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“MOTHERS BIRTH THE NATION”:  
THE SOCIAL CONSTRUCTION OF ZIONIST  
MOTHERHOOD IN WARTIME IN ISRAELI  
PARENTS’ MANUALS<sup>1</sup>

Sachlav Stoler-Liss

Who is a proper Zionist child? And who is a proper Zionist mother? These questions have been an inherent part of the subtext of the Israeli nation-building process from the start. To consider them here, we will employ a textual field which, thus far, has almost wholly escaped attention: the early parenting guides, known as parents’ manuals, used in Israel from the 1920s through the late 1950s.

During the 1920s and 1930s, a group of Israeli physicians and psychologists inaugurated what would become a prolonged effort to provide child-rearing guidance for parents. At the time, the establishment of the State of Israel was no more than a wish for Israelis (and perhaps the worst nightmare of their Arab neighbors). The Jewish towns and villages in Mandate-era Palestine were not heavily populated, but their inhabitants were fully aware of what they saw as their historical role in creating a “new native Jew.”<sup>2</sup>

The principal argument of this paper is that Israeli mothers of that era embraced their duty as “mothers of the nation” neither by chance nor as a consequence of some kind of natural process; rather, they were subjected to an unremitting program of education, indoctrination and regulation that formed the subtext of the apparently innocuous medical advice provided to them throughout their childbearing years. Ideological messages were embedded within the most ordinary counsel regarding proper breastfeeding, toilet training, and how to avoid spoiling one’s children.

The boundaries that restricted women primarily to their domestic and maternal duties owed much to the ongoing perception of the Yishuv (the Jewish community in what would become Israel), and afterward of the State

*“Mothers Birth the Nation”*

of Israel, as existing in an ongoing state of war. The obligations of mothers and other women (mothers-to-be) in wartime were discussed openly in the parents' manuals, which were but one of a number of social instruments of ideological education wielded by doctors and psychologists. This paper will consider only the formal print media (books and articles) addressed to Hebrew-speaking parents from the early part of the twentieth century onward.

Manuals for parents have been published in Europe at least since the sixteenth century.<sup>3</sup> In Jewish circles, books that offered guidance on childrearing and medical advice for women were widely distributed beginning around the same time.<sup>4</sup> One of the more famous such Jewish manuals, entitled *Lev tov* (A good heart), was first published in the seventeenth century and reissued in many editions; its main concern was to explain to parents that “. . . severe punishment of children is not acceptable behavior.”<sup>5</sup> Following the onset of the modern colonization of Israel, manuals in Hebrew, at first imported from Jewish centers abroad and later printed and published in Eretz Israel (the land of Israel/Palestine) itself, were available for the local educated Jewish strata.

From the 1920s through the 1950s, some 200 Hebrew-language parents' manuals were published,<sup>6</sup> most of them written by members of the newly established medical elite of the Yishuv. Prominent among the writers were well-known physicians like Dr. Yosef Meir, head of Kupat Holim Kelalit (the General Sick Fund), the Yishuv's largest health maintenance organization; Dr. Miriam Aharonova, a gynecologist; and Dr. Avraham Binyamini, doctor to the elite Gymnasia Herzliya high school. Aside from books, a vast quantity of expert advice was published in Hebrew newspapers and magazines. “Health Watch,” “Health Observer,” and “Eytanim” (= Robustness) are titles of a few of the many columns by Dr. Meir that appeared in various local, mainly socialist Hebrew newspapers from the 1920s through the 1950s. Most of the books and newspapers examined here were published by Israel's National Federation of Labor, the Histadrut, which, as the umbrella organization of Kupat Holim Kelalit, willingly published books authored by its own doctors. Many other such publications were issued by private publishers, most of them in Tel Aviv.

Less is known about the readership. It is clear that broad segments of the country's population in the early and mid-twentieth century were excluded from this group, either because of low literacy rates or because their primary

*Sachlav Stoler-Liss*

language was not Hebrew. Yiddish-speaking as well as Mizrahi (of Middle Eastern or North African origin) ultra-Orthodox Jews in the Old Yishuv communities in Jerusalem, Safed, and elsewhere, like new immigrants in the poorer neighborhoods and native Arab residents, were all beyond the reach of this material. Thus, the only relevant audiences would have been the educated, politically aware strata in the cities and the agricultural population in the new Zionist settlements, the moshavim and kibbutzim.

