

LISTEN

A
JOURNAL
OF
BETTER
LIVING



★ Lt. ROBERT J. KELLY
★ Navy Flyer



LIQUOR OUTLETS AND ALCOHOLISM

Where liquor is more available, there is more drinking. In areas which have fewer liquor stores and drinking places, there is less alcoholism.

For example, as pointed out by The American Business Men's Research Foundation, the twelve states having the lowest number of distilled spirits outlets per 1,000 persons, had an average alcoholism rate of 1,905 per 100,000 adult population in 1940. These states are, according to the "Quarterly Journal of Studies on Alcohol": Arkansas, Georgia, Iowa, Maine, North Carolina, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, and West Virginia.

In contrast, those states having the greatest number of liquor establishments per 1,000 of the population—Connecticut, Delaware, Illinois, Louisiana, Montana, New Jersey, New Mexico, New York, Pennsylvania, Rhode Island, Wisconsin, and Wyoming—were alcoholic at an average rate of 3,252 per 100,000 of the adult population, or 70.7 per cent greater than the states with the lesser number of outlets.

Alcoholism has been increasing rapidly in both of these groups of states. In 1955 the average alcoholism rate in the states with the fewer liquor outlets was 2,953 per 100,000 of the adult population, whereas in those states with the most outlets per capita the average alcoholism rate rose to 4,315, or still 46.1 per cent greater.

Maryland Reports

During 1959 alcohol and excessive speed were the two major causes of traffic fatalities in Maryland, state police say. A total of 521 persons died on the state's roads during the year, and in 117 fatal accidents the driver had been drinking. Of the 521 killed, 150 were pedestrians, 17 of whom were drunk.

Alcoholism—Now No. 1 Problem

West Virginia has more than 52,000 alcoholics, or about one in every twenty adults, says State Health Director N. H. Dyer. "Authorities estimate that each alcoholic adversely affects the lives of about ten persons, such as families, employers, friends. If this is true, then alcoholism is our greatest health problem, since it is throwing out of balance as much as a quarter of our population."

Hidden Evil in Industry

Alcoholism afflicts about 3 per cent of the United States working force in industry, says Dr. Harrison M. Trice, assistant professor at the School of Industrial and Labor Relations, Cornell University. Although some companies will not admit it, the incidence of alcoholism among executives is also high.

The 3 per cent is not confined to private industry, but affects those employed by the Federal Government. Dr. Eu-

gene R. Chapin, medical director of the Civil Service Commission, estimates that there are at least 70,000 alcoholics working for Uncle Sam.

Woe for Women

Though only one out of twenty-five problem drinkers before prohibition was a woman, statistics show that the ratio was one in every six previous to World War II and is close to one in five now. Accurate figures are difficult to obtain because many women are "hidden drinkers" protected by their families or by their own kind.

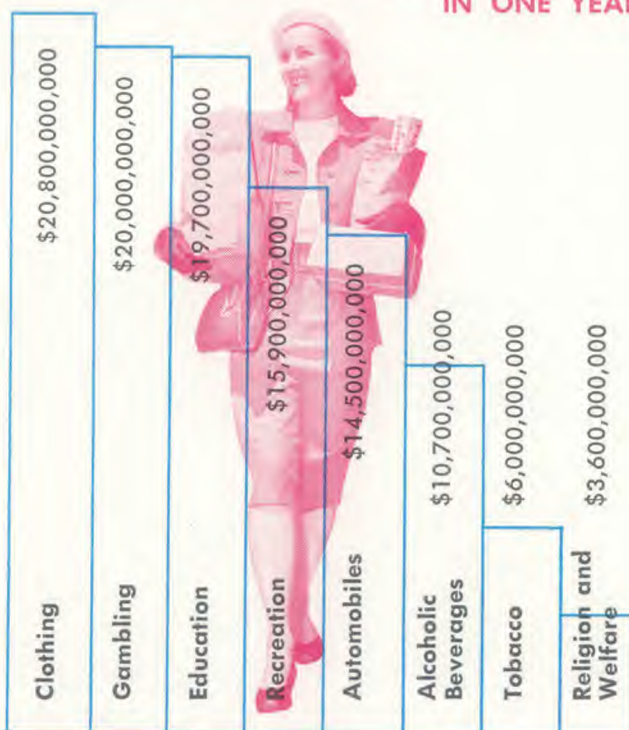
Alcohol and Mouth Cancer

Alcohol has an indirect effect upon cancer of the mouth, reports Dr. George S. Sharp, director of the Pasadena Tumor Institute. Findings show that 75 per cent of oral-cancer patients consume up to one half pint of hard liquor daily.

Money Down a Rathole

More than \$900,000 was spent for advertising alcoholic beverages on nineteen different pages of a single issue of Life (December 14, 1959).

HOW AMERICANS SPENT THEIR MONEY IN ONE YEAR



These 1957 figures compiled by Fred D. L. Squires.

LISTEN

A Journal of Better Living

SEPTEMBER-OCTOBER, 1960

Volume 13 No. 5

OUR COVER

Being both a flyer and a medical student, Lieutenant Kelly has some specific convictions on this matter of drinking. For pilots, he says, it slows reflexes and alters judgment to a hazardous extent; alcohol taken even a day before flying will seriously affect a man's control and reaction.

Kelly's squadron voted unanimously to stay away from all forms of liquor during their entire qualification period, also during monthly refresher periods.

"Listen's" cover of Lieutenant Kelly is by Eloise Engle, Falls Church, Virginia.

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GOOD OMENS



HOST to many international meetings, the UNESCO headquarters in Paris has received representatives from probably every country in the world. Its modernistic halls and discussion rooms have resounded to the voices of authorities in a myriad of fields of human knowledge. Its simultaneous translation facilities have made intelligible the speeches, debates, and comments by participants from around the globe.

In such a setting this past summer were held a series of international meetings on the alcohol problem, culminating in the sixth annual session of the All-European Institute of Scientific Studies for the Prevention of Alcoholism. More than 130 were enrolled, from twenty-five countries, including the Middle East area, Australia, and the United States. For two weeks the lectures and discussions continued on methods to prevent the further spread of problems arising from drinking and procedures to be used in caring for the victims of their own habits.

On the basis of the need for prevention of alcoholism it was indeed appropriate that this widely international session be held in France, a country long known for the highest rate of alcoholism in the world, also the highest rate of consumption of alcohol, two conditions not in the least unrelated to each other.

However, it still seems difficult for the French to discern any relationship between these two conditions, especially as cause and effect. Incongruous indeed was the serving of wine at the official government receptions held in honor of the Institute, at the ministry of public health and at Town Hall. Be it said, though, that in both instances the orange juice proffered as an alternative drink was so popular as to send the waiters scurrying for additional supplies while unused bottles of wine remained untouched, much to the waiters' surprise.

Which recalls the forthright, but sensible, statement made by one Institute speaker to the effect that no significant contribution to the permanent solution of the alcohol problem is made by those who themselves drink. It is becoming altogether too popular these days to try to disassociate entirely *alcohol* from alcoholism, which cannot be done if one is to be realistic. In contrast to this concept is the fundamental purpose of the Institute of Scientific Studies, to find ways really to *prevent* alcoholism through proper educational procedures and public dissemination of the facts not only about alcoholism as such but about alcohol.


Encouraging is the fact that France as a nation is making progress in its campaign to reduce drinking. Posters in the subways, in railroad shops, and in some industrial concerns warn of the danger of alcoholism. The greater availability of fresh fruit juices is becoming evident, both for workers on the job and for customers in restaurants and cafés. A combine of businessmen is buying up large areas of fertile ground in central France to specialize in orchards to produce fruit juices in quantity. The newspapers are becoming more bold in portraying alcohol's menace. One full-page presentation recently in a major Paris paper made visual the fact that drinking causes the death of a Frenchman every thirty-three minutes.

That this national effort is having a good result is evident from the recent merger of France's two largest wine manufacturers in setting up machinery to produce fruit juices—this because of falling wine sales.

It is evident, too, that the youth of France are gradually turning from wine consumption to drinks that are nonalcoholic.

So the picture is little by little changing for the better, and this is true not only of France but of some other countries as well. More and more people are beginning to realize that alcohol is not to be commended for beverage use, that drinking does not improve a person in any way but invariably tends toward inferiority. Gradually, too, they are learning that alcoholism can strike anyone who drinks.

All of these are good omens. May the day be hastened when mankind will voluntarily avoid that which tends to demean and degrade, and choose what is beneficial. As Thomas Jefferson once declared, "I have sworn . . . hostility against every form of tyranny over the mind of man."



Francis A. Soper



Viola Eldon

helping A
save NEW
the DIMENSION
human race IN
from CAREERS
itself

ONE of the newest of career opportunities in the United States today is to be found in the field of alcohol education. There are thousands of unfilled needs for trained personnel qualified to conduct effective alcohol-education programs in elementary schools, high schools, and colleges across the nation. No area of endeavor offers greater challenges—or greater rewards.

The alcohol-education program in America's schools is only beginning to be developed. Every state has laws requiring such education. The problem is to find persons qualified to present the subject in an accurate, unbiased manner.

What are some of the requirements for successful alcohol educators? They must, of course, be well informed, since it is impossible to teach others what one does not know himself.

Today's children have heard much more about these things than had their counterparts a generation ago. This points up the need for sound training for persons entering the alcohol-education field.

Although today's children know so many things, they do not have a pattern for living into which they can fit these facts to make them meaningful and practical. Therefore the teacher must be able to help young people establish a sound philosophy of life.

The teacher's *attitude* is even more important in alcohol education than is his ability to pass on extensive information. The alcohol educator of the past has often been accused of being an impractical reformer who wanted to tell other people what they could or could not do. The attitude of an educator will, in a large measure, determine his acceptance. We must be accepted to be successful.

The alcohol educator must be personally interested in what alcohol does to human beings and concerned for their welfare if he is to do a worth-while job in the classroom. With a proper attitude such a person will be able to lead students to form sound philosophies of life that will enable them to withstand modern pressures toward the acceptance of false or incomplete information.

A teacher entering the classroom with a distorted concept of his mission or a halfhearted attitude toward the use of alcoholic beverages can easily mislead students and wreck any effective program of alcohol education.

Also, a person presenting this subject must not be merely a textbook wired for sound. He must bring his subject to life, give it sparkle and color, make it attractive. Merely presenting it as "fact" does not necessarily make it attractive or even acceptable.

I knew a fine teacher who became interested in this field of education. She took most of the courses offered on the subject and became well informed; in fact, she prepared some fine courses of study for the schools.

In spite of all this, she gave up the work because she could not hold the attention of her audiences. I asked a county superintendent of schools about it. He told me, "She takes cold, hard facts like blocks of gray cement and pushes them at people, and they literally hang rejected between the speaker and the audience."

Many people consider a discussion of alcohol "dry" indeed, and the person billed as a temperance lecturer has traditionally drawn few listeners. Here again, the attitude of the speaker plays a vital role in his success or failure in drawing an audience or holding the interest of his listeners.

In publicity we should use intriguing titles for our programs—not, for instance, "The Effects of Alcohol on Society," but maybe instead, "Truth and Consequences."

Many of us are inclined to "go off the deep end" on visual aids. Children are not being taught today to listen to words. If they do not see a picture, they are at a loss to learn. We should try painting word pictures. We can display a picture and discuss it, and part of our audience will be right with us—but another part of the group will look at the picture and think their own thoughts about it, missing the point made. However, when we paint word pictures that they can actually see, we have perfect co-ordination between sight and sound, and we get across exactly the point we make.

In my opinion, the clever use of words in expressing ideas is the best method of teaching. People can be held spellbound with word pictures.

Let us keep in mind that we have three means of combating the alcohol problem: authority, which is law and its enforcement; education, which is teaching what alcohol is, what it does, and why it does it; and evangelization, which causes "old things" to pass away and "all things" to become new.

If we are honest, we must admit that authority in this country is becoming less and less effective. This is true from the parental as well as the legal aspect. One reason for this, I think, is that we lean over too far backward in an effort to keep from infringing on the rights and freedom of people, thus making it harder and harder each year for the enforcement officer and easier and easier for the criminal.

A clever crook can tie the hands of the investigator and make lawmakers look ridiculous. In many cases today authority is a laughingstock and is not very effective. Particularly is this true where alcohol is concerned. Authority is certainly not the weapon that it could and should be.

Some churches today frown on evangelism. They seem to think it is too emotional an approach to salvation. We need to remember, however, that people generally do not act according to their thinking, but rather according to their feelings, their emotions.

If a person is given facts without his emotions being stirred, he is left cold, has not been touched where he lives, and has probably not been influenced one iota. On the other hand, if his emotions are stirred without facts, frustrations are often produced. But when people are given facts and their emotions stirred enough to motivate them to action, then satisfaction comes through informed action, and many problems can be solved.

People ask me if I think it possible to achieve any lasting results in the classroom when the speaker has only one hour in which to present the facts to squirming children or restless teen-agers.

In my opinion, the answer is Yes, if we say the right things in the correct way. And it is the lasting results that make a career in alcohol education so rewarding.

In a high school where I now work each year, one student took liquor on the school bus, got drunk at games, and was constantly in trouble with the school or the law. He was, however, admitted into junior college, still drinking, riding his motorcycle wide open on the campus, and doing other noticeable things. One year when I was at the high school it was arranged to have the college boys sit in with the high-school boys for my talk. This boy was present.

Later a classmate said to him, "What's happened to you? I haven't heard a word of scandal about you in weeks."

He told his fellow student, "You will think I have flipped my lid, but a woman was here talking about alcohol and dope. Boy, did she lay it on about alcohol! She would say something, and I would wonder how anybody could be such a fool, or what kind of idiot a person is who drinks. It was not personal at all, and right at the time I did not think of" (Turn to page 32.)



Attracting People to YOU

Ruth Hayward

ALTHOUGH a mere wisp of a man, Tom Granger gave the impression of being a giant. He counted birthdays near the threescore mark, yet he seemed younger than his own grandson. His monetary assets wouldn't add up to a dotted "i" on a Dunn & Bradstreet report, yet when he decided to leave his salaried job and start a fishing camp, he got more backers than he needed to finance his new project. For years he had talked fishing camp, lived it, planned it. He believed in it, and made others believe in it.

"The man's got something!" one friend said of him, and everyone who came near the man felt it. His camp, on a small, almost unknown Florida lake, has a long list of fishermen waiting for accommodations. "Tom has even cast a spell on the fish; they jump up to grab his hook!" the enthusiasts say.

You probably know men and women who have this quality that seems to defy rules of health, economy, age, and custom; people who glow from this spark within. Maybe you have it, or maybe you want it without even knowing exactly what it is really like.

Enthusiasm—a common word, but with a whole world of possibilities—has been given many definitions. Perhaps the most usable in our day and time is "an eager faith in living." Any enthusiast gets a kick out of life, yet is rarely kicked by life. If he does meet reverses or failure, you can bet on his fighting his way back to the top.

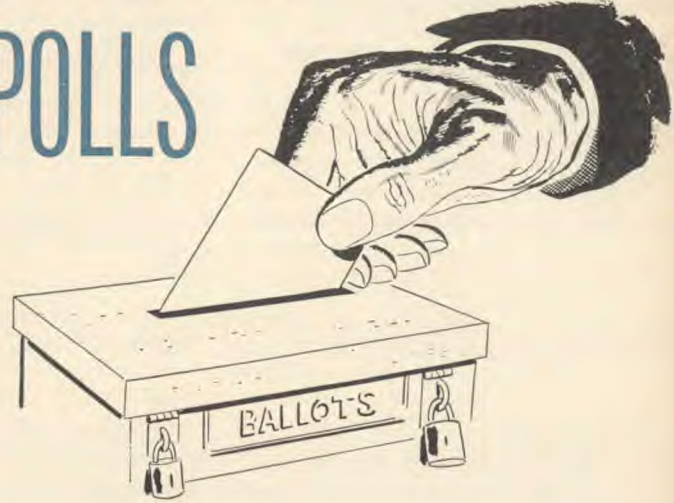
You want health and longevity? It'll take more than multivitamin capsules, raw carrots, yogurt, and cracked wheat. Anyone can shrivel and die from spiritual malnutrition if he has no enthusiasm for such diets. Enthusiasm is the sauce that makes food good for you.

