In Childhood Obesity, Laura Dawes, an historian of medicine based in Cheshire, England provides a fascinating survey of popular perceptions and changing attitudes toward diagnosis and treatments such as gland therapy, psychoanalysis, behavior modification, amphetamines, fat camps, diet and exercise. And Dawes assesses the options for addressing a health condition that affects a large proportion of the population, is entangled with the structure and nature of society, and raises vexing questions about the role of individual responsibility and public policy.

Dawes’ “biography” of obesity is filled with thought-provoking insights about changing attitudes toward causes and cures. For decades, she points out, drugs have had a special allure for physicians and their patients. She attributes the popularity of this approach to confidence in our knowledge of how bodies and medicines work; the social authority of doctors; and, of course, the actual biochemical impact of the drug in question. Although widespread attention to drug abuse has fed concerns about medicating children since the 1960s, Dawes claims that optimism that a magic bullet for childhood obesity can be found still “springs eternal.”

Based on the assumption that excessive eating was not a pathological disorder, but a learned response within a complex social context,
behavioral therapy, Dawes indicates, sought to replace bad habits with more appropriate, better adjusted ones. Although the approach, which relies on self-improvement, character formation, and tangible rewards, was only moderately effective, behavioral therapy has survived and “indeed flourished,” especially in popular dietary advice literature, Dawes writes, because “it seems like an appropriate response to childhood obesity” that ought to be effective. And because the premise – “that personal action can change the body shape – is highly appealing in a society like the United States that values personal responsibility and individual freedom.”

Individual freedom and personal responsibility, Dawes demonstrates, have complicated efforts to curtail or cut off the advertising and sale of consumer products, like cigarettes, that damage public health. If a child pesters his or parents to purchase something, ad agency executive Seymour Banks once opined, “What harm is there in that?...All a parent has to say is ‘Shut up or I’ll belt you.’” To refute this argument, reformers emphasize that children below the age of twelve are not yet mature enough to assume responsibility for a balanced diet – and their parents are often unwilling or unable to make sound nutritional decisions for them. Nonetheless, Dawes reveals that twenty states have passed “Orwellian-sounding ‘Commonsense Consumption Acts’ or ‘Personal Responsibility in Consumption Acts’” (dubbed “Cheeseburger Bills”) prohibiting obesity lawsuits.

Citing “strong evidence” that exposure to television advertising is associated with adiposity in young children and teens, however, Dawes implies that the 2006 initiative of the Council for Better Business, in which companies voluntarily agree to develop nutrient criteria for the foods they advertise, and pledge that at least half of the ads they air targeting children under twelve will be for products satisfying these criteria, does not go far enough. She identifies two promising legal strategies for matching the treatment to the cause – and leveling the fast food playing field. Since they are unable to prove “that this food and only this food” causes childhood obesity, litigators now go after deceptive advertising and consumer fraud. Cases against Kraft for failing to disclose the trans fats in Oreo cookies and the makers of “Pirate’s Booty” puffed rice snacks for incorrect claims about calories, for example, were recently settled out of court. And law suits threatened against school boards who sign “pouring rights contracts” (often referred to as “Cokes for Kickbacks”) with soda bottlers selling high caloric beverages have contributed to decisions in Los Angeles, New York City, Seattle, and Philadelphia to ban soda sales in schools.

The childhood obesity epidemic, Dawes concludes, “deserves a swift and effective response.” Given the danger, the power of vested interests, and the toxic environment in our fast-food nation, that response, she believes, will probably have to go well beyond encouraging our kids to improve diets and exercise more with concrete measures that will modify the current obesogenic environment. But it will not be easy.