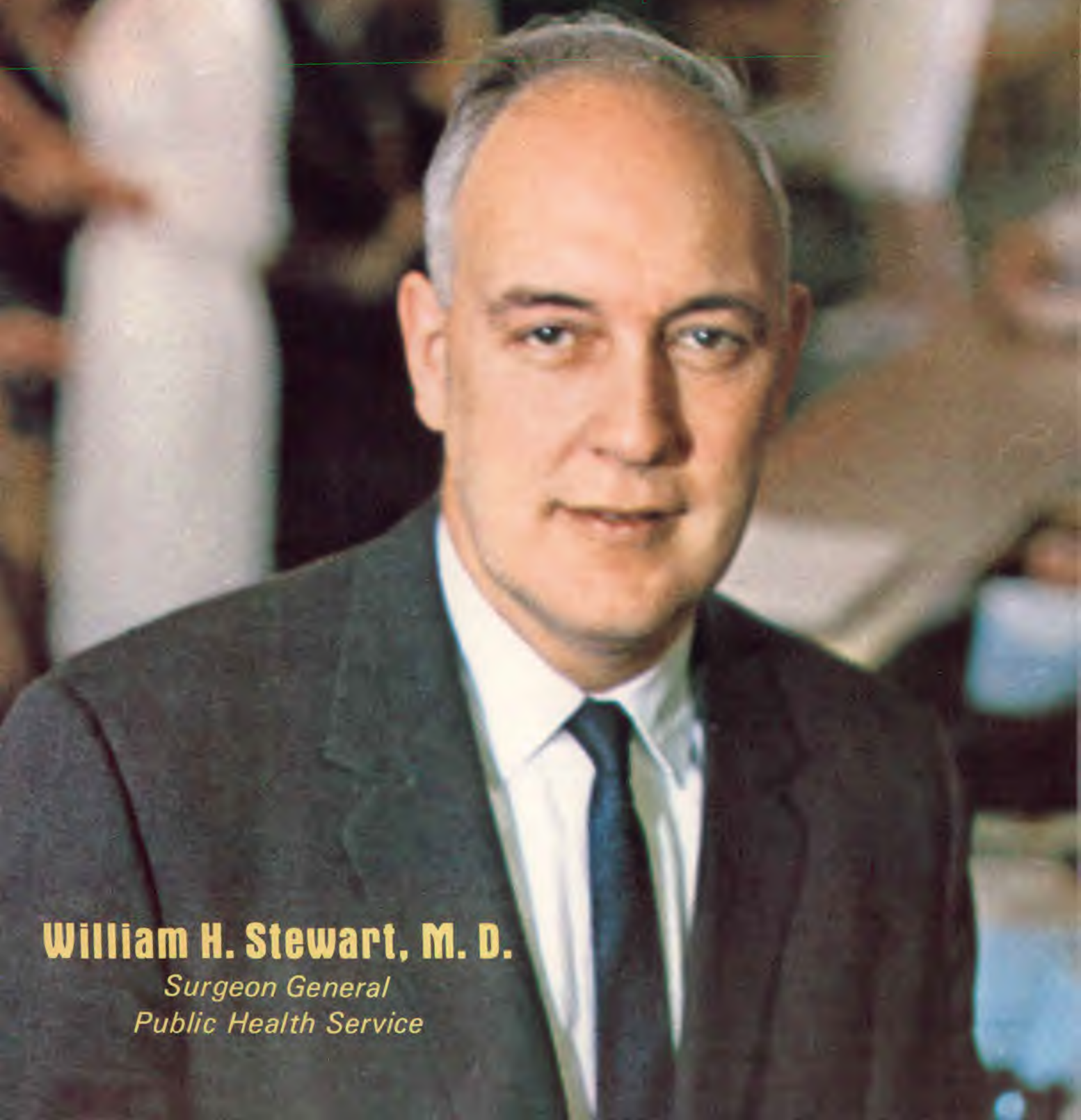


LISTEN



William H. Stewart, M. D.

*Surgeon General
Public Health Service*

Modern Cocktail Hour

If you were admitted to the Grant Hospital in Columbus, Ohio, as a patient, you would be greeted with a cocktail. A smiling teenager would offer you a glass and invite you to "bottoms up."

This cocktail hour was arranged to reduce tensions for incoming patients and put them at ease in their new environment.

The secret, however, is that these drinkers do not imbibe Scotch, gin, or bourbon. They enjoy an unending variety of nonalcoholic drinks, but in a cocktail atmosphere.

For more than two years now each patient has been treated to the special of the day, each drink being given its own name. These fancy names are chosen with as much care as went into the invention of the drinks themselves. Sample names—Apple Dazzle, Maraschino Marveloso, Tomatohio (the official state drink of Ohio is tomato juice).