You want beauty? Charm courses, cosmetics, and massages will only make you a dull-eyed statue unless you have enthusiasm, for without it a goal for beauty alone is futile.

You want money? Without enthusiasm you lack ideas that can make and increase money. You'll lack backers, customers, and the vision to shape financial success. The enthusiastic man inspires confidence, overcomes the strongest opposition, sweeps devotees into a loyal procession of accomplishment. (Turn to page 31.)

Richard Wager
Cleveland Plain Dealer

POWER at the POLLS



When Cleveland's East Side became really aroused, nothing could stop its clean-up campaign.

A PERSON can take just so much, for just so long." This is how a group of Cleveland residents describe their being "pushed" by drunkenness and related crimes in their neighborhoods until, solely by their own concerted community action, they voted twenty-six city precincts dry to a greater or lesser extent in the last November election.

As a result, 130 liquor, wine, and beer permits for bars, taverns, night clubs, delicatessens, drugstores, and groceries have been terminated by the Ohio Department of Liquor Control. In some of the precincts voters allowed the sale of 3.2 beer to continue.

And while the neighborhoods affected are already taking on a new, cleaner look, homeowners are looking forward to even greater, farther-reaching benefits.

The ridding of these areas of their oversaturation of drink spots was done by the residents with virtually no help from outsiders, and against the overmonied, well-organized opposition that at times grew vicious.

Their self-help achievement has proved to themselves, and, more important, to the rest of the community, that these people, contrary to an unfortunately sizable segment of public opinion, have deep respect for their community and are concerned about their neighborhoods.

Most of the people involved are Negroes, people who are too often accused of having no interest in their property and neighborhood.

These people's neighborhoods were being run down, but not by the residents or the homeowners. The excessive drinking, the throwing of wine bottles on lawns, the disorderly conduct, and outright crimes of rape and assault were being done by transients from outside these neighborhoods, who came there to drink.

Not only was this a sordid condition for these self-respecting people to live under, but it also hurt their pocketbooks when they sought to purchase theft insurance and other types of protection, because of the many newspaper stories of crime in these neighborhoods.

Local police and the Ohio Liquor Board turned a deaf ear to the residents' complaints, and the liquor board maintained its program of saturating the area with liquor

permits. When there was a violation of the liquor laws by a retailer, the action taken by the liquor board was regarded by the residents as more of a slap on the wrist than as a corrective measure.

Eight housewives—seven Negroes and one white—got together and decided to do something. Their city councilmen offered them no help; so they sought out a friendly young Negro attorney, Charles E. Mosley, Jr., known to be interested in community affairs.

They told him their troubles, of complaints of traffic conditions in front of the taverns, of loud and boisterous talking late at night. While these were areas where most of the Negro people of Cleveland had invested their money in their homes, the areas were being deteriorated without restraint at the hands of outsiders.

Mosley, and Rodman Douglas, who is assistant to Congressman Charles A. Vanik, sat down with the committee of eight and figured out that Ohio's local option was the only weapon left under the law for citizens to use in correcting this kind of condition.

The good news that there was hope for saving their neighborhood traveled fast. More and more women volunteered for the campaign. Within a week sixteen canvassed a "target" area, and in one night obtained enough signatures on a petition to put the issue on the ballot.

Local newspapers, learning that the petition had been filed, printed news stories about the "uprising" movement. Some said it was pure folly. Few believed it could be successful. But as more of the disgusted and disgruntled residents learned of the move, they joined in, and the movement rapidly gained momentum.

Some thirty meetings were held in various homes, drawing from twenty to twenty-five persons each. In addition, there were several mass meetings held in the large auditorium of Cory Methodist Church.

But those working for the success of local option had to move carefully. There were those who would have liked to make a political vehicle of the issue and its backers. More than that, the Tavern Owners Association took up battle, saying that closing the bars in these areas would only increase bootlegging and lead to more crime.

By now husbands had joined their wives in the struggle to clean up their community. Working and planning strategically, the residents toured their neighborhoods, working in pairs for safety, rapping on doors to enlist the vote. One man, the brother of a former Olympic star, worked after hours on his own time in a print shop preparing handbills announcing a mass meeting. The leaflets were distributed by adults early the next day before there was any chance of their being destroyed.

Several clergymen in these areas took up the fight, set aside one Sunday when they preached sermons on the subject, and co-operated in making petitions and literature available in the church lobbies.

But the opposition continued also. All four of the city councilmen representing the wards in which the local-option activity was brewing, came out against it. They claimed that the condition of these neighborhoods was the fault of the people who lived there.

By this time the tavern owners, beginning to sense that the insurgent residents were serious about the matter, enlisted the support of others who would stand to lose in a drying up of the bars—the landlords who were reaping high rents from the taverns, the brewers, the distillers, and the distributors of vending machines to taverns.

"They organized against us," Mosley related, intimating there was evidence, too, of votes being bought on election day.

While Ohio law allows the transfer of a liquor permit from one location to another, the law also requires that in the case of a local-option election, the transfer request must be filed with the state by the night prior to the election. So sure were these owners in Cleveland that the local option would lose, only four of the 130 filed the necessary transfer application before the election-eve deadline. Few would admit they thought local option had a chance of passing.

When the vote was counted, the dries had won in twenty-six of the twenty-eight precincts in which the question had been placed on the ballot. The victory was won by a whopping three-to-one majority.

The number of persons affected can be seen in that each precinct encompasses 600 voters.

Even though defeated at the polls, the tavern operators thought there would be legal loopholes and delays, the

kind that often make the wheels of justice grind slowly, and through repeated postponements of hearings, maybe they could still stay in business, perhaps indefinitely.

Such happenings being common, the *Cleveland Press* newspaper, a month after the election, ran a front-page article stating that temporary orders restraining the closing of an initial group of the taverns involved had been issued by a judge in Franklin County, at Columbus, the state capital.

Actually, the restraining orders were not issued, and were denied later that day. But since many observers, including the attorneys for the state, had assumed they would be approved, the newspaper went to press feeling safe in reporting they were issued.

The *Press* shamefacedly printed a two-column page 1 correction the next day.

The law states that the issue cannot come on the ballot again for another four years. And judging by the fire in these residents' lifting-up-by-their-own-bootstraps achievement, local option would be soundly victorious again then, should the tavern owners and liquor interests get it back on the ballot. For it is reasonable to assume that the residents will not put it on the ballot.

The victory of the twenty-six precincts has resulted in other tavern owners of Cleveland policing their own industry, "which is the best thing, under the circumstances, and which should have happened in the first place," Mosley commented.

Street loitering has been reduced, and some taverns have hired private police to keep order in congested areas, to see that women are no longer molested when they walk by a tavern. These areas now look more like business districts than "jungles," one observer remarked.

Reviewing the do-it-yourself action of the Cleveland residents, Mosley related that though the majority of these people "drink in moderation," they think taverns should be operated with respect in their communities.

"Alcohol is one of the leading incidences in the crime rate, and most of the crime and violence in this area originated in these taverns, with the drinking of the people, most of whom were transients who came there to drink," he continued. "So we thought the local option was the way to remove this blight and force these people to go somewhere else to drink."



1. Its "teeth" having been "drawn" by local option, this tavern, the "Canteen," on Cleveland's East Side now is allowed to sell only 3.2 per cent beer. This is one of 100 liquor, beer, and wine outlets selected by voters in twenty-six precincts who rose to concerted efforts to drive off their community blight.

2. The Wain Tavern (left) was closed and the building was put up for sale, while the Shangri-La (right) is now limited to sell only 3.2 per cent beer; both of these changes are the result of voters' incalculable success on Cleveland's East Side.

In this "Listen" exclusive, Jan Marks, M.D., author of the self-portrait, "Doctor Purgatory" (The Citadel Press, 222 Fourth Avenue, New York 3, New York, 1959), candidly describes the danger that narcotics may be to physicians who breach their professional code of ethics and begin to inject themselves.

It may be surprising to some to learn that narcotics cause a problem of this nature in the medical profession, but it emphasizes again the basic fact that the indiscriminate or unsupervised use of these drugs leads to trouble and tragedy whether the user be a layman or a professional practitioner. No one is immune from the consequences.

Of real encouragement is the recognition now being given to the problem of narcotics among physicians, and the steps being taken to remedy it. Dr. Marks, who himself has trod the difficult road back from addiction, suggests in his article further practical steps to salvage those who are addicted and prevent others from falling into the trap.

Narcotics Addiction among Physicians

Jan Marks, M.D.



OF ALL professional groups, doctors have the highest incidence of addiction to narcotics. In New York State alone, approximately twenty-five cases of narcotics addiction among physicians, including repeat visits, are processed each month by the state boards of regents. It is estimated roughly that one out of every hundred physicians in the United States has been, or is, addicted to narcotics.

Let us assume that each of the eighty-odd accredited medical schools in our nation confers a medical degree on about ninety students annually. According to the estimated addiction rate among physicians, almost each graduating class would supply a physician who would become an addict. Collectively, a number equal to almost one full graduating class would be lost from the profession because of addiction.

Are the physicians who are destined to become addicts inferior professionally? Are they concentrated in any one field of medicine? Are addict-physicians generally in the younger or older age group?

Addiction to narcotics occurs among physicians of every degree of proficiency and in every field or branch of clinical medicine. No group as a whole is spared; this applies from the lowly intern to the medical school dean. Included among the ranks of addicts are general practitioners, psychiatrists, surgeons, research workers, professors, and medical administrators. A survey by the United States Public Health Service reveals that the average physician-addict is between thirty-five and forty years of age when he begins to use narcotics, as against seventeen to twenty years of age for the general type of addict. He is more likely to be practicing in a small urban area, is married, and has two children.

The average age at which physicians begin to use narcotics is of special interest. One might assume that the danger of addiction would be greatest for a physician during the early years of his arduous hospital training or first lean year of private practice. Instead, the average physician-addict seldom uses drugs until eight or ten years later, when he is a successful physician, a respected member of his community, and the head of a fine family.

Why Do They Begin?

Every physician happens to be a human being despite the medical degree which sometimes tends to put him on a pedestal. He is therefore endowed to some degree with the frailties common to most of his fellow men, including liability to yield to temptation. The belief that the average physician knows all about narcotics, and should therefore be able to abstain from their use, even under the most oppressive conditions, may be nearer myth than fact. Truthfully, he knows little about addiction. In medical school he learns how, and how much, narcotics are administered for therapeutic purposes. But he receives no instruction about the treatment of addicts, nor about the subtle nature of the "death in life" that can follow the first self-administered dose of narcotics.

In addition to human weakness and the lack of adequate knowledge, each physician must cope with two major occupational hazards which are conducive to the use of narcotics and the development of addiction.

The *first hazard* is the professional awareness of the

United Nations narcotics research laboratory

International control of narcotic drugs, in which today some ninety countries participate, is one of the activities of the United Nations in the social and humanitarian field. It represents nearly half a century of efforts to eradicate the evil of addiction and the resulting misery and crime.

The United Nations maintains a narcotics laboratory in Geneva where, in co-operation with scientists from various countries all over the world, it carries on research in opium and other drugs. The work includes the developing and testing of methods by which the geographical origin of drug samples can be determined through their chemical and physical characteristics, thus facilitating apprehension of illicit traffickers and detection of their circuitous routes.



◀ Dr. Olaf Braenden, chief of the UN Laboratory, examines opium samples.

sedative properties of narcotics. Repeated administration of these drugs to patients for short periods with gratifying results and few complications tends to inculcate in the physician a false sense of security relative to the dangers of addiction.

The *second hazard* is simply availability. Temporary relief from any and all noxious or unpleasant situations is no further away from the doctor than his medical bag. Unlike the street "junkie" who must face all sorts of tribulations to support his habit, the physician-addict must make the decision to use illegally what is already in his possession legally.

What actually drives the physician to administer the first "shot" of narcotics to himself? Despite individual variations, most physicians fall into one of three main groups.

The first group is composed of physicians who are unable to endure the irregular hours and loss of sleep that are part of any busy medical practice. Seeking relief, they first try sleeping pills. Sooner or later, when these become ineffective, they resort to "just one shot" of a narcotic to enable them to relax and obtain the needed sleep.

The second group is made up of physicians who suffer from recurring attacks of pain caused by some chronic disease, such as arthritis or kidney stones. Eventually, the pain returns at some inopportune time; either their own physician is away, or the attack comes on suddenly at night. Reluctant to confide in another doctor or to bother a colleague during the night, they decide to administer a narcotic to themselves.

The third group includes the physicians who are heavy drinkers, or alcoholics. At some time in the course of their alcoholism, they are forced to administer a narcotic to themselves to allay the distress of a hang-over or to stop the jitters and tremors that would be detected by their patients.

Underlying the apparent causes to use narcotics, there is usually a serious emotional disturbance. This helps to explain why not all physicians resort to narcotics. Those who do so frequently display personality defects and often find success as difficult to accept as failure. In fact, even the fatigue and insomnia experienced by these individuals may be symptoms of the underlying emotional disorder rather than the result of overwork.

The Pattern of Addiction

Following the first indiscretion, the continued use of narcotics becomes much easier. The psychological barrier has been breached, and the gratifying results seem to justify the means of obtaining them.* During the early stages the physician-addict even imagines that he feels better than he has for years. He gives little thought to the dangers of addiction or to the criminal aspects of his activity. He is certain that he can stop at will and merely continues because of the temporary unbearable condition.

Eventually, the condition which apparently led to the use of narcotics may disappear. (Turn to page 22.)

*EDITOR'S NOTE: A moral barrier has also been breached. The only moral barrier between nonaddiction and addiction to drugs is never to medicate oneself with an addiction-producing drug. The first *NO* to such self-medication is the easiest and most certain prevention of addiction.



▶ A technician uses a spectrograph. The ash of opium is placed in the cavity of a carbon electrode and exposed to direct electric current.



▶ This microphotometer is used for measuring the intensity of the spectrum lines obtained on photo plates when using the spectrograph.



▶ Testing apparatus includes extractors for liquids which are used to measure the alkaloidal content of opium.



Dina Merrill: offbeat "cold-soup" tastes.

In a day of the "beat generation,"
Hollywood turns to the "Hearties."

Consulting ★ the Stars



by Duane Valentry



Ozzie and Ricky Nelson:
a specific stand.



Edd Byrnes: "Kookie" and fruit juices.

TEEN-AGERS all over the country face the vital decision whether to conform to social pressures, or to refuse to conform and say No. Can we, these teen-agers ask, go against such pressures without suffering a loss in popularity or success?

Yes, according to the examples of thousands who are saying No and sticking by their decision. In the forefront of these "Say-Noers" are many young stars in the entertainment world whose doings are regularly and fully written up in fan magazines read by millions of teen-agers.

These young stars deliberately turn their backs on what has long been thought of as typical Hollywood glamour. They aren't seen in the night clubs or at the big parties where a few well-knowns outdo one another in getting stupefied.

The favorite drinks of these young stars like Edd Byrnes, better known as "Kookie" to his admiring teen-agers who adopt his "Kookie" hep talk, are fruit juices and soft drinks. Edd doesn't care for liquor and does not smoke.

Ricky Nelson belongs to the group of talented young stars who take a specific stand against drinking. So do Pat Boone, Tommy Sands, and others. Even Elvis Presley, despite the "wild" publicity, never drinks anything stronger than coffee.

These stars get quantities of mail from fans who are twelve years old and up, asking for all kinds of advice.

Edd, for one, (Turn to page 26.)

Chicago's Pilot Project

Francis A. Soper



CHICAGO is a big city with big problems, not the least of which is its problem of alcoholics. It has some 185,000, a tragic total of people who in themselves could more than replace the inhabitants of the whole State of Nevada and half those of the State of Vermont.

But this is only part of the specter, since for every alcoholic there are on the average at least four other persons, of his family or work associates, who are directly affected by his plight. On this basis, drinking problems cast a shadow over the lives of some 700,000 people in Chicago, or one out of every five persons in the city.

