

Victory Over Crib Death

(SIDS: Sudden Infant Death "Syndrome")

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This article summarizes the book [The Infant Survival Guide: Protecting Your Baby from the Dangers of Crib Death, Vaccines and Other Environmental Hazards](#), by the same authors. It is currently being published by Smart Publications, Petaluma, CA.

We propose a new paradigm. The conventional paradigm, or system of thought about crib death, assumes the cause is unknown; and preventing it is hopeless; that SIDS is multifactorial, that several mechanisms can function, possibly several at the same time. Further, that no one of these may be fatal, but a combination can kill; and that one can only lower the risk and offer sympathy afterward. This approach to crib death is a cop-out and a failure.

The New Paradigm

(A) SIDS has one primary cause, which we identify, noting a very few exceptions.

(B) And we present the preventives that have achieved 100-percent success; whence the title: VICTORY OVER CRIB DEATH.

Sudden Infant Death Syndrome is an unexpected infant death, after which thorough autopsy and examination of the death scene and circumstances at time of death reveal no identifiable cause of death. SIDS risk begins about two weeks after birth. It is the leading cause of death in months one to six, declines rapidly after a peak in the third month when the immune status received from the mother is ebbing, and is rare after a year of age.

The definition "SIDS" is faulty, for two reasons.

(1) A syndrome is "the aggregate of symptoms associated with a disease condition." [1] In crib death the only symptom is death itself. The "syndrome" designation opened the door for well-paid specialists to enjoy a nice lifestyle while investigating various "risk factors" -- but ignoring the actual cause.

(2) The term "sudden" also is inapplicable; we show that certain precipitating

events make crib death, and sometimes its probable date, predictable.

Before World War II, unexplained infant deaths were unusual. But after 1950, the governments of nearly all the rich industrialized countries (regarding Japanese practice, see later) required treatment of baby and child mattresses with flame retardant chemicals. Phosphorus and antimony were most commonly used; arsenic was sometimes added later as a preservative.[2]

Sadly, this well-intentioned measure was counterproductive in two ways.

(1) American SIDS deaths ballooned 400-fold; the toll has since declined.

(2) Among knowledgeable observers, it is well known that the number of baby deaths in residential blazes multiplied.[3] Statistical evidence, unfortunately, is not available.

The mechanism of death is identical in both types of tragedy: the generation of extremely poisonous gases from the chemicals that had been added -- in all innocence. First, with regard to SIDS. Common, ordinarily harmless household fungi such as *Scopulariopsis brevicaulis* and certain microorganisms consume the phosphorus, arsenic, antimony, added as fire retardants and plastic softeners.

In consuming the chemicals, the fungi emit the heavier-than-air neurotoxic gases based on phosphine (PH₃), arsine (AsH₃)[4] and stibine (SbH₃). These gases are about one thousand times more poisonous than carbon monoxide, which can kill a person in a closed garage with a running engine. **They are about as toxic as Sarin, used in the 1980s Iran-Iraq war and in a Tokyo terrorist subway poisoning in 1995.**

In probably the worst environmental disaster of the 20th century, **these toxic gases have killed about one million victims of SIDS worldwide.** Gas generation starts when a mattress, containing both the chemicals and the fungi, is warmed to body temperature in contact with the baby. Perspiration, dribble, urine, vomit, body heat and -- as we shall see, critically important -- high (alkaline) pH enable the fungi to grow and generate gas rapidly.

If a mattress contains any antimony, for example, **there is invariably more than enough, when converted to stibine, to kill a baby.** Breathed for an extended time even in minute quantity, these nearly odorless gases can interrupt the choline/acetylcholine transfer of nervous impulses from the brain to the heart and lungs. That shuts down the central nervous system; heart function and breathing stop. For another proposed mechanism of toxic gas death, see later.

Most of these gases (phosphine is an exception, details below) remain in a thin layer on the baby's crib and diffuse away. But if enough gas accumulates to a fatal dose, the parents know nothing of it until their terrible discovery, typically the next morning. The attendant psychiatric morbidity from needless guilt reactions is

enormous.[5] Every parent of a small baby or parent-to-be is wondering, "Will my child become a statistic? Will he/she have to die because of something I did or did not do?" Older children are less at risk because the gases cause them to develop a headache and call for help. For physiological reasons, adults are not put at risk by such gas generation. As to how these gases kill in house conflagrations, see later.

A fever, the God-given mechanism for killing dangerous organisms, can become a two-edged sword. A rise in the temperature of mattress and bedding in contact with the baby from 98.6 F to 104 F can make the fungi more active and thus increase toxic gas generation tenfold or more.[6] Many boy babies have a faster metabolic rate and inhale a greater volume of air than girls, and their slightly higher temperature causes fungi to generate gases more rapidly. The result is higher SIDS risk: in one study, the SIDS rate for boys was 30 percent higher than for girls.[7]

In some cases, fungal growth in PVC, polyvinyl chloride, a soft plastic commonly used as the mattress covering, was associated with development of a pink stain in the shape of the sleeping infant. Such mattresses were always found to be generating one or more of the gases. (Richardson asked, "Must babies still die?") Pink stain often results from, and demonstrates presence of, this type of fungal growth. There is even a reference in the Bible to pinkish mildew, and a health warning given (Leviticus 14:B).

To prevent crib death, an appropriate gas-impermeable barrier is needed between mattress and baby. An inexpensive slip-on mattress cover called BabeSafe® -- invented by New Zealander T.J. Sprott, PhD -- came to market in New Zealand in 1996. Among one hundred thousand or so babies sleeping on this/these product(s) there and elsewhere, not one crib death has been reported.[8] [9] [10] An equally successful alternative is to wrap the entire mattress using thick, clear polyethylene plastic; see instructions with supply details at the end of this document.

Until BabeSafe® is obtained, or when its use might not be feasible as while traveling, **mothers can reduce (but not eliminate) the risk of SIDS by elevating the head end of the crib an inch or two, letting any of these heavier than air toxic gases flow to the foot end -- and dissipate away to the floor.** A rolled towel prevents the baby from sliding. According to an informal test reported in the 1960s by an American metropolitan newspaper, that procedure prevented any crib deaths. We could not track down the source. The result, mysterious at the time, is now readily explained by the research outlined above. Also, ensure that baby sleeps face up. A bassinet with impervious sides would trap gases.