A coherent ideological picture emerges from the texts of these manuals, one that placed motherhood and proper childrearing at the very heart of the Zionist effort to shape a “new society” and a “new Jew.” The manuals, propounding the ongoing theme of “a sound mind in a sound body,” provide a detailed portrait of the proper mother and the proper child.

### *The Proper Mother*

The name Rivka Gover is no longer a household word nowadays. In the 1950s, however, she was one of the Zionists’ key symbols, a living embodiment of the Israeli conception of motherhood. Ben Gurion called her *em habanim*, “the mother of sons” (Ps. 113:9), referring to the death of her two sons, Ephraim and Zvi, in the 1948 war. Gover wrote and published a memorial volume, *The Brothers’ Book*, which became an enduring bestseller, with excerpts reprinted frequently in newspapers and parents’ manuals. One unforgettable chapter recounted the story of how her eldest son, Ephraim, was breastfed.<sup>7</sup> Gover was unable to nurse him, and the infant couldn’t adjust to cows’ milk, so his father took him six times a day in the family’s horse-drawn cart from one neighbor to another, near and far, to be nursed. On Ephraim’s first birthday, his mother sent a picture of him to each of his two dozen wet nurses and invited all of them to a party.

This story, published only after the boy’s heroic death in battle, wove together the themes of motherhood, breastfeeding, community, and the soldier’s ultimate sacrifice, creating a unique and complex image of proper motherhood. One clear message was that the mother’s and the community’s efforts had not an individual objective but a collective one. Gover’s personal “failure” at breastfeeding, which could have stigmatized her as an improper mother by the tough standards of the parents’ manuals discussed below, was cancelled out by her success in organizing a proper surrogate solution.

*“Mothers Birth the Nation”*

The mother is viewed by most of the physician-authors of these handbooks as the very foundation of the family and indeed of the nation at large. “Mothers birth the nation” is a straightforward translation of a theme<sup>8</sup> that recurs in the parenting handbooks, linking elements of motherhood—birth, breastfeeding, and childrearing—to such national themes as “mother earth” and the homeland.

In the 1920s, Dr. Avraham Binyamini published, privately, a volume of his findings concerning the outstanding physical characteristics of the pupils at Gymnasia Herzliya.<sup>9</sup> He stated that Israeli children were taller, weighed more, and were stronger than European children of the same age. He attributed this partly to the devotion of the Jewish mother:

[T]he Hebrew mother treats her children with greater concern and devotion than do her counterparts in France or Belgium. Even if the children’s height is attributed only to heredity and the mother cannot improve it, their weight is greatly dependent on the care and daily concern of the mother. (p. 21)

In this spirit, mothers were encouraged by the manuals to invest even more care in their children. They were instructed to breastfeed because “this is the most natural and proper milk for the child. . . . Cows’ milk is suitable only for a calf.”<sup>10</sup> This phrase recurred frequently in manuals from the 1930s and 1940s, along with the call for “full breastfeeding,” which meant six daily feedings at precise four-hour intervals for at least five months, with no supplementary food. The experts forbade mothers to soothe their infants when they cried, vary their feeding schedules, or pick them up once they were in bed.<sup>11</sup> The proper mother was supposed to be guided by reason rather than instinct, to obey the doctors absolutely, and to ignore the advice of family and neighbors. She was supposed to be relaxed and confident, loving but restrained, and above all willing to sacrifice her son on behalf of his homeland (motherland).<sup>12</sup>

Naturally, this ideal of the proper mother was far removed from reality. So, aside from outlining a portrait of the ideal that practically made every Hebrew mother a failure by definition,<sup>13</sup> some doctors offered unique, contextualized ideas to reduce the gap between the ideal and the real. One parents’ manual preached that mothers should establish a breast-milk bank to ensure that all newborn children would get enough mother’s milk. The

writer, a famous Israeli pediatrician,<sup>14</sup> compared this mission to the establishment of a national blood bank and emphasized its national benefits in terms of raising a stronger generation. The mothers were viewed as a kind of national baby-food reservoir for the easy provision of infant food from its natural source.

