baby food, the manufacturers presumably stopped publishing such recipes in any quantity. Although almost anyone alive today can testify that people still make and eat Rice Krispies Treats, historians of the future would be justified in reaching the same conclusion from the continued reproduction of this simple recipe. Even if the Baptist brethren did not eat from the Baptist sisters' cookbook on an everyday basis, one can well imagine church suppers and Sunday dinners with the fare described. And although cookbooks produced by processors and manufacturers to push certain products are probably a very poor guide to actual practice—unlike the simpler charitable and even commercial cookbooks—they are essential sources for the history of food marketing.

I hope that the Maureen Harthaway Culinary Archive will help scholars address the kinds of issues this article has raised about the impact of cooking and cookbooks on gender, ethnicity, nutrition, class, and taste. Clearly, cookbooks are not just collections of recipes, and the reasons why they were written, as well as the recipes that were included and the ingredients that were chosen, can help researchers learn a great deal about our culture and ourselves.

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Booming Baby Food: Infant Food and Feeding in Post-World War II America

by
Amy Bentley

In 1949 *New York Times* food writer Jane Nickerson devoted most of her regular column, "News of Food," to discussing the new Gerber recipe booklet, *Special Diet Recipes*, featuring Gerber-based recipes for adult invalids. Nickerson, her usual staid tone spiked with a modicum of excitement, noted approvingly that the booklet offered readers the choice of fourteen different luncheon or supper dishes: "This guarantees against boredom on the part of the patient who must follow a prescribed regimen for a long time." She suggested further that "if the patient can come to the table, some of the prescribed dishes might be served to the rest of the family, too. And many of the foods are so appetizing there is little chance of those who are well offering any objections. In fact, some of the beverages would meet with great enthusiasm from the youngsters during warm weather." Nickerson's column concluded with a recipe for "Apricot Refresher": "one egg white, two tablespoons orange juice, and one can of Gerber's apricots with fatina or apricot applesauce. Combine ingredients in a jar with a tight-fitting top. Shake the jar until the ingredients are thoroughly mixed, but not foamy. Pour over cracked ice and serve. Yield: one medium-sized serving."¹

Like other food writers of her day, Nickerson was taken by the novelty and convenience of industrially processed foods and unapologetically promoted their use. She and other food writers in the late 1940s were willing participants in Gerber's efforts to increase baby-food sales. Not satisfied with its soaring profits and already steady growth, and troubled by reports (wildly inaccurate as it would turn out) that birthrates would decline over the next decade, Gerber, as well as Beech-Nut, sought to expand market share by promoting baby food as

I would like to thank Brett Gary, Warren Belasco, David Macleod, and the two anonymous reviewers for their helpful comments and suggestions. Thanks also to Jon Deutsch for his research assistance.

¹ Jane Nickerson, "News of Food," *New York Times*, May 5, 1949.

efficient and convenient for all ages.² Gerber ran ads aimed at getting senior citizens and “invalids” needing soft-textured foods to try its products. Beech-Nut’s cookbook, *Family Fare from Baby Foods: 100 Beech-Nut Recipes for the Entire Family*, included such recipes as “Pure Mongole” (requiring two jars of strained peas, tomato paste, bouillon cubes, cream, curry powder, and sherry) and “Ham and Spinach Soufflé” (one jar junior spinach, ground ham, eggs, flour, and seasonings). When this approach failed to catch on, however, baby-food makers returned to focusing their efforts on selling food for the ever increasing numbers of infants in the postwar baby-boom years.³

Gerber need not have worried about declining birthrates and sales. The United States had emerged from World War II a superpower with its economy thriving, signaling the arrival of what *Time* publisher Henry Luce deemed the American Century. After a decade and a half of upheaval wrought by the Great Depression and World War II, millions of new families now felt confident enough to bear and raise children, resulting in the remarkable birthrates that reached their apex in the 1950s and remained high through the early 1960s. As manufacturers returned to domestic production of durable goods, and advertisers promoted the modern household items they insisted every family must have, Americans unleashed their pent-up consumer desires. There was so much to buy, and in contrast to the past decade and a half, so much money to spend. In fact, consumption seemed to become an end in itself. This postwar era, known for fostering and lionizing the “purchaser as citizen,” enabled Americans, as Elizabeth Cohen explains, to “simultaneously fulfill personal desire and civic obligation by consuming.”⁴ Consuming food

² Millard S. Purdy, “Baby Food Battle: Packers Gird for Fight as Dip in Birth Curve Steps Up Competition,” *Wall Street Journal*, June 23, 1949, 1.

³ It is interesting that although the use of baby food for adults never caught on in the United States, in Japan adults and the sick consume it in some quantity. Baby food does seem to have some underground popularity among teenage girls, and every so often an article appears touting the virtues of baby food for adults. See Clementine Paddleford, “Watch Big Business Cook Baby’s Dinner,” *New York Herald Tribune*, May 1, 1952; Carole Sugarman, “Gaga over Baby Food,” *Washington Post*, April 27, 1988; Teresa Harris, “6 Creative Ways to Use Baby Food,” *Baby Talk* 69 (August 2004): 71. Gerber and other manufacturers published numerous cookbooks, mostly focusing on recipes for toddlers. One, *Recipes for Toddlers* (Fremont, Mich.: Gerber Products Company, 1956), includes a section devoted to recipes designed for both mothers and toddlers.

⁴ Elizabeth Cohen, *A Consumers’ Republic: The Politics of Mass Consumption in Postwar America* (New York: Knopf, 2003), 119.

was a central part of this, of course, especially given the flood of new “value added” industrially produced products, which included dozens of new varieties of baby food.⁵

The postwar era offered great possibilities for the Gerber Products Company and other baby-food manufacturers, who (eventually) realized that their business was now a growth industry. As birthrates rose, commercial baby-food production expanded to keep up with demand. Further, to producers’ obvious delight, mothers were feeding infants solids at earlier and earlier ages (a sharp intensification of a trend that began around the turn of the twentieth century), thus increasing the length of time during which families purchased jarred baby food.

Indeed, in the space of a few decades (from the late-nineteenth to the mid-twentieth centuries) mainstream advice regarding infant feeding, and also to a great extent practice, changed from near-exclusive consumption of breast milk (whether from the mother or from a wet nurse) and the introduction of solids later in the infant’s first year, to bottle-feeding and the introduction of solids at six-weeks postpartum. Although mothers and health professionals alike welcomed commercially mass-produced baby food as a convenient, affordable way to provide more fruits and vegetables year-round for American babies, the creation and marketing of Gerber baby food, which from its inception dominated the U.S. market, helped spur the introduction of solid foods into babies’ diets at earlier and earlier ages. The post-World War II baby boom was the apex of this phenomenon. Industrial baby food thus functioned not only as a supplement to, but also as a substitute for, breast milk, playing an important role in the dramatic decline of breastfeeding in the twentieth century.⁶

⁵ For an in-depth look at postwar “package cuisine,” see Laura Shapiro, *Something from the Oven: Reinventing Dinner in 1950s America* (New York: Viking, 2004).

