

Dr. Weston A. Price Revisited

New Data from Denmark Reaffirms Nature's Wisdom

by Henrik Kellermann Hansen, MSc

What does it mean to live in harmony with nature? With the Amazon burning and highly biodiversified ecosystems across the planet suffering from consequences of our modern lifestyle, this question begs for our attention ever more strongly. It is the type of question Dr. Weston A. Price sought answers to in his distinguished career a century ago.

Dr. Price was a highly skilled American dentist and researcher who, in the first part of the last century, conducted an extensive research project that involved leading physicians and had the ambitious goal of uncovering the causes of caries (tooth decay). Although the research was groundbreaking, not even the best and brightest minds were able to conclude anything definitively.¹ Dr. Price presumed that the physiological conditions that promote caries occur due to the absence of certain elements in the modern diet rather than the presence of harmful factors.²

Famous—and rightly so—are his subsequent travels to study the diets and ways of life of indigenous peoples in remote locations around the world, and still of interest are the laboratory studies he made analyzing food samples for nutrients not adequately provided for in the modern diet. The accumulating empirical evidence ultimately led Dr. Price to believe that nutrient deficiencies in certain “activating” substances (including the vitamin-like substance he called “activator X”³) were fundamental to the modern health crisis of physical degeneration.

Personally, I learned of Dr. Price’s research many years ago, but it was not until my grandmother’s passing in July 2013 after a series of strokes that I recalled his finding of a small mid-summer increase in mortality in diverse regions of the world. The July timing accentuated Dr. Price’s

observation, and I considered it yet another (albeit very personal) confirmation of his work. It eventually propelled me to translate and publish Dr. Price’s book *Nutrition and Physical Degeneration* for a Danish audience, but that is a different story.

Today, two out of three citizens in Denmark have one or more chronic degenerative disorders,⁴ and mortality data includes deaths from degenerative disease in similar proportions, as we shall see. While in previous centuries, infectious diseases were the dominant cause of death, degenerative diseases were already on the rise a hundred years ago. In the 1930s, Dr. Price studied the mortality data from heart disease and pneumonia, which he correlated with the vitamin A and activator X content of dairy products and the possible hours of sunshine in various parts of North America.⁵

One could question whether the indigenous wisdom documented by Dr. Price is still relevant today, especially given our modern developments in medicine and healthcare. Does it make sense at all to compare old studies from North America with new data from a small, distant country such as Denmark?

It is true that some aspects of life have changed. Nevertheless, we still live under the same sun, subject to the same natural laws, and we must still face the consequences of our actions in responsible ways. I believe Dr. Price’s powerful testament to the adverse health effects of our modern lifestyle and the positive lessons he learned from indigenous peoples are just as relevant now as ever.

In many traditional native cultures, winter-time was—and still is—a time of reflection and storytelling for young and old alike. Some Native

American peoples, such as the Blackfoot and Lakota, made winter counts (pictorial histories) on hides, recording tribal events. Inspired by the old ways of harmoniously thriving in balance with the seasons, I wanted to look at the health situation in Denmark today and make a modern winter count, if you will. I therefore requested that the Danish Department of Health Statistics (Sundhedsdatastyrelsen) provide me with the 2013 mortality data.

HEART DISEASE AND PNEUMONIA MORTALITY IN DENMARK

Of the total population of Denmark of approximately 5.6 million, 52,119 people passed away in 2013.⁶ The Danish institution responsible for national health documentation and research (Statens Serum Institut) reported on cardiovascular disease in two overall categories: heart disease, including the subgroups ischemic heart disease, hypertension, and other heart diseases (a total of 8,298 people); and other vascular diseases, such as pulmonary embolism, vascular disease in the brain (apoplexy), and other circulatory diseases (a total of 4,634 people).⁷ That year, 1,940 people died from pneumonia. The combined mortality figures from these causes included 14,872 individuals (28.5%), almost a third of total mortality.

To address the issue of cause and effect, Dr. Price grouped his mortality data by month. In a comparable manner, the graph to the right illustrates aggregate mortality data per month in Denmark⁸ alongside possible hours of sunshine.⁹