Historical Background

The fungal generation of arsines in conditions of mildew has been known for well over a hundred years. This killed thousands of children in Europe in the 1800s; the Italian analytical chemist Gosio discovered its cause in 1892.[11] [12] Dr. Sprott proposed a toxic gas explanation for SIDS in 1986.[13] He is a consulting chemist and forensic scientist; his success, notably in certain criminal cases, earned him

great fame and respect in New Zealand. In 1989, Mr. Barry A. Richardson, a widely published British consulting scientist and expert in materials degradation, independently came to the same conclusion, and then further refined and elaborated the connection to crib death in the early 1990s.[14] [15] Dr. Sprott, who generously cooperated with us in writing our book and this article, corroborated and strengthened the argument in 1996 in his compelling book, *The Cot Death Cover-up?*, cited above.

Also in 1989, British nonprofessional researcher Peter Mitchell, deeply concerned at the high SIDS rate in Britain, made a further landmark discovery. Studying records of hundreds of cases, he found that the risk of crib death doubles from a mother's first baby to her second and doubles again from the second to the third baby. Others had noticed this factor, but couldn't explain higher SIDS risk among a mother's later babies.

The Toxic Gas Explanation for SIDS makes it quite clear: the fungal spores are established during prior use; and so gas production starts sooner and in greater volume. Mr. Mitchell also found that infants of poor single mothers, typically young and immature, have previously used mattresses and bedding because they cannot afford new ones. Because of this and the high stresses of daily living, they have seven times greater risk than babies of wealthy parents, who almost always buy new mattresses and bedding for their babies.[16]

Similarly, in Taiwan from 1988 to 1992, babies born second to fourth were 70 percent more likely to die of SIDS than the first; risk for fifth or later babies was up 130 percent.[17] The authors of this report didn't know about toxic gases, and so they couldn't understand their finding. Only the toxic gas hypothesis can explain these statistics -- which almost certainly apply to such countries as the U.S. and Canada.

The two discoveries, (1) One hundred percent protection by BabeSafe® and (2) the doubled, then quadrupled risk in subsequent babies, appear to destroy theories blaming SIDS on vaccinations (see later), poor nutrition, rebreathing of CO₂, or any medical cause. Also, as Dr. Sprott explains, the totality of our knowledge about SIDS makes it clear that there is only one cause.

As would be expected if toxic gases are the true cause, reducing babies' exposure to them lowered crib deaths. **This is why face-up sleeping reduced SIDS by removing the baby's face somewhat from the mattress.** Toxic gas output from infants' mattresses declined rapidly in Britain after Mr. Richardson publicized his hypothesis in June 1989, and again in December 1994 after he and Dr. Sprott dramatized the problem in "The Cook Report," a highly-rated program on BBC television. Parents bought new mattresses that lacked the potential for toxic gas creation, or properly wrapped old ones. Manufacturers quietly began to remove the chemicals, which fire safety regulations had required.[18] Before that, the SIDS rate in Britain had been rising; it had reached a tragic new peak in 1986-88 when more phosphorus was added to baby mattresses.[19] It fell for the first time immediately

after Richardson's 1989 announcement.

The ongoing, first-ever decline in Britain's SIDS rate accelerated in December 1991, after "Back-to-Sleep" publicity urged parents to put babies to sleep face up. [20] [21] The toxic gas hypothesis explains the nearly worldwide drop in crib deaths, which followed that campaign.[22] Incidentally, New Zealand was the first country to make face-up sleeping a national program, after research there proved its effectiveness. Some babies are known to have rolled from side to prone before dying.[23] Yet, many SIDS victims have died sleeping face-up. The London Stationery Office reported, of 305 SIDS babies put to bed face-up, 105 were found dead still lying face-up.[24] This refutes the claim that face-up sleeping is the answer to SIDS.

SIDS incidence in Britain (0.7 per thousand live births) is now 70 percent lower than 1986-88, when it was 2.3 per 1,000. It is slightly below the rate of about 0.75 per thousand (totaling about 3,000 a year, on average, around eight now-avoidable SIDS tragedies every night) in America, where parents follow advice of health agencies to varying degrees. As explained below, **there are many more crib deaths on each weekend night than each weeknight.**

The British Limerick Commission investigated and rejected the toxic gas hypothesis.[25] When read carefully, state Mr. Richardson, Dr. Sprott and Dr. Michael Fitzpatrick,[26] the tests reported in the commission's analysis clearly confirm the hypothesis[27] -- as demonstrated by the success of proper mattress wrapping and BabeSafe® (not one crib death).[28] But the Commission's final condensed summary, the only report that citizens and physicians read, did not accurately state those findings. The commissioners, who were already biased against the theory, knew that revealing the truth could subject the British government to millions of pounds in liability lawsuits. Such lying for financial reasons, sadly, is the rule rather than the exception throughout medicine and science.

The facts sketched out above will surprise the "experts" who for years shouted "Back to Sleep." Sleeping face up is a partial solution because it makes the baby less likely to inhale heavier-than-air toxic gases generated in the mattress, and that fact explains the worldwide decline in SIDS after the "back to sleep" campaign. But it is far from the total answer, mainly because babies can also absorb the toxic gases, especially phosphine, through their skin. Also, phosphine is only slightly heavier than air, and so a baby can die from inhaling that gas despite sleeping face up.[29] Babies have died of SIDS in almost any position; one died in his mother's arms.[30] Our interpretation: when she picked her baby up, he was already dying from gas exposure.

Ample Further Evidence Supports the Toxic Gas Explanation.

(a) After near misses, monitors of breathing and heartbeat confirm the described sequence of events.[31] And in SIDS autopsies, evidence of lasting cerebral

hypoxia (severe lack of oxygen in the brain) both before and after birth corroborates the mechanism.[32] [33] (See proposed additional mechanism, below.)

(b) The body tissues of crib death babies and the mattresses on which they died contain high concentrations of antimony, the source of stibine gas, whereas bodies of babies who died of other causes and non-SIDS inducing mattresses contain little or no detectable antimony.[34] [35] Remnants of phosphorus and arsenic are always present in the body naturally, and so tracking them is not meaningful.[36]

(c) The hair of living babies contains 10 to 100 times more antimony than their parents' hair,[37] demonstrating that they were exposed to gas generated from their mattresses.[38] And about 95 percent of 200 consecutive SIDS babies in a 1989 test sample died on used mattresses.[39]

(d) The decline in SIDS in Britain, cited above, itself powerfully supports the toxic gas explanation.