⁶ A thorough historical examination of the subject is important, as late-twentieth-century studies show that before the age of four months an infant’s gastrointestinal system is ill-equipped to receive anything but breast milk or its equivalent (although there is much debate over the adequacy of formula substitutes). Introducing solids too early can put undue stress on kidney function. Replacing breast milk with food (solid food as well as formula) limits the ingestion of important antibodies, enzymes, hormones, and other substances that assist in a child’s optimal development. Moreover, studies show that children who are breastfed develop fewer bacterial and viral illnesses, food allergies, incidences of diarrhea, ear infections, and perhaps even cancers. Thus prevailing wisdom at the turn of the twenty-first century is that women should breastfeed their infants until they are twelve months old—with the American Academy of Pediatrics advocating that children be nursed until they are two years old if possible—and that solid food should be introduced when babies are four to six

Thanks to the inherent convenience of commercial baby food, as well as its widespread availability, persistent marketing campaigns, and a strategic alliance with pediatricians and child-care experts, by the post-World War II era baby food (first mass-produced in 1928) became a fully “naturalized” food product. Commercially produced baby food was no longer a novelty but a necessity, even a requirement, according to conventional wisdom, for “properly” raised and nourished children. Indeed, there was something “civilized” about baby food—not only Gerber baby food, which held a majority of market share, but Beech-Nut, Libby, Clapp’s, and Heinz brands as well. Furthermore, during this cold-war era that read patriotism into private as well as public acts, to feed one’s child baby food signified an adoption of modern, perhaps even “American” values, including progress, efficiency, capitalism, industrialization, and reliance on scientific, expert opinion. And the earlier one’s baby got solid food the better that baby would be; after all, the experts said that introducing new foods was a nutritional, as well as an educational, experience for baby. Although some health professionals opposed the practice of beginning solid food just weeks, sometimes days, after birth, for most parents in postwar America the mainstream sentiment was to use commercial baby food. Their only questions concerned how early, which foods first, and in what quantities.

The shifts from breast to bottle-feeding and from delayed to early introduction of solids were interrelated; both resulted from social and economic developments of the late nineteenth and early twentieth centuries: industrialization, mass production of and advertising about the food supply, changing consumption patterns, the discovery and promotion of vitamins, evolving notions of the body and health, the promotion of science as the ultimate authority, and the medicalization of childbirth and infancy, which gave the medical establishment increased prominence and power. Rima Apple, Jacqueline Wolf, Penny Van Esterik, and others have skillfully researched and analyzed the shift from breastfeeding to bottle-feeding in the United States and elsewhere.⁷ It is

months old. See Elizabeth Cohen, “New Two-Year Breast-Feeding Guideline Itks Busy NYC Moms,” *New York Post*, October 1, 1998, 29; Lewis A. Barmess, ed., *Pediatric Nutrition Handbook*, 3d ed. (Elk Grove Village, Ill.: American Academy of Pediatrics, 1993). See also Michael C. Latham, “Breast Feeding Reduces Morbidity,” *British Medical Journal*, May 15, 1999, 1303-4; idem, “Breastfeeding—A Human Rights Issue?” *International Journal of Children’s Rights* 5, no. 4 (1997): 397-417.

⁷ Some of the scholarship on the shift from breastfeeding to bottle-feeding includes: Rima D. Apple, *Mothers and Medicine: A Social History of Infant Feeding, 1890-1950*

important to briefly revisit this work, as well as to look at early-twentieth-century notions of child care and infant feeding, as they contain obvious implications for the trend toward feeding infants solids in the post-World War II United States.

As early-twentieth-century Americans turned increasingly to science as the ultimate authority in many areas, including matters of health and the human life cycle, one effect was the increased stature, whether partly self-generated or not, of the medical community.⁸ Doctors supplanted midwives in delivering babies, who now entered the world more often in hospitals than at home. As safer alternatives to breast milk became available, rates of breastfeeding declined (though they would still remain relatively high throughout the 1930s when compared to the numbers just two decades later) and medical authorities gained greater control over infant feeding, partially by devising complicated “percentage” formulas only they could administer as breast-milk replacements. Rima Apple calls this the “medicalization of infant care.”⁹

Further, during the 1920s the idea spread that experts should be specialists. Pediatricians, just consolidating their hold on the care of infants and children, built their profession by focusing on the proper feeding of infants. Mothers too began to see themselves as specialists—domestic managers of a sort—but most of all as women who needed to educate themselves about the proper way to raise children. Relying on

(Madison: University of Wisconsin Press, 1987); Richard A. Meckel, “*Save the Babies!*,” *American Public Health Reform and the Prevention of Infant Mortality, 1850-1920* (Baltimore: Johns Hopkins University Press, 1990); Jacqueline H. Wolf, *Don’t Kill Your Baby: Public Health and the Decline of Breastfeeding in the Nineteenth and Twentieth Centuries* (Columbus: Ohio State University Press, 2001); Penny Van Esterik, *Beyond the Breast-Bottle Controversy* (New Brunswick, N.J.: Rutgers University Press, 1989); Valente A. Fildes, *Breasts, Bottles, and Babies: A History of Infant Feeding* (Edinburgh, U.K.: Edinburgh University Press, 1986); Janet L. Golden, *A Social History of Wet Nursing in America: From Breast to Bottle* (New York: Cambridge University Press, 1996); Patricia Smart-Macadam and Katherine A. Detwylar, eds., *Breastfeeding: Biochemical Perspectives* (New York: Aldine de Gruyter, 1995); Marilyn Yalom, *A History of the Breast* (New York: Alfred A. Knopf, 1997); Meredith F. Small, *Our Babies, Ourselves: How Biology and Culture Shape the Way We Parent* (New York: Anchor Books, 1998); and Linda M. Blum, *At the Breast: Ideologies of Breastfeeding and Motherhood in the Contemporary United States* (Boston: Beacon Press, 1999).

⁸ Charles E. Rosenberg, *No Other Gods: On Science and American Social Thought* (Baltimore: Johns Hopkins University Press, 1997); Susan Reverby and David Rosner, eds., *Health Care in America: Essays in Social History* (Philadelphia: Temple University Press, 1979).

⁹ Apple, *Mothers and Medicine*, 152. See also Yalom, *History of the Breast*, 123-24; Blum, *At the Breast*, 20-22; Wolf, *Don’t Kill Your Baby*, 25.

"instinct" and an older generation's (dubious) advice felt old-fashioned. The modern mother sought out advice books, attended child-study meetings, and believed that science would reveal the best methods for raising her baby.¹⁰

In this period the authoritative voices of L. Emmet Holt and John B. Watson reigned supreme when it came to child-care advice. Both Holt and Watson were products of their time, an era that fretted about the strains of the modern world that could lead to "softness" and "nervousness," and create a "decaying race" that would be unable to progress. Both men were deeply influenced by the world of science with its "rigorous" testing and search for the truth. In addition, they were impressed by technological advancements such as "Taylorism" in industry, and they speculated about how these advances might be applied to humans' lives. Holt's *Care and Feeding of Infants*, for example, focused on the many "don'ts" of parenting, resulting in a rigid, even cold approach to this relationship: observe strict feeding schedules, do not reward a baby's crying by picking it up, begin vigilant toilet-training at three months of age. The Children's Bureau, which was an agency of the federal government, published its own pamphlet, *Infant Care*, from 1914 through mid-century. It borrowed heavily from Holt and dispensed similar ideas about infant feeding to hundreds of thousands of women all over the country.¹¹

As David Macleod explains, a central component of these scientific, behaviorist child-rearing theories included "a broad project to set children apart and shelter them from overstimulation." Doctors, fearing the infant diarrhea and other digestive ailments that frequently led to poor health and even death, regarded milk as a complete food sufficient for infants' needs, and beyond that prescribed a severely restricted diet. "Babies were to be fed separately, on a schedule, then left to sleep for long hours apart," notes Macleod.¹² This approach, he observes, had the effect of "curb[ing] precocity [and] prolonging babyhood."¹³ This era of infant-feeding advice helped to simultaneously "prolong babyhood" and elevate milk to an almost untouchable status as the perfect food for both infants and children.