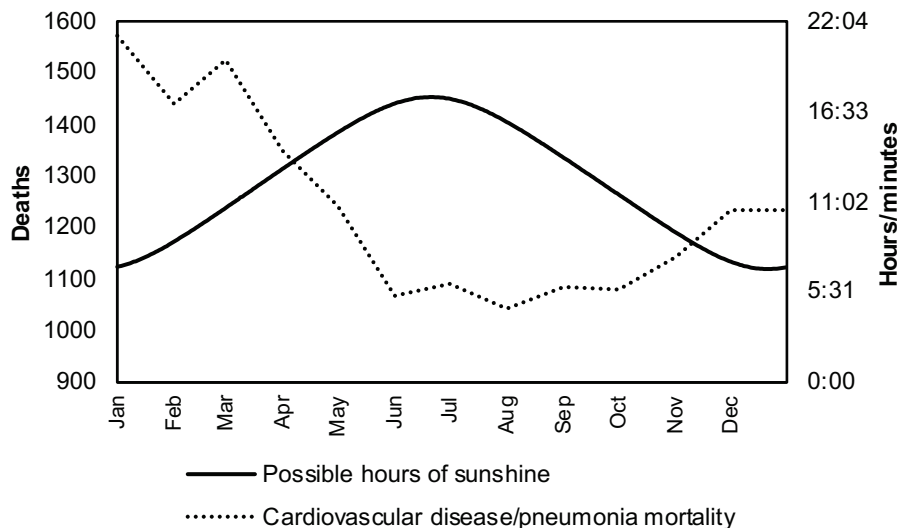
The classic sine curve for possible hours of sunshine is as expected. Overall, the mortality figures for cardiovascular disease and pneumonia combined vary from about 27 per 100,000 inhabitants in January to about 18 in August, a seasonal

decrease of approximately 33%, which is well within the definition of a statistically significant pattern.

Mortality is high the first three months of the year and gradually decreases during the spring, reaching its lowest levels in the summertime and then gradually increasing in late fall and early winter. Interestingly, the mortality curve for Denmark displays a seasonal pattern that is identical to many of those observed by Dr. Price in various regions of the US and Canada.

In order to more accurately explain seasonal variations in disease-related deaths beyond the positive influence of sunlight, Dr. Price introduced a third variable—namely, the vitamin A and activator X content in dairy products, which reflected the quality of the cows' pasture feed. Rapidly growing grass was associated with periods of rain and, whether green or rapidly dried, was very efficient in maximizing the nutritional value of dairy products. Nutrient content varied, somewhat in tandem with hours of sunlight, with southern US states having two distinct peaks—one in spring and one in autumn. Moving north through the US and into the Canadian provinces, these two peaks came closer together as a result of the shorter growing season. Dr. Price found that the mortality rates in

Possible hours of sunshine and cardiovascular disease/pneumonia mortality Denmark 2013



the areas he studied were negatively correlated with the curves for vitamin A and activator X, mortality being lowest when the nutrient content of dairy products was highest and vice versa.

The small midsummer mortality peak observed by Dr. Price might seem of minor importance, but it may, in fact, have real significance. One might think that the lower summer mortality could easily be explained by the positive effects of sunlight and warmth; however, if these were the primary factors influencing mortality, we should find lowest mortality at the time of maximum possible hours of sunshine, which is not the case.

Clearly, something else is influencing the data. Dr. Price suspected lower vitamin A and activator X content in dairy products produced in between the growth seasons to be the culprit.

Interestingly, the Danish mortality curve displays a small peak in the month of July. By logical inference, we would expect the corresponding trend in nutrient content to have two distinct peaks close together, as in Dr. Price's research. No nutrient data for the vitamin A and activator X content in Danish foods was available for my study;¹⁰ however, anecdotal evidence from personal conversations with biodynamic farmers in Denmark clearly indicates that the phenomenon of two periods of higher growth before and after summer (directly related to the timing of rains) is well known. Moreover, we can presume from Dr. Price's work how the nutrient curve might have appeared, so let us compare our mortality figures with a selection of data from his research.

SELECT MORTALITY AND NUTRIENT DATA FROM DR. PRICE'S RESEARCH

Obviously, as the continent of North America is huge compared to the country of Denmark,

some geographical focus is appropriate. The Arctic and the Pacific and Southern US states generally have very different climates than Denmark. The southernmost provinces of Canada, which Dr. Price referred to as Groups II and III (among the 16 groups, or districts, into which he divided the US and Canada), might be more comparable with respect to longitudinal position. To the right is a graph of his data for Group II (Manitoba, Saskatchewan, and Alberta); please note the similarity between Dr. Price's inverted U-shaped mortality trend and the Danish data.

It could be argued that the Gulf Stream causes a warmer climate in Denmark than is found in these Canadian provinces and that the northernmost inland and Atlantic US states might thus be more comparable. Several groups of states from this area show similar patterns, and if we take a look at Dr. Price's Group VIII (New York, Pennsylvania, and New Jersey), again we note the similarity in the mortality trend.

Without nutrient evidence, as was obtained in Dr. Price's research, some might assert that the Danish mortality data does not prove anything. True, inclusion of nutrient data for Danish dairy products would offer greater justification for a direct comparison with Dr. Price's data. I thus present my hypothesis as a positive challenge for grassroots organizations and research institutions to take up in extension of this pilot study. Nevertheless, the data presented here is, in my opinion, far from being irrelevant. On the contrary, we do not need to gather more scientific evidence to make sense of what we already have.