In 1955, Mayor Richard J. Daley asked that a survey of conditions in the city be made, particularly along Madison Avenue, long known as the hub of Chicago's infamous skid row. Out of this study came startling facts as to the extent of alcoholism in Chicago. Even top city officials were amazed.

As a result the mayor appointed a "Commission on Rehabilitation of Persons" in order to look more specifically into the problem and recommend what to do and where to begin. From this grew the request to establish a special center to treat alcoholics on an inpatient basis.

In looking around for a location, it was found that the contagious-diseases hospital had space available, since it was not using all the facilities originally built in 1915 when contagious diseases were a major threat, but which

at the present time have been greatly reduced by antibiotics and other medicines. Two entire floors of building No. 3 were vacant. It was estimated that \$120,000 would remodel these quarters and provide operating expenses for the first year.

January of 1957 saw work begin, and on May 10 the Chicago Alcoholic Treatment Center was dedicated. Three days later patients were admitted to this "pilot project," the first such municipally supported institution in the United States. On January 17 of this year city officials dedicated a new addition to the Center, doubling its bed capacity from 36 to 72.

During the first year of operation the average cost per patient was \$327. In 1959, due to greater efficiencies in procedures, this average was only \$160.

Directing the Center since its beginning is Arthur J. Ward, former co-ordinator of municipal programs for the mayor's office, and originator years ago of the commission for a cleaner Chicago. He himself quit drinking fourteen years ago, and he knows the struggle a man goes through to shake the habit once it becomes fixed. His is the most interesting job in the world, he says, and the most rewarding. He is not so much interested in the legal aspects and formalities of his work; he receives an emotional surge in seeing the success of his former patients. Director Ward is a man deeply touched with the



Above: "Dr. Joe," medical director, checks a patient's weekly progress with the nurse in charge. Left: Arthur J. Ward, executive director, and his assistant, Phyllis K. Snyder, discuss future plans. Right: Officials inspect some of the new equipment at the Center. (Left to right) Mayor Richard J. Daley; Judge Hyman Feldman of the famous Monroe Street "Skid Row" Court; Arthur J. Ward, director of the Center, and Commission Chairman G. Murray Campbell, who is vice-president of the Baltimore and Ohio Railroad.



Though modest in its beginnings, this municipal treatment center shows that a big city can, after all, have a heart.

human need of the people with whom he deals. He is a hard worker, devoting all hours of the day or night, if need be, to his task.

Assisting Ward is a fiery but efficient little redhead, Phyllis Snyder, whose grandfather and grandmother were both doctors, and her father the famous Chicago surgeon Dr. Philo F. Snyder. Her dedication to rehabilitating alcoholics stems from her days as a Navy flight nurse during World War II, when she handled psychopathic patients, many of whom were alcoholics. For fourteen years she served in the Washingtonian Hospital in Chicago. This hospital is the former home of General U. S. Grant, himself a man with drinking problems, who deeded it over to the city with the proviso that it be used as a hospital for alcoholics. It is now privately operated.

Nurse Snyder, however, desired a position in which she could spend her entire time for alcoholics. She knows more about such persons than perhaps anyone else in the city of Chicago, having treated more than 15,000 of them.

When the Center first opened, she applied for a job as a nurse and was hired as secretary, soon becoming administrative assistant. She has been called affectionately, "the Florence Nightingale of the alcoholic."

Patients at the Center have been referred there from all sources, including courts, physicians, friends. Patients are also admitted who come entirely on their own, and many come that way. Some are attracted by the sign in front of the institution. Others respond because of publicity given the Center in the newspapers, on radio, and over TV. An increasing number are being encouraged to come by former patients.

All patients are given a careful intake interview and

are screened on the basis as to whether the Center would be of help to them in their individual cases. A further interview is given each one by the physician to determine his medical needs; then he is put to bed. If medical attention is needed other than treatment for alcoholism, the patient is sent where this can be done. If, for example, he is a heart patient, he is sent to the heart clinic. When he returns, he then is examined again, and given whatever treatment is deemed necessary.

If the patient is assigned to a therapist, this therapy is conducted both on an individual basis and on a group basis, the group work being done semiweekly. The therapy includes a varied approach such as A.A., religious work assigned chaplains, recreational advantages, and certain educational efforts.

During the first week the patient goes through a careful orientation procedure. Ward meetings are held three times a week. The average length of stay is four and a half to five weeks. In addition, there are family group meetings to which members of the patients' families are invited for help as to what they can contribute to the restoration of the patient.

The Center provides vocational counseling and considerable help to get employment for the person involved. It also provides occupational therapy and recreational therapy. Herman Roy is in charge of the latter two aspects. He was for thirty-eight years connected with high schools in Chicago, teaching physical education.

The purpose of this Center is to rehabilitate the patient, not merely dry him out. Each alcoholic is made to feel his personal responsibility, not only for his own benefit, but as a part of the hospital (Turn to page 30.)



Dick...

Second in "Listen's" series of case studies to show how drinking affects the central nervous system.

asking for the worst

Laurence A. Senseman, M.D., D.N.B.

Medical Director

Fuller Memorial Sanitarium

THE sudden squeaking of the brakes, the noise of the skidding of the car, and then the sudden crash of the impact as metal and glass fell to the roadside—these sounds came drifting through the window in the early hours of the morning, then all was quiet. Seconds later came the cry of human suffering, and the whine and scream of the ambulance and police cruiser.

The newspaper recorded that two were injured, and showed a picture of the tangled wreck. The hospital records list two who were hospitalized. One was a woman, seriously injured, with multiple fractures of the lower extremities and severe lacerations about the face and extremities from the broken windshield. Her male companion, Dick, the driver of the car, with lesser injuries, was put under police surveillance for reckless driving and operating a car under the influence of alcohol so as to endanger others. For some time he was in an unconscious condition, which was thought to be because of alcohol; so little was done for him.

Some hours later, a neurologist was called in to examine the patient. While the odor of alcohol was still on his breath, it was noted that his right pupil was larger than his left and did not react to light. There was a slight stiffness of his neck, his blood pressure had dropped, and he seemed to be in a semicomatose condition and could not be roused. Then the anxiety heightened over his critical condition. Was there something wrong? Had there been more damage than was at first suspected? The neurologist had written on the consultation, "Brain damage, right subdural hematoma; advice, neurosurgical consultation and treatment."

Later, on the following evening, a neurosurgeon made an exploratory operation and opened the right side of the skull, finding a large subdural hematoma (collection of blood under the covering of the brain) with some bleeding from the large vessel in the dura (covering of the brain). The large subdural collection of blood was evacuated, and a drain was left in place. The patient was given only a fifty-fifty chance to live.

Meanwhile, his female companion, suffering from a hang-over and remorse, was concerned about her husband and children whom she had neglected, found her leg up

in traction, and was facing surgery for the compound fracture of her lower extremity.

What went wrong in this not-unusual problem? It is well known that a subdural hematoma may occur following injuries to the head. This man had been drinking, and so at first that was thought to be the real problem—alcoholism. As a result the dangerous situation in this man's skull had not been diagnosed promptly. Valuable time had been lost.

Some doctors say that a person is more susceptible to such injuries if he is a chronic drinker and that the chances of survival are much less in the person who drinks than in the person who is not a drinker. The reason for this is that bleeding is more abundant and persistent in the chronic alcoholic than in the nondrinker when both have suffered from cerebral contusion and traumatic intracerebral hemorrhages after traffic accidents or falls. The bleeding, thus initiated, continues in the alcoholic because the coagulation time is prolonged, and fatal hemorrhage may occur after a relatively minor injury.

It is not unusual for a man who is thought to be intoxicated to spend the night in jail and the next morning be found in coma, then be transferred to a hospital for treatment. Even a relatively small, slight injury to the head can produce the hemorrhage which can result in unconsciousness, as intoxication actually accentuates and prolongs cerebral concussion, and alcohol may be expected to reinforce the effect of shock on the individual nerve cells.

Both the injury and the alcohol ingestion can result in congestion of the small blood vessels, leading to small hemorrhages within the brain substance. There can be little question that the hemorrhagic tendency of alcoholics makes the outcome of any head injury serious, and much more dangerous if surgical intervention is required.

Therefore, it is safe to conclude that driving and alcohol are certainly incompatible, and that an injury to the brain is made much worse due to the effects of alcohol on the brain tissue. In other words, Dick asked for the worst when he did his drinking!

is alcohol a medicine?

ALCOHOL is the most important drug in alcoholic beverages. Some beers brewed with a considerable amount of hops, contain a drug called lupulin, which has a sedative action. Some poorly made spirits or whiskies, brandies, wines, gins, or liqueurs have amounts of other substances sufficient to intoxicate, especially if a considerable amount of the beverage is consumed.

At one time an alcoholic beverage, such as beer (3 to 8 per cent alcohol), wine (5 to 14 per cent), fortified wines (15 to 22 per cent), or spirits, brandy, gin, or whisky (30 to 50 per cent), was the only sleep-producing and pain-killing medicine available in Western civilization. In Oriental civilization opium and hashish (marijuana) were the drugs used for similar purposes.

Prior to A.D. 1900 alcoholic beverages were used widely as medicines by the medical profession to produce sedation and sleep and to allay pain. For example, spirits or whisky, or *spiritus frumenti*, was in the official British and American pharmacopoeias. At that time, however, the bromides were available for sedation. Salicylates and aspirin were available for mild pain. Morphine or codeine was used for severe pain, and allayed the pain without making the patient hilarious and creating a false sense of physical fitness. Furthermore, by 1900 ether and chloroform had replaced alcohol as an anesthetic in surgical operations.

Spiritus vini vitis (brandy) and *vinum* (wine) are not in the *United States Pharmacopoeia* XII, 1942, and XV, 1955. *Spiritus frumenti* (whisky) is not in the *United States Pharmacopoeia* XIV, 1950, or in XV, 1955.¹ Neither brandy nor whisky nor wine is in the *British Pharmacopoeia* in 1948 or 1958.²

By 1917 drugs therapeutically superior to alcohol and alcoholic beverages had been produced. Accordingly, the House of Delegates of the American Medical Association passed the following resolution:

"Whereas, it is the unanimous opinion of the Council on Health and Public Instruction of the A.M.A. that alcohol has no drug value, either as a stimulant, as a tonic, or as a therapeutic agent, and that it has no food value; and Whereas, its use as a beverage or as a therapeutic agent is detrimental rather than beneficial to the individual, therefore, *Be It Resolved* that the House of Delegates of the A.M.A. declares it is opposed to the use of alcohol by individuals either as a medicine or as a beverage; and be it further *Resolved*, that its use in medicine is permissible only in the preparation and preservation of pharmaceutical products."³

In 1949 Dr. P. Perrin, of the French Academy of Medicine, wrote an article in which he said: "The belief that alcohol is an indispensable food, that it is necessary for work, and that it is essential for entertainment are prejudices which must be eradicated through education; they are dangerous stupidities."⁴



Andrew C. Ivy

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In 1952 the therapeutic use of alcoholic beverages was discussed by Dr. W. G. Sears in a London, England, medical magazine. It was stated that alcohol has "no therapeutic attributes which cannot be more economically supplied by other agents, and it is not essential to medical practice."⁵

More recently in a pamphlet published and distributed by the British Health Ministry it was stated: "Don't delude yourself that beer does you good, because it does not."⁶

At one time it was thought that alcoholic beverages might be useful in treating spastic disease of the arteries supplying the arms and legs. Much research was done to ascertain the truth. It was concluded in 1950 that "alcohol in any form is not recommended in angiospastic disease."⁷

In an article on "The Treatment of Peripheral Arteriosclerosis," published in "Modern Concepts of Cardiovascular Disease," it was stated: "Alcoholic beverages should not be prescribed for a patient not already using them, for they are of doubtful benefit and may lead to addiction."⁸

It has been widely believed that alcohol has a beneficial influence on the heart in angina pectoris (heart pain), or coronary artery disease (disease of the arteries which supply the heart

(Turn to page 29.)

I've been to Nembutal!



Roqua
Wassam

I HADN'T REALLY slept for eight months, not since my baby, little Chris, had died of pneumonia. After the baby died, big Chris put in for a transfer to Alaska. We had been there four months; but still I couldn't sleep. I had never gone to doctors much, but I knew I was going to die if I didn't sleep.

Then I found out that in Alaska no one needs a doctor's prescription for sleeping pills.

I remember the day I bought my first pills. It had been torture for me, getting my housework done. I put on my raincoat and boots and cried limply when my hands were too heavy and fumbling to tie my plastic scarf under my chin. I gave up, stuffed it in my pocket, and went out bareheaded into the rain. I went directly to the drugstore across the street from the restaurant where Chris and I always met for a snack.

I leaned heavily on the counter. "I want, I want—" what was the name of those little yellow capsules? I couldn't remember—"sleeping pills," I said.

It was clearly routine to the man behind the counter. "Nembutal?" he asked. "How many? And how many grains?"

"Two capsules," I replied. "Grain and a half, I guess. Or maybe two capsules wouldn't be enough. Maybe I'd better—"

Are self-administered sleeping pills safe?

"Six for a quarter," the bored clerk said.

I handed him a quarter in exchange for a small box. Here in my hand was sleep for six days. I dropped the little box in my purse happily.

Before I slipped into bed that night, I took one of the capsules, uncertainly holding it in my mouth a moment before I washed it down with a glass of water. If Chris had only come in then and seen me, or if I'd followed my last quick impulse to tell him about it—but he didn't, and I didn't. That was the beginning.

I slept that night, and woke up feeling like me. I had a cold, but that didn't matter. I had slept!

For six days I took the Nembutal, and slept each night. Then I got some more, and some more. Each time the little box was empty I was going to stop taking them. Then I thought I would wait till Chris went to work in the daytime. By then, however, I was taking two at night because one wouldn't put me to sleep any longer. Eight months after I started taking sleeping pills, I was taking two capsules a day; and then three; then six of the grain and a half, all I could buy at one time.

By now, you see, it was the sleeping pills themselves that kept me from sleeping naturally. I had come to rely on being knocked out. That's what they do—knock you out. Your eyes don't focus, your head swims, the bed rolls slowly, and gray, unreal thickness wreathes around you like octopus arms.

I tried to stop—a couple of dozen times. Five or six times I lay doggedly waiting for sleep that never came, only to toss wakefully all night. But more times, after Chris was asleep, I would hurriedly wash down two or three. When you take that many, you don't wake up feeling like a million. You wake up dull and drugged, still wreathed in the tentacles of that leaden unreality. Your hands and feet don't work right, and neither does your head.

Chris began worrying about me then. "You're not the same girl, Carla," he told me. "I don't know—you're so sort of dopey all the time. You would feel better back in Oklahoma. Don't you think you would?"

"Yes, Chris," I agreed absently. I began to wonder what I would do without sleeping pills. (Turn to page 26.)

DREAMING up a long trip? Money a problem? Then skip the motels and the public eating places, pile on your camping gear, and spend your nights in our state or national parks. If you can buy the gas, or show a credit card, you have it made. What's more, a memorable adventure is in store for you.

In camping, experience isn't necessary. Take our family, for example. About all we had done previously was to go picnicking, and our boys had camped out in our back yard. But we read a book on camping, and my husband sent for free literature on all the state and national parks along the route we planned to travel.

Our trip from the Southwest included visiting relatives in Washington, D.C. "It will be so educational for David and

Indiana, a family from Canada. We exchanged hints on camping, discussed our home towns, our churches, and our trips. *Camping wasn't a lonely experience at all.*

We even got a bang out of making camp each evening and breaking camp each day. That is, after the first night, we did. That night doesn't count, because we broke all the rules. Our rules: in camp by 5:30, take it easy, be a good sport, have fun, look around you. But we arrived at 6:30. Our gasoline stove was temperamental, and our gasoline lantern refused to light up. "One night our lantern works—the next, it does not," commented our neighbors. It took us three hours to set up camp, cook, eat, clean up, and shower. All of us had worked too hard at everything. "It's just like I thought it would be.