¹⁰ Ann Hulbert, *Raising America: Experts, Parents, and a Century of Advice about Children* (New York: Knopf, 2003), 19-40, 63-93.

¹¹ *Ibid.*, 97-121.

¹² David I. Macleod, *The Age of the Child: Children in America, 1890-1920* (New York: Twayne, 1998), 37.

¹³ *Ibid.*, 36.

By the 1920s infant-feeding advice and practice had begun to change noticeably, not only in the increasing use of milk-based formulas but also in the larger role fruits and vegetables began to have in an infant's diet.¹⁴ Scientists in the 1910s-1920s had determined that vitamins existed not only in meat, grains, and dairy products—foods that had always been considered vital to nourishment and growth—but also in fruits and vegetables, of which many were suspicious and others felt were harmless at best.¹⁵ As early as the 1920s home economists and dietitians began to introduce the notion of vitamins to Americans, advising them not only to consume more fruits and vegetables themselves, but also to feed more such foods to their children.¹⁶ Soon experts began to advocate the early introduction of orange juice (for vitamin C) and cod-liver oil (containing vitamins A and D) to infants. Solids, specifically egg yolks and cereal, were recommended at five to six months of age (still late by mid-twentieth-century standards as we shall see, but earlier than previously recommended).¹⁷

Grass-roots evidence—what and how women were actually feeding their babies in the early decades of the twentieth century—indicates that many women were following the advice of both their doctors and child-care manuals, and waiting until their infants were six months or older to introduce solid food. A 1933 Cornell University study, for example,

¹⁴ *Ibid.*, 38.

¹⁵ Rima D. Apple, *Vitaminia: Vitamins in American Culture* (New Brunswick, N.J.: Rutgers University Press, 1996); Harvey A. Levenstein, *Revolution at the Table: The Transformation of the American Diet* (New York: Oxford University Press, 1988), 86-97.

¹⁶ Elizabeth Condit and Jessie A. Long, *How to Cook and Why* (New York: Harper Brothers, 1914); Carlotta C. Greer, *Food and Home Making* (Boston: Allyn and Bacon, 1928).

¹⁷ Nancy Lee Seger, "A Study of Infant Feeding Practices as Used with Cornell's 45 Practice House Babies from 1920-1944" (master's thesis, Cornell University, 1945), 115-17. Jay Mechling tightly views with skepticism any demonstrable connection between prescriptive materials and actual practice. Arguing that people gain most of their notions of "correct" child rearing from their parents as well as the larger culture in which they were raised, he regards any instruction through child-care manuals as at most supplemental. While we can use these sources for what they do best—to uncover "expert" discourses regarding infant food and feeding practices—it is still possible to tease out some information regarding how, what, and when mothers fed their infants. See Jay E. Mechling, "Advice to Historians on Advice to Mothers," *Journal of Social History* 9 (Fall 1975): 44-55. Moreover, as David Macleod concludes, educated urban women were more likely to adhere to the child-care manual's advice about infant feeding than to follow its advice on other aspects of child care, such as proscribing "excessive" contact with one's infant. See Macleod, *Age of the Child*, 54.

revealed that the average age at which solids were introduced included: cereal at 7.5 months, vegetables at 9.4 months, fruit at 8.1 months, eggs at 10 months, meat at 11.6 months, and fish at 12.1 months.¹⁸

Many women, however, particularly rural and urban working-class immigrants, fed their babies solid food (either roughly mashed or prechewed by themselves) much earlier than doctors advocated. Moreover, these women also delayed weaning their children longer than doctors favored, often waiting until they were eighteen-months old or older. The combination of extended breastfeeding (which built up immunities and also avoided milk or bottle contamination) and extra nutrition from solid food in many cases meant that these children were healthier than their higher class, native-born counterparts.¹⁹ Still, while some rural and immigrant mothers fed their infants solids at an early age, in the early twentieth century the consensus of the educated middle class was still not to rush their introduction, especially fruits and vegetables.

By the late 1930s, though, mainstream advice and practice were changing in large part because of the rapid growth and success of industrially processed baby food. As part of the canned-goods industry, which in general experienced growth even during the Depression, Gerber did extremely well.²⁰ When the Fremont Canning Company (which soon became the Gerber Products Company) began to mass-produce pureed baby food in the late 1920s, it quickly struck a chord with consumers, mothers, and health professionals. Commercially canned baby food provided mass quantities of ready-to-eat strained fruits and vegetables to a public primed to accept them: canned goods were becoming affordable and were familiar to more Americans, advertising was hitting its stride, fruits and vegetables were more commonly recommended for infants, and doctors and health professionals were becoming more and more involved in (and in control of) infants' health and their everyday care. Despite its competitors' quick development of their own mass-produced strained baby foods, Gerber dominated the baby-food market from the

¹⁸ Rachel Sanders Bizel, "A Study of Infant Feeding Practices as Found by a Survey of 702 New York State Babies" (PhD diss., Cornell University, 1933), 137, 160.

¹⁹ Macleod, *Age of the Child*, 35-37.

²⁰ "Food Industries Buy," *Business Week*, December 15, 1934, 14, 16; *History of the Fremont Canning Company and Gerber Products Company, 1901-1984* (Fremont, Mich.: Gerber Products Company, 1986). *History of the Fremont Canning Company* is located in the Gerber archives, which are closed to the public.

beginning.²¹ In 1930 Gerber produced 842,000 cans of baby food, but by 1931 that number had risen to 1,311,500; one year later Gerber manufactured 2,259,818 cans of baby food.²²

Convenience was the main reason why Gerber baby food and its competitors' products attained popularity so quickly in the 1930s. As parents became convinced that solid foods were important to (older) infants' health and well-being, the time-consuming tasks of mashing and straining fruits, vegetables, and meat products by hand added extra work and inconvenience to a mother's already significant domestic workload. Moreover, mass-produced baby food was not the only new convenience that significantly altered child rearing. Commercial diaper services, electrified homes, washing machines, refrigerators, and other technological innovations altered women's work in general and child care in particular.²³

Child-rearing philosophies were changing as well. New, more relaxed approaches to raising children, which supplanted the early twentieth century's rigid behaviorist method, helped to set the stage for the early feeding of solids. By the late 1930s the Holt/Watson approach began to lose its luster. As women gradually became more and more frustrated over mixing elaborate formulas, maintaining strict feeding schedules, and stealing themselves to keep from picking up and comforting their crying infants, they became more vocal and demanded that their doctors provide more individualized, less rigid child-rearing directions.²⁴ To mothers' great relief, the 1946 publication of Dr. Benjamin Spock's *The Common Sense Book of Baby and Child Care* ushered in an "era of common sense," electrifying parents and health professionals all over the country.²⁵ As one historian relates, "millions of middle-class parents in the late 1940s and 1950s . . . fell head over heels

²¹ Stephen S. Nisbet, *Contribution to Human Nutrition: Gerber Products since 1928* (New York: Newcomen Society, 1954), 15.