A Proposed Extension of the Toxic Gas Theory.

Repeated, at times severe, episodes of hypoxemia (insufficient aeration of arterial blood) or asphyxia, or both, occur in infants who are at increased risk for SIDS.[40] [41] Cyanosis, blue color of lips and nail beds, which is very common in SIDS victims, results from lack of enough oxygen.[42]

Hypoxia is an abnormal condition resulting from a decrease in oxygen supplied to or utilized by body tissues.[43] Derrick Lonsdale, MD, calls it hypo-oxidative metabolism; it kills tissues. "Any cell (except erythrocytes, red blood cells) made hypoxic for a sufficient period is irreversibly injured."[44]

"Regarding injury to the brain, neuroscientists use the terms hypoxia and ischemia interchangeably [Ischemia is a lack of oxygen-carrying blood flow in an organ or tissue.] In local ischemia, cells in the center of the ischemic zone are damaged most rapidly; cells in the surrounding fluid (the ischemic penumbra) receive some oxygen from other blood vessels and thus are less hypoxic."[45]

The killing of tissue leading to SIDS can take the form of apoptosis, i.e. programmed cell suicide, or "cellular hari-kari,"[46] which is commonly associated with diseases of aging. Apoptosis wreaks greater damage at higher body temperatures.[47] That fits our proposal, below, that inhalation of toxic gases -- concentration of which is higher with a fever -- initiates apoptosis possibly leading to crib death. Cells at the center of the hypoxic area can die, instead, by necrosis, i.e. rupturing and spilling the cellular contents into the extracellular fluid.[48]

Karen A. Waters, MD, et al, at Montreal Children's Hospital found neuronal apoptotic cells in 79 percent of 29 SIDS victims they examined, but in no control cases.[49] Apoptosis in two to three percent of neurons can signify a cell regression rate of 25 percent per day;[50] they found apoptosis in more than 20 percent of such

cells, implying rapid cell death. Dr. Waters continues, "In SIDS victims, neuronal loss has been reported in the brainstem arcuate nucleus,[51] a region thought to be involved in control of respiration ... And we found significant neuronal apoptosis in the nucleus of the tractus solitarius, a region involved in autonomic and respiratory control [i.e. in making breathing an 'automatic' process not requiring conscious control].

"Repeated episodes of hypoxemia first lead to confirmed neuronal apoptosis in select vulnerable brain regions. Then comes the disappearance of a significant number of cells, and eventually impaired function."[52] Inhalation of ammonia from the baby's feces can aggravate hypoxia/hypoxemia. Ammonia combines with and inactivates carbon dioxide; the baby needs free CO₂ to trigger the breathing reflex.[53]

Dr. Waters' research team found evidence of an unidentified serious insult, probably within 24-48 hours of death. Conventional (Paradigm 1) researchers have long written of hypoxia causing crib death, but they have not always studied its sources. We propose that the referenced insult is inhalation of toxic gases night after night. This offers a plausible mechanism of death, concurrent with that presented earlier: interruption of choline/acetylcholine transfer of nervous impulses from the brain to the heart and lungs. If this toxicity destroys the nerve function, the two explanations become one.

Apoptosis, interestingly, is also an important homeostatic, health promoting process during central nervous system development. [54]

Hypoxia also promotes formation of tiny, electrically imbalanced particles known as free radicals (also called oxidants). A free radical is an atom or atom group carrying an unpaired electron in its outer ring; as a result, free radicals are unbalanced and highly reactive. They dart about the body damaging cells; and any molecule they meet, in turn becomes a free radical,[55] potentially starting a chain reaction that could damage tissues and perhaps cause SIDS.

Other free radicals reach our bodies through toxins in the air, water, and food, or are generated inside us as part of our defensive response to infection or other stress. In excess, they promote diseases of all kinds and aging.[56] [57] An antioxidant molecule donates an electron so as to quench a free radical.

All this valuable research is helpful, but it does not explain the ultimate cause. As Dr. Sprott points out, what is it that brings all these conditions about? They do not just happen! The common thread is the poisoning, and all the symptoms and findings reported above are completely explained by gaseous poisoning with a "nerve gas."

The toxic gas explanation therefore casts new light on poorly understood aspects of these unmitigated family tragedies. Crib death is most common in industrialized countries where baby mattresses contain any of the three listed chemicals. In

countries such as Japan, Hong Kong and the Pacific Islands, people use for their beds either chemicals-free cotton or simple woven floor mats.[58] Fungi are ubiquitous.[59] But without chemicals to consume -- either artificially added or naturally present in bedding -- the fungi create no toxic gases. Preservatives and fire retardants in Japan use safe boron; SIDS is slowly rising there as parents adopt Western style mattresses and bedding.[60]

Toxic gases arise from sheepskins and other "natural" bedding such as tea-tree bark fibers, which are widely used throughout Australia and New Zealand. The New Zealand Cot Death Study, 1987-90, found that half of all crib deaths occurred on sheepskins.[61] Depending on the soil on which the sheep graze, their skins can contain phosphorus, arsenic and/or antimony, often in high concentration. Tea-tree bark normally contains phosphorus, since the trees excrete toxins into their bark. [62]

Recent research, presented for the first time at the SIDS 2000 conference (Auckland, New Zealand, February 2000) by professor Bill Cullen from University of British Columbia, proved the generation of an arsine from sheepskins containing arsenic. The sheepskins tested were provided to Dr. Cullen by Dr. Sprott, who had obtained them from parents who had lost to SIDS babies sleeping on the very same sheepskins.

What About Nutrition?

Poor nutrition has never been proved to increase SIDS risk, and good nutrition, including breastfeeding, has not been proved to lower SIDS risk. Mothers who start bottle-feeding early typically live in low-income families and re-use baby mattresses.[63] (Note: Massive intake of vitamin C to stamp out SIDS -- see later -- was chemical, not nutritional.)