TAKE TO THE OPEN ROAD

by Thelma Turner Tidwell

Truett [our two pre-teeners]," explained Duncan, my husband, in order to justify the trip. Our vacation money had gone into remodeling our house.

I'll confess I wasn't the least bit enthusiastic over the idea, and frankly said so. "When I'm going to visit someone or going across the United States, I like to travel first-class," I said.

My one opposing vote went where all lost votes go. Even Duncan's mother and dad were delighted when we asked them if they felt up to such a venture. They declared they had always dreamed of going camping. So I vowed I was going to have fun even if it half killed me.

I did have fun. We all had the time of our lives. I'll tell you why. First, the parks furnish all the needed conveniences for the campers, and are in locations as beautiful as an artist's dream. They measured up to all Duncan's promises concerning them, and more. There were shelters with hot showers and laundry rooms, campsites on the bed of fragrant green forests, with concrete tables and water hydrants close by. There were even swimming pools at most of them.

We met the nicest people. Really, I think this was one of the most pleasant experiences of all. Folks just like you were among the campers—a college professor from Illinois, an attorney and family from Florida, a minister and his wife from Texas, honeymooners from

All that lifting will get Duncan down," I thought regretfully, as I stretched out on our station-wagon mattress.

I shivered as I thought of the three nights ahead of us and as many on the way back home. "Camping is for the birds," I informed Duncan, as I caught the lyrical notes of a night bird's song.

"We had to learn how. We'll take it easy from now on," he promised sleepily. And we did.

We felt great. I'm usually completely spent after a day's drive, but each morning I awoke with the feeling I could make a thousand miles. Sleeping out in God's fresh air was a rejuvenating tonic. I didn't feel any ill effects even from sleeping on a deflated mattress one night. I was lying watching the campfires go to sleep on our second night out, feeling dreamily poetic, when "Whoosh!" and my bones pressed the bed of our station wagon.

"Duncan, all the air has leaked out of my mattress," I confided in a hoarse whisper.

"Sorry," he mumbled from his subconscious mind.

We talk a lot about family togetherness these days. Camping furnishes the perfect setting for growing close to one another in shared experiences. Everything was funny. We laughed over soggy fried toast and eggs scrambled in half-burned fat. We laughed with and at one another when we bungled our

(Turn to page 28.)



the navy develops its



MORALE

IN MAY, 1958, the Honorable Thomas S. Gates, Jr., then Secretary of the Navy and now Secretary of Defense, gave an Armed Forces Day address that touched off the most ambitious and soul-searching cleanup campaign ever promoted within the Armed Services of the United States.

The Navy, he said, like the nation, has been plagued by breakdowns in man power. "The services are a cross section of our country, and we inherit a share of the juvenile delinquency, cynical attitudes, greed, laziness, and even open crime that have eaten into parts of our nation." The Navy cannot be responsible for young men before they enter the service, he pointed out, but in service the Navy "will care very much and worry constantly about its greatest resources—the people."

"Trends of moral decay can be reversed," he said. "Steps toward *moral greatness* can be taken."

What steps, then, have been taken since May, 1958, and what are the results?

At the beginning the active program admitted the existence of the problem. The tragic truth was not easy to face. There was Korea, where 70 per cent of all our military personnel captured by the enemy are said to have collaborated with their communist captors. There were about 92,000 nonjudicial punishments and 48,000 or more courts-martial annually, plus 60,000 other military offenses including insubordination, larceny, dereliction in duty, fighting, drunk and disorderly conduct, and the continuing problems caused by promiscuity, venereal diseases, black-marketing, and drug traffic.

Sparked by a group of Navy chaplains, studies were made of these various problems. The Navy vowed it *could* and *would* do something in the fight for individual improvement. The now famous General Order 21 directed all Naval commands to demonstrate, teach, and enforce the principles of moral leadership laid down in Navy Regulations, the fighting man's code of conduct, and in the United States Constitution. This meant re-emphasizing leadership and moral guidance from the top echelon right on down the line—and on a continuing basis.

At all levels of command men began to think about what they were doing in the Navy, and why. Subjects in organized discussion groups ranged from the difference between man and animal to the Declaration of Independence and what the American way of life means. The code of conduct was spelled out with such questions as: "Are a man's sex habits any of the Navy's business?" The answer is Yes, the Navy is responsible for a man's welfare at all times. Failure to point out right and wrong is a betrayal of trust.

Dangers of promiscuity were discussed and the question asked, "Why do younger men become promiscuous in uniform?" The "old hands" were warned that young men must be accepted by the group and encouraged to uphold their home training.

Drinking, which had been erroneously

(Turn to page 25.)

The Honorable William B. Franke, Secretary of the Navy, says of the Navy's Moral Leadership program:

"In an era of tension, technical advancements, and complicated weapons systems, the Navy man is faced with greater responsibilities than ever before. Not only must he safeguard the lives of his shipmates by performing his duties faithfully and efficiently, but he must conduct himself proudly and



properly as an ambassador for the United States while in foreign ports.

"Our officers at every command level are constantly working toward the highest possible goals in leadership and moral guidance. Efforts to improve morale and efficiency by using a carefully worked out, co-ordinated plan have paid handsome dividends. Trained leadership teams spotted at various Naval installations report encouraging results. Letters from commanding officers along with decreased trouble percentages indicate the success we are having with the program.

"Because of such efforts, we can proudly say that we have the greatest Navy in the history of our country."

most potent weapon:

GREATNESS



by Eloise Engle

HENRY M. KALSTAD, former commander of a P2V Patrol Squadron in Japan, gives "Listen" interviewer an illustration of how the program works:

Twenty-one young men fresh out of boot camp reported to the P2V Patrol Squadron. Only six of these men had completed high school; many were from broken homes.

With their poor schooling and little parental training for them to fall back on, we knew the squadron was in many ways the first home they had ever had.

To develop a first-rate squadron was the final goal, but before we could do that, the young sailors had to make some big decisions. Did they want the best squadron in the Navy or the worst? Were they just going to put in their time before returning to civilian life, or were they going to make the most of their opportunities and do the best job they could?

Chief petty officers are the backbone of the Navy. Our leading chief was Howard Quisterf, A.O.C., who supplied many of his own ideas along with enthusiasm and personal contact with the sailors. Our chaplain, Commander Warren Bost, flew with the men all over the Pacific, and they loved him. There was Commander A. W. LaMarre who actually started the program, and the executive officer when I took over was Commander W. G. Foster. With these men 100 per cent behind the plan, we managed to chalk up a record the whole squadron could be proud of.

How did this come about?

For one thing, there was personal example. Every Sunday the commander, the executive officer, and the chief attended church together. Personal contact with the wives and families left behind in the States was kept through letters and bulletins. Discussion groups met regularly to talk over subjects listed in the Character Guidance Program. There were little ludicrous things like the "Duty Rock," which was simply a kind of inanimate mascot with a sign tacked on. There were also parties and trips designed to keep morale high.

We found that when a sailor had a day or two off, he couldn't go very far from the base or do anything worth while. But by juggling our work schedules around, we managed to work with eleven instead of twelve crews. This left one crew a week off to sight-see and learn about the country. The sailors saved their money to shop in Hong Kong instead of squandering it in local bars and getting into trouble. When they came back to work, they were kept busy, but they didn't mind because of the long leave they had just had.

A project of which the squadron could be justly proud was the adoption of an orphanage in Hiroshima, where many atom-bomb victims were still being cared for. The squadron donated \$1,000 of its own money for the repair of buildings and equipment. Their contributions completely outfitted each child with suitable clothing.

What about liberty? Did the sailors resent having to live up to such high goals even when they were out having fun?

Absolutely not. On our program of giving men a week's liberty at a time, not one showed up late for duty. The squadron attained an aircraft operational record of 79.8 per cent, the highest of any squadron on record under Fleet Air Wing Six. We were graded "outstanding," and given a letter of commendation. Our disciplinary problems were reduced almost to zero. During a period of seven months, including a five-and-a-half-month deployment to Japan and the Orient, only two disciplinary cases developed. These two cases stemmed from circumstances involving drinking. Other than the cases involving alcohol, the squadron would have had a perfect record.

We feel so strongly about drinking that alcohol is forbidden for twelve hours before flights. However, the men have a twenty-four hour stand-by status, with continued abstinence. This gives them thirty-six hours, which is little enough time to leave alcohol alone before flying.



Commander Henry M. Kalstad tells how the Moral Leadership Program helped his P2V patrol squadron attain operational and disciplinary excellence.

THE NAVY MORAL LEADERSHIP PROGRAM IN PRACTICE

"we'll do even better"

Here shown talking to Eloise Engle for "Listen" is Vice-Admiral William R. Smedberg III, Chief of Naval Personnel and Deputy Chief of Naval Operations (Personnel and Naval Reserve), Navy Department. This distinguished Naval officer has had a long career of outstanding service to his country. From 1956-58 he was superintendent of the United States Naval Academy at Annapolis. For meritorious service during World War II, he was awarded the Legion of Merit; Gold Stars in Lieu of the Second, Third, and Fourth Legions of Merit; the Silver Star; the Bronze Star; and a Letter of Commendation with Ribbon, in addition to many other awards. The Order of the British Empire has also been conferred upon him by Great Britain.



LISTEN interviews Vice-Admiral Smedberg on the Navy's Moral Leadership program.

ADMIRAL SMEDBERG, is it true that you have called the Navy's present Moral Leadership program "the greatest thing" it has ever undertaken?

Yes, and I meant it, too. Of course, the Navy has always maintained the same principles in its Regulations and in its teachings at the Naval Academy at Annapolis. The program is not new in that sense, but we now have a definite system for invigorating it. There is, for instance, more command attention. Commanding officers now realize that moral guidance, by teaching and by personal example, is not just the responsibility of the chaplains.

Why do you think this tremendous effort on the Navy's part is so necessary and important at this time?

For one thing, the Navy is taking over much of the training that young men used to get at home and school. When I had command of the battleship "Iowa" during the Korean War, I sometimes felt as though I were headmaster of a boys' boarding school.

Why do you say that?

Between half and three quarters of our men are under twenty-one years of age. Many are from minority groups with incomplete high-school educations or, at best, fresh out of high school. We're all the home they have, and it is up to us to furnish proper moral tone and guidance, so they will be proud of themselves and their ships. Wherever they go, they will be good ambassadors for the United States.

How many Navy people are you responsible for now?

I have 619,000 individuals in the Navy, plus another 500,000 dependents. As I said, most of them are young and impressionable, and as officers, we have the responsibility to teach all the time, from the moment we enter the Navy in a junior capacity, right on through our lives. That's why so many retired officers go into teaching in later years.

Do you think civilian organizations could use the principles and experiences you've had in this Moral Leadership program?

The problems are somewhat different in private industry because they don't have the employees as much of the time as we do our officers and men. Our opportunities to help our men improve themselves are great. For example, on a cruise we have them twenty-four hours a day for perhaps six months. In industry employees check out and go home at five or six. But certainly, modifications of our plans could be helpful in many institutions, and we welcome anyone interested to join us.

What about the fact that the United States Navy is the only major navy in the world to forbid alcoholic beverages aboard ship?

In 1916, Secretary of the Navy Josephus Daniels fought that regulation through. There was much opposition at the time. Since then, however, I would say there is not one officer in the Navy who would change that regulation. I personally am 100 per cent for the nonalcohol regulation.

When I was in command of the NATO Striking Fleet in the Atlantic, there were ships of our allies with us. I don't want to cast disparaging remarks, so I will simply say, I was extremely glad our officers and men did not drink aboard ship. It's best to leave it alone entirely, but especially when on duty.

Do you think the Navy's efforts at character guidance and training of its men have improved the drinking problem, the V.D. rate, and virtually eliminated illegal use of narcotics?

Yes, of course. Letters from commanding officers prove it. Statistics show we're on the right track. Given time and continued enthusiasm, we'll do even better.



LT. ROBERT J. KELLY navy pilot

IT WAS a perfect day for flying. The air was cool and crisp over the field at Anacostia, Maryland, where more than 1,000 reservists study, practice, and train for the business of flying for the U.S. Navy.

Lieutenant Robert J. Kelly, one of 250 AD6 (single-engine carrier-type aircraft) pilots, called in for taxi clearance to take off. He had already been briefed on weather conditions. His check-off list had been completed, not by memory, but systematically as though he had never done it before.

"Take position and hold," came the voice from the tower. Before long he was soaring at the prescribed altitude via the north corridor. He thought about the heavy traffic below on the North Capitol Street Bridge as he kept a watchful eye out for other aircraft in the sky around him. Adjusting radio gear for navigation, he headed for the rendezvous previously set by the squadron. The flight leader was already there, circling in a one-mile diameter at eight thousand feet. Joining forces with the rest of the squadron, the formation moved to a designated target area at sea.

Lieutenant Kelly thought of the mission he was to fly. It was the practice delivery of a simulated atomic weapon called a "shape." He, qualifying as a special-weapons pilot, would climb to 10,000 feet and perform the "idiot loop" by diving straight down at a speed of 260 knots and pulling out about a hundred feet from the water. Here he would have approximately three seconds to "pickle off," or press the button on the stick that would toss the simulated atomic weapon about a mile, and get away before the deadly explosion occurred. It had to be tossed close to the water in order to avoid radar detection. There would be no margin for error.

"Nerve? Physical condition? Training? Ability to make quick decisions? They all come into play when you're flying," says Lieutenant Kelly. "The S2F squadron to which I'm now attached works in the worst kinds of weather. Our single-engine planes are packed with electronic gear, rockets, and torpedoes. Our purpose is to seek out and destroy enemy submarines, and we fly at about fifty feet above the water."

Bob is not only a "weekend warrior" with the Navy, but is also a third-year medical student at George Washington University. These two pursuits, both springing from childhood ambitions, will probably combine in a career of space medicine, since he can "never give up flying." His charming wife, Lois Jeanne, herself a medical technologist at Children's Hospital, agrees with his enthusiasm for flying and medicine.

Together they've decided how they want to live and work in today's fast pace. They both like the glamour of travel, the excitement and drama of flying and medicine. Bob is an expert skin diver. Since he neither drinks nor smokes, he is never troubled with shortness of breath, foggy reactions, or "morning after" shakes.

Says Lois Jeanne, "We never serve alcoholic drinks at our parties. Our friends know we don't have it around, so they don't expect it at our house. We always have so much fun we never even notice the absence of liquor."

Bob continues, "We have every possible kind of nonalcoholic drink for our guests to choose from. Fruit juices, soda pop, punch—and of course lots of food."

He feels that young people drink because they think it's "smart" or "the thing to do." It has never been a temptation for either him or his wife. "When I was a child I saw some pretty sorry examples of what liquor does to people. I swore I would never want any part of it." What about flying?

"Well, to fly, you have to be in shape. Liquor dulls reactions and weakens the body. Medically, the results are undoubtedly harmful." He shrugs his shoulders. "Why bother with it when you do so much better without it?"



Below: Lois Jeanne and her flyer husband entertain, serving fruit juices, soda pop, punch—and food.



NARCOTICS ADDICTION

(Continued from page 10)

But instead of discontinuing the injections, the physician begins to rationalize the need for "just one more shot;" in the morning it may be contemplation of the full schedule ahead, during the afternoon it may be concern over a difficult medical case, and at night it may be simply insomnia.

If the pattern of addiction is not interrupted at this point, a one-way passage to oblivion is inevitable. The number of injections taken each day increases, the quantity of narcotics in each injection grows larger, moral and spiritual deterioration progresses, and the very need for the drug is intensified because of tolerance and physical and emotional dependence.

Before many weeks pass, the early feeling of well-being is replaced by anxiety, irritability, and a sense of impending danger. The physician becomes pale, eats little, and loses weight.

He becomes careless about his general appearance.

He avoids his family and friends as much as possible, spending most of his time alone in a drugged trance. He ceases to attend medical meetings, fails to keep appointments, and is incapable of treating his patients properly. During lucid moments he is plagued by intense feelings of guilt and repeatedly resolves to stop using narcotics—after just one more shot.