²² *History of the Fremont Canning Company*. (See n. 22. Information supplied by Sherri Harris, Gerber archivist. Notes in author's possession.)

²³ For more on technology in the domestic sphere, see Susan Strasser, *Never Done: A History of American Housework* (New York: Pantheon, 1982); Ruth Schwartz Cowan, *More Work for Mother: The Ironies of Household Technology from the Open Hearth to the Microwave* (New York: Basic Books, 1983).

²⁴ Hulbert, *Raising America*, 199. Of course, there were always women who were never aware of these recommendations or deliberately rejected them.

²⁵ Benjamin Spock, *The Common Sense Book of Baby and Child Care* (New York: Duell, Sloane, and Pearce, 1946).

for their Dr. S.²⁶ Less permissive in nature than it was later characterized, *Baby and Child Care's* central focus was instilling confidence into parents whose sense of competence had been undermined. In his calm, reassuring voice, Spock gently admonished parents to follow their own instincts instead of trying to adhere to rigid rules and schedules. The book fostered not only a "listen to yourself" philosophy but also a "listen to your child" approach: if your baby needs some attention, give it, and if she seems hungry, feed her instead of waiting the scheduled two or four hours. "Let your child tell you when he's hungry, not the clock," became known as "self demand" infant feeding—the unfortunate name that sounded as if parents were required to cater to a spoiled child's every whim.²⁷

Contributing to the popularity of this new "self demand" approach was another medical doctor, this time a woman. Clara Davis (one of the first female physicians to graduate from the University of Michigan) conducted experiments from the late 1920s through the 1930s to see whether infants could determine for themselves what they needed for optimal health. In the first experiment in 1928 (the same year Getber started manufacturing baby food) three seven-to-nine-months-old breastfed infants were abruptly weaned, and within a hospital setting placed on a schedule where they were offered three meals a day. At each meal a nurse would place in front of each infant several bowls holding portions of single foods, prepared without seasoning and in both cooked and uncooked forms. Babies could then feed themselves with a spoon or their fingers, or in as emotionally neutral a manner as possible, to avoid hints of approval or disapproval, the nurse could offer a baby only those foods it expressed interest in, and continue to offer spoonfuls until the infant's attention wandered. As Davis reported it, all kinds of pure, wholesome foods were

²⁶ Hulbert, *Raising America*, 226.

²⁷ *Ibid.*, 225-55. Nancy Pottishman Weiss, however, sees more similarity between Watson and Spock. Weiss argues that both authors create anxieties for mothers (although in different ways); present a privatized world of child rearing beholden to experts; are devoid of any larger, political notions of family and obligation to community; and, finally, put excessive pressure on women to be constantly on call and rear children largely without help. This counsel is contrary to the pre-Watson advice manuals, which regarded not only children's needs but also the needs of women apart from their children. Weiss, "Mother, the Invention of Necessity: Dr. Benjamin Spock's Baby and Child Care," in *Growing Up in America: Children in Historical Perspective*, ed. Ray N. Hinert and Joseph M. Hawes (Urbana: University of Illinois Press, 1985), 283-303.

represented—"cereals, meat, seafood, bone marrow, eggs, milk, fruits, vegetables, and salt."²⁸ Not included were mixed and seasoned foods, sugar, and foods containing sugar (though for many commenting on Davis's experiments this crucial fact was quickly forgotten).

The result, Davis declared, was that if offered a variety of foods an infant would choose a healthy, balanced diet. Physiologically, the Davis infants fared as well as or better than infants outside the study. Davis repeated the self-selection experiment several times during the 1930s, mostly with older children, and always in a controlled setting. In one such experiment, children in a hospital ward were allowed to choose their daily foods from a cart containing items in separate dishes (this time including fruit desserts such as cherry pie). What came to be known as the "cafeteria-style" feeding approach claimed to have the same results: children ate willingly, stopped when they were full, were well-nourished, and left little food on their plates. Davis was careful to note that this kind of feeding could not easily be replicated in private homes and that excluding mixed foods, seasoned foods, and rich desserts did not replicate the "real world."²⁹ In addition, Davis herself was ambivalent about the term "self selection." She worried that it might seem as if she were taking "all control of the children's diet out of [mother's] hands and [leaving] it wholly to the mercies of childish whims."³⁰ Despite Davis's cautions and clarifications, her experiments helped knock the rigid fixed-schedule approach to feeding off its pedestal and promote more relaxed, child-centered philosophies of on-demand feeding. Leave infants to their own devices, Davis concluded, and they will choose foods in the proper proportions their bodies need.³¹ Davis's findings

²⁸ Clara M. Davis, "Self Selection of Diet by Newly Weaned Infants," *American Journal of Diseases of Children* 36 (October 1928): 651-67.

²⁹ *Ibid.*, "Self-Selection of Food by Children," *American Journal of Nursing* 35 (May 1935): 403-10. Other important experiments include: *idem*, "Studies in the Self-Selection of Diet by Young Children," *Journal of the American Dental Association* 21 (April 1934): 636-40; *idem*, "The Self-Selection of Diet Experiment: Its Significance for Feeding in the Home," *Ohio State Medical Journal* 34 (August 1938): 862-68; *idem*, "Results of the Self-Selection of Diets by Young Children," *Canadian Medical Association Journal* 41 (September 1939): 257-61. See also *idem*, "Can Babies Choose their Food?" *Parents Magazine* 5 (January 1930): 22-23.

³⁰ Davis, "Self-Selection of Diet Experiment," 866.

³¹ To explain how this could be possible, Davis argued that an "innate automatic mechanism" directed infants to choose the foods they need, a claim that over the ensuing decades would be hotly debated, misrepresented by both the popular press and the academic community, and eventually dismissed by most members of the medical

meshed neatly with the Spockian postwar American approach to child nurture, and continued to receive favorable attention.

In light of these factors it is perhaps not surprising that in the post-World War II years there occurred a further, more dramatic acceleration of feeding solids to infants at ever earlier ages. As previously mentioned, before this period, the age at which solids were introduced into infant feeding had been steadily dropping. But by the mid-1950s, the age at which infants were commonly first fed solids plummeted from five to six months to four to six weeks, with some doctors advocating solids mere days after birth.

Industrial production and marketing account for much of this change, for the now-ubiquitous baby foods made the feeding of solids to infants convenient and easy and also made parents feel "modern." Commercially processed baby food signified reliable, scientifically determined nutrition. Parents breathed easier knowing that Gerber—or Heinz, Beech-Nut, Libby, or Clapp's—provided vitamins essential for optimal health. As one mother stated, "I give the baby food companies a lot of credit for the proper nutrition of babies. Because there is such a large variety to choose from, it is easy to give the baby a well balanced diet."³²

Baby food was indeed a big business in the postwar years. Producers, who had experienced quite respectable growth during the Depression and World War II, saw their production and profits rise dramatically after the war. Between 1949 and 1951 demand for baby food tripled.³³ By 1952 it was a \$200 million a year business.³⁴ To capture and build on such demand companies rapidly expanded their product lines. For example, Gerber quickly added dozens of different kinds of vegetables, fruits, cereals, meats, juices, and soups, manufacturing forty-two varieties of canned baby food. Producers were also broadening the ways in which they promoted and marketed their products. As part of a direct-mail promotion, Beech-Nut gave away four million jars of baby food in one year. Soon it was common practice for

community. It is a notion, however, that has maintained a following. In retrospect, the experiments themselves are remarkable artifacts. The fact that scientists would attempt to find out whether infants could or should determine what and how much to eat, even within strictly drawn parameters, is a telling byproduct of American abundance in the twentieth century and notions of individualism as applied to infants.