The proper Israeli mother was defined in opposition to the “improper” one. The improper mother was mainly the “other”: an Arab woman, a Mizrahi (in the 1920s, usually Yemenite) Jewish immigrant woman, or a poor Jewish woman in the Old City of Jerusalem. Horrifying stories described how such women “deserted” their babies by leaving them at home, tied to their beds or watched by their three-year-old siblings, while the mothers went to work.<sup>15</sup> Others sent their nine-year-old children to work.<sup>16</sup> The children of these improper mothers were described in the newspapers as dirty, disease-prone, and chronically malnourished. They were inadequately clothed and shod, and poorly treated.<sup>17</sup>

Yet simply not being the “other” mother wasn’t good enough. The manuals tended to regard even urban, well-educated, and fully politically aware mothers as problematic. The real Israeli women whom the doctors met in their clinics and described in their books and articles were far removed from the ideal type. The physician-authors of the 1934 anthology *Ha’em vehayeled* (Mother and child) described some of the mothers as hysterical and overly anxious about even minor cold symptoms in a child. Others were excessively preoccupied with food. They fed their children constantly and complained if they seemed too thin (or too fat), or if they didn’t eat willingly.<sup>18</sup>

Both mothers and doctors paid a great deal of attention to every nutritional and physical phenomenon. Doctors opened special clinics and departments in hospitals for diet problems. Mothers were also concerned with the proper consumption of vitamins. One doctor described the Israeli mother of the 1920s and 1930s as “obsessed with vitamins,”<sup>19</sup> while another wrote:

If a prize were declared for the Hebrew mother who never complains about her child’s appetite, I think it would remain unclaimed, because there isn’t a single Hebrew mother who could win it. . . . A wave of complaints has swept through all the mothers in the country: The children do not eat enough. . . . In most cases, the complaints are baseless, and this is merely a common psychosis shared by all the mothers. . . . It is

*“Mothers Birth the Nation”*

not the child who is unhealthy, but the complaining mother: She suffers from unrealistic expectations concerning her child’s diet.<sup>20</sup>

This so-called obsession is another explanation for the competition involving food that went on among Israeli mothers at the time. The mother who could afford a variety of fruits and vegetables thought she was providing her child with more valuable vitamins. Worried, frustrated mothers consulted doctors with fascinating stories of neighbors whose children were fed a soup made of twelve kinds of vegetables, which they themselves could not afford to duplicate. Others complained that they could not get enough fruit to make three glasses of juice a day, but only two, or that they couldn’t replace butter with cream. One doctor wrote:

If for breakfast the child is getting, as proudly described by the mother, an apple, an orange, a grapefruit, a lemon, a banana, and white cheese with a spoonful of honey, this is not therapy, but luxury.<sup>21</sup>

Being a proper mother was in fact next to impossible, since, as set forth in the manuals, physicians viewed mothers of all types as not good enough. Those who followed the doctors’ advice were then blamed for taking it to an extreme rejected by the doctors themselves. They were merely objects for manipulation.

As the century wore on, Israeli women were expected to follow a strict set of guidelines in order to qualify as “proper mothers.” For example, all the experts demanded that extreme care be taken with regard to hygiene. Not only must a child’s body be kept clean; their clothes, room, house, and even the street on which they lived must all be immaculate. The manuals describe in great detail the temple-like environment that should surround the baby: the whiteness, the smell of cleanliness, and the complete silence. For example, Dr. Aharonova demanded in the 1940s that parents wash their hands before touching the baby; that the infant be bathed every day—for baby girls, using a special soap for their genitals; that the mother wear a gauze mask while nursing, for the baby’s protection;<sup>22</sup> and so on. This cleanliness, the instructions stated, would not be absolute until the baby was out of diapers, and therefore toilet training should take place as early as possible.