Detection of the physician-addict is frequently made first by a medical colleague. A short "cure" in a private sanatorium usually follows. Returning to his medical practice some weeks later, the physician soon falls prey to the use of narcotics again. By this time a narcotics agent who has been investigating the large number of narcotics prescriptions signed by the physician appears. The physician-addict now faces disgrace for himself and his family, loss of his medical license and his source of income, and probable confinement in a state or Federal institution. Future re-

lapses lead to incarceration in mental hospitals or prisons for long periods of time.

A New Approach

Prevention through education is the most logical method of combating the problem. The curricula of medical schools should be altered to include more adequate instruction about narcotics and addiction in general, with particular emphasis on the dangers of self-treatment with these drugs.

This step should be followed by vigorous antiaddiction campaigns sponsored by every state and county medical society; prevention rather than judgment should be the theme.

In the past, the dismal results of treatment of addicts discouraged physicians to such an extent that many turned their backs to the problem, allowing addiction to become more of a legal affair than a medical problem. As a result, the physician-addict himself is trapped by the legal monster that he helped to create by his own lack of interest. Thus, even at present, he may be forced to accept imprisonment instead of medical care, depending upon the local laws and attitudes. In one state, he may be forced to undergo a short "cure" without subsequent supervision or rehabilitation, while in another state he may be sentenced to a long term of imprisonment.

Nevertheless, physician-addicts are more amenable to proper treatment, if it is available, than lay addicts because the physician-addicts are usually detected earlier, they receive better treatment, they have more at stake, and they can be supervised more closely.

During the past five years a few states (California, Colorado, Minnesota, New York, and North Carolina) have embarked upon enlightened programs designed to treat and rehabilitate physician-addicts. Under these programs the physician-addict is not imprisoned and in some cases is not forced to retire from medical practice completely. Instead, his narcotics license is suspended, he receives psychiatric therapy, he is permitted to participate in some type of closely supervised medical practice, and his progress is evaluated periodically. To date, results indicate that the relapse rate among physician-addicts can be reduced to as low as 10 per cent by these programs—a gratifying fact.

The rest of the medical profession would do well to shed its lethargy and adopt similar programs. A concerted effort would prevent many new physicians from becoming addicted and would salvage most of those who did, thereby contributing materially to the general health of the entire community.

What's Your Score?

Most people consider that the opinion of doctors on questions relating to health is authoritative.

In the following test see how close your opinions come to those of most doctors. You may be surprised to find some areas in which you have disagreed with them.

Read over each of the ten statements. Some of them are false; some are true. If you believe one is true, underline the T that follows it. If you think it is false, underline the F. Here we go!

1. Everyone should decide on the basis of personal whim what is to be his attitude toward social drinking, whether to refuse liquor entirely or use it in moderation. T or F?
2. Alcohol is a depressant, not a stimulant. T or F?
3. The physical and mental lift that a "pick-up" drink gives a man after a tiring day in the office is certainly stimulating in its effect. T or F?
4. Alcoholism may be a sign of a personality disorder. T or F?
5. Young people become intoxicated more easily than older people, and after drinking less. T or F?
6. It is wise to limit yourself strictly to "just one little drink for the road," and not take more than this, before starting to drive home after an evening's entertainment. T or F?
7. Beer is safer than a highball when taken as "one for the road." T or F?
8. Alcohol is a direct cause of stomach ulcers, tuberculosis, and kidney disease. T or F?
9. Alcohol acts on the nervous system the same as chloroform or ether does. T or F?
10. Doctors cannot really believe what they are quoted as saying about liquor, or more of them would be total abstainers. T or F?

Turn to page 32, and see how closely you agree.

a doctor's quiz



Frank Howard
Richardson, M.D.,
F.A.C.P., F.A.A.P.

Cold- Water Army

Maggie Culver Fry



An old print of Dr. Samuel Austin Worcester and his wife, Ermina Nash.

We will not fight with sword or guns,
Nor kill one son or daughter,
Our weapons shall be pleasant words,
And cool, refreshing water.

CHORUS:

Come and join us, one and all,
Hear our invitation,
Come and fight King Alcohol,
Drive him from the nation.
Tune: "Yankee Doodle."

How the Cherokee youth made the woodland ring with that song! Here was the Cold-Water Army in action. Since 1836, they had met each Fourth of July beside a crystal-water creek.

Moving among them was a tall, big-framed white man in flowing calico robe, the native garb of the Cherokees. For Dr. Samuel Austin Worcester was the heart of the Cold-Water movement. A graduate of Andover Theological Seminary of Massachusetts, he was sent to the Cherokees by the American Board of Commissioners for Foreign Missions, moving with the Indians from Georgia to what is now Oklahoma. Even here, on the fringe of American civilization, he had set up a press and was publishing a newspaper in the Cherokee language. The Indians had given him the name *A-tse-nut-sti*, "The Messenger."

"Because he is wise," they said.

A zealous fire in his deep-set eyes inspired the singers as they joined in singing his original songs, set to old tunes.

On a platform, under a green arbor roof, a young girl, his daughter, sat at the melodeon, or seraphine, her fingers thumping out the militant airs. Prayer followed, simple, impassioned words with a musical background of waters.

Things usually went well, as a result of careful preparation. At the mission at Park Hill, where the Worcesters lived, June was a swiftly moving month, and the house assumed the atmosphere of a modern vacation Bible school. The

army members were aged sixteen or younger.

Banners were made and painted, new ballads were set to old music, and marching was practiced: "One-two, one-two, one-two." Dr. Worcester loved picking out new tunes on the seraphine.

He was preacher, farmer, editor, translator, and youth leader. From the beginning he had given much time to translating the Bible into Cherokee, a rapid way for the native to learn the Book.

On July 3 excitement was everywhere. Tomorrow would be the big day! Out in the clean-swept back yard, in a big iron kettle, spicy doughnuts bobbed around in the hissing grease.

Layer cakes with jelly, apple and mince pies—these were part of the feast. And from the tall apple tree in the yard, big globes of fragrant yellow fruit went into a barrel until it was filled, a special treat for the boys and girls, both red and white.

Families rose early on the Fourth. Before neighbors were astir, the Worcesters were creeping along behind old Pete and Broad in the cool darkness. Somewhere along the road, much later, a fast-stepping mule team of four would pass them, drawing the finest wagon in the country, filled with thirty or forty girls and boys, bound for meeting.

Everybody brought food, such goodies as they had only on special holidays, and plenty of homemade bread and much Cherokee bean cornbread.

The seraphine was placed on the platform, and when the time came to sing one of the Worcester girls took her place at it. The audience loved to choose their favorite songs, along with the latest compositions of Dr. Worcester.

Special solos, choruses, pieces played on the violin, readings, and temperance

speeches were all slanted to the effects of alcohol. Dr. Elzer Butler gave lectures on the harm of intoxicating drinks to the stomach, using large illustrated charts of the human anatomy. Colonel Gustavus Loomis, commander of the post of Fort Gibson, sent his band to add color.

By 1844 the Cold-Water Army exceeded two thousand.

The capital of the Cherokee Nation was Tahlequah, not far from Park Hill, where the mission was situated. Each year, when the National Cherokee Council convened, the Army rallied in great numbers, marching around the square singing the Worcester battle cry.

At the head of the line a twenty-foot streamer read "Cold-Water Army" in large, bold letters. Behind the streamer bearers, great numbers of boys and girls carried banners of pink and white.

The Cold-Water Army had its beginning in a big shed in the center of what is now Capitol Square, at Tahlequah.

The temperance pledge was: "We hereby solemnly pledge ourselves, that we will never use, nor buy, nor sell, nor give, nor receive as a drink, any whisky, brandy, rum, gin, wine, fermented cider, strong beer, or any kind of intoxicating liquors."

On the Fourth of July, 1860, the Cold-Water Army met for the last time, one hundred years ago. Dr. Worcester had died the year before. The Civil War loomed, soon to put an end to all such activities.

The founder of this movement won high praise both while he lived and to this day. Not far from Tahlequah, in a little wire-fenced cemetery, amid native scrubby trees and tall grasses, lies Dr. Samuel Austin Worcester. This is Park Hill, where the Cold-Water Army was cradled, and where it lived to be a youth of twenty-four years.

WORLD VIEW



Menace to the Military

J. Mortimer Sheppard

The problems faced by American servicemen overseas when they drink are not limited to one nation alone, but are indicative of the potential results wherever alcohol is found.

The provost marshal of an American air base in Spain said to me, "Our crime rate is not abnormal by any means, and most of our boys are well behaved when off duty and 'on the town.' But this I can say without hesitation: almost 98 per cent of the troubles that American servicemen fall into, in Spain—and I understand this applies to our bases in France and Germany as well—can be attributed to indulgence in alcoholic beverages."

The author does not mean to infer that the typical American serviceman abroad is badly behaved or in any sense an alcoholic. By and large, these men are a credit to their country, but with 500,000 of them in other lands, some are unreliable, if not downright undesirable, including the imbibers of alcoholic drinks, those who lack the will power and self-control to abstain from any drug or drink that causes them to lose their self-respect and their mental equilibrium. Court-martial records are replete with cases involving every conceivable crime, and in a vast majority of these the crime would not have been committed if the offender had been sober.

At Ramstein/Landstuhl, Germany, the provost marshal has conducted a vigorous campaign to reduce "incidents" involving servicemen from the United States, and numerous bars and public houses have been placed off limits to all military personnel. Not long ago the German city of Kaiserslautern, near these bases, was known as a notorious "sin city," where the rate of major and minor crime was unusually high. But increased patrols, off-limit regulations, and strict controls have brought the rate down nearly 80 per cent on drunk and disorderly offenses.

Two teen-age American soldiers were sentenced to hard labor at Frankfurt in Germany because they attempted to steal twenty pfennigs (five cents) from

a German victim. The boys were recent arrivals in Germany, had consumed considerable of the high-alcohol-content German beer, and simply did not know what they were doing. This is not an unusual incident by our troops in Europe, but a lesser one among far more serious crimes, including murder and rape, that can be attributed directly to alcohol.

In France, American servicemen are subject to French law. The increase of highway accidents has brought about much stiffer fines and sentences than formerly, the most serious punishment being for drunk driving. Anyone convicted of this offense faces a sentence of from one month to one year in jail, and a fine ranging from \$119, to \$1,190.

Traffic authorities in Europe say that *when sober*, the Americans are better, more careful, and far more considerate drivers than their European counterparts. But when intoxicated, Americans seem to be far more dangerous on the highways than German, French, or Spanish drivers, who usually have

enough sense to slow down when they have been drinking.

In Spain, perhaps more than elsewhere in Europe, American servicemen have passed bad checks in bars, hotels, stores, and night clubs. Commanding officers have deplored this trend, and though they may deny it publicly, they have posted warnings about it in military papers and on their bulletin boards. As usual, the guilty soldier or airman is often slightly inebriated when he issues a worthless check or writes one using a fictitious name.

Drugs, too, have been a sore spot with the American Air Force in Spain. Benzadrine and dexedrine are the chief offenders, and these are actually prescribed under certain conditions to offset drowsiness for a short period of time. When given under medical direction, these drugs are regarded by Army and Air Force medical men as useful; but all too many servicemen, particularly those in the Air Force, have resorted to indiscriminate use of these drugs. These are often used on morn-



This young soldier from a NATO base spent his off-duty hours in a waterfront dive at Marseille, imbibing freely of potent French wine.

TEEN-AGE Curators

Wally E. Schulz



Bobby Hutchingson, thirteen, and his brother Johnny, ten, of Fontana, Wisconsin, spend their summer vacation months supervising a museum of historical objects which their father has collected during the past twenty-five years.

Left: Johnny and Bobby, dressed in authentic Indian dress, display some Indian relics. At left, Johnny holds up an Indian doll from the Custer Battlefield and an Indian dress decorated with snuffbox covers that are silver in color. At right, Bobby is dressed in a Chippewa Indian headdress from Red Lake, Minnesota. The Indian jacket he is wearing is made from moose hide, and the drum was made by a Pueblo Indian.

Center: This huge chest made its way to Illinois by way of a covered wagon train from Philadelphia. The vest at the left was made by the Wooland Indian tribe, and the moccasins were made by the Sioux Indian tribe. At the right Bob looks over moccasins made of sealskin from British Columbia.

Right: Johnny displays an unusual gun used to signal the opening of gold fields and the start of horse races and other contests in the old days. Over his left wrist is a pair of handcuffs worn by prisoners. Bob examines the "cane gun," made and used like a cane, but also comprising a single-shot gun—often used in holdups to take the victim by surprise.

ings after too many alcoholic drinks have been consumed the previous night. Indirectly, alcohol is again the offender, and can lead to more serious addiction.

At Chaumont, France, a colonel claimed that the shortage of girl friends for American troops was largely to blame for far more drinking than normal. At this somewhat isolated base unmarried pilots have little opportunity to date girls of good families. When off duty and with time on their hands, many of these pilots gravitate to village bars to pass the time away. This means a letdown in their excellent behavior.

The pilots have irregular hours, and there is always a tenseness in the area, with flying rated at ten times as hazardous as it is in the States. And since their social life is so greatly restricted, these young fellows gather at the officers' club or a public bar to pass the time. Frequently this leads to drinking, which affects the morals of the pilots and increases the hazard of their flying, if they go up on the day after a night at the bar.

Some young draftees sent to Europe had never tasted alcohol in any form before their induction, and were introduced to it by older soldiers. These youth are trying to be one of the crowd, act grown up, and be what is erroneously termed a "good fellow." They fail to realize that alcohol, especially to the newly initiated, can and often does lead to acts that may ruin a man's career and bring disgrace on himself and the country he represents.

MORAL GREATNESS

(Continued from page 18)

thought of and talked about as "manly" and "salty," was exposed for what it is—the cause of many men losing their sense of moral responsibility and shame. "No one can honestly be proud of an act which requires alcohol to overcome the shame of its commission." Drunkenness is not an excuse for misconduct. There is no double standard on that score. Dangers of alcoholism, effects on health, money wasted, and dangers of injuries and getting "rolled" were pointed out by the "old hands." For shipmates, drinking can cause injury due to negligence, and endanger the ship in an emergency.

The United States Navy is proud of the fact that it is the only major Navy in the world expressly forbidding the use of alcoholic drinks aboard its combat ships. Because of this regulation, the Navy is stronger, more able to meet emergencies; it is healthier and happier.

Dangers of cheap drugs obtained in Far Eastern ports are continually stressed. Navy Regulations specifically forbid the use of narcotics except when dispensed by medical officers for medicinal purposes. It is the responsibility of the officers to warn and educate their men on the deadly perils of dope.

Rules for self-improvement while on liberty are re-emphasized. Each man is encouraged to help his shipmates follow these rules. Decency, honesty, so-

briety, friendliness, and the avoidance of involvement with bad local elements are the cornerstones of the behavior-on-liberty code.

Many skeptics wondered if such an idealistic program would work, until letters began pouring in from the "field." For example:

"Think of this. If the men from the U.S.S. 'Saratoga' misbehave ashore so that out of every 1,000 liberties [shore leave] more than one goes 'on report,' then the 'Saratoga' has to do some explaining to 'Sixth Fleet himself.' That is an unheard-of standard to be maintained. And is it lived up to? Last year the 'Sara' was in Cannes for ten days. She had 11,000 liberties. Out of that, exactly two went 'on report.' . . . How has it been accomplished? . . . Admiral Anderson, commanding the Sixth Fleet, put it this way: 'We work at it. We work hard at it.' . . . If anyone ever had any doubt about the future of the [Navy Moral Leadership] program, he should have been with me."

Leadership field teams, sponsored by the chief of Naval personnel, are chalking up encouraging scores in their efforts to improve the living habits and leadership qualities of Navy men.

In the words of Secretary Gates, "The process of moral decay is a vicious circle, with each person and each level in society affecting the others. But so is the process of moral revitalization. The Navy has challenged itself and the nation to do better. Here are our first steps; others are welcome to join us."