³² Lloyd E. Harris and James C. M. Chan, "Infant Feeding Practices," *American Journal of Diseases of Children* 117 (April 1969): 491.

³³ "History of Beech-Nut," 3, history folder—Beech-Nut, Beech-Nut archives, Canajoharie Public Library, Canajoharie, N.Y.

³⁴ Paddieford, "Watch Big Business Cook."

all new mothers to receive a congratulatory letter when they gave birth, along with coupons for free baby food. Baby-food makers employed dieticians to tell health professionals and mothers about how infants could benefit from eating solid food.³⁵

As the voice of authority, doctors were especially targeted by baby-food sales representatives. Most firms sent free samples of these foods in the hope that doctors would hand the samples to new mothers; they also gave pediatricians promotional gadgets such as automatic pencils and notepads. "There's no doubt that if we can get a doctor to hand a new mother a certain brand of baby food as a sample, we've just about got her as a permanent customer," remarked one salesman to a *Wall Street Journal* reporter. "One time I spent a morning in a town doing nothing but personally contacting pediatricians and head nurses in hospitals and getting them to give mothers our samples. We raised our sales from third to first place," remarked another sales executive.³⁶

Although it is difficult to find reliable statistics about the actual use of commercial baby food, corporations and journalists commonly cited statistics indicating that an overwhelming number of parents used commercially prepared baby food at least in some quantity. For example, in 1947 a Gerber company survey indicated that 69 percent of the nation's families with babies used prepared baby cereals, 56 percent used strained foods, and 30 percent used junior foods.³⁷ In 1958 the Children's Bureau received information from General Electric indicating that an estimated 90 percent of mothers fed their infants commercial baby food.³⁸

Nonetheless, many families did not feed their children commercially produced baby food. Some, including those in the rural South who traditionally raised their own produce, found no need to spend money on commercial baby food (or perhaps had no surplus funds). Others, including Adelle Davis and other early advocates in the "health food movement," had health, safety, or moral objections to relying on mass-produced baby food. But there is little doubt that the majority of American families in the postwar era used commercial baby food in

³⁵ "History of Beech-Nut."

³⁶ Purdy, "Baby Food Battle."

³⁷ "\$177,000,000 in Baby Food: Gerber Products Co. Head Sees Amount Spent in Coming Year," *New York Times*, July 5, 1947.

³⁸ J. E. Curran to Martha M. Elliott, March 26, 1958, file 4-8-1-2-4. Prepared Infants Food, Central Files, 1958-1962, Children's Bureau, RG-102, National Archives, College Park, Md.

some form at least occasionally. In 1948 baby food was the most commonly purchased processed item in ten large American cities. Nearly twice as many cans or jars of baby cereals and fruits, vegetables, and meats were sold as the next nearest competitor, evaporated milk (itself widely used for bottle-feeding infants).³⁹

The expansion of baby-food products altered the landscape of grocery stores. Manufacturers supplied grocers with statistics showing that (women) customers who purchased baby food spent the most dollars per visit and bought more expensive items as well.⁴⁰ Sales representatives persuaded grocers to devote entire "departments" to baby food. To assist in their development, sales reps provided blueprints, photographs, banners, and other promotional materials, and even offered to set up the sections themselves and rotate the products. Whereas in the 1920s and early 1930s most jarred baby food was purchased in pharmacies, by the 1950s it became common in the average grocery store to encounter an entire aisle replete with jar upon jar of multiple kinds of baby food, made by several different manufacturers.⁴¹

Similarly, baby food print advertising reflected, or contributed to, the now-common postwar practice of introducing solids an average of four to six weeks after birth. A 1950 series of Gerber ads in women's and parenting magazines featured small infants posed lying on crumpled satin, seemingly too small to even sit up, head rotated toward the camera. One ad featured a close-up shot of an infant, lying stretched out in its mother's arms, being spoon-fed baby food. Ad copy highlighted "tiny" babies ready to try solids. Several Gerber ads reminded mothers that "many doctors introduce strained meat [or alternatively, fruit] as soon as cereal."⁴² In fact, all sorts of needs could be met through baby food. A 1954 series of Beech-Nut ads promised that its good-tasting foods allowed baby to thrive emotionally as well as nutritionally.⁴³

From the end of World War II through the 1950s, doctors, nutritionists, parents, and the popular press observed with interest and some amazement as the average age of introducing solid food

³⁹ Marian Manners, "Baby Foods Lead Tinned Food Sales," *Los Angeles Times*, March 6, 1948.

⁴⁰ Pamphlet, Beech-Nut archives.

⁴¹ "Beech-Nut Glassed Foods," *Modern Packaging* (January 1951), unnamed folder, Beech-Nut archives.

⁴² For example, see a Gerber ad in *Baby Talk* (January 1955).

⁴³ Found in a Beech-Nut scrapbook, Beech-Nut archives.

plummeted. Doctors especially commented on the trend: "The question of when to add solid food to the baby's diet has been a controversial subject for many years," wrote the Mayo Clinic pediatrician C. Anderson Aldrich and his wife Mary Aldrich in the 1954 edition of their best-selling child-care manual, *Babies Are Human Beings*. "In the early days, milk and pap were considered a suitable diet for young children until the second or third year. Nowadays it has become a race between physicians and nutritionists to see who dares to feed vegetables and solid food the earliest. The race is over now because vegetables have already been fed in the first month. We can now relax and see what it is all about."⁴⁴

Early introduction of solids had become part of mainstream American parenting practices. Although in 1951 alternative nutritionist Adelle Davis worried about infants being "stuffed to the gills with canned baby foods . . . given too early, too long, and too generously,"⁴⁵ by 1963 the pediatrician Simon Levin observed that within "the past ten years . . . cereals and other foods have been given ever earlier, in fact shortly after birth, although more commonly . . . between one to two months of age." Levin, a South-African doctor who wrote several scholarly articles and a book on infant feeding, added that this was the case "especially in the United States, where such practices are not only common, but are probably the rule."⁴⁶

For many doctors, particularly pediatricians, there was a sense that things were spinning out of control; early feeding of solid food was occurring without any real knowledge, understanding, or scientific justification. To get an accurate assessment of the situation, in 1954 researchers conducted a nationwide survey of more than two thousand family doctors and pediatricians. The survey revealed that 66 percent of doctors advised mothers to start their infants on solids *before* the age of two months; by three months 90 percent had recommended solids. Four to six weeks of age seemed to be the generally agreed upon age for first solids. "The sampling," researchers concluded, "is sufficiently large to

⁴⁴ C. Anderson Aldrich and Mary M. Aldrich, *Babies Are Human Beings: An Interpretation of Growth* (New York: Macmillan, 1954), 71-72, 75.

⁴⁵ Adelle Davis, *Let's Have Healthy Children* (New York: Harcourt, Brace, 1951), 176.