Proponents of nutritional theories relate incidence to geographical areas and census data showing low and high levels of one or more nutrients. But they have not suggested a realistic manner in which death would occur: the guillotine, which does the actual killing. Regions with higher concentrations of dietary iodine, e.g., appear to have lower SIDS risk than areas with less dietary iodine.[64] Similarly, low dietary thiamine has been blamed.[65] [66] [67] Derrick Lonsdale, MD, halted babies' apneas and prevented what he judged to be inevitable SIDS deaths by supplementing thiamine.[68] In a letter he told of a baby who nearly became a SIDS casualty from a slow carbon monoxide leak, which would have killed but for being turned off.[69]

Correlation doesn't prove causation, and epidemiological findings prove nothing. Epidemiology is the study of all the elements contributing to the occurrence or non-occurrence of a disease in a population. Proof of any nutritional theory of SIDS would require:

(1) Collection of tissue samples from SIDS babies and from infants who died of

known causes.

(2) Consistently lower iodine (or thiamine, etc.) would have to be found in the SIDS autopsies.

(3) A mechanism would have to be proposed and supported.

(4) Most difficult: in light of Peter Mitchell's findings given earlier, crib death risk caused by such nutrient deficiency would have to be consistently twice as high in a mother's second baby and twice as high again for her third baby. In fact, most families maintain their nutritional practices about constant throughout their child-rearing years.

(5) And the reason for insufficiency of a nutrient to cause such upward steps in risk would have to be proposed and supported.

Poor nutrition tends to accompany low-income status, and that leads to re-use of fungus-infected bedding. In California, SIDS incidence in 1972 ranged from 0.51 among Chinese and Japanese Americans who consume iodine-rich seaweed, to 5.93 among Native Americans who ingest little iodine.[70] [71] One could reason that the incomes of the Oriental Americans were much higher than the Native Americans' and that they therefore didn't resort to used baby mattresses.

But then, a U.S. map of SIDS mortality in 1984 showed incidence at least twice as high in the Pacific Northwest as in California and the Pacific Southwest.[72] That would be difficult to explain on the basis of family incomes. Harold Foster, PhD, shows that areas of low selenium, including the Northwest, are areas of high SIDS risk. There still is no mechanism of killing.

So the explanation advanced by Mr. Richardson, Dr. Sprott, and Mr. Peter Mitchell, and our enlargement of the theory do not clarify everything. But they may explain over 95 percent of crib deaths.

There can be exceptions:

(1) Iron overload can "literally tear apart" babies, both of whose parents have hemochromatosis.[73] [74] Disease organisms and cancer microbes feed on iron, a potent catalyst for generation of extremely damaging free radicals -- and starve without it.[75] And so iron-heavy infant formulas and iron drops can cause truly sudden death in event of botulism, which might not otherwise be serious.[76] [77] High tissue iron concentrations may also lower resistance to fever and gas-promoting infection in babies not protected against the gases, and raise susceptibility to tissue damage throughout life.[78] This mechanism of killing isn't related directly to the nutrient or toxin.

(2) Microwave warming of breast milk, baby formula and baby food weakens their infection-protective features, adversely affects the blood,[79] [80] and could make

baby more susceptible to a given level of toxic gases. Microwaving also generates free radicals.[81] Resulting fevers would increase concentration of toxic gases.

(3) Excess sodium or unusually high concentrations of poorly absorbed manufactured thiamine, folic acid and vitamin B12[82] [83] have been found in crib death autopsies. High lead levels have been reported in blood.[84] BabeSafe® or proper mattress wrapping would appear to circumvent each of these possible mechanisms.

Smoking

Smoke residues from American cigarettes are "laced with sugar and dupe the gut into expecting food, triggering insulin release." [85] (Japanese and South African cigarettes, among others, do not contain sugar and toxic additives.[86] [87] The late, renowned internist and cardiologist Moses M. Suzman, MD, of Johannesburg confirmed the statement about South African cigarettes and said that South African blacks, despite heavily smoking unfiltered cigarettes, do not develop lung cancer. [88]) The smoke residues inactivate certain enzymes and induce peroxidation (formation of excess hydrogen peroxide) in the baby's blood plasma,[89] or the cadmium in cigarette smoke catalyzes oxidation in the babies' lung tissue when there is a deficiency of vitamin E and selenium.[90] Either mechanism makes babies more susceptible to gaseous death if the mattress is generating the gases.[91] [92]

Maternal smoking associates itself with higher SIDS risk in not properly protected shared beds: relative risk was 9.25 (95% confidence intervals 2.31 to 34.02).[93] (Babies of mothers who smoked were over nine times likelier to be victims of SIDS than those of nonsmoking mothers. Confidence intervals are a statistical refinement.) BabeSafe® cannot protect babies against other damage inflicted by cigarette smoke.

In Britain, smoking was much more common in the 1930s-1940s than now. But crib death was virtually non-existent, because fire retardant chemicals weren't added to mattresses until after the war. In Russia and Yugoslavia, despite heavy parental smoking SIDS scarcely exists. Rubber sheeting and cotton mattresses do not permit toxic gases to form and reach the baby.[94] Also, Russian parents have long swaddled babies heavily to keep them immobile, while they go off to farm or factory.[95] Such wrapping would increase SIDS risk through gas generation if the babies were exposed to it (see below).

The apparent link between smoking and SIDS is, however, in large part simply an association. Crib death has a strong socio-economic bias and so does the incidence of smoking. There is little if any cause-and-effect association. Smoking is more prevalent in lower socio-economic groups, and these people are also more likely to use old, pre-used mattresses.

The Experts Reverse Field Again

In 1995, Anne-Louise Ponsonby, PhD, found that sleeping on the back or side with a quilt increased SIDS risk nearly fourfold -- supposedly through smothering. Blankets and pillows "can mold to baby's face." [96] So the authorities did another about-face; they now say to remove bedding from sleeping areas and dress the baby warmly. [97]

But such overwrapping could multiply SIDS tragedies in two ways. Smothering is extremely rare among babies, including those put to sleep face down. Head turning in sleep is developmentally regulated even in prematurely born babies; they rarely assume face down positions. [98] But many quilts contain phosphorus and/or antimony, and most are seldom washed. So they can be infested with the same gas-generating fungi discussed earlier, increasing risk in that way -- and further clarifying the report. Also, blankets can trap toxic gases. [99]

Fever, as well as breathing crises, [100] created by vaccinations may recur at predictable intervals, [101] [102] increasing risk on those days if the mattress is generating the gases. Among babies sleeping on BabeSafe® or on a properly wrapped mattress, however, any fevers from vaccinations do not cause crib death because these infants are not exposed to toxic gases. Vaccination practices among the 2½ million Pakeha (Caucasians) in New Zealand are slightly less, now, than American practice. Many but not all Pakeha parents use BabeSafe® or properly wrap mattresses. The crib death rate is about four times higher among Maori and Pacific Island families, who vaccinate far less than the Pakeha. [103] If vaccinations directly caused crib death, the proportions would be reversed.