Served with each cocktail is a cookie baked in the shape of the hospital, and a greeting card which provides the patient with a souvenir of the drink of the day. In this way the recipes become more widely known and used.

Who does the serving? When word of this plan was announced, interested teen-agers volunteered to do the work.

"This has proved good for them," say hospital officials. "It allows the volunteer a happy opportunity to play hostess, to get acquainted with the patient, to offer help in other ways, and to fill out a card for the chaplain's office if the patient desires a visit from the clergy. Our goal is patient-centered care."

In fact, the benefits are reported to be far beyond expectations—for the patients, who are set at ease; for the youthful volunteers, who play an important role in service; for dietary workers, who find a challenge in devising new drinks. Also in long-range public relations the hospital is finding that good results continue long after the patient's stay and that the overall benefits far outweigh the small cost of the cocktail-hour plan.

This is indeed an excellent idea which not only can be used by hospitals, but which can also be applied by groups and organizations everywhere. This could serve the same purpose as the traditional alcoholic cocktail hour but in much more healthful ways. Bottoms up!

Francis A. Soper

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★ Today's best-known home-run hitter is also known for other skills. You will find out about these in *Listen's* next cover story.

★ Hippies are turning away from LSD because they are afraid of what it can do. This girl wondered why until she tried a trip. Then what?

★ Teen-agers can make a real contribution to their community and have fun while doing it. Read "Joy in Service."

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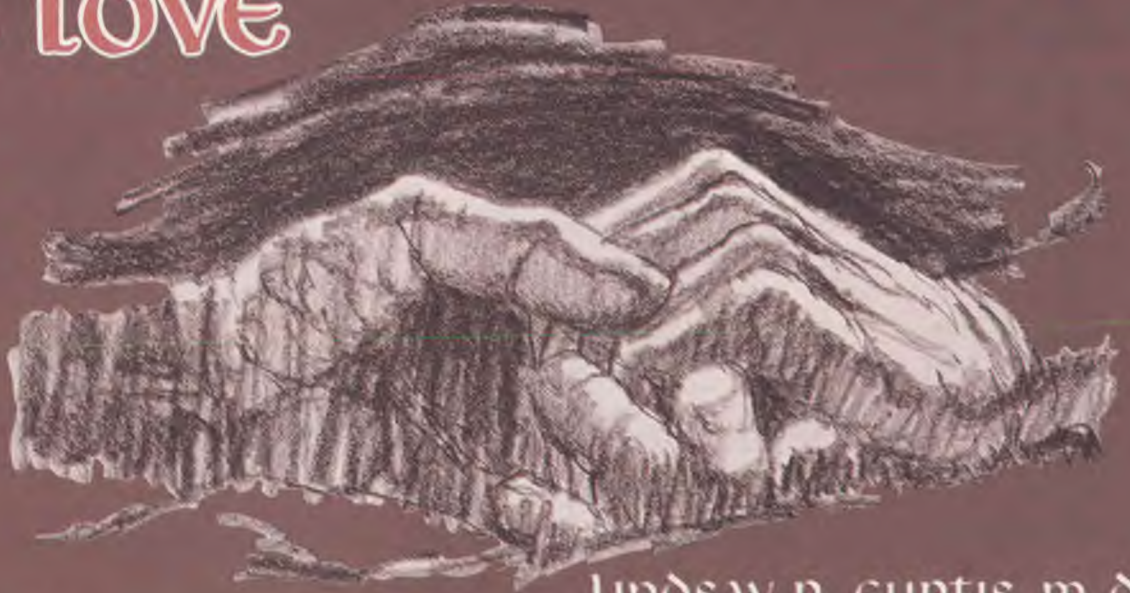
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the power of love



LINDSAY R. CURTIS, M.D.

THE NIGHT was cold, damp, and foreboding in every sense of the word. It was the kind of night that a physician ordinarily would want to forget, yet it was a night that I shall never forget!

At age ninety-four my father had lived a useful and successful life as the loving, tender, and considerate husband of his childhood sweetheart and as the overindulgent father of ten devoted children. Three months previously he had suffered a stroke that deprived him of the use of his legs and temporarily halted his speech.

Although the strength in his legs seemed gone forever, he gradually regained a partial, halting ability to talk. Despite his advanced age, all his numerous progeny had hoped and prayed for restoration of his health.

As the only member of the medical profession within our sizable family, I had brought him a considerable distance from his hometown to the hospital in which I practiced so that I could be near him and watch over him with greater care. However, it now became apparent that our dad would never return to his home again. After three months of tender nursing, his once vigorous body told us that it was incapable of mending itself. It had earned the right to be laid to rest.