⁴⁶ Simon S. Levin, *A Philosophy of Infant Feeding* (Springfield, Ill.: Charles C. Thomas, 1963), 101. See also idem, "Solid Food for Babies," *South African Medical Journal* 35 (February 1959): 149-53; idem, "Infant Feeding as a Faith," *American Journal of Diseases of Children* 102 (September 1961): 380-88; idem, "New Infant Feeding Bottles," *South African Medical Journal* 41 (May 1967): 508-10; idem, "A Basis for Infant Feeding," *South African Medical Journal* 42 (July 1968): 698-702.

permit one to assume that this is the current practice among American pediatricians in general." The survey also revealed, not surprisingly, a generational split among doctors regarding early feeding of solids: older doctors, who received their training when delayed feeding of solids was de rigueur, were less likely to advocate the feeding of solids before three or four months, while the majority of younger doctors indicated they prescribed solids between one and two months of age. Thus, while most young doctors regarded early feeding of solids with approval or indifference, doctors of an older generation felt uneasy about the practice.⁴⁷

Walter W. Sackett, Jr., espoused what was perhaps the most extreme version of early infant feeding. Sackett, a Miami pediatrician and one-time chairman of the Public Policy Commission of the American Academy of General Practice, claimed to have started more than seven hundred newborns on solids without ill effects while they were still in the hospital. Sackett published his methods and results in a handful of medical-journal articles, and in full detail in his 1962 book, *Bringing Up Babies: A Family Doctor's Practical Approach to Child Care*.⁴⁸ The book outlined in specific detail how a mother could go about duplicating his method of feeding, which began just hours after birth. Built on the premise that infant formulas and milk, including breast milk, were inherently inadequate and must be compensated for by supplements, Sackett argued that instead of giving baby droplets of

⁴⁷ One doctor commented: "To one who has lived through the changing aspects of infant feeding over the past 30 years it is clear that the 'swing of the pendulum' has been steadily toward earlier introduction of solid food. In the 1920s it was a bit daring to begin these additions by the 6th month. Gradually the time has been moved up month by month until today a similar 'daring' motivates the prescribing of solid food for the 2 or 3 week old infant." Allan M. Butler and Irving J. Wolman, "Trends in the Early Feeding of Supplementary Foods to Infants: An Analysis and Discussion of Current Practices in the U.S. Based on a Nationwide Survey," *Quarterly Review of Pediatrics* 9 (May 1954): 73. For similar studies and results, see Rosecya Payne Epps and Madeleine P. Jolley, "Unsupervised Early Feeding of Solids to Infants," *Medical Annals of the District of Columbia* 32 (December 1963): 493-95; Virginia A. Beal, "On the Acceptance of Solid Foods, and other Food Patterns, of Infants and Children," *Pediatrics* 20 (September 1957): 448-56; Harris and Chan, "Infant Feeding Practices," 483-92.

⁴⁸ Walter W. Sackett, Jr., *Bringing Up Babies: A Family Doctor's Practical Approach to Child Care* (New York: Harper & Row, 1962). See also *idem*, "Results of Three Years' Experience with a New Concept of Baby Feeding," *Southern Medical Journal* 46 (April 1953): 358-62; *idem*, "Use of Solid Foods in Early Infancy," *GP* 14 (September 1956): 98-102; *idem*, "A New Approach to Infant Feeding: The Use of Solid Foods and Three Meals a Day from Birth," *Southern Medical Journal* 50 (March 1957): 340-42; "Solid Foods Advocated for 9-Week Babies," *Los Angeles Times*, September 10, 1956, 26.

synthetic vitamins and minerals, why not just start baby on solid food?⁴⁹ "At 2-3 days, cereal is given to babies under my care at twelve noon and at twelve midnight . . . the handiest time for nurses in the hospital to get out on the floor and teach mothers how to give this cereal. Don't be surprised to see Baby eating his first cereal with gusto and a surprising dexterity."⁵⁰

Sackett recommended adding vegetables to babies' diets at ten days, and strained meats at fourteen days.⁵¹ At seventeen days Sackett prescribed soup and meat combinations, "such as lamb and rice, or beef and vegetables."⁵² At three weeks, fruit juice, and at five weeks eggs. When it came to fruits, custards, and puddings, Sackett urged "procrastination"—waiting until six to eight weeks—on the grounds that the sweet flavor often interfered with babies eating their vegetables or cereal. Finally, "at nine weeks, bacon and eggs, just like Dad!" After three months, Sackett declared babies ready for unstrained foods, and at five months they could be offered adult foods mashed up with a fork. Commercially canned baby food was vital to Sackett's plan, and he peppered his book with references to it. "You might occasionally try commercially prepared strained egg yolks and bacon," the doctor advised, "a tasty blend of egg yolks with a small amount of bacon that babies seem to enjoy so much."⁵³

Although Sackett was on the extreme end of the early-feeding phenomenon, his case is instructive. A practicing physician at University Hospital in Miami, whose book was widely available, he had a core group of followers. It is also instructive that Sackett, as did other health professionals, specifically looked to commercially prepared (solid) baby food as a major nutrition source for newborns. Most doctors did not follow Sackett and recommend solids for infants so young, but they were indeed prescribing them earlier than ever. The result was for most boomer babies an infancy with only the briefest dependence on liquid nourishment alone. Assessing the situation historically, Levin observed: "Infant feeding practices during the last score of years have altered the whole concept of weaning. The traditional emphasis on the

⁴⁹ Current medical opinion supports the adequacy of breast milk through six months of age.

⁵⁰ Sackett, *Bringing Up Babies*, 55.

⁵¹ "There is something different or new about meat, either in texture or taste," Sackett offered, "that sometimes prompts an infant to push meat from his mouth with his tongue. . . . Possibly newer meat preparations, tastier and of a finer consistency, will solve this minor problem for us." *Ibid.*, 60-61.

⁵² "Now," Sackett noted, "baby is eating regular little meals." *Ibid.*, 61.

⁵³ *Ibid.*, 63, 64.

termination of weaning is of little importance; weaning has left the world of the incisors and molars; gone is the very background of breast milk; so blurred is it that even cow's milk has mingled with breast milk to form a hazy fabric on which is highlighted the use of fruits, other foods, and cereals."⁵⁴

Although a majority of doctors recommended—or at least did not actively discourage—early addition of solids, many hinted that the mothers were the catalyst for their doing so. In a 1954 survey 59 percent of doctors reported they had encountered “insistence from mothers for the early addition of supplemental foods.”⁵⁵ While some doctors insisted they still had the final say in the matter, many deemed the push for early introduction of solid food to be the result of intense competition among mothers. Some noted that mothers were simply bypassing doctors altogether and taking the initiative themselves.⁵⁶ And this was probably true. Mothers, it appeared, were taking matters into their own hands and starting their infants on solids without consulting their pediatricians or family doctors. One Washington, D.C., clinic noted that the majority of one-month-old babies seen for the first time at the clinic had already been fed solids.⁵⁷ When asked about the issue, one mother replied: “Start baby on cereals, etc., at the age they want, not what someone else thinks.”⁵⁸ Although it is difficult to say whether more women (as compared with earlier generations) were acting independently of their physicians when it came to solids, during this period some doctors seemed surprised and concerned by the practice.