Certain Factors

(1) Bed sharing with parents, often called co-sleeping, has always been the typical sleeping arrangement in countries such as Bangladesh. SIDS is about one fiftieth as common in most underdeveloped countries as in rich countries. Instead of, e.g., 0.1 percent it could be 0.002 percent. [104] In millions of families, parents and babies sleep together on chemicals-free cotton or woven floor mats. But in Western countries, adults' mattresses can contain the same chemicals as their children's, and the ubiquitous fungi can generate the same toxic gases. [105]

(2) Electromagnetic fields (EMFs) from electric blankets -- even when turned off, but connected to house circuits -- and other electrical devices and electric wiring in or near the bedroom increase incidence of SIDS deaths. [106] [107] This they probably do by lowering babies' ability to survive a given gas concentration, and any resulting fevers would promote greater gas generation. Extremely low EMFs and ELF's have also been designated possible carcinogens. [108]

Many waterbeds, like many babies' mattresses, [109] are made of polyvinyl chloride, which often contains phosphorus and antimony -- the sources, respectively, of toxic phosphine and stibine gases. They are heated, promoting toxic gas generation. And they, too, expose the sleeping parents and baby all night to EMFs. [110]

(3) Geopathic stresses, which are taken more seriously in China and Europe than in America, increase incidence of crib death. Magnetic radiations rising constantly through the earth are normally benign and promote good health. But on lines at the surface -- extending upward through higher levels of buildings -- where these rays have passed through underground water channels, metal or oil deposits, caverns, tunnels, etc., the stresses can be very dangerous.[111] [112] Although only about 12 inches wide, such stress lines are estimated to cover perhaps two percent of the Earth's surface.

Among more than 25,000 sick European people who were surveyed, 95 percent of those with cancer or AIDS, a high proportion of patients with multiple sclerosis, 95 percent of 3,000 learning-disabled children[113] -- and 80 percent of babies who died of crib death -- had a single factor in common: geopathic stress.[114] [115] This information merits serious consideration by the medical and teaching professions.

Such stress makes an unprotected baby more susceptible to toxic gas poisoning by

(a) stimulating physical chemicals cascades within the brain;[116] [117]

(b) potentially causing mutations in the cells and damaging the baby's genetic code, known as DNA; or

(c) interfering with the melatonin/nitric oxide system in the baby's brain, which controls the cardiovascular system.[118] The electromagnetic stresses are very tiny; the infant brain, but not an adult brain, appears to lift their amplitude in a paroxysmal discharge.[119]

Any of these mechanisms can weaken immunity. This can lead to fevers, promoting gas generation in the beds of babies not protected against gases, and "may explain clusters of infant deaths over large geographical areas, occurring during or shortly after successive days of geomagnetic pulsations." [120] If micropulsations increase on weekends due to decrease in the cultural use of power frequencies[121] (fewer industrial machines operating), the previously mysterious 42 percent higher incidence of crib deaths on Saturdays and Sundays than on weekdays[122] appears to be explained.

A baby whose bed is on an earth stress line will seem unusually crotchety or constantly creep to one corner of the crib, or both. Ann-Louise Ponsonby, PhD, and her associates, in a four-year study of crib deaths in Tasmania (Australia), found that "infant usually moved a lot during sleep" brought a relative SIDS risk of 1.7. [123] Dowsing for geopathic stress lines, out of doors or in any building, is simple [124] but probably unnecessary: Just move the infant's bed to another part of the house, or another side of the same room.[125] [126]

Other Factors.

Dr. Sprott emphasizes that re-breathing of carbon dioxide does not cause SIDS. All babies exhale CO₂. If re-breathing caused crib death, the rate would be similar in all.

Countries, and would not have changed throughout mankind's history. CO₂ is an important trigger of respiration,[127] [128] [129] helping the baby to minimize risk of apnea/hypopnea. Moreover, all babies exhale a similar amount of CO₂, regardless of whether they are first, second, or later babies. Therefore, the rising rate of crib death from one sibling to the next refutes the theory that re-breathing of CO₂ causes crib death.[130] Researchers who blame re-breathing of CO₂ appear to mistake poisoning by stibine or phosphine, or both, for asphyxiation by CO₂.

More than 90 percent of SIDS babies have had upper respiratory infections shortly before death,[131] [132] a far higher proportion than among controls.[133] Resulting fevers can again promote gas generation in the beds of babies who are not protected against the gases; high room temperature and facedown sleeping increase risk that way too. Similarly, overdressing -- now officially endorsed -- creates hyperthermia and traps gases generated in a baby's mattress.

Another consideration could reinforce the above and clarify Ponsonby's discovery that blankets and pillows can "mold to baby's face." [134] Carpenter and Shaddick found many babies had died with their mouth and nose covered by bedding.[135] Another early report told of "signs of a brief noiseless struggle, such as disturbed bedclothes and fibers under the fingernails." [136] And Richardson reported in 1990, "The first symptom of gas poisoning is headache, which results in irritability and dislodgment of bedding." [137] The already dying baby, perhaps sensing he is inhaling poison, could try to use the covers or pillow as a gas mask, seeking futilely to protect himself from -- toxic gases.