INDIGENOUS HUNTING PRACTICES

One well-referenced case in point comes to mind: the excellent research conducted by Jack W. Brink (Siipistoto'tokaan) on aboriginal buffalo hunting on the northern plains, with specific emphasis on a location commonly known as Head-Smashed-In Buffalo Jump in southwestern Alberta. Here, indigenous people practiced a special form of group hunting for nearly 6,000 years prior to European contact.¹¹

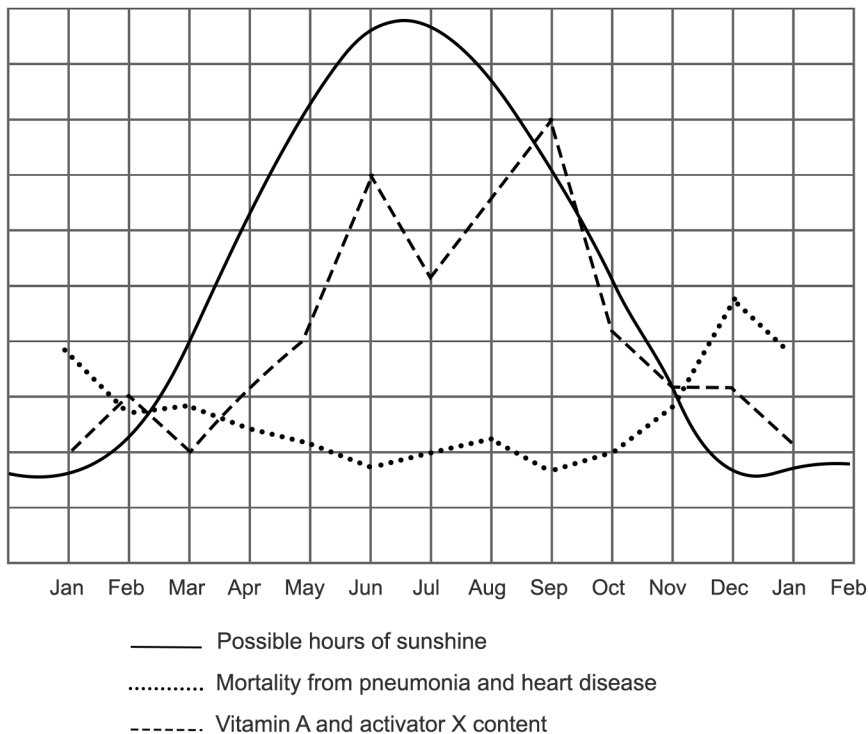
From Mr. Brink's extensive communication with local Blackfoot elders, thorough scientific review, and study of the fossil record, a couple of points

seem to stand out in the context of our seasonal discussion:

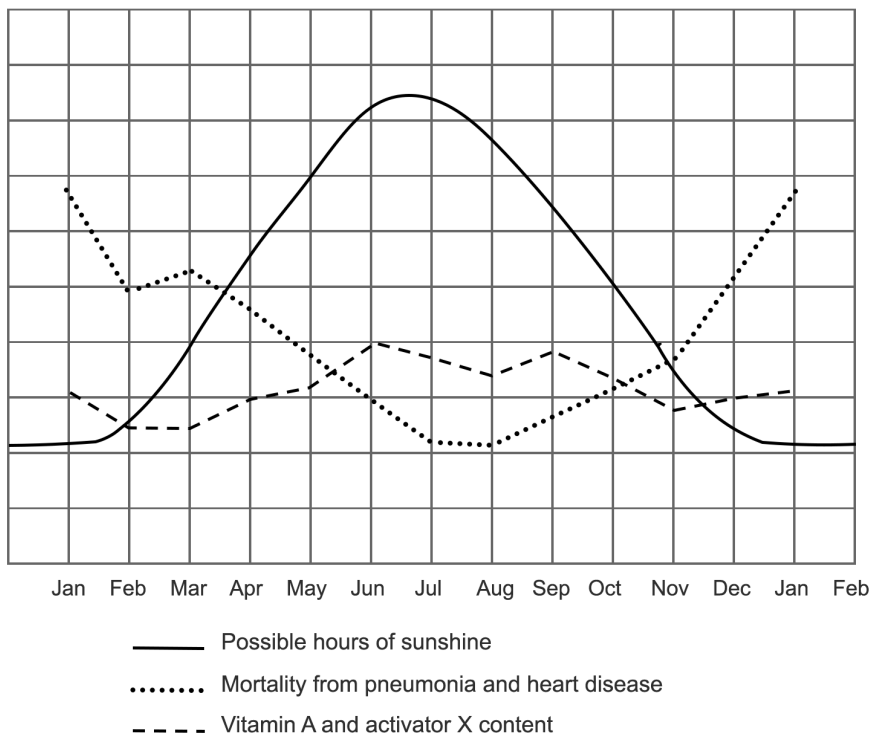
- First Nations people (in Canada) and Native Americans (in the US) hunted buffalo all year round, but, from many accounts, we know that they went to great lengths to selectively target animals in prime condition.
- Of importance was hunting buffalo bulls in the early summer before the rutting season, when most bulls were in prime condition.
- Of special importance was the late summer and fall hunt specifically for buffalo cows (and calves) in prime condition from grazing all summer.