Israeli offspring, as noted, were supposed to be breastfed, but despite the

*Sachlav Stoler-Liss*

ongoing propaganda, rates of breastfeeding remained low.<sup>23</sup> The experts took a nationalist approach to this issue; while continuing to encourage women to breastfeed, they cited suitable local substitutes—such as milk from Tnuva, the national dairy cooperative.<sup>24</sup>

Being a proper mother involved more than meticulous and devoted daily care of children; it also required “social responsibility.” This was a code phrase for explicit and implicit encouragement to bear and raise only healthy children. Israeli doctors in the 1920s, like their American and European contemporaries, still found eugenics very appealing. Dr. Meir addressed the following words to parents:

Who should be allowed to raise children? Seeking the right answer to this question, eugenics is the science that tries to refine the human race and keep it from decaying. This science is still young, but it has enormous advantages. . . . Is it not our duty to insure that our children will be healthy, both physically and mentally? For us, eugenics in general, and mainly the careful prevention of hereditary illnesses, has a much higher value than in other nations. Doctors, athletes, and politicians should spread the idea widely: Do not have children unless you are sure that they will be healthy, both mentally and physically.<sup>25</sup>

Other doctors discovered connections between the Zionist movement, Social Darwinism, and eugenics. Dr. Binyamini explained his findings that Zionist schoolboys were taller, stronger, and tougher than their counterparts in other countries or in non-Zionist Jewish circles mainly as the outcome of a Darwinist process whereby only the strongest and healthiest Jews accepted Zionism.<sup>26</sup> Non-Zionist circles were considered the decadent part of the Jewish world. Such views were quite common among Israeli doctors of that era.<sup>27</sup>

In the view of the medical profession, then, the healthiest route to the formation of a strong new nation was to hold the proper Israeli mother responsible for producing only high-quality offspring. This notion has undergone very little change over time and may help to explain why Israeli women, even today, are the world’s foremost users of prenatal screening tests.



*The Proper Child*

On the back cover of the August 18, 1949, issue of the magazine *Davar hashavua* appeared a large illustration in which an Israeli youngster is seen hauling a boat to shore. It highlights the outstanding physical features of the new native Israeli as envisioned at that time. The boy in the picture seems tough and vigorous, handsome and determined, young yet powerful. The caption glorifies him as representing a new generation of Maccabees, the legendary Jewish warriors. The “new Israeli girl” shown elsewhere in the same magazine is pretty and shy. She is dressed in Russian peasant garb, and the caption describes her as a freedom fighter in the 1948 war who is leaving the city for a new life in the country. These pictures encapsulate the desired outcome of the ongoing effort to raise what was envisioned in the early part of the last century as the optimal new generation of Israeli youth. The young Israeli was supposed to have not only attractive external features but also qualities such as honesty, courage, and patriotism.<sup>28</sup>

This sort of image was glorified in the parents’ manuals, suggesting to mothers that by following the instructions in the handbook, they would end up with the right kind of child. Enormous emphasis was devoted to matters of day-to-day childcare. As articulated by the physician-authors, nothing was trivial: Each diaper, every serving of porridge, each session of nursing or bottle-feeding, each slap, and every single banana were essential to bringing up the desirable baby. This sought-after child, the “Sabra,” was essential, in the prevailing view, to the Israeli nation-building process.<sup>29</sup>

We mentioned earlier that the properly raised child should be clean and so should be toilet-trained as young as possible. In the 1920s, the manuals demanded that children be toilet-trained by the age of about nine months. Although this view was rather common in Europe and the U.S. in the same period, in Israel it went on being the fashion long after it had become passé elsewhere. Local Israeli experts declared that only a baby who was clean inside and out would grow up to be civilized,<sup>30</sup> and they continued to preach this doctrine through the 1970s. A typical manual authored by Moshe Wolf proclaimed to parents that a baby who wasn’t toilet-trained soon enough would grow up to be a lazy, dirty adult, far removed from the Zionist vision.<sup>31</sup>

Moreover, since Zionist children were not supposed to be spoiled, the experts did not permit mothers to hug crying babies, to feed them at unscheduled times, or to take them out of bed. Again, these restrictions were not

*Sachlav Stoler-Liss*



*Davar hashavua*  
August 18, 1949



*“Mothers Birth the Nation”*

unique to Israel but were still current in the Israeli context long after they had fallen from favor in other Western countries.<sup>32</sup> Tough attitudes of this kind were deemed the most reasonable methods for constructing the new Israeli.