SIDS incidence is double in the parts of Austria above 700 meters altitude compared to those under 500 meters.[138] And in Sweden, outdoor temperatures below the annual mean of 5.9oC (42.6oF) -- primarily in October-February, much more in unusually cold years -- in combination with a sudden decrease in temperature, are associated with SIDS.[139] At colder temperatures, due to either altitude or weather, parents wrap their babies more firmly, increasing risk of gas generation and trapping, probably explaining the finding.[140] The Swedish report also mentions hyperthermia as a potential SIDS cause, but without the toxic-gas mechanism, which explains it.[141]

Crib deaths have been reported after a mother gave her baby aspirin.[142] The infant becomes crotchety from a headache caused by the toxic gases; the aspirin drugs her baby to death.[143]

Mercury fillings or dentist-installed root canals in the mother's mouth potentially create infections anywhere in her body[144] and can promote fever-generating, toxic gas promoting infections in the baby.[145] [146] Placing or removing mercury fillings during pregnancy can worsen SIDS risk: during the procedure the mother

inhales and swallows mercury. Drinking-water fluoridation may increase risk of Down syndrome and crib death;[147] [148] perinatal deaths were 15 percent higher in fluoridated parts of Britain than in unfluoridated areas.[149] A possible mechanism: fluoride atoms appear to carry viral particles and increase their ability to penetrate tissues;[150] this would increase risk of fevers leading to higher toxic gas generation.

Shaken Baby Syndrome

In a near miss resulting from sublethal gas exposure, or seen after a SIDS death, inhalation of the toxic gases often causes small red blotches under the skin known as petechiae. These can appear after vaccinations as well. In a dozen cases referenced by Viera Scheibner, PhD, the vaccine damage has been so severe as to give the appearance of physical shaking. As a result, parents have been wrongly accused of smothering or murdering babies.[151]

One young mother was crushed and heart-broken after her baby died at 10 days of age from a birth-caused maladjustment of the neck; upper cervical vertebrae were out of correct order. The problem, identified later by a non-physician analyst, could have been corrected and the baby's life saved by a ten-second chiropractic adjustment. The mother was forced to perjure herself by confessing murder, and then was imprisoned.[152] This kind of lawyers' abuse, doubtless engaged in to advance their careers, is common. Correctly recorded, the case would not qualify as "sudden infant death syndrome."

Recently in the UK, a lawyer mother was convicted of murdering her two babies, who had died of crib death. An "expert" told the court the chances of two crib deaths in one family were about one in 73 million. What utter rubbish! The only relevant statistic is the relative risk of a crib death in a family where there has already been a crib death: about six to ten times the going crib death rate. Sometimes, a distraught parent or caregiver does shake a baby causing fatal injury.

The Cover-Up

Pursuing their own agendas and pressured by big-money interests, SIDS researchers and health authorities in the U.S. and Canada have suppressed publication of Mr. Richardson's, Dr. Sprott's, and Mr. Mitchell's research findings. William Campbell Douglass, MD, outlined the toxic gas explanation in his monthly Second Opinion. [153]

Why? The editor-in-chief of a well-known American pediatric journal recently wrote, "The apnea monitoring business has become a religion. More people are living off of SIDS than dying from it." [154] Although proved to be of no benefit, apnea monitors are still promoted and widely used, causing needless stress on parents and baby. [155]

He didn't mention at least hundreds of investigators who expensively study risk

factors and propose preventive strategies, while ignoring toxic gases. They will have difficulty justifying new grant requests after the cause and preventive are accepted as what we show they are. Such technicians admit their findings are worthless,[156] [157] yet they continue to collect voluntary "Red Nose" contributions.[158] In New Zealand, though, Dr. Sprott so discredited the Red Nose Day collection that it is no longer held. And that editor-in-chief didn't mention the SIDS support groups' salaried employees.

Now the cover-up has gone worldwide. The Sixth International SIDS Conference was held in Auckland, New Zealand in February 2000. But the program committee totally ignored Dr. Sprott's 100% successful crib death prevention campaign. Eventually they altered the program timetable to let him speak. His talk ended in uproar among the delegates, and many walked out of the hall in a fury. Dr. Sprott was berated by the chair of the session -- a crib death parent -- who lost her temper and shouted him down.

On January 26, someone had sabotaged his web site. Instead of information about toxic gases and BabeSafe®, there were two paragraphs. The first stated the toxic gas hypothesis; the second cited a failed "refutation" in Human Experimental Toxicology, written by an unidentified author.

Do those people "living off of SIDS" really want to prevent the terrible family tragedies of crib death? They solicit money for conferences, research programs, and enjoyable trips to nice places like Auckland at Americas Cup time. Naturally, they screamed and shouted at Dr. Sprott in the conference when he presented incontrovertible proof toxic gases are the cause of crib death. He was threatening to derail their gravy train. The previous conference was in the French resort town of Rouen, and the next will be in Florence, Italy -- all expenses paid, of course.

"We must remember, though, that the reaction was the same to Semmelweis after he showed doctors' failure to wash their hands caused deaths in childbirth. After Edward Jenner developed an inoculation for cowpox. After Linus Pauling elucidated the importance of vitamin C. All were howled down by the medical orthodoxy of their day, yet today the discoveries they made are accepted as fact worldwide." [159]

Dr. Jim Sprott summarizes. "Not only has the 100% successful five-year practical application of the toxic gas explanation for crib death proved that the explanation is correct. It also explains all the epidemiology, with no conflict. In other words, it appears to be the total answer to a problem that has confounded hundreds if not thousands of researchers for more than 30 years, at a cost of hundreds of millions of dollars.

"And it was all discovered and proved by a couple of consulting chemists, entirely at their own expense. Why chemists and not medicos? Because crib death has nothing to do with medicine or pediatrics or even the babies; it is caused by the babies' environment. These two environmental scientists figured it out as soon as

they became interested in the topic." [160]

This killing of babies by poison gas while concealing the evidence and withholding news of the 100-percent preventive, despite warnings by knowledgeable scientists, reminds us of the Nazis' gas chambers at Auschwitz. Then, the sin was one of commission. In the present case, omission: failure to institute a proven life-saving rule.

What About Residential Fires?

We saw that a 5½-degree (Fahrenheit) climb in temperature of the mattress and bedding can increase gas generation 10-fold. Temperatures and gas generation could increase much more in a fire; how much higher the concentration would rise depends on the ability of the fungi to survive high temperatures. The gases might kill a baby even before flames reach his room.

When inserting fire retardant chemicals into babies' mattresses causes death in home fires and through SIDS, why do chemical companies continue to do it? Could this be -- like chlorination and fluoridation of drinking water, and like placement of toxic mercury in millions of people's mouths -- a profitable way to dispose of excess waste materials using people as garbage cans, rather than pay for proper destruction of the wastes? After this article and our book properly and fully expose all this, will chemical companies dare continue these practices in the face of potential class action lawsuits?