As can be seen from Dr. Price’s Group II (including Alberta), the peaks in nutrient content appear exactly at these times of year—the early summer and the fall months. Relating these facts to current traditions and regulations pertaining to the hunting season in Denmark is illuminating. The general hunting season in the fall begins on September 1 (October 1 for some species) and ends on December 31 (or January 31). We also have an extra hunting season running from May 16 to July 15 for hunting bucks. Thus, current practice reflects the ancient wisdom of targeting select wildlife in prime condition, although our modern society no longer seems fully aware of the rationale for this behavior.

Group II: Manitoba, Saskatchewan, and Alberta*



Group VIII: New York, Pennsylvania, and New Jersey*



* Ed. note: These are representations of two of Dr. Price’s graphs from page 388 of *Nutrition and Physical Degeneration* (8th ed). As we lack his raw data, they are approximations.

SEASONAL PATTERNS IN ALL-CAUSE MORTALITY

Concerning the data from Denmark in 2013, it is interesting to observe how cardiovascular disease and pneumonia were not the only causes of mortality to display a seasonal pattern. For example, the mortality curve for cancer, the number one cause of death in Denmark, has its highest point in January and its lowest in August (although fluctuations for the rest of the year are moderate). The first graph below illustrates the fact that other mortality curves also mirror the pattern described above.

The “all causes” curve encompasses all deaths, including those from infectious diseases, psychiatric disorders, accidents, and minor categories, whereas the “selection” curve is restricted to

mortality from conditions that may be more relevant in the context of degenerative diseases.¹² Yet, in both mortality curves, we see the same general pattern, with the curves merely offset from one another. This pattern of high winter mortality from January to March; decreasing levels from mid- to late spring; low mortality during the summer months, with a small but distinct peak in July; and increasing levels from mid-fall through the end of year is even more clear when all causes are considered.

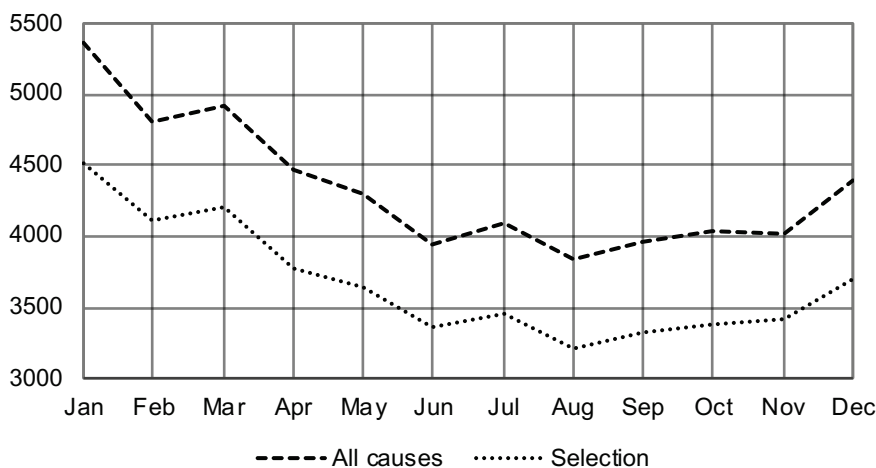
LIVE BIRTHS INFLUENCED BY SEASONAL CHANGE

Dr. Price’s findings may also shed some light on an area at the other end of life’s spectrum—namely, fertility and live births. The graph at the bottom of this page represents live births in Denmark for the years 2013 and 2014.¹³

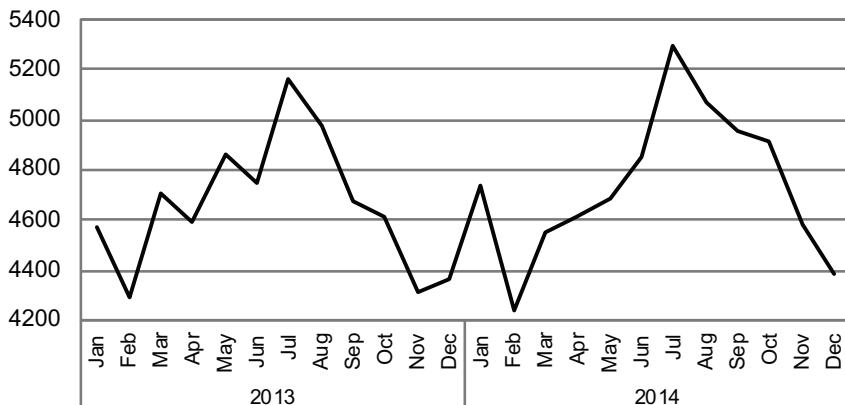
The very similar live birth trends for these two years show a greater number of births from late spring to early fall, peaking in July. It is tempting here to argue that, as is the case with wildlife, nature facilitates the birth of more children at a time of year when conditions for survival in the first critical months of life are optimal. Although, in the modern world, most of us do not live in circumstances resembling those of wildlife, the underlying laws of nature have not changed.