CONSULTING THE STARS

(Continued from page 11)

hesitates to give advice, since he doesn't like to set himself up as an authority. But he does emphasize the real satisfaction found in sports and a clean life.

"And," says Edd, without trying to hide his disgust, "to my way of thinking there is nothing, absolutely nothing, more repulsive than a girl who gets stoned." Naturally such a girl gets herself crossed out of his book fast.

Edd was one of those on hand at the recent opening night by singer Connie Francis. Connie always says No to alcohol, and says she is happier for it. When she has to go to one of the big parties, she picks herself an escort who also says No, and she can be seen holding for dear life to her lemonade. Dina Merrill, who is often seen on television, does the same, and has no hesitancy at all in stating that her offbeat "cold-soup" tastes don't include drinking.

Does it matter? Is it of the least importance what these young names in the glitter world do or don't do? With liquor's glamour emphasized in widespread advertising especially slanted to young minds, and with its acceptance by large sections of society, many people agree that whatever aids in giving a true picture is of importance to inquiring young people who want *facts*.

Reading that a young star doesn't drink and doesn't mind saying so, yet is popular and highly successful and by any standard glamorous, points up the fact that *despite the publicity and advertising*, not everybody, by any means, considers drinking a necessary part of the good life. When these talented young people join in saying No, it means something, as is proved by letters they receive from admirers who follow their example.

To the urging of drinking companions that they have just one to be really "cool," the informed boy or girl can, and does, say, "I don't need that if Kookie doesn't!"

If they've read that Tommy Sands or Connie Francis has a wonderful time at a party drinking only ginger ale, they aren't impressed by the argument that they won't have any fun without a drink or two. And they are especially convinced when they find this to be true.

The trend is definitely toward the healthier life rather than the kind of living which spelled unhappiness, lost opportunity, and tragedy for young Dina Barrymore, who had everything to live for and nothing to die for.

Indicative of the present wholesome trend are the many health- and sports-

minded stars. One group of young male actors is known as Hollywood's Hearty Young Men. Unlike England's angry young men and the "beat generation," the so-called "Hearties" represent the men who taste and participate in all the best that life has to offer.

"They don't just speculate, they participate," says a studio executive. "They don't just talk, they think. They intellectualize as they exercise."

They attract many glances, especially from the girls, this group of muscular young fellows surfing from Malibu Beach or skiing in the nearby mountains. There is little to indicate their profession except perhaps their collective good looks.

Such nondrinkers had better not be accused of being sissies—the favorite label of some drinkers for those who abstain—since most of them have well-muscled physiques that have appeared on covers of physical culture magazines, and many also hold records in various sports.

EPITAPH

Louise Darcy

He threw away his life, all wasted,
Because temptation he had tasted.
Thus yielding to the call of appetite,
The future that had once appeared so bright.
Became a dismal present with no goal.
He lived and died with scars upon his soul.

Jim Darren, an ardent physical culturist, gets his exercise faithfully every morning, prefers health foods, and has a rule of "no partying" at night. Popular Nick Adams makes his own health drinks of skimmed milk, fruit juices, ground-up sunflower seeds, and blackstrap molasses. Gardner McKay, the towering leader of the Hearties, keeps a supply of coconut juice on hand, and Edd Byrnes prefers orange juice.

This group of active young male actors have what someone has termed "plus-positive psyches," which make them prefer the action of tennis, basketball, skin-diving, or swimming, and refreshing natural drinks, to brooding, night clubbing, and alcohol.

In the entertainment business, young people have the same problems and temptations youth do anywhere, only more so. They're excited about life, they want to be liked and keep their friends, and all about them they see people drinking. Like other young people from Texas to Maine, they have to make their decisions.

They're saying No!

I'VE BEEN TO HELL!

(Continued from page 16)

Of course I was going to quit taking them when we went back to the States. I always planned that I was going to! But maybe I should get some extra capsules to take back with me, so I could taper off.

So every day I made the rounds of the drugstores, buying six "yellow jackets" at each. Maybe the drug was affecting my mind even then, after so short a time, because I would look at my growing store of capsules and count them and feel secure and rich. Then I would hide them again like a miser.

Maybe you didn't know that the barbiturates *can* affect your mind, not just Nembutal, but Seconal, Amytal, any of them. I didn't know it, either. Using them isn't so bad at first, but you become not quite responsible after a time.

Back in Hugo, Eve Miller, the only barbiturate addict I ever met, told me about two drugstores where they didn't question whether you had a prescription or not, and would refill one as many times as you wanted.

But during the big newspaper campaign to tighten up on the drugstore sale of barbiturates, both of these stores closed, and then one opened under new management.

I went in as usual. "Prescription No. 162,408, please," I said.

The new man behind the counter looked at me queerly even before he went back and checked. When he returned, his face had that look I knew so well. "I'm sorry," he said. "The doctor who wrote this prescription is no longer at that address. We can't refill it for you."

"Oh," I whispered. "May I use your—your—that thing?" I pointed to the telephone behind the prescription counter. My irritation at not being able to think of the word *telephone* grew to the point where I flapped my arms frantically and moved my head from side to side, trying to shake it clear.

My mind was definitely affected, and one of the ways it showed was a maddening inability to think of the names of common things. I forgot people's names, too.

The druggist actually ordered me out of the drugstore and told me never to come back. I ran to the cigar store on the corner and called Eve. She told me about a doctor who was "so nice," and "so understanding."

He was nice and understanding till I ran out of money. I'll never know how much I spent for sleeping pills and calls at his office. All I know is that

suddenly there was no more money, and he wouldn't refill my prescriptions any longer.

I don't remember much about the rest of that afternoon after he refused to let me have any more sleeping pills. I do remember going to Strickler's and reaching up for the big jar filled with yellow capsules, and I know that I got it under my coat, because I remember the strain of clutching the wide jar top with my fingers. There's a blank for a while, and then I remember sitting in a little room, looking up at four men—the prescription man who had ordered me from the drugstore, two policemen, and the fourth was Chris!

"I didn't know," he was saying to the policemen. "I didn't know. We have savings. I would like to take care of her if I could."

I knew everything would be all right. Chris would see that I got my Nembutal. But—savings? Chris didn't know they were all gone. That's another thing barbiturates can do to you; you become sly as a fox. I had spent the money without Chris guessing.

"It's all gone, Chris," I said. "The money. I spent it. The savings, too. Are you mad at me, Chris?"

Chris's voice was so funny. "Oh, dear God," he whispered.

Was he swearing? Chris didn't ever swear. No, Chris was praying—because of me!

That happened two years ago. Chris put me in a sanitarium, where I was taken off sleeping pills and given mild sedation to soften the shock. But I had convulsions anyway. Maybe that is something else you didn't know, that barbiturate addicts have convulsions when they're taken off the drug, the same way narcotics users—real dope fiends—do. And I had to have psychiatric treatments before I was dismissed.

At that, the doctor told me I was extraordinarily fortunate. "There may be a slight impairment of some of your faculties—your memory, perhaps. But you're young and strong, and you've made what I call a perfect recovery."

Chris's eyes were bleak with doubt that day, and still they are shadowed. Periodically he goes through the house looking to see if I have sleeping pills hidden anywhere.

When I want to scream sometimes, I come up short, knowing it isn't any more than I deserve, knowing it's a lot less than I deserve, that it's a light payment when I still have Chris, when I'm myself again, a human being again.

I hadn't known the dangers of self-administered sleeping pills. Maybe you don't know either. That's why I have written my story.

Youth Asks..



The Doctor Answers

R. W. Spalding, M.D.

Listen invites you to send your questions to Dr. Spalding, c/o Listen Editorial Offices, 6840 Eastern Ave., N.W., Washington 12, D.C.

How much beer does it take to get dead-drunk?

One twelve-ounce bottle of beer with the average alcoholic content of 4.5 per cent contains 16.2 c.c., or slightly over half an ounce of alcohol. Ten c.c. to 30 c.c. of alcohol is required by the average adult to raise the alcoholic content of the blood to .05 per cent, or 1 drop of alcohol to every 2,000 drops of blood, at which level a healthy brain is impaired. One bottle of beer will maintain the normally healthy brain in the state of impairment for one and a half to two hours.

With a blood alcohol content of .2 per cent (or four to eight twelve-ounce bottles of 4.5 per cent beer, taken within a period of two to four hours), a normally healthy individual of 170 pounds would be conspicuously to helplessly drunk. A smaller individual taking the same amount on an empty stomach would be affected to a greater extent.

How much alcohol is there in 3.2 beer? In "near beer"? In "teen beer"?

There is 3.2 per cent alcoholic content in 3.2 beer. That would mean 11.5 c.c., or more than one third of an ounce in each twelve-ounce bottle.

"Near beer" is designed by the brewers to look like and taste like beer. The alcoholic content may vary. One Canadian variety contained up to 2.5 per cent, since the Liquor Control Board considers beer as intoxicating if it contains above that percentage.

"Teen beer" is similar to "near beer," but it contains a lower percentage of alcohol. One report is that it must contain less than .5 per cent alcohol in order to be a legal drink for teen-agers.

What harm is there in a beer only now and then?

Why take a little poison now and then just because so many others take it? One drink of an alcoholic beverage leads to another. One bottle of beer does put your brain to sleep, a little or

a lot, depending on when you take it and why. If you must drink, drink to your health and encourage others to do likewise, by drinking fruit or vegetable juices. Where there's life, there isn't any beer! Even a frog would croak in beer!

How can you say No politely to the invitation, "Try one. It will make you the life of the party"?

When the drinks are passed, ask for orange juice, lemonade, "lime on the rocks" (limeade on ice), or plain Adam's ale (water). Ask for it clearly and distinctly so that those within hearing distance will understand that you are asking for a nonalcoholic drink. Thus you take the initiative, rather than being on the defensive. Then your associates will understand that it is not fear, but rather knowledge and wisdom that prompt your choice. Know why you are present at this function and what you can contribute to the social occasion. Prove that you can be at ease without the crutch, the anesthetic, the narcotic, alcohol.

Or if you do find your companions urging that you participate with them by imbibing or "guzzling" an alcoholic drink, tell them that you don't want a headache tomorrow or the recurrence of your peptic ulcer, which you haven't yet developed and don't purpose to develop. Tell them that the use of the narcotic and anesthetic, alcohol, might aid you in developing such a pathological condition, that the best athletic coaches forbid such drinks to their team members. It must be that alcohol is not health-producing after all!

Or perhaps you can tell them that you are not yet suffering from that disease to which the little boy referred after the teacher asked him what he learned from the demonstration just completed when she had dropped a worm into a beaker of alcohol. The worm had immediately curled up and died. "Teacher," the little boy said, "if you have worms, just drink beer!"

For Your



Reading and Reference

Bill Stern, with Oscar Fraley, **THE TASTE OF ASHES**, New York: Henry Holt, 1959, \$3.95.

Few persons ever go to the depths that famous sportscaster Bill Stern went to in drug addiction, and are able to return to normal living.

An automobile accident that led to the amputation of his leg started his addiction, which climaxed in his collapse at the Sugar Bowl football game in New Orleans in 1956. In graphic words he details the nightmares of addiction and of attempts to destroy himself before his befuddled mind realized that the only way out was to "be killed or be cured."

This book is a thrilling tale not only of a brilliant man with two strikes against him, but of one who hits the long ball in the clutch and comes home to win the game.

Roger J. Williams, **ALCOHOLISM: THE NUTRITIONAL APPROACH**, Austin, Texas: University of Texas Press, 1959, \$2.50.

The author, a professor and biochemist at the University of Texas, has placed considerable emphasis on the disease theory of alcoholism, and upon his claim that susceptibility to alcoholism is usually caused by "a deranged cellular metabolism, the result of some unsatisfied nutritional need."

For this reason, he says, in treating the condition, "A prime consideration in overcoming alcoholism is that the victim build up his nutrition so that his physical condition will increase his power to abstain from alcoholic consumption."—Page 93.

In the chapter "What We Now Recommend for Alcoholics," the author outlines a diet for an alcoholic, naming food supplements to be added to the diet, and also suggesting what foods to eliminate.

Although he does not consider alcoholism as a moral problem, or even primarily the manifestation of psycho-

logical weakness, he does admit that religion and morality, psychiatry and medicine, play important roles in curing the alcoholic.

He concludes: "It is our opinion that the disease of alcoholism is *essentially a disease of one's appetite*, and in so far as this is true, it probably can be consistently prevented by the application of nutritional knowledge."

It is easy to agree with this author as to the importance of dietary factors in the problems of alcoholism. However, it is difficult to see any logic for his virtual omission of will power as a factor in a person's drinking and his seeming reticence in ascribing to man his divinely given privilege of free choice, which can be exercised either to drink or not to drink.

Edythe and David DeMarche, **HANDBOOK OF CO-ED TEEN ACTIVITIES**, New York: Association Press, 1958, \$7.95.

This book is a gold mine of suggestions on party know-how, including recipes for fruit drinks and snacks. It also is a hobby guide to help the young person widen the scope of his interests early in life.

Whether planning for few or for many, youth leaders and teachers will find this a useful aid.

Croswell Bowen, **THE CURSE OF THE MISBEGOTTEN** New York: McGraw-Hill, 1959, \$5.00.

If any playwright wrote out of the depths of personal experience, that author was Eugene O'Neill. And the word "depths" is used well, for the themes of O'Neill's plays—dissension, suicide, drugs, disease, drinking, death—are the characteristics of his own life and family.

His parents, his brother, his sons, his personal existence, all were blighted by narcotics, alcohol, divorce, estrangement, hatred—for one family, an extraordinary concentration of the sinister.

The reader here finds a perfect example not of what to emulate, but of that from which he would do well to steer far away.

Awakening

La Priel Coates

The bottle's empty;
Dawn has come,
And I am so afraid
That with the dawn
Has come the drawing
Of another shade.

T. B. Maston, **RIGHT OR WRONG?** Nashville, Tennessee: Broadman Press, 1959, \$2.00.

This book assumes two things of the reader from the very start: that he is a Christian, and that he is desirous of finding a logical solution to his questions of conduct.

With these assumptions, the logic of the author, who specializes in youth counseling, is irrefutable. Each matter of conduct is examined in the light of three questions: the effect on us, the effect on others, the effect on the cause of Christ.

Particularly valuable are the chapters on smoking, drinking, and gambling.

OPEN ROAD

(Continued from page 17)

jobs. Mom and pop acted like a couple of kids on a picnic.

Together we skimmed pebbles across a lake; scrambled up a steep hill; walked a log across a playful mountain stream; raced in blowing up air mattresses; sat around a lazy campfire; smelled the heady scent of pine, the clean smell of lake water, the sharp, sweet scent of hickory smoke; listened to invisible choirs of birds, the chatter of squirrels, the intermittent splash of fish in the lake, the silence.

You've probably been wondering, "What about those experiences that try the patience of even the most seasoned camper?" Most of them just didn't happen. No rain, no flies, no ants in our food, no sandstorms, no mooching animals to wreck our food kit—mosquitoes only one night, and our smelly repellent took care of them. Nature seemingly had put on her best behavior to woo us to her habitats again.

Home again—and you keep remembering. How luxurious to stretch out between fresh, clean sheets and watch enchanting pictures kaleidoscope through one's mind: Lake Catherine, its campsite stairstepped up a wooded hillside with the mirrored lake stretching to a curtain of trees; Chickasaw State Park, with camps cozily spaced in a circle of pine trees right at the rim of a lake; Harrison Bay Park, where the camps were in such a densely wooded area you had to play hide-and-seek to find your neighbors; King's Mountain State Park, where nature had built a perfect amphitheater, with a brilliant starlit roof when night settled down.

Try it once, but I'll warn you—if there's a spark of gypsy blood in you, when the warm winds blow, it will call you to leave your cares behind and take to the open road.

IS ALCOHOL A MEDICINE?

(Continued from page 15)

muscles with blood). It was thought that the alcohol in alcoholic beverages might be beneficial in this disease because the alcohol might dilate the blood vessels of the diseased heart. If so, this should increase the blood flow, which would ameliorate the pain. Because of this possibility physicians have prescribed, and some still do so, alcoholic beverages, such as a glass of sherry, in the late afternoon and evening as a routine measure to prevent an attack of angina pectoris or insufficiency of flow of blood to the heart.