In the middle of the night Dad's pulse weakened to almost imperceptibility. His temperature dropped below normal. His blood pressure faltered and slowly fell. Reflexes denoted the ebbing of life as they disappeared one by one. After three months of desperate fighting, his body was no longer able to respond. Our dad was dying.

My first thought was that I should not bother my mother, whose state of health at best was precarious. She should not have her rest interrupted nor should she be brought out into the cold night on a forty-mile journey when she

might be too late anyway. And if she did arrive before my father died, she would only find him in a coma.

Then it occurred to me that sixty-six years of married life together had earned each of them the right to be together at the last moment of life on this earth. Surely this was a sacred right more important than any earthly reasoning I might entertain. Neither Mother nor Dad would forgive me should I deny them this privilege.

Only with great effort did Mother make the journey to the hospital. In tender haste attendants wheeled her to the bedside of her dying companion. As was her custom when something was important, she had to stand up! She was literally lifted out of the wheelchair and onto her feet. Unsteadily she leaned over the blanched face of Dad, tenderly stroking the few gray hairs on his head.

Dad's last years had been saddened by a gradual loss of hearing, but he always heard my mother when she spoke to him! There were no tears, no sobbing by mother. She merely leaned over his head, kissed him softly, then spoke directly into his ear, "Oh, Father, I love you!"

Then something wonderful happened to this dying man. Suddenly, yet slowly, a tear welled up in the corner of his eye. Even as the tear rolled down his cheek, his pulse quickened. His blood pressure began to rise and his reflexes slowly returned. Almost undetectable at first, but finally undeniably, Father began to rouse from his coma.

We left the room, except for Mother.

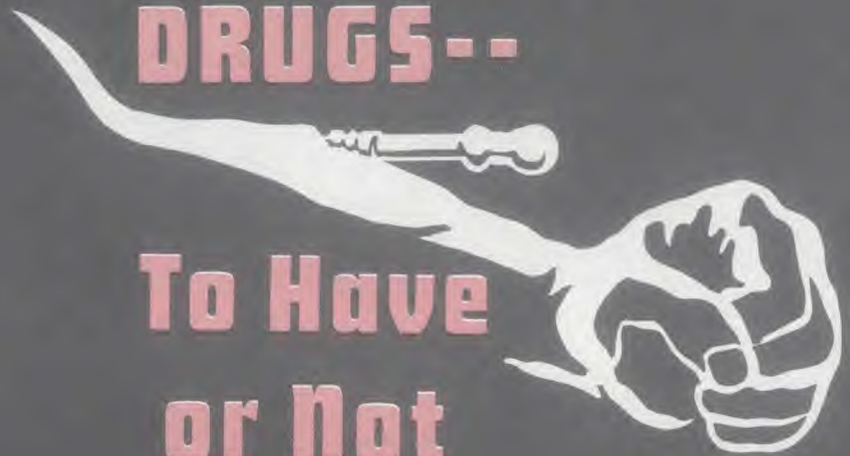
When we returned, Father had lapsed back into his coma. But Mother said, "We had the grandest visit about some very important things."

You don't have to be a physician to know that the only thing on earth powerful enough to bridge the gulf between life and death is love!

Are
free clinics
the answer
to the
narcotics
problem?

DRUGS--

**To Have
or Not
to Have?**



William L. Roper

ADVOCATES of "free dope" clinics for addicts urge that the United States should adopt the British system. This, they argue, would not only deprive organized crime of one of its principal sources of revenue, but would also reduce the crimes addicts commit in order to obtain the narcotics they crave. Still another benefit from this plan of Government-operated clinics, they say, would be an improvement in treatment, since it would tend to remove narcotics addiction from the stigma of criminality. Consequently, addicts instead of hiding their addiction would come forward for treatment.

These arguments sound convincing to many people. The New York Academy of Medicine, a proponent of this plan, worked out an elaborate plan for the proposed operation of such clinics on full-time basis throughout the United States. The *Saturday Evening Post* and other magazines have given the proposed experiment wide publicity.

All of this propaganda points to the British plan as being highly successful.

However, a serious defect in the British system has come to light, because a study of the records shows that addiction is growing in that nation, especially among the young. Before 1950 Britain had fewer than 300 addicts, according to official records. In 1959 a total of 454 were listed. But by 1966, the last year for which complete

figures are available, the number had tripled, with 1,349 being recorded.

Worse yet were the findings regarding juvenile addiction. When a check was made in 1959, Britain had no known narcotics addicts under twenty years of age. In 1966 it had 329 listed in this young age bracket. Of course the Home Office records include only those registered for drugs, and there are still unregistered addicts in Britain. Who knows how many? According to William Deeds, a former undersecretary of the Home Office, there are probably more than 4,000 addicts in England.

Why this increase?