When assessing the reproductive capacity of prospective parents, one would have to look back nine months (on average) from the birth period being studied. From August 2013 to December 2013—nine months before the birth period of May to September 2014—we

Mortality Denmark 2013



Live births Denmark 2013 and 2014



find a high number of successful conceptions. These late summer, fall, and early winter months succeed the two seasonal pasture growth periods, which, based on the empirical evidence and Dr. Price's findings, fortify the foods that plausibly enhance the reproductive capacity of both parents-to-be.

The time of year with increased reproductive success in Denmark can thus be linked to a prolonged earlier period of higher nutrient content in certain foods, such as pasture-raised dairy products. Although the first seasonal growth period appears in early summer, it is fair to assume that some varying amount of time is required to recharge the reproductive "batteries" of parents-to-be after a long winter. Regeneration does not happen overnight.

Other years than 2013 display a similar live birth pattern, as illustrated by the graph to the right, presenting data from the years 2010 to 2017 (calculated as a mean).¹⁴ The graph also shows that all-cause mortality and birth curves for this time period are, to a large degree, negatively correlated. This may give us further reason to believe that we are, in fact, witnessing the effects of natural law. (February has approximately 10% fewer days than January and March, which largely explains the slightly lower figures for this month.)

SPONTANEOUS MISCARRIAGES

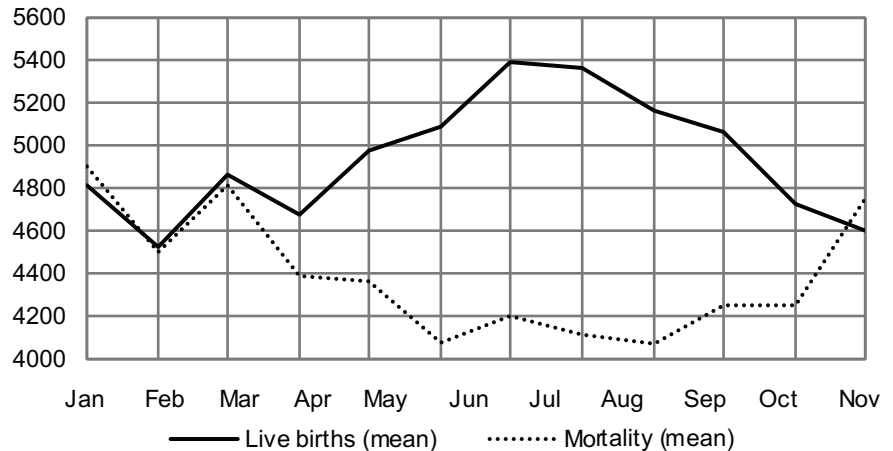
Another indicator of functional reproductive capacity is the prevalence of miscarriages. In Denmark, there are approximately 65,000 births a year, 65 of which are stillbirths. In addition, there are 15,000 provoked

abortions and 1,000 extrauterine pregnancies. Finally, there are 10,000 recorded miscarriages—and we know that around 10,000 early miscarriages are not recorded, giving us a conservative estimate of 20,000 losses per year. This yields a total of approximately 100,000 pregnancies.^{15,16,17}

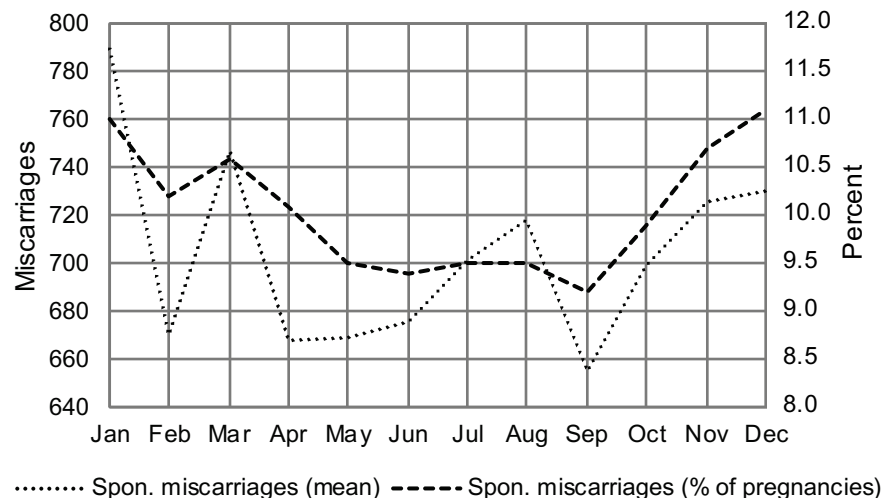
Again, if we utilize Dr. Price's method of reporting data by month to address seasonal cause and effect, a familiar pattern appears, as illustrated in the second graph below.