The experts disseminated this fear of spoiling in different variations. Food, for instance, was a potential instrument for spoiling a child. Children fed that mythological soup made with a dozen kinds of vegetables, expensive fruits instead of cheap tomatoes, or cream instead of plain butter would be spoiled! These spoiled youngsters were dubbed “cream-fed children.”

But an Israeli child could be spoiled in other ways as well—by being an only child, for example. The experts worked hard to demonstrate that an only child typically would be cowardly, fretful and stubborn—in short, nothing like the desirable “Sabra” child. One expert even coined an expression for what he described as the unique Israeli phenomenon of spoiled children: “pediarchy”—the reign of the child. He wrote:

When the child goes to sleep, he is treated as if he were a king: No sound must be heard; all the adults whisper. The light is turned off if the child is not used to sleeping with light, or kept on all night if the child doesn't like the dark. Have these parents thought of what will become of this pediarch when the child has to adjust to working life?<sup>33</sup>

*The “Demographic Crisis”*

The ongoing themes of the proper child and the proper mother were accompanied by another contextual idea, that of the “demographic crisis.” Although this does not seem to have been a primary concern among Israeli physicians, those who wrote about childrearing dedicated a good many pages to it, as did experts in other fields.

The phrase “demographic crisis” refers to the Israeli Jews' fear of becoming a minority group in Palestine. It has been translated into calls, both explicit and implicit, for Israeli mothers to have more children. We have already noted the psychological reasons given for having more than one child, but demographic considerations had at least equal weight. Dr. Aharonova, for example, wrote:

*Sachlav Stoler-Liss*

Every family should include at least three children: two, [equal to] the number of parents, and another one to build the family and the race.<sup>34</sup>

In another article, this one dating from the period of the 1948 war, she calls on women not to join the fighting at the front, but instead to remember this:

For our safety in the future we need to have a large population. These periods of war have taken valuable people from us. Our human reservoir in the Diaspora has declined, and if childbearing is always a crucial national necessity, it is now even more crucial. . . . A woman's duty is different from a man's in this war.<sup>35</sup>

As noted earlier, however, quantity was not the only aim. Quality was equally important. Doctors did not hesitate to criticize Ben Gurion's one-time grant of 100 *lirot* for mothers of ten children or more. In a 1952 medical paper, Dr. Meir wrote:

We have no interest in the tenth or even the seventh child of the poor Mizrahi families. . . . We must pray for the second child of the families of the intelligentsia.<sup>36</sup>

The proper Israeli child—of sound mind and sound body—was the outcome not merely of careful physical and psychological treatment, but also of reproductive caution. Further research might usefully attempt to reconstruct the meetings held in clinics of that era and evaluate the extent to which the counsel offered by physicians actually changed the behavior of Israeli parents.

One way or another, children who grew up in the 1920s and 1930s played an essential part in the Israeli War of Independence in 1948. Their valor in war, their victories, and their heroic deaths were attributed to the scientific manner in which they had been raised. In a prologue to one of the parents' manuals, Dr. Meir wrote:

The War of Liberation proved the necessity of a young generation sound in mind and in body. The health of the young people rests on the health of the family, and the health of the family rests on the health of the woman.<sup>37</sup>

*Conclusion*

Like any other cultural phenomenon, handbooks written by doctors are contextual<sup>38</sup> and connected to specific sets of social and cultural circumstances. During this period, the nation-building process<sup>39</sup> was so all-embracing that it powerfully affected mothers, children, and doctors. The doctors saw themselves as playing a historic role in creating the “new native Jew.” Other dynamics, such as those powered by the scientific advances taking place abroad, could not compete with the nationalist spirit of the era.

The recruitment of women’s bodies to serve the needs of the national body is not unique to the Israeli context or to Israeli wartime reality. From Rousseau’s call for women to lend a hand in the creation of the Republic by breastfeeding,<sup>40</sup> through the authorized reproduction programs of the Fascists and the Nazis at the beginning of the twentieth century,<sup>41</sup> modern political agendas have repeatedly employed women’s bodies as factories for the production of citizens and warriors. The Zionist case is remarkable, not because it stressed the woman’s role in bearing and raising children, but because it expanded the national boundaries of motherhood to include the period before birth and the entire span of time between birth and the child’s enlistment in the army. The volume of production—the quantity of children—deemed essential in previous national-maternal regimes was coupled in this context with a deliberate stress on the quality of the children produced. High-quality children could not be produced by ordinary mothers, but only by those who were fully aware of and committed to the national aspects of their maternal duties. These mothers had to learn “proper motherhood,” and their teachers were the physicians who willingly made the connection between the health-related and the nation-building aspects of their counsel. The learning process was not easy: The mother had to adopt an endless, complicated list of practices and perform them very carefully. Alongside a long list of “dos” was an equally long list of “don’ts.”