Some physicians viewed early feeding of solids as a repudiation, on the part of both physicians and mothers, of the rigid prewar infant-feeding philosophies and an acceptance of “demand” and “self-selection” theories. Another blamed the fact that nearly all infants were now formula fed.⁵⁹ Many pointed to the belief that solids allowed baby (and thus mother) a better night's sleep. Overall, however, there was little question in the doctors' minds that competition drove mothers' insistent demand for early solids.⁶⁰ One pediatrician noted, “There is a

⁵⁴ Levin, *Philosophy of Infant Feeding*, 102.

⁵⁵ Butler and Wolman, “Trends in the Early Feeding of Supplementary Foods to Infants,” 65.

⁵⁶ *Ibid.*, 69.

⁵⁷ Epps and Jolley, “Unsupervised Early Feeding of Solids to Infants,” 493.

⁵⁸ Harris and Chan, “Infant Feeding,” 491.

⁵⁹ Butler and Wolman, “Trends in the Early Feeding of Supplementary Foods to Infants,” 76, 79.

⁶⁰ Epps and Jolley, “Unsupervised Early Feeding of Solids to Infants,” 495.

desire in every young mother for her infant to progress rapidly. . . . She is proud if he cuts a tooth earlier than the baby next door, if he walks earlier, if he talks earlier, and if he can eat three square meals fit for a longshoreman everyday, with all the 57 different varieties of food.”⁶¹

Perhaps mothers were competitive, but physicians were too. Doctors were clearly divided over early feeding of solids, and several doctors against the practice accused their colleagues of pandering to the patient: “Too early feeding of supplemental foods is being advised by so many doctors as a ‘stunt’ or patient-getting device: If the pediatrician does not cater to these desires, the mother begins to wonder whether he is up to date, and there is nothing more damaging to the career of a young pediatrician in these days than being considered a bit old fashioned, he must follow the current with the rest of the fish whether it makes sense or not.”⁶²

Prominent pediatrician Milton Senn understood it as a symptom of the culture at large: “The psychology behind streamlined infant feeding is not only unphysiologic, but since it seems to be part of the general cultural trend to speed up everything, it may be evidence of a pathologic[all] trend in our society.”⁶³

Indeed, the competition, which seemed qualitatively different from earlier eras, was in part a product of cold-war anxieties and competitions, as well as the general circumstances of those baby-boom years. The conditions of post-World War II American society—the cold war with its arms buildup and the race to get a man into space, the so-called golden age of the American economy, the rise of suburbs and the interstate highway system, and a generous G.I. Bill financing veterans' postsecondary education—combined with rapidly rising birthrates to create an age of increasing anxiety. While Peter Stearns documents a distinct parental anxiety evident since the 1920s, he regards the baby-boom years of the 1950s and 1960s as especially fraught. Larger numbers of children, fewer families with household help, isolation in “child intensive” suburbs, a growing corporatism in the workforce, the decline of good manufacturing jobs, and growing numbers of college-bound teens all led to a “competitive frenzy.” Combined with the new emphasis on building children's self-esteem,

⁶¹ Butler and Wolman, “Trends in the Early Feeding of Supplementary Foods to Infants,” 74-75.

⁶² *Ibid.*

⁶³ *Ibid.*, 84-85.

these changes all contributed to rising levels of parental anxiety.⁶⁴ Early feeding of solids meant that mothers could stop worrying, even if only in a small way. Mashed green peas, bright-orange carrots, and protein-rich strained meats packed in little glass jars seemed a concrete, visual confirmation of good nutrition, especially when compared with monochromatic liquid formula. "Perhaps the principal advantage of the early use of solid food," Levin surmised, "is the demonstration to the mother that her baby is not a frail and fragile creature. Seeing their babies eat well, mothers are happy and confident."⁶⁵

Although opinions varied over early introduction of solid food, given the lack of hard evidence either for or against the practice, a majority of doctors agreed with the findings of the 1958 American Academy of Pediatrics Committee on Nutrition: while the practice of introducing solids during the first weeks of life might not help infants any, it probably did not hurt them either.⁶⁶ Furthermore, many doctors believed that even if not physiologically necessary, solid food could serve an educational and cultural function. The committee in its report wondered, however, whose needs the early introduction of solids fulfilled—infants' or adults'?

Although many mothers began to feed their infants solids without consulting their pediatricians, and doctors blamed this on the mothers' competitiveness, most of them recognized that the ease of obtaining jarred baby food had created this situation. Time and time again those commenting on early solids returned to the widespread production and availability of commercial baby food: If "the pediatrician plays a somewhat passive role in patterning infant feeding, whose is the active role?" wondered one doctor. "Would mothers initiate practices that increase the burden of purchasing and preparing food, serving it, and washing dishes, bib, face, and clothes? Would fathers, who must pay the extra cost? Or is it the food processors who, like the early Hawaiian missionary, started out to do

⁶⁴ Peter N. Stearns, *Anxious Parents: A History of Modern Childrearing in America* (New York: New York University Press, 2003), 103. For more on the issue of parental anxieties over child rearing, see Elaine Tyler May, *Homeward Bound: American Families in the Cold War Era* (New York: Basic Books, 1988).

⁶⁵ Levin, *Philosophy of Infant Feeding*, 139.

⁶⁶ American Academy of Pediatrics Committee on Nutrition, "Report on the Feeding of Solid Foods to Infants," *Pediatrics* 21 (April 1958): 691-92.

⁶⁷ "Consideration should be given to the possibility that it is the adults responsible for administering the solid food who are emotionally satisfied rather than the baby." *Ibid.*, 691.

good but ended by doing well?" Another physician of the early 1950s complained that a fad, not science, was driving change: "One cannot avoid the suspicion that the practice of early introduction of solid foods, especially cereals, into the infant's diet is a result of a desire to do something novel and to employ products which have been made readily available, rather than to translate any considerable body of scientific information concerning the usefulness of supplemental feeding into practice." A critic of the rush to feed solids blamed commercial interests: "Another factor [in early introduction of solids] is the ease with which prepared baby foods may be obtained, and the amount of money that their vendors have spent on advertising. I do not like the present tendency of introducing a large number of new foods into the diet at an early age (before 4 months). This is not at all necessary for the proper nutrition of the infant—it simply happens to be the fashion. [However] I would certainly not want to go back to the way I fed babies 35 years ago, when cereal was not added until the eighth month, and vegetables not until the first part of the second year or later."⁶⁸

Throughout this postwar period, assumptions about civilization, progress, and modernity were embedded in discussions of infant feeding. Advice-givers, doctors, mothers, and manufacturers pointed to the "civilized" nature of an infant's consumption of solids. After all, it was implied, there was something backward, even distasteful, about breastfeeding one's infant in mid-twentieth-century America; exposed breasts and suckling children elicited too much discomfort and were too reminiscent of the dark-skinned women from developing countries displayed in full color in the pages of *National Geographic*.⁶⁹ "Proper breastfeeding and care of the baby is essentially a primitive activity . . . far removed from modern practices," Levin observed.⁷⁰ In other words, our modern, technologically advanced society had rendered breastfeeding obsolete. It was commonly thought that western women were less able to nurse their infants because of the stresses and strains of modernity, the downside of "civilization" that made bottle-

⁶⁸ Butler and Wolman, "Trends in Early Feeding of Supplementary Foods to Infants," anonymous quotations from doctors surveyed by the authors, 85, 78, 75. For similar views, see Beal, "On the Acceptance of Solid Foods," 476; and Epps and Jolley, "Unsupervised Early Feeding of Solids to Infants," 494.