The two curves represent spontaneous miscarriages in Denmark during the eight years from

Live births vs. all-cause mortality
Denmark 2010-2017



Spontaneous miscarriages
Denmark 2010-2017



2010 to 2017 as mean absolute values and percentage of total pregnancies, respectively. Again, the higher rates of losses during the winter and early spring decrease over the remainder of spring to lower levels in the summer, with a distinct midsummer peak, and then increase again from mid-fall. This pattern seems to be congruent with the mortality rationale explained above.

Pregnant women are in a potentially vulnerable state, having to provide adequate nutrition for both themselves and their unborn children. Dr. Price documented how indigenous peoples provided special foods for expectant mothers, and he argued that shortage of adequate nutrient supplies for mothers-to-be increases the risk of spontaneous miscarriage. In other words, through seasonal variations in nutrient content, nature decides the likelihood of reproductive success. That the spontaneous miscarriage pattern is largely similar to the general mortality pattern seen in the Danish data supports the view that seasonal cycles have statistically significant effects.

INTERPRETATIONS OF THE DATA FROM DENMARK

- Empirical evidence pertaining to Danish mortality, miscarriages, and live births tends to support Dr. Price's findings from North America, suggesting a relationship between natural cycles, food quality, and mortality.
- Danish mortality levels vary with the seasons—generally higher in winter and lower in summer, with a small midsummer peak possibly reflecting nutrient decrease between growth seasons.
- A seasonal pattern of spontaneous miscarriages in Denmark is seemingly congruent with the mortality pattern, indicating a plausible common cause.
- The live birth trend seemingly fluctuates in accordance with the natural rhythms observed; the period of greater reproductive success occurs nine months after the growth seasons, suggesting that these have positive reproductive health effects.

HOW CAN WE LIVE IN HARMONY WITH NATURE?

With approximately 85% of the total mortality in Denmark during 2013 stemming from degenerative diseases,⁶ we are obviously witnessing the consequences of our modern lifestyle. To the extent that we can put our trust in sources such as Dr. Price, we know that such afflictions barely existed in many indigenous cultures. Among the healthy societies he studied, either none or less than 1% of the people had tooth decay.⁵ Caries is one of the first serious breakdowns of the human constitution. Therefore, it is a relevant marker in the context of this discussion—the “canary in the coal mine,” exposing the individual's compromised state of health.

At the time I grew up in the small town of Vedbæk outside Copenhagen, a Mesolithic burial site from about 5,000 BCE was found during excavations for the new public school. Dental and skeletal records from this site, paired with other findings from the Mesolithic period in Denmark, attest to the fact that our ancestors generally had sturdy physiques and *no caries*.¹⁸ The uniformly perfect teeth I have seen on public display show well-aligned third molars and no crowded teeth, in line with the generally perfect pattern that Dr. Price documented in the indigenous inhabitants of remote locations 7,000 years later.

Besides having splendid physiques, these Mesolithic people most likely lived in a state of high immunity; otherwise, they would not have kept their teeth throughout their lives. Although the jury of Danish professionals may still be undecided on this one, our native ancestors arguably used the means (foods) at their disposal wisely, controlling caries by natural food selection, a method well documented by Dr. Price.

As if natural law had somehow been violated, degenerative diseases and less excellent physiques seem to have become more common with the advent of animal husbandry / domestication and agriculture in Denmark.^{19,20} The evidence presented by Dr. Price certainly suggests that we transitioned into a period in which our understanding of how to thrive in balance with nature declined. To the extent this observation holds, it may also indicate the direction in which future

endeavors to end the misery caused by physical degeneration might bear fruit. Modern agriculture would hardly qualify as a solution by any sustainability standards, considering its immoderate resource exploitation and little regard for the adverse effects on future generations. What then might we put in its place? Could we consider alternatives from our collective past?

Original native land management in, for example, California can be characterized as *tending* instead of *tilling* the land. It is a time-tested method of wildlife optimization, allowing nature to unfold to its full potential by means of a balanced ecosystem. When the first Europeans arrived in the Americas, Australia, and probably many other places, they found an abundance of wildlife. This was likely due to the conscious efforts of the native people living there to steward natural plant growth and healthy animal populations.^{21,22}

Traditional Sami reindeer herders in the northern parts of Scandinavia use the word *naturbeta* to describe feed for their reindeer. In my understanding, the word specifically means *only* the foods that are naturally available to the reindeer at any given time during the year. Access to these foods is the reason these herders follow the reindeer up into the mountains (in the summer) and into the lower woodlands (in the winter). In comparison, our modern food production methods enable us to eat foods that would be otherwise unavailable for seasonal or geographical reasons, but these may consequently be of reduced nutrient quality.

Prehistoric Denmark generally had high biodiversity, as indicated by the presence of mammals such as aurochs, buffalo, moose, and bear. As I understand Dr. Price's observations, this is a clear indication of an ecological balance consistent with the state of ecosystems inhabited by the native tribes he visited. Today, as well, an

integrated approach to ecological stewardship that respects natural law would provide greatly improved chances for the success of all plant and animal life (including humans).