Haim Hazan has linked the Zionist obsession with fertility to its Jewish origins, contending that the concrete Zionist body is the embodiment of the Zionist-imagined community.<sup>42</sup> Sylvie Fogiel-Bijaoui,<sup>43</sup> on the other hand, has linked fertility and childrearing issues to the national conflict, claiming that each ethno-national group in Israel has employed its religious code as an instrument of national propagation. Although Zionism originally was

trying to escape from old Jewish frameworks, says Hazan, it continued to play by the same set of rules. Additional research could perhaps compare the construction of the Israeli child and mother with the ongoing construction of the Palestinian child and mother within the context of Palestinian nation-building and the Palestinian struggle for independence now in progress.

Notes

1. An early version of this paper was presented at the conference “War and Peace: Feminist Perspectives” held at Tel Aviv University on January 6–9, 2002. I wish to thank my M.A. advisers, Profs. Haim Hazan and Amiram Raviv of Tel Aviv University, and my Ph.D. adviser, Dr. Shifra Svarts of Ben-Gurion University. Unless otherwise stated, all the works cited herein are in Hebrew.
2. The idea of the new Jew in Zionist thought has been discussed widely in the academic literature. See, e.g., Oz Almog, *The Sabra: A Profile* (Tel Aviv: Am Oved, 1997).
3. See Shulamit Shachar, *Childhood in the Middle Ages* (Tel Aviv: Dvir, 1990).
4. See R. Barkai, *Science, Magic and Mythology in the Middle Ages* (Jerusalem: Van Leer Institute, 1987).
5. K. Sather, “Sixteenth and Seventeenth Century Child-rearing: A Matter of Discipline,” *Journal of Social History*, 22 (1989), pp. 735–743 (in English). Sather demonstrates that the Jewish manual is basically similar to the seventeenth-century Puritan manual, *Of Domesticall Duties*.
6. According to information provided by the National Library, Jerusalem.
7. This chapter was reprinted in *Devar hapo'alot*, 6 (1950), pp. 156–157.
8. The expression was first used by the poet E. Shtainman in his poem “Mother,” written in 1948 and reprinted in parents’ manuals like *Orim lahorim*, 5 (1954), p. 140.
9. A. Binyamini, *Our Children* (Tel Aviv, 1928).
10. V. Zimmerman, *Education for Redemption* (Berlin: private publication, 1950).
11. That was true of manuals written by doctors as well as those written by psychologists and psychoanalysts. For doctors see, e.g., B. Farber, “Breastfeeding,” in Y. Meir and A. Rivkai, *The Mother and the Child* (Tel Aviv: Kupat Holim, 1934), pp. 63–64; for psychoanalysts see, e.g., M. Wolf, *The Soul of the Child* (Merhavia: Hakibbutz Ha’artzi, 1946).
12. For examples of this approach see, e.g., Meir and Rivkai, *The Mother and the Child* (above, note 11).
13. I wish to thank the anonymous reviewer for this point of view.

“Mothers Birth the Nation”