And as we said earlier, SIDS is unusual in Japan, where preservatives and fire retardants use boron. Can't mattress-makers substitute safe boron for the three materials from which dangerous gases are generated?

Mass vaccinations increase SIDS risk among babies who are not protected from toxic gases, and create worse lifetime health. [161] [162] [163] In large parts of Australia, "routine immunization campaigns" in the early 1970s tripled infant mortality to the genocidal level of about 500 per thousand, of which a "high" proportion was crib death. [164] Yet vaccines are only an indirect SIDS risk factor for babies who are exposed to the toxic gases, and not at all a risk factor for babies not so exposed. Vaccines themselves probably kill some babies. Many deaths in the first month of life after DPT vaccinations are automatically labeled SIDS; [165] no count is kept. Including them, the total SIDS incidence is higher than officially reported. DPT is diphtheria/pertussis (whooping cough)/tetanus.

But those who blame vaccines for SIDS have ignored toxic gases, or rejected the theory after study. [166] In general, vaccinated babies die or become deathly sick because, unprotected against these gases, the vaccine-created fevers increase generation of the gases -- both immediately and at known intervals afterward. [167] Also, the infections can lower babies' tolerance of any given concentration of gases. Vaccinations also increase toxic gas exposure and SIDS indirectly -- again for babies not protected against the toxic gases -- by weakening immunity and

increasing fever-generating diseases including asthma. As do antibiotics.

The death rate from the disease hepatitis B for unvaccinated American children is about 5×10^{-7} ; deaths immediately after hep B vaccination are about 6×10^{-5} -- about 120 times higher. And vaccination side effects (including SIDS-promoting fevers) requiring emergency treatment or hospitalization are 20-fold higher than those causing death; similar hep B debilitations are about 10-fold higher than the hep B death rate. Moreover, adverse reactions appear to be vastly underreported; formal long-term studies of vaccine safety have not been started, let alone completed.[168] Regardless of this far higher threat -- even greater, if unreported or unrecognized side effects are considered -- from the vaccine as compared to the illness, hepatitis B vaccinations are "automatically" given to newborns in American maternity wards. And they are required for admission to many public schools.[169] All this in a battle against a disease to which children are not at risk.

For genetically vulnerable children, the live-virus MMR (measles/mumps/rubella) vaccine, used since 1977, appears to promote autism. Twelve children had GI (gastrointestinal) problems but were otherwise progressing normally; they became autistic one to 16 days after MMR.[170] A complex web of reactions in the gut including "leaky gut" makes the brain "leaky" too.[171] [172] The so-called blood brain barrier -- which scarcely exists in fetal life -- derives from the same embryonic origin as the gut epithelium, where 60 percent of the body's immune cells operate. Even in later life, it doesn't protect the brain nearly as well as was long thought; it can be modulated in an ongoing way to respond to environmental stimuli.[173] [174]

Andrew Wakefield, MD, the conventional British gastroenterologist who published this research feels he cannot turn back, despite heavy medical and public health resistance and reprisals. Reprisals commonly consist of denial of future research grants. A seemingly low-grade, long-term immune reaction precedes the devastating condition, autism.[175] Moreover, movement analysis has now enabled diagnosis of autism in children three to four months old,[176] long before the age of 15 months when MMR vaccines are administered -- and well within the age of susceptibility to SIDS. There is another side to autism; see Appendix at the end of this document.

Massive doses of ascorbic acid prevented crib death for about 25 years with or without vaccinations in the practice of Frederick M. Klenner, MD, of Reidsville, North Carolina.[177] [178] Archie Kalokerinos, MD, accomplished the same feat in outback New South Wales, Australia.[179] After worldwide appeals, no baby given the Kalokerinos/Klenner regimen (health program) is known to have died.[180] The acidity of ascorbic acid in the baby's urine, sweat, dribble, etc., appears to counteract the alkalinity that the ubiquitous fungi require in the babies' beds for toxic gas generation.[181]

And so the treatment was chemical, not nutritional. Sadly, aboriginal babies who are vaccinated and treated with Western drugs, and aren't protected from the toxic

gases, are again dying "suddenly." But certain doctors around Australia prevent SIDS, attention deficits, and short-term "side effects" by dosing with ascorbic acid for two weeks before, on the day of, and for two weeks after vaccinations.[182] This does not, of course, prevent long-term harm of vaccines. Ascorbic acid is one important segment of the natural vitamin C-complex.

Dr. Lendon Smith offers his counsel: Wise parents will consider avoiding vaccinations, or at least postponing shots until baby is a year old, when SIDS risk drops. "The best advice I can give to parents is to forgo the shots, but make sure that the children in your care have a superior immune system. This requires a sugarless diet without processed foods, and an intake of vitamin C of about 1,000 milligrams per day for each year of life up to 5,000 mgs at age five. Plenty of fruits and vegetables are important, plus powdered, dried fruits and vegetables picked when ripe and flash frozen. They have the protective anti-oxidants." (One is Juice-Plus: www.juiceplus.com/usos/1628800.asp, (503) 526-8728. Another is Noni Juice Product Systems, www.lifebalancesintl.com (503) 244-4777.) Developmental pediatrician Mary Megson, MD, adds low-dose cod liver oil, as we saw, for natural-source vitamin A before MMR if parents choose to accept the vaccination, to lower the risk of developing autism.[183]

"And," continues Dr. Smith, "if you as a parent are unable to ward off the pressure from your doctor, at least give your child some fortifying nutrients the day before, the day of, and the day after the shot: vitamin C, one to two grams; vitamin B6, 100 mgs; and calcium, 1,000 mgs. You are the guardian of your child's health. You have some rights." [184]

Sidebar: American parents in all states but two (West Virginia and Mississippi) can have their children excused from "immunizations," including hepatitis B administered at birth. Visit Joseph Mercola, DO's web site at www.mercola.com; Parents who are not themselves connected to the Internet may be able to reach the web site at their local library.