Sir Winston Churchill reputedly once said, "Men occasionally stumble over the truth, but most of them pick themselves up and hurry off as if nothing had happened." In my humble opinion, the data examined clearly begs the question: Will we continue blindfolded toward the sixth mass extinction of the Anthropocene epoch or will truly conscious leaders step up and act in responsible ways to abide by natural law and its cycles? It is crucial, for our sake as well as that of the planet, for us to live sustainably in a balanced ecosystem where life ebbs and flows with the seasons—a natural rhythm inherent in traditional indigenous cultures.

Some may argue that, as more people reach advanced ages, we are developing an unsustainable situation due to overuse of the resources available to us. However, what drains us as a society, more than anything, is arguably that so many individuals need to be taken care of by our healthcare system. The "good news" documented by Dr. Price is that people living in accordance with natural law are capable of aging in perfect health—a gross national happiness target we should aim for. We are getting more and more specialized in managing an ever-increasing number of diagnosed diseases. Perhaps, it is time to provide the nutritional foundations for building natural health, as our ancestors did. For that to happen, we need to honor nature's seasons. A varied, seasonal assortment of foods with maximum nutrient content is potentially available to us, and our societal structure should reflect this.

LESSONS FROM THE ELDERS

One of the things I admire most about indigenous cultures is the respect and reverence naturally given by younger generations to the elders, those with experience. As one of my elders, author and filmmaker Jens Bjerre, so wisely phrases it in the foreword to the Danish translation of *Nutrition and Physical Degeneration*: "How did we get to this state of degeneration?"

The "good news" documented by Dr. Price is that people living in accordance with natural law are capable of aging in perfect health

The answer is that we have come too far away from nature's nutritional principle because of the dominant lifestyle stifling the natural instincts for societal existence."²³

This one line added to my own understanding of the teachings that Dr. Price conveyed from indigenous cultures. We modern humans have (d)evolved into a very dominant species, subordinating much to our so-called rational mind, but we cannot outsmart nature and, consequently, we suffer.

Oren Lyons, faithkeeper of the Haudenosaunee (Six Nations Iroquois Confederacy), aptly said: "If you challenge the law and you think you are going to change the law, then you are bound to failure, and in that failure will be a lot of pain, because the natural law has no mercy. It is only the law."²⁴

The term "lifestyle diseases" promotes a rather innocent-sounding conception of degenerative suffering. However, modern society has yet to fully realize that we *have* to change our lifestyle in order to overcome our current health crises.

Dr. Price's account of indigenous cultures worldwide still provides, in my opinion, one of the best frames of reference for promoting good health. Consciously acknowledging indigenous wisdom and the traditions passed on to us from our ancestors is important in this endeavor. The bits of evidence presented here confirm that the modern phenomena we are looking at are merely consequences of not abiding by natural law.

Based on extensive scientific research, Dr. Price argued that physical excellence and immunity to degenerative disease are possible for all, provided that our diet provides sufficient nutrients, including the fat-soluble activators. The evidence from Denmark suggests that his arguments still hold true today.

A higher goal than physical immunity for all humankind (and all other beings, for that matter) would be hard to find. We ought not shy away from the sobering challenge before us: to learn from nature and the seasons. We have all the wisdom necessary at our disposal to counter the tide of modernity; we need "only" to integrate and apply it. 📖



ABOUT THE AUTHOR

Henrik Kellermann Hansen, MSc, first read Nutrition and Physical Degeneration by Weston A. Price in a hospital bed, convalescing from spinal shock and paralysis due to a traumatic fall. Inspired by Dr. Price's account of traditional cultures, Henrik gained a new focus on the study and pursuit of indigenous

knowledge and wisdom about natural living. Recently, he completed a Danish edition of Nutrition and Physical Degeneration, which has been published by Qarrtsiluni Publishing. Henrik is an avid reader, yoga practitioner, and real food enthusiast who is fascinated with the great outdoors. He lives in Copenhagen, Denmark. For networking purposes or interesting projects, feel free to connect through his website, www.q-publish.dk, or on social media.

NOTES

1. Price WA. *Dental Infections, Oral and Systemic; Dental Infections and the Degenerative Diseases* (Vols 1 and 2). Cleveland, OH: Penton; 1923.
2. Dr. Price more or less sided with physiologist Claude Bernard in the great scientific medicine debate between Bernard and chemist/microbiologist Louis Pasteur in the 19th century. It is said that Pasteur on his deathbed stated: "Bernard is right. The microbe is nothing. The environment is everything." However, Pasteur's germ theory of disease won the public debate, paving the way for today's extensive use of surgery and pharmaceutical drugs in allopathic medicine. (Source: Metzner R. *The Causes of Disease: The Great Debate*. Functional Medicine University. <https://www.functionalmedicineuniversity.com/public/937.cfm>. Accessed December 5, 2019.)
3. In his laboratory studies of special foods, Dr. Price observed a fat-soluble substance that he named "activator X." He characterized it as a synergistic activator that increased the value and utilization of other nutrients present in the diet. It occurs especially in foods such as butterfat, organ meats, and fat from animals eating rapidly growing green grass and plants, as well as certain seafoods. Some people now believe activator X is a form of vitamin K.
4. Hvidberg MF, Johnsen SP, Davidsen M, Ehlers L. A nationwide study of prevalence rates and characteristics of 199 chronic conditions in Denmark. *PharmacoEconomics Open*. <https://doi.org/10.1007/>