14. D. Margalit, *The Baby: A Medical Manual* (Tel Aviv: Zioni, 1957).
15. This story was told of Yemenite immigrant mothers in Tel Mond; see H. Tsifman, “Life in an Immigrants’ Camp,” *Devar hapo’alot*, 8–9 (1944), p. 138.
16. See Z. Kafry’s description of Yemenite immigrants in *Devar hapo’alot*, 7 (1950), p. 177; on the Old Yishuv see H. Oppenheimer, “Children’s Work in Jerusalem,” *Devar Hapo’a lot*, 9 (1939), pp. 254–256.
17. These notions persisted well beyond the establishment of the State of Israel. Later on, the role of improper mothers was shifted to the immigrants who arrived in the 1950s. I have discussed this at greater length in my forthcoming article, “Fighting Ignorance and Undeveloped Habits,” *Zemanim*.
18. See, e.g., Y. Kaspari, “Doing and Overdoing in Child Care,” in Meir and Rivkai, *The Mother and the Child* (above, note 11), pp. 87–88.
19. Mol, in Meir and Rivkai, *The Mother and the Child* (above, note 11), pp. 93–94.
20. Y. Rivkai, “The Child Does Not Eat,” in Meir and Rivkai, *The Mother and the Child* (above, note 11), pp. 103–104.
21. See Kaspari, “Doing and Overdoing” (above, note 18), *loc. cit.*
22. M. Aharonova, *The Hygiene of Woman’s Life* (fourth edition, Tel Aviv: Kupat Holim, 1957), pp. 28–29.
23. A. Nasao and Y. Rotem describe the declining rate of breastfeeding in their manual, *The Raising of Children* (Merhavia: Sifriyat Poalim, 1957), p. 81.
24. For example, in B. Farber, “The Baby’s Milk and Its Hygiene,” in Meir and Rivkai, *The Mother and the Child* (above, note 11), pp. 51–52.
25. This passage appears on the first page of his parenting manual, Meir and Rivkai, *The Mother and the Child* (above, note 11), p. 3.
26. Binyamini, *Our Children* (above, note 9).
27. I discussed the connections between Zionism and eugenics at greater length in my thesis, “Zionist Baby and Child Care” (M.A. Thesis, Tel Aviv University, 1998).
28. For further discussion see, e.g., Almog, *The Sabra* (above, note 2), pp. 124–215; A. Shapira, *New Jews Old Jews* (Tel Aviv: Am Oved, 1998), pp. 122–174; and R. Arbel, *Blue, White, Colors: Visual Images of Zionism, 1897–1947* (Tel Aviv: Am Oved, 1996).
29. R. Elboim-Dror, *Yesterday’s Tomorrow, I* (Jerusalem: Yad Itzhak Ben-Zvi, 1993).
30. Wolf, *The Soul of the Child* (above, note 11), p. 80.
31. *Ibid.*, 80–83.
32. See H. Cunningham, “The Century of the Child,” in *Children and Childhood in Western Society Since 1500* (London–New York: Longman, 1995; in English), pp. 175–186.

33. A. Rivkai, "Pediarchy," in Meir and Rivkai, *The Mother and the Child* (above, note 11), pp. 119–124.
34. Aharonova, *The Hygiene of Woman's Life* (above, note 22), p. 109.
35. *Ibid.*, pp. 161–162.
36. Y. Meir, "Increasing Birth Rates or Increasing Fertility Rates?" *Eytanim*, 3–4 (1952), pp. 76–77. *Eytanim*, which had begun as a column written by Dr. Meir, became a periodical in the 1940s.
37. Idem, preface to the first edition (c. 1951) of Aharonova, *The Hygiene of Woman's Life* (above, note 22).
38. K.T. Young, "American Conceptions of Infant Development from 1955 to 1984: What the Experts are Telling Parents," *Child Development*, 61 (1990), pp. 17–28 (in English).
39. F. Anthias and Nira Yuval-Davis, *Women–Nation–State* (London: Macmillan, 1989; in English).
40. See M. Bloch and J.H. Bloch, "Women and the Dialectics of Nature in Eighteenth Century French Thought," in C. MacCormack and M. Strathern (eds.), *Nature, Culture and Gender* (Cambridge, U.K.: Cambridge University Press, 1980; in English).
41. J. Harris, *The Family: A Social History of the 20th Century* (Bromely: Harrap Books, 1992; in English).
42. Haim Hazan, "Between the Times: The Body of Israeli Identity," *Zemanim*, 17–18 (1999), pp. 146–155.
43. Sylvie Fogiel-Bijaoui, "Families in Israel: Togetherness and Postmodernism," in Dafna Izraeli et al. (eds.), *Sex Gender Politics* (Tel Aviv: Hakibbutz Hameuchad, 1999), pp. 107–166.