⁶⁹ Catherine A. Lutz and Jane Lou Collins, *Reading National Geographic* (Chicago: University of Chicago Press, 1993), 9.

⁷⁰ Levin, *Philosophy of Infant Feeding*, 12.

feeding necessary. Furthermore, to exist on an all-milk diet devoid of solids seemed almost subhuman. Breast milk and liquid formulas were thought to be lacking and were judged to be incapable of nourishing even young infants.⁷¹ Sackett's goal, and the goal of those who agreed with him, was to eliminate an infant's dependence on milk as soon as possible.⁷² "Babies do not need to be surrounded by archaic dietary restrictions," Levin said. "The use of solids illustrates the truism that babies are human."⁷³

By contrast, (commercially prepared) solids were modern, life-giving, and efficient, the latter an especially highly valued quality in postwar America. A 1953 article titled, "Not by Milk Alone," declared that "among the greatest nutritional contributions to our civilization are commercially prepared vegetables and fruits for infants sold by manufacturers such as Gerber's, Beech-Nut, Clapp's, and Heinz." According to the author, among their chief virtues was the fact that such foods were "efficient time-savers." Moreover, "all vegetables are so finely mashed, tiny infants have no trouble swallowing and digesting even a fibered vegetable like green beans."⁷⁴ Tiny infants who ingested green beans as soon as possible would be all the better for it—as would be society, unencumbered by primitive feeding methods in its search for greater efficiency.

There also existed cultural and economic imperatives in the mastery of solids. Early solids implicitly signified the wealth and power of the United States, its culture, and its people. Since "solid foods other than cereals are expensive," observed Levin, "his scheme of feeding is unsuitable for those cultures and classes who cannot afford to purchase good food for their babies." In fact, the early introduction of solids seemed almost inevitable: "The progressively earlier age for the introduction of mixed feeding is not a food fad but an historical culmination of an historical trend. It is an inevitable consequence of

⁷¹ This is a sentiment that runs counter to current assessments of breast milk as well as contemporary formula products.

⁷² In fact, in 1961 the Miami pediatrician invited a storm of controversy by declaring that after they reach the age of one year children should stop drinking milk because of its high cholesterol content. "Milk's for Babies, not Their Seniors, Says Doctor," *Washington Post*, November 1, 1961, D1. See also "Milk Consumption Defended by AMA," *New York Times*, October 31, 1961, 61.

⁷³ Levin, *Philosophy of Infant Feeding*, 139.

⁷⁴ Lillian Salzman, "Not by Milk Alone," *Registered Nurse* 16 (June 1953): 40.

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man's gradual mastery—very rapid in recent years—of food technology.⁷⁵

Not only solids, but the material artifacts and cultural foodways surrounding them were central to the civilizing of infants. The Holt/Watson school of advice in the early twentieth century sought to discipline infants through fixed feeding practices: strict schedules and rigid rules regarding which foods were allowed and which were taboo. In the post-World War II era the advocates of early solids had a similar civilizing mission, even though the specific rules had changed. Feeding children with a spoon—never allowing them to eat with their hands—and keeping to three full meals a day seemed vitally important. "The three-meals-a-day schedule is a development of civilization," declared Sackett, who promised mothers that their babies would be bolting down three squares at seventeen days.⁷⁶ Child-care experts told their readers that the "introduction of these new foods usually means that [baby] must master a more grown-up method of eating . . . cups, spoons, knives, and forks are a part of civilized custom."⁷⁷

Spoons in particular became important markers. Mothers were told that an infant is born with "hands that itch to hold the spoon."⁷⁸ Baby-food advertisers reflected this notion as well: "How soon does Baby get Meat? Almost as soon as he starts eating from a spoon," stated a 1950 Gerber ad in the magazine *Baby Talk*.⁷⁹ "The introduction to spoon-fed foods is a Big Event in Baby's life. Starting him on Gerber's Cereals is a very good way to begin," another ad asserted.⁸⁰ Along with his congratulatory note, Beech-Nut president John Grammer sent to each new mother a coupon good for a long-handled spoon "just the right size and shape for baby's tiny mouth."⁸¹ Mothers as well valued the spoon as a marker of progress and civilization. Two researchers studying early infant feeding noted that of the almost 80 percent of infants who received solids before the first month, "the cereal was almost always offered by spoon and only rarely

⁷⁵ Levin, *Philosophy of Infant Feeding*, 139.

⁷⁶ Sackett, *Bringing Up Babies*, 64-65.

⁷⁷ Aldrich and Aldrich, *Babies Are Human Beings*, 72.

⁷⁸ *Ibid.*

⁷⁹ *Baby Talk*, July 1950.

⁸⁰ *Baby Talk*, October 1950. Another example can be found in a Gerber ad: "Make Baby's first experience with spoon-fed food a happy one—and chances are he'll continue to be a little cherub about eating." *Ibid.*, April 1950.

⁸¹ Beech-Nut promotional materials, n.d., Beech-Nut archives.

added to the bottle."⁸² Thus the 1950s iconic portrait of the American Madonna with child was arguably a young, beautiful woman clad in a cashmere sweater, hair perfectly coiffed and lips stained dark red. Smiling lovingly at her baby, she prepares to feed her infant a spoonful of Gerber mashed peas.

This notion of solids and foodways in general was, of course, grounded in mid-twentieth-century perceptions of the American way of life. Food for infants, just as food in general at that time, seemed "safer" if it adhered to mainstream notions of normalcy. "Spicy" food was conflated with "exotic" and "un-American" food, and most child-care manuals warned against feeding young children and infants spicy, complicated food (as they still do). Sackett recommended that "highly spiced or exotic foods (fried shrimp, sausage, chile con carne, etc.) should be avoided at first." He also observed, however, that "youngsters in Italian-American families take to spaghetti and even pizza like ducks to water, starting as early as four or five months."⁸³ Ideas about infant feeding reflected how Americans regarded themselves and their country's position in the postwar American Century: powerful, wealthy, democratic, privileged, and competitive. We feed our tiny infants solids because we can, the practice suggested.

In sum, a confluence of factors created an environment conducive to early feeding of solids in the postwar baby-boom years: the discovery of vitamins, more relaxed theories of child rearing, the convenience of commercially produced baby food, increased production, and effective advertising and marketing campaigns. These advances, combined with a nod of approval from the health-care community (based in part on an existing body of scientific evidence that was inconclusive about the effects of early solids), made for a climate in which postwar parents, mothers primarily, had little reason to question the "more/earlier the better" principle when it came to little jars of Gerber applesauce, peas, or carrots. Through their ubiquitous presence in American grocery stores and homes in the mid-twentieth century, these jars became a rite of passage in the modern industrialized world. It would take another generation—one more distrustful of the medical establishment, disappointed by government, disillusioned by the pervading corporate worldview, and

swayed by scientific data opposing early feeding of solids—to revisit and ultimately turn upside down these mid-twentieth-century ideas about baby food.

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⁸² Harris and Chan, "Infant Feeding," 483-92, 488, quotation.

⁸³ Sackett, *Bringing Up Babies*, 65.