- s41669-019-0167-7. Published July 24, 2019. Accessed December 5, 2019.
5. Price WA. *Nutrition and Physical Degeneration*, 8th ed. Lemon Grove, CA: Price-Pottenger Nutrition Foundation; 2016.
 6. *Statistical Extract (Project ID FSEID-00004154)*, Sundhedsdatastyrelsen, Denmark, 2019. Included are all persons who had a Danish social security number, had a registered address in a Danish municipality, and died in Denmark in 2013.
 7. *Dødsårsagsregisteret 2013: Tal og analyse [www.ssi.dk]*. Statens Serum Institut, December 16, 2014.
 8. Mortality figures for pneumonia are level (123 people) for the months of July and August; otherwise, the data fit the general picture.
 9. *Københavns Universitets almanak Skriv-og rejsekalender for det år efter Kristi fødsel 2013*, København, Københavns Universitet, i kommission hos Gyldendal, 2012.
 10. Such lab work is beyond the financial means and scope of a pilot study like this one, but, of course, is recommended for future studies.
 11. Brink JW. *Imagining Head-Smashed-In: Aboriginal Buffalo Hunting on the Northern Plains*. Edmonton, Alberta: Athabasca University Press; 2008.
 12. The "selection" curve includes 2013 mortality data from cancer; other tumors; diseases of the blood, blood-forming organs, and immune system; endocrine, nutritional, and metabolic disorders; nervous system disorders; heart and other circulatory diseases; diseases of the respiratory tract; digestive diseases; diseases of bone, muscle, and connective tissue; and diseases of the urinary and genital organs.
 13. Danmarks Statistik, Statistikbanken, Befolkning og valg, BEV3A: Levendefødte og døde på måneder, Levendefødte, all months 2013 and 2014. <https://www.statistikbanken.dk/10017>. Accessed November 1, 2019.
 14. Danmarks Statistik, Statistikbanken, Befolkning og valg, BEV3A: Levendefødte og døde på måneder, Levendefødte og Døde, all months 2010-2017. <https://www.statistikbanken.dk/10017>. Accessed November 1, 2019.
 15. Quass L, Tarpgaard JL. 20.000 graviditeter ender med spontan abort: Overlæge vil kortlægge årsagerne. Danmarks Radio. <https://www.dr.dk/nyheder/indland/20000-graviditeter-ender-med-spontan-abort-overlaege-vil-kortlaegge-aarsagerne#!/>. Published March 20, 2018. Accessed on October 29, 2019.
 16. Personal communication with Associate Professor and Head of Danish Recurrent Pregnancy Loss Unit Henriette Svarre Nielsen (MD, DMSc), Rigshospitalet Copenhagen University Hospital. Received November 11, 2019.
 17. Personal communication with Professor Øjvind Lidegaard (DMSc), Department of Obstetrics & Gynaecology, Rigshospitalet, Faculty of Health Sciences, University of Copenhagen. Received November 24, 2019.
 18. Jensen J. *Menneskene i Danmarks Oldtid*, 2. udg. 2006, Gyldendal. <http://denstoredanske.dk/index.php?sideId=430793>. Published July 13, 2012. Accessed December 3, 2019.
 19. From personal visits prior to recent rearrangement of public displays at the permanent Danish prehistory exhibitions at Moesgaard Museum and the National Museum of Denmark, I understand that the period following the Mesolithic in Danish prehistory was associated with skeletal and degenerative physical changes. Since the statements on display at that time were based on the fossil record, there seems to be good reason still to consider them fact.
 20. Jensen J. *Menneskene i Danmarks Oldtid*, 2. udg. 2006, Gyldendal. <http://denstoredanske.dk/index.php?sideId=430833>. Published July 12, 2012. Accessed December 8, 2019.
 21. Anderson MK. *Tending the Wild: Native American Knowledge and the Management of California's Natural Resources*. Berkeley and Los Angeles, CA: University of California Press; 2006.
 22. Gammage B. *The Biggest Estate on Earth: How Aborigines Made Australia*. Sydney, New South Wales: Allen & Unwin; 2011.
 23. Some US readers may be familiar with Mr. Bjerre from his role as presenter of the year at Harvard University in the 1950s, or from his many films and books about Kalahari Bushmen, Australian Aborigines, and other indigenous peoples.
 24. Indigenous Native American Prophecy (Elders Speak part 3). <https://www.youtube.com/watch?v=9piIziXU9RE>. Accessed October 15, 2019.

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