During the past ten years much research on patients with coronary heart disease has been done to ascertain the truth about this theory.

It has been found that "alcohol does not prevent or correct coronary insufficiency" in the presence of disease of the coronary arteries or the blood vessels of the heart.⁹ "Alcohol should be recognized as a rapidly acting sedative, and should no longer be regarded as a coronary dilator."⁹ When alcohol terminates an attack of heart pain, it does so by acting solely as a sedative and an analgetic (pain-decreasing) drug.

Alcohol gives no protection to the heart; it is dangerous because it gives a false sense of physical fitness and is addiction producing.⁹ Furthermore, by acting as an analgetic it removes the

protection of the heart from overexertion, and at the same time leads to hilarious activity due to a decrease in the sense of caution and a false sense of well-being. This may result in sudden death or a more severe injury of the heart than would otherwise occur.

The drug nitroglycerin is the best dilator of the blood vessels of the heart, and should be used. There are other drugs which are mild coronary dilators and are not dangerous like alcohol. For sedation, a barbiturate or bromide should be used because these sedatives do not decrease the sense of caution, cause hilarity, and predispose to overexertion.

A recent research has been reported on the effect on the work of the heart of a glass of sherry or a cocktail taken on an empty stomach. It was found that a glass of sherry increases the work of the heart by 20 per cent.¹⁰ This is important because at one time it was thought that alcohol would decrease the work of the heart.

Dr. Paul Dudley White, the consulting physician for President Eisenhower, has stated, "I cannot myself confirm the common cliché that 'it [alcohol] is good for the coronaries.'"¹¹

In the United States Federal regulatory agencies do not permit the claim in advertising that "whisky is a medicine or good for anyone, or that beer is a food or is good for you." The reason for this ruling is probably that both these alcoholic beverages in "moderate"

amounts may intoxicate and cause an impairment of the sense of caution, a false sense of physical fitness, and an impairment of judgment and automobile driving abilities.

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¹¹ Quotation from Dr. Paul Dudley White, in *Listen*, Washington, D.C., April-June, 1956, page 35.

THIS COULD HAVE HAPPENED . . . AND DID!

A sober thought is usually a good one, particularly if you are driving an automobile. This dramatic picture, appearing in the San Francisco "News-Call Bulletin," December 31, 1959, is a photographic representation of how many persons died in traffic accidents in San Francisco during 1959.

Well aware that an automobile can be a dangerous weapon, employees of the Metropolitan Life Insurance Company joined with members of the San Francisco Junior Chamber of Commerce to help demonstrate graphically San Francisco's traffic fatality toll of eighty-four men, women, and children.

Each of the accommodatingly recumbent persons here represents one who, through someone's carelessness, was killed in traffic during the year. And this was in only one American city!



CHICAGO'S PILOT PROJECT

(Continued from page 13)

itself. He is a part of his own rehabilitation.

The Center specializes in the "therapeutic community" type of therapy, using all available resources, including the person himself. The patients have, to a great extent, struck bottom; they have lost their job and self-respect, and they need to start over again. They are kept busy, this therapy including a good library.

Director Ward feels that there is "no final cure" for alcoholism. His purpose is to help each patient begin on the long road back. There is a follow-up program connected with the Center in which former patients are invited to come back to participate in group therapy.

In general, treatment at the Center is a one-shot affair; there are no "repeats." Patients are not admitted back for treatment except on an outpatient basis. Many patients maintain their sobriety from the very beginning of the treatment process. During its years of operation the Center has treated more than a thousand patients. It has interviewed more than 3,000. "A great percentage" are reported as having maintained their sobriety.

The Center takes only men, on the theory that most essential is the reclaiming of the family breadwinner. It is the plan to establish a comparable Center for women later. However, the director feels that this may be several years away. It is his purpose to justify the present one before recommending another.

The work is now actually conducted on rather a small scale, especially in re-

lation to the job to be done. There is constant need for further expansion. The director feels that the work of the Center should not be the responsibility of Chicago alone; he is hoping for additional help from the state and possibly from the Federal Government, and with such help he hopes to expand his facilities to become a training center for personnel to launch similar projects in the Midwest and perhaps in even a wider area. The Center's budget for 1960 is \$224,000.

Medical director for the Center is Dr. Jonas Juozevicius, or "Dr. Joe," an immigrant from Germany, a DP from World War II. Each applicant upon admittance is referred to the physician, who obtains his case history and determines any side conditions. The patient is made as comfortable as possible, with tranquilizers and vitamins being used. The main purpose is to prevent delir-

Flanked by more than 800 stones of all colors and contours, each a tribute to someone whose service to humanity merits remembrance, is the shaded walk on the Rollins College campus in Winter Park, Florida.

Each stone bears the name of a famous person and the place of its origin. The name of President Eisenhower is inscribed on one. The stone of Harry S. Truman is neighbor to that of Stonewall Jackson; that of Mohammed next to Confucius; Romeo and Juliet next to Aristotle.

Geologically speaking, no two stones are alike. In color they range from white marble for Socrates, from the Agora at Athens; a pink stone from Mars' Hill for St. Paul; a yellow stone from Stratford, Virginia, for Robert E. Lee; to a blue stone from Benjamin Franklin's print shop.

Included in the stone collection are many connected with early American history. There's a stone from the crypt of Havana Cathedral, where long rested the bones of Columbus; a stone from John and Priscilla Alden's barn at Plymouth; and one from the Jamestown church where John Rolfe married Pocahontas. Some stones are irreplaceable, since they are from buildings long since crumbled to dust, or, like a fragment of Plymouth Rock, were given specifically for placement on the walk.

Florida's Walk of Fame

Harry J. Miller

All the Presidents and Chief Justices of the United States and more than half the signers of the Declaration of Independence are represented.

Notable exception is a stone from the abode of the famed Dionne quint. Officials of the Dionne guardianship initially refused to donate a stone, on the grounds that so many women believed in stone as the emblem of fertility that the guardianship was flooded with requests for a bit of stone from the Dionne homestead. Since the home would collapse if all the requests were filled, Dionne officials refused them all. Later, however, they relented, and today five small pebbles, set in mortar, grace the walk to add another chapter to the mosaic of history. Neighbor to this contribution is the stone which Admiral Byrd presented in person. The admiral got his stone from a mountain near the South Pole and carried it by dog sled, aircraft, ship, and train before it was placed in the walk. The Great Emancipator's marker came from the cottage where Honest Abe courted his first love, Ann Rutledge.

Truly, "these rocks their silence break."



ium tremens (d.t.) which used to be at least 50 per cent fatal. Through modern medication this percentage has been reduced to about 5 per cent.

Every patient at the Center is constantly under medical scrutiny. A doctor is always available. The major purpose of the Center medically is to build up the physical constitution of the patient. Antabuse therapy is not used.

In charge of the A.A. program at the Center is George J. O'Leary, who has been on the staff since November, 1959, and serves as contact man between the A.A. and patients of the Center. He is an A.A. himself, the only such on the staff. A.A. is the No. 1 form of therapy at the Center, there being a regular A.A. now organized. There are three closed meetings a week and one open meeting a month. Attendance is entirely voluntary. When a patient attends A.A. he becomes eligible to attend similar meetings outside the Center and is encouraged to do so. Other A.A.'s can attend meetings in the Center, and various A.A. groups are encouraged to hold their meetings there. There are now some 400 A.A. groups in Chicago, which include more than 6,000 members.

Also at the Center there is social-security instruction given to prepare the patients to care for such problems when they leave and are reinstated in their regular jobs. There is instruction on civilian defense, and representatives come from the police and fire departments and the traffic division to give programs in their respective fields.

One hobby emphasized at the Center is leatherscraft, which provides a good avocation for patients to follow when they are discharged. Feature programs are given regularly by the Legion Auxiliary and by the Pacific Garden Mission. Occasionally concerts are sponsored. In preparation for all these functions, the patients take an active part in making physical arrangements. The city board of education sends representatives to carry on discussions about current events. Students of nearby law schools, to gain experience in their own courses, help advise on legal problems that the patients might have, arising out of their alcoholic indulgence, with their families, employers, or landlords. One such student of law was Jim Cox, who remarked that at the Center he got more business than perhaps any other young lawyer ever got, but "no fees."

It is evident from the entire staff of the Center that there is a great deal of personal concern about the patients. Of course, there are disappointments. One former patient told the director, "We've had these slips, Mr. Ward, but have re-

gained our sobriety at an earlier time as a result of what we learned at the Center."

Looking to the future, Mr. Ward feels that the primary emphasis should gradually be placed on community education rather than entirely on rehabilitation. All in all, the time and investment so far at the Center have been on rehabilitation. However, the personal conviction of the director is that when the treatment aspect is well under way and is working successfully, the program should be turned to prevention. One of the major projects Ward has in mind is the production of motion pictures for use in schools, and to be shown to business groups, the judiciary, and civic leaders.

This is not a definite program as yet, but is being formulated in the mind of the director as the most logical approach to a permanent solution of the problem facing Chicago and the nation. He looks forward to utilizing the services of the people most qualified in various professions to help lead out in this new crusade.

Ward tells his patients, "The proof of the pudding is within you. Patients like you make it easier to expand a Center such as we have here. We are being judged by our successes and failures. If our successes are many, they will encourage others to help make the Center bigger and better. You can help in the over-all maintenance of sobriety, and the solving of the entire problem of alcoholism, or you can contribute to retreat and sliding back to the former ways."

Reminiscing, Ward goes on, "I have always been known as a salesman, for my ability to sell, and I have never sold a bad thing in my life. Whatever I sell must be either a cause or a service. My true compensation is in the well-being of the patient. At Christmas last year we received more than three hundred Christmas cards from our former patients. One was from a wife who included a picture of a wonderful family, and she said, 'If it weren't for this Center, this photo would not have been possible.'

"Billions are lost annually through alcohol. Alcoholism is the greatest single cause of economic and social waste, not to mention the costs in welfare, hospitalization, public relief, and other payments. Since at least four lives are affected by each alcoholic, it would pay us to spell out not only what alcohol does to the economic and political life of the nation, but what it does to Mary and the three kids. I feel that every one of my patients has potentially the image and likeness of God, and it is my purpose to help restore that image."

ATTRACTING PEOPLE

(Continued from page 6)

History is full of persons who have made vital contributions who had this one quality in common: *enthusiasm*. Many have recognized this trait as a factor of success. Pasteur wrote, "Enthusiasm is contemplation of the God within ourselves." This, of course, is in the same vein as the Greek derivation of the words *en theos*, "in God."

All are born with this power, and many cultivate it; but some lose it.

Enthusiasm is your birthright. With such simple measures as these, start now to develop or regain it.

1. *Avoid* dull, pessimistic, unhappy people. If they're in your own family, turn a deaf ear!

Cultivate, actively and determinedly seeking them out, successful, optimistic human beings who have an engrossing hobby. Always say pleasant things about others, and *believe* in the potentially good state of our country and of the world.

2. *Avoid* as much as possible the activities and foods that bore you. It has been said that unless your religion makes you a happier, more enthusiastic person, either you aren't a good practitioner of that religion or it is the wrong one for you.

If you *liked* sawdust and looked forward with enthusiasm to meals of it, that sawdust would most likely do you more good than nutritious, but unwelcome, meals.

Cultivate interests and habits that bring zest to your days. Study the *Reader's Guide to Periodical Literature* at your local library, also the card files on books of every conceivable subject. Something *will* ring a bell. Perhaps several things will make you want to learn more, and as you learn you will want to be doing.

3. *Avoid* the universal habit of living tomorrow. Life is a lifetime privilege. Whatever you think you would like to do tomorrow can be done, at least in part, today, even if it is nothing but studying, planning, and making scrapbooks on the subject.

Cultivate at least *one* enthusiasm, deliberately, right away. Make it something that you can talk about to others. Try to get at least one other person interested.

These are small beginnings, but they will bring a concrete proof of your growing enthusiasm, your "faith in action." As you practice you will find that people will be attracted to you; greater power will be generated, until truly the world is yours, and the fullness thereof.

Answers to "A Doctor's Quiz"

1. FALSE. While *anyone* can decide whether he will drink or not drink, *no one* can be certain that he is not one of the large segment of the population (estimated as being at least one out of every ten) who cannot start to use alcohol *at all* without becoming an addict.

2. TRUE. Although alcohol gives a fleeting period of excitement, this is quickly followed by a much more intense and longer-lasting period of depression. Interestingly enough, this depression affects the higher intellectual powers, such as conscience, thought, and judgment, before it does the lower sensual emotions, such as recklessness, sexuality, and disregard of consequences.

3. FALSE. The undeniable "pick-up" effect of the cocktail on the way home from the office is not due to stimulation. It comes from the depression of the nervous system that makes the businessman unaware of the little aches of fatigue that produce "that tired feeling." So, instead of being a stimulant, it is a depressant that gives the false sensation of stimulation. In fact, it's definitely a narcotic.

4. TRUE. The person with a marked inferiority complex, who thinks that people dislike him, who is uncomfortable when in social gatherings, has a personality that is highly disposed to the development of alcoholism, because alcohol depresses his fears and inhibitions.

5. TRUE. Young people become intoxicated more easily than do those older than they—seventeen or eighteen, as compared with twenty-five or thirty. They get overexcited, reckless, inclined to forget their moral standards, much more than they would if they were older and took the same amount of liquor.

6. FALSE. Clear thinking and good judgment are the first qualities that suffer the depression that quickly follows the taking of just that one drink, while the feelings of elation and overconfidence in one's driving ability are permitted to increase. Anyone knows the results that such a combination can cause—and frequently does!

7. FALSE. One bottle of beer contains about the same amount of alcohol as does one highball.

8. FALSE. Alcohol is not a direct cause of these, so far as is known; but since the alcoholic is quite likely to neglect his health, and especially to go without proper foods and the vitamins they contain, his resistance is lowered, and he falls victim more easily to any of these diseases.

9. TRUE. The patient taking chloro-

form or ether is first excitable, noisy, and struggling, sometimes requiring forcible restraint. Then he quiets down, as if in peaceful sleep.

Last of all, he is completely knocked out, insensitive to pain. With alcohol, there is the same progression—first noisy and excited, next doxy and sleepy, finally dead drunk. In fact, alcohol was the first anesthetic agent known and used.

10. FALSE. In matters of conduct, most of us make our most important decisions not logically but psychologically. That is to say, it is not our reason, but our emotions, that have the most powerful influence on us. Thus many a doctor, like many of his patients, does what he wants to do instead of what his reason tells him he ought to do. The same thing explains why many doctors continue to smoke in spite of what they know about the influence of tobacco in causing lung cancer and heart disease as well as shortened life expectancy.

NEW DIMENSION

(Continued from page 6)

myself in connection with it; but I have not taken a drink since." His whole outlook on life and his behavior pattern changed with one talk.

At the time of the annual rodeo held in a certain town in California, the town is wide open, Western style, and there is much drinking. One year some three hundred of the high-school students were picked up for drunkenness. The principal of the school notified the board of equalization that he wanted an investigation. I do not know the details of the investigation, but a man was sent over. He reported to the principal that as far as he could find out, no liquor was sold to the young people. They had gotten it mostly from home or by draining the "empty" bottles that were everywhere.

The local law-enforcement officers offered to come to the school and threaten the students with everything in the book. Some of the townspeople were aroused, and offered the school my program. The principal welcomed it with open arms, even though the students involved were sullen and resentful and the ones not involved were angry over the blanket criticism of teen-agers. He was worried over their reaction and was prepared for trouble. He even made some little chalk marks on the seats where the boys would sit who might start the trouble. But I have never had a more receptive audience.

As they were leaving the room, one

of the "marked" boys said to the principal, "When you have programs like that, you will begin to get somewhere. I think I can make talks like that." The principal told me later that the boy did work out some good talks and gave them before several classes and some outside groups. The more he talked, the greater was his enthusiasm for abstinence. His life was changed and inspired by one talk.