Children given three or more courses of antibiotics in the first year of life when SIDS risk is high had a 400 percent increase in their long-term risk for asthma. Among babies who are not protected against toxic gases, fever-promoting asthma elevates risk of SIDS. The asthma risk decreased to 225% if only one or two courses of antibiotics were given in the first year, and 64% in those for whom antibiotics were used only after the first year.[185] [186] Also, children given more than 20 cycles of antibiotics over their lifetime are 50% more likely than others to suffer developmental delays including autism and speech and language problems. [187]

Pediatricians administer these drugs to children mostly to cure fever-creating inner-

ear infections (otitis media, OM). Not only are antibiotics unsuccessful against such usually viral infections,[188] [189] they do not allow the child to develop his immune system; they weaken immunity, promote development of resistant organisms, and further OM itself.[190] Tubes in ears have been called "barbarism."[191]

Moreover, 75-80 percent of these infections -- the fevers of which promote gas generation and risk of crib death among unprotected babies -- may result from allergies and food hypersensitivities[192] typically incited by pasteurized, homogenized cow milk or wheat.[193] [194] Such reactions can have other causes; among these are traumatic emotional episodes[195] and habitual overbreathing, which can also cause asthma. Learned correct breathing can often cure the asthma and sometimes dispatches allergies, among many other health problems.[196]

Still another factor: Researchers in Edinburgh, Scotland, found that infants less than six months old who lived in homes with air fresheners experienced 30 percent more ear infections (and also 22 percent more episodes of diarrhea) than babies not so exposed. From the air freshener they inhaled volatile organic compounds such as aldehydes, xylene and ketones.[197]

The EPA (Environmental Protection Agency) worsens SIDS risk in at least two ways: (a) The agency has a phobia about ultraviolet light and warns people to avoid any direct exposure; but in fact, moderate sun exposure promotes good health.[198] A healthy baby, with fewer infections, will be less likely to suffer fevers that could promote toxic gas generation unless protected against the gases.

(b) The Surgeon General and the EPA promote reduction of radon gas in homes. Risk of lung cancer is related to radon concentration, but the correlation is negative: more radon, less lung cancer and presumably lower risk of SIDS among babies unprotected against toxic gases.[199] The same relationship, known as hormesis -- which has been revolutionizing health physics for the past 50 years -- applies to small intakes of pesticide residues and the like.[200]

And so, with some exceptions, pediatricians and the authorities that promote and urge mass vaccinations and other unwise measures -- unintentionally increasing crib death -- join chemical companies as the devils of the piece.

How to Obtain BabeSafe® and Other Safe Baby Products

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www.babysake.com

www.criblife2000.com

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The manufacturers of BabeSafe® mattress covers solicit further expressions of interest from overseas distributors, who are invited to contact Dr. Sprott. Neither he nor the authors of this document and our book have any financial relationship with the manufacturers.

For further information:

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Copies of Dr. Sprott's book, "The Cot Death Cover-up?" (Penguin books, NZ, 1996) are available from him, US\$20, airmail post paid.

HOW TO WRAP A BABY'S MATTRESS FOR COT DEATH PREVENTION

(Used by permission of Dr. T.J. Sprott.)

The advice to wrap mattresses applies to every mattress on which a baby sleeps (except a BabeSafe® mattress) and includes: mattresses of other children; adults' mattresses; and all mattresses made of or containing natural products such as sheepskins, goatskins, kapok, tree bark, coconut fibre, etc.

The most convenient way to wrap a baby's mattress for cot death prevention is by means of a BabeSafe® mattress cover. These covers are manufactured in six sizes and are available at baby care retail outlets throughout New Zealand and by mail order in some other countries.

As an alternative, parents can make mattress wraps using specified polythene sheeting. If this option is selected, the following instructions apply:

1. Use thick, clear (not coloured) polythene [same as polyethylene] sheeting. The thickness of the polythene must be at least 125 microns. Do not use PVC (polyvinyl chloride) for mattress-wrapping.
2. Place the polythene over the top of the mattress and down the ends and sides, and secure it firmly on the underside of the mattress with strong adhesive tape.
3. The polythene on the underside of the mattress should not be airtight. It must be airtight on the top and sides of the mattress.

It is imperative to use the correct bedding on top of a BabeSafe® mattress, BabeSafe® mattress cover or polythene-wrapped mattress. Use a fleecy pure cotton underblanket and tuck this in securely. Then make the bed using sheets and pure woolen or pure cotton overblanket/s. Do not use any type of moisture-resistant mattress protector, sheepskin, sheepfleece underlay, acrylic blanket, sleeping bag or duvet.

BabeSafe® mattresses, BabeSafe® mattress covers and polythene-wrapped mattresses should be cleaned by wiping with pure soap and water. Do not use chemical bleaches or sterilants

NOTICE: This document contains research information. For individual needs consult practitioner.

APPENDIX.

Developmental pediatrician Mary Megson, MD, greatly strengthens autistic children's condition, using a variety of treatments including, most importantly, the RDA level of natural source vitamin A in cod liver oil. (Natural cod liver oil also supplies important omega-3 essential fatty acids and vitamin D.) After starting this single supplement, many aphasic children start talking, begin to exhibit more socially appropriate behavior, and experience other health benefits.[205] A variety of other researchers study specific areas of nutrition, digestion and toxicity; all those "causes" are secondary or tertiary matters resulting from the children's extreme toxicity levels.[206]

[THE INFANT SURVIVAL GUIDE. Protecting Your Baby from the Dangers of Crib Death, Vaccines and Other Environmental Hazards](#), by the same authors presents the content of this article and much more, in greater depth, in easier language, and with many more supporting references. We have sought to create the definitive guide to ending the terrible tragedy of crib death. To maintain objectivity, the authors of this paper and our book neither receive nor need, nor would we accept, research funding of any kind.

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Note: This document presents research information; it should not be construed as medical advice.

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This article summarizes the book [The Infant Survival Guide: Protecting Your Baby from the Dangers of Crib Death, Vaccines and Other Environmental Hazards](#), by the same authors. It is currently being published by Smart Publications, Petaluma, CA.

Dr. Mercola's Comment:

More detailed evidence of some of the things that I have posted articles about in the past. If you or a loved one have an infant, this is a subject that you

should investigate.

[CLICK HERE](#) to view [THE INFANT SURVIVAL GUIDE. Protecting Your Baby from the Dangers of Crib Death, Vaccines and Other Environmental Hazards](#) on Amazon.com. If you purchase the book, I receive a small percentage of the sale, which will be used to improve the website.

Also, of course be sure to breastfeed if at all

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