The most striking results are achieved, of course, in the lives of those who are themselves involved. There are also those who have members of their family involved, and the student is the innocent victim.

A small girl in the eighth grade came to me during the noon hour and asked me how old I thought she was. I said, "Oh, you might be fourteen." She said, "Goody, goody," and clapped her hands and wiggled like a puppy that had been petted. Then she informed me she was only thirteen. "But as soon as I look old enough that authorities won't pick me up and take me home again, I'm going to run away," she added. I asked her what the matter was at home, that she was so anxious to get away.

She said, "Every night when I get home from school my folks are drunk. I can't remember when they were not drunk. When I was little they didn't pay any attention to me, and I didn't pay any attention to them. When I got hungry, I climbed up on a chair and up on the drainboard and got something to eat if I could. When I got sleepy, I crawled up on the bed and went to sleep. They didn't bother me, and I didn't bother them.

"Soon after I started to school I became aware of what was going on. When they realized I knew what they were saying and doing, they resented me and began beating me. I would run out in the yard and hide. They would come out and hunt for me and beat me more. Once I was in the hospital for a week because of a beating. I always had a cold and was half sick, because from the time I was about seven until I was eleven I spent most of my nights outdoors, usually on the garage roof because it sloped toward the alley and they couldn't see me up there.

"By the time I was eleven I had learned to take care of myself. I hid old blankets, food, and water under the porch. I could crawl under there, wrap up in a blanket, eat a little something, and even get some sleep.

"Now that I am big they *don't scare me*. I just cuss them up one side and down the other. When they chase me I just stick out my foot and trip them or kick a chair in front of them, and

down they go. Then I laugh at them and cuss them some more. I'm not much scared any more, but just as soon as I can leave without being brought back, I'm getting out of there."

In another school a big six-foot young man, whose mother was known to be a heavy drinker, was sitting in the front row. He tried to act bored and tough about it all. Finally he said, "When my old lady gets drunk, I just get drunk with her." Before his statement was finished, his voice began to tremble, and I knew he was going to cry. He sat there with tears streaming down his face and said, "That's the only way I can stand it." He was not at all tough, just trying to hide his real feelings.

We hear a great deal about problem young people and the trouble they are to their family and to society. But we hear little about the fine young people who have problem parents, and what the children go through because of it. In my opinion, there are more problem parents than there are problem children.

I could fill a book with the sorrows and joys experienced in the work of alcohol education.

A high-school principal said to me, "You just don't have any idea how much good you do, how great your influence with the young people is. I can take you up and down the streets here and show you young people who have heard you in past years, who have married, established their homes, and are raising their children on the principles you gave. I have been here seven years, and some of the graduates from my first year here still ask about you, and want the students to hear you every year."

Every person can share these sorrows and joys. You do not have to lecture to audiences. You can pass on what you know to those in the home, in the office, at the service club, at the lodge, or on the golf course.

In this field of education at the present time, there is no real need to divide the field between professional educators and lay speakers. If a person is well informed on this subject, he will find few obstacles. If a person does a good job on this subject at the service club or the church, he is sure to be asked to speak in the school.

Or vice versa; if the professional educator does a good job at school, he will be invited to present a program at the service club or in the church. Few doors are closed to any well-informed person in the wide field of alcohol education.

Opportunities for service as an alcohol educator are tremendous, because the problems of alcohol are so vast. This

huge social, economic, and moral problem is also the No. 3 health problem in the United States. Not enough man power is trained, nor are enough funds available, to give each victim of alcohol the individual help he needs. Prevention of alcoholism through an extensive program of education seems to provide the best and most permanent solution. One has only to meet some of the victims of alcohol to realize the great need for prevention.

There is much discussion, and the question is often asked by both parents and school administrators, "Where should alcohol education begin?" My

answer to them is, The younger, the better. Any child old enough to listen is old enough for alcohol education. Notice that I did not say, "Able to understand." I did not say "understand," because I believe in teaching small children great truths before they are able to understand them. I think what we need in this country today is to produce some great people. One of the effective ways to do this is to teach small children great truths. They understand more than we think they do, and it will be a part of the things they have always known.

Let me give an example. At a va-



When I am alone I seldom turn the radio on. The early morning news, the "Upward Look," and possibly the "Trading Post," are enough for me. I am not much for radio. But when the teen-agers are home, it blares constantly. Over and over a fellow extols some brand of beer as "one of the finer things of life." I wonder!

For I remember an August afternoon in Vanadium, New Mexico, not long ago—a beautiful afternoon, bright with sunlight and sweet with the scent of roses. I dug in a flower bed under an ancient and shady oak tree, and the babies were deep in their afternoon nap.

A little farther up the canyon at Hanover a young miner left his home to go to Bayard. He was the kind of fellow you like to have for a neighbor—friendly, devoted to his family, a steady worker, never drunk, never in trouble. But today he did an unprecedented thing. He stopped at a bar, bought a can of beer, and drank it as he drove along.

This can of beer took the fine edge off his alertness. The mountain road was narrow, cut in the side of the hill. Presently he was driving a little out from the hill, a little over on the wrong side, down the grade, and up the hill. He met a huge Santa Fe truck, head on. There was the sound of the crash, then nothing, nothing at all.

The little green coupé was crumpled, as a man might crumple a matchbox in his hand. The truck driver climbed down from his cab, his face ashen.

He struggled to open the jammed door. It would not budge. In a frenzy of haste he ran back to the truck, got an iron bar, and tried to pry open the door. Quite suddenly it did open. He dropped the iron bar to the ground, and reaching in, lifted the driver out with infinite care.

There hadn't been any need to hurry, any need to be careful. The driver was past all hurrying and beyond all hurt. His slight form was heavy in the truck driver's arms. A thin trickle of blood flowed from a cut on the side of his face, making a damp spot on the ground, but the heart-beat the truck driver strained so to hear was not there.

To have looked into that still, young face, so remote in its calm, one might have thought he only slept and would presently waken. But a shadow lay across the bright afternoon—the shadow of death. There was no way to change it, no way to go back a few minutes and make it not be so.

In the little green coupé a beer can rested on the floor, its mission done. "One of the finer things of life!"

Elvis Presley

Interview by

Master Sergeant Carl L. Dameron

Fort Dix was all astir. Elvis Presley, the rock-'n'-roll king, was reporting in; and the processing department was preparing to give the young soldier his release from the Army.

At the same time I, too, was reporting in, to be transferred to Germany. It was my good fortune to be at Fort Dix at this particular time, because now I could see for myself this young lad who had thousands of teen-agers "all shook up."

Elvis entered the dining hall, filled his tray with food, and with an impressive smile and a friendly nod seated himself at the table next to mine.

Watching him with his military police escort, I thought of many questions I would like to ask him. When I asked for a few minutes with him, with a big smile and a sparkle in his blue eyes he said, "Sure, Sergeant!"

After I had finished eating, I began my questions.

"Do you smoke, Elvis?"

In a very pleasant voice he answered, "No."

"Do you drink any alcoholic beverages?"

Again the soft answer came, "No," but with a positive ring.

"Do you think your popularity has been hampered because you don't drink?"

Elvis gave me a sincere look and replied, "Sergeant, I think it has helped my popularity more than hurt it."

"Has being in the Army influenced you to want to drink?"

Laughingly he said, "No; a few people have offered me drinks, but I have refused."

"Elvis, do you have any advice for the teen-agers on this subject of drink?"

"Yes," he said with a pause, "you don't have to drink to be popular."

Then with a little friendly joking, I asked him how he liked Army life.

His answer came, "It was a good experience for me."

education Bible school one time I used Solomon's statement, "Wine is a mocker, strong drink is raging: and whosoever is deceived thereby is not wise." It was the memory verse for a temperance lesson. The lady in charge of the school criticized me for having the small children memorize something they did not understand. I was embarrassed almost to tears, but I picked up one of the little five-year-olds, stood him on a chair beside me, and asked him to recite the verse. Fortunately for me, he knew it. He said it in the singsong way children say things they have memorized, and you certainly would not think he understood it. But I quickly asked him to tell the people there what he thought it meant.

Almost without hesitation he said, "It means liquor is the bunk, and guys that drink it are dumbbells." Who could do better than that?

No amount of proved methods or clever techniques will take the place of knowledge of the subject, but these will help us do a much better job with the knowledge we do have.

In elementary school *never* present pros and cons. They are confusing to children. Take a few facts you are sure of and use them. Little children will detect a note of uncertainty instantly. Present facts in a positive way, as one having authority. We should never straddle the fence and split hairs with

children. Lay it right on the line, and leave it there.

Furthermore, vocabulary is not as important today as it has been in the past. Many of the small fry have been seeing and hearing adult movies, news-casts, and the like since they were born. They know words, and have a general understanding of what they mean.

Drinking is also one of the more serious spiritual problems in our nation. The Bible states that a drunkard

cannot "inherit the kingdom of God." 1 Corinthians 6:10. It also points out that God will destroy those who "defile the temple of God; . . . for the temple of God is holy, which temple ye are." 1 Corinthians 3:17.

These and many other Biblical teachings about alcohol help to form the solid structure of a well-constructed alcohol education program. In many places, such as parochial schools, these can be used. Actually, no teaching on this subject should be considered complete without Bible material.

Because drinking produces a many-faceted problem, the alcohol educator must be a many-faceted person. Therefore sound training is necessary if he is to be successful. We need a great many well-trained workers in this field. There are a number of courses being offered, but one of the best preparations for work in this field is given by the National Committee for the Prevention of Alcoholism. Two institutes are held in this country: the Loma Linda Institute of Scientific Studies for the Prevention of Alcoholism, Loma Linda, California, and the Washington Institute of Scientific Studies at American University, Washington, D.C.

The address of the National Committee is 6840 Eastern Avenue, N.W., Washington 12, D.C. Details about the institutes can be obtained on request.

Thus, as a result of a tragic scourge which man has brought upon himself, a new opportunity has opened up for young people, and others as well, to begin careers as alcohol educators, careers which offer great challenges and great rewards, careers which can help save the human race from itself and the nation from deterioration.

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OPINIONS



Acceptance Has Not Increased Consumption!

"In ten years wider public acceptance and expanded wet territories have not increased public consumption of beverage alcohol. In 1950, 60 per cent of the population were consumers. Today, only 55 per cent drink licensed beverages."—Thomas J. Donovan, president of Licensed Beverage Industries, Inc., at the tenth anniversary luncheon of the National Co-ordinating Committee of the Beverage Industry, in Washington, D.C.

Pretty Strong Language

Describing J. Walter Thompson, the largest advertising agency in the world, Martin Meyers says:

"Because he [Resor, an associate of Thompson] feels that advertising is a force, he has been unwilling to use it on behalf of products which he does not believe should be forcefully promoted—most notably, hard liquor; Thompson in his administration has never had a hard-liquor account.

"In the early 1940's Thompson could have had the giant Camel cigarette account if Resor had been willing to give Reynolds Tobacco as little as an idea for a slogan; Resor told Reynolds that if he submitted such a slogan, he 'would be prostituting my profession.'"—"Madison Avenue, U.S.A."

Pony Express Rides Again

Horsemen celebrating the centennial run of the famed Pony Express began their ride in historic Saint Joseph, Missouri, in April, 1960, and covered 1,800 miles to Sacramento, California. These 1960 riders were given Bibles and took the same oath that was required of their predecessors:

"I will, under no circumstances, use profane language, . . . will drink no intoxicating liquors, . . . will not quarrel or fight with any other employee."

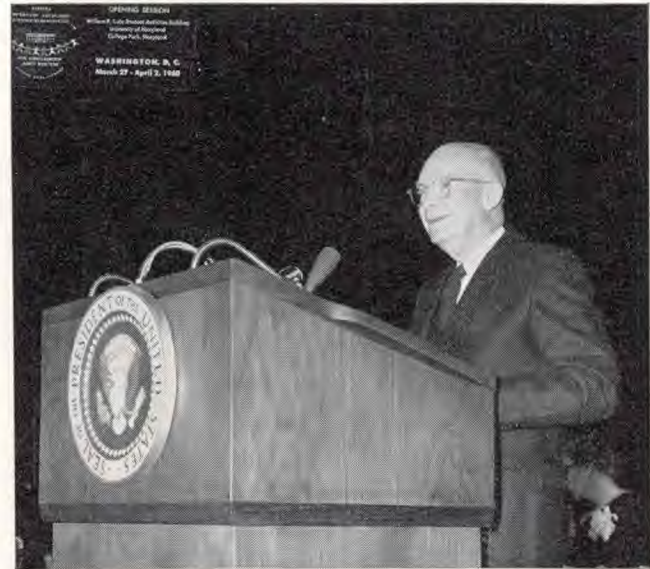
An Effective Solution for Drunk Driving

"1. We must have legislation which makes it specifically illegal to drive with a blood-alcohol level of .05 per cent or more.

"2. We should have an 'intermediate offense law' which carries an automatic penalty for any driver—whether or not he has been involved in an accident—who has a blood-alcohol level of .05 per cent or greater. The new intermediate law with certainty of conviction would make most drivers think twice before taking that second drink.

"3. A blood-alcohol test (known as 'implied consent' in the four states which now have it) should be mandatory in every traffic accident. The results of this test should be admissible and incontrovertible in court. It can be made easily and accurately.

"4. There should be a mandatory jail sentence for all drivers found 'under the influence,' with no plea of extenuating circumstances permissible."—Horace E. Campbell, M.D., chairman, Automotive Safety Committee, Colorado State Medical Society.



"Most Precious Resource"

"I have an unshakable faith in the overwhelming majority of fine, earnest, high-spirited youngsters who comprise this rising generation of Americans.

"Youth are the most precious resource of our nation—a whole generation of Americans who will someday make their country's policies and dispose of its great power."—President Dwight D. Eisenhower, in opening the Golden Anniversary White House Conference on Children and Youth.

Faith in "Reader's Digest"

"Discrimination in the advertising accepted. The 'Digest' alone of major advertising media accepts no alcoholic beverages, no tobacco, no patent medicines."—In an ad for "Reader's Digest," promoting the idea that "people have faith in the 'Reader's Digest.'"

Tainted Money

Allen J. Lefferdink, nationally known insurance and real-estate executive, sold his half-finished Park-Allen Hotel in Boulder, Colorado, because, as he put it, he "doesn't believe in making money in the liquor business."

Afraid of Public Opinion

"Any emphasis on beer trade, whether in photographs or in news stories, should be avoided. Emphasis should be placed, instead, on such information as the number of soda fountains, snack bars, and the like."—New manual about how to play down post exchange beer sales.



“Mr. Sprinter”

SPORTS writers call him “Mr. Sprinter.” “Greatest Athlete in North America for 1959,” the Helms Hall Board named him. “Outstanding Amateur Track and Field Athlete in the United States for 1959,” is the title AAU gave him.

Regardless of which title they use, they all refer to the same tall, well-built young man, twenty-two-year-old Ray Norton, senior sociology major at San Jose State College, California, who has rocketed with supersonic velocity into the world of big-time achievement.

Ray’s successes have taken him to Europe twice, to Scandinavia and Ireland, and to France, Italy, and Switzerland. Late last year he won world-wide acclaim when he gained three gold medals in competition against the Russians in a Philadelphia track meet, and again won three first prizes in the Pan-American meet at Chicago. At present he is in a three-way tie for the world’s record of 9.3 seconds for the 100-yard dash and 10.1 seconds for the 100-meter dash.

The eyes of the world are on this unassuming young athlete as he competes in Rome as a member of the United States Olympic team.

Interview by Richard H. Utt

Says Ray Norton . . .

“I have yet to meet a real champion who uses alcohol and tobacco. From the signboards you would think many athletes recommend these things, but I’m sure their endorsements are merely for money. Young people ought to be educated against these things.

“Your friends actually look up to you if you abstain. When I’m at a party and someone offers me a drink or a smoke, I just say, ‘No, thank you.’ Then he usually asks, ‘You in training?’ I say, ‘Yes,’ and others look up to me as a strong character. Of course, I don’t plan to take up drinking or smoking even when my athletic days are over.”