Searching for an answer, British investigators have found a clue. The oversupply of legal drugs has resulted in a black market. This is the way it has worked. Addicts, discovering they can get through legal clinics more narcotics than they actually need to satisfy their cravings, began peddling them to unregistered persons. This places the drugs in the hands of youngsters, who wish to experiment and who in turn become hooked on heroin or some legally prescribed narcotic. An increase in juvenile addiction results.

Despite the increase in addiction, the number of doctors trained in treatment procedures and willing to undertake such cases remains unchanged. Many physicians feel they cannot take on new patients requiring addiction treatment.

Medical quackery in prescribing narcotics for persons not eligible as registered addicts has also added to the problem. One physician was fined approximately \$4,000 after having been convicted of seventeen violations of the British narcotics law. He was found guilty of issuing prescriptions in a subway station without making required medical examinations or keeping records.

Violations of this nature have resulted in certain changes in regulations. Under the new rules individual doctors are prohibited from prescribing narcotics. Such prescriptions will now be issued only by designated hospital clinics. These clinics, it is hoped, will reduce overprescribing and thus cut down on the narcotics now feeding into the black market and creating new addicts.

Tougher prescription laws appear to be still needed. While it is generally considered necessary to hospitalize a patient for forty-eight hours for observation to determine what dosage his addiction requires, the new regulations do not make hospitalization compulsory. Only approximately 10 percent of Britain's addicts submit voluntarily for such hospital tests. If a larger percentage did submit, the country's overcrowded hospitals would be hard put to find beds for them.

Despite these efforts to remedy the defects in that country's "free dope" system, the English experiment does not appear to be the success that some propagandists have been claiming for it.

Now that the experiment is showing signs of failure in England, there is, of course, less justification for trying it elsewhere. Many persons who know the deadening effects of addictive drugs are appalled by the dangers that lurk in the experiment.

Some are also opposed because of moral questions involved. They feel that in establishing Government-sponsored "free dope" clinics, they and other taxpayers are made accessories to a scheme designed to make an addict more comfortable while he commits suicide by degrees.

Others are opposed because they believe the proposed clinic system would create another privileged class—"the free dopers"—and further extend the welfare state. Investigations have disclosed that the United States now has thousands of persons living idle, debauched lives on welfare funds. To have to support more irresponsible persons in vicious habits does not appeal to the average hardworking taxpayer.

"But," argues the proponent of the British experiment, "these free shots and free pills keep the addicts from committing criminal acts to get the stuff. It would reduce jail and court costs, and actually be cheaper on the taxpayer in the long run."

This argument is questionable at best. The British figures indicate that the establishment of "free dope" clinics may encourage many youngsters to experiment with drugs, and the experimentation may lead to addiction. In legalizing drugs and removing the aura of criminality, we would also be giving narcotics a cloak of respectability.

This would aid in giving impressionable, adventurous teen-agers the mistaken notion that society approves or at least condones drug addiction. They might therefore conclude that addiction is not the evil that it has been painted to be. So, with their fear of addiction lessened, it would be easier for their tempters to persuade them to try a shot "just once."

These then are the dangers in the free clinic experiment. It is always much easier to stop a Government program such as this before it gets started than after it is accepted.

While those advocating free clinics have not agreed on any one plan, the proposal of the New York Academy of Medicine is the one most publicized. It proposes the establishment of clinics to be operated with general hospitals throughout the country. These clinics would be open twenty-four hours a day, seven days a week. Addicts would be issued identification cards, which they would be required to present to obtain their drugs. In theory, these cards would prevent them from obtaining more than their quota, and from getting drugs at more than one dispensary.

Also, according to this plan, addicts would first have to undergo initial hospitalization that would establish the existence of addiction and provide for medical and psychiatric diagnosis. The purpose of these examinations would be to determine the patient's minimum needs for narcotics.

This raises another question. Will any "minimum" quantity continue to satisfy a real addict?

Many students of addiction are convinced that it will not. They believe that the whole theory of the free clinic is impractical because of this. They contend that receiving a minimum quantity of narcotics will not continue to satisfy the addict, unless it is enough to blot out his withdrawal symptoms and at the same time give him the stimulation he craves. They point out that while it is comparatively simple to determine the minimum quantity necessary to keep the addict from discomfort, this dosage will not satisfy the average addict. He will always crave more.

There are also other defects in the clinic plan. It would be difficult to guard against card forgery and multiple registration under different names. Many addicts, too, who are not satisfied with the prescribed dosage, would seek additional narcotics through illegal sources. So the illegal traffic would not be eliminated.

It is significant that, after giving it careful consideration, the American Medical Association Council on Mental Health went on record as opposing the free-clinic plan.

Certainly the best defense against drug addiction is prevention, not cure. And Government-operated clinics, prescribing free drugs, are not the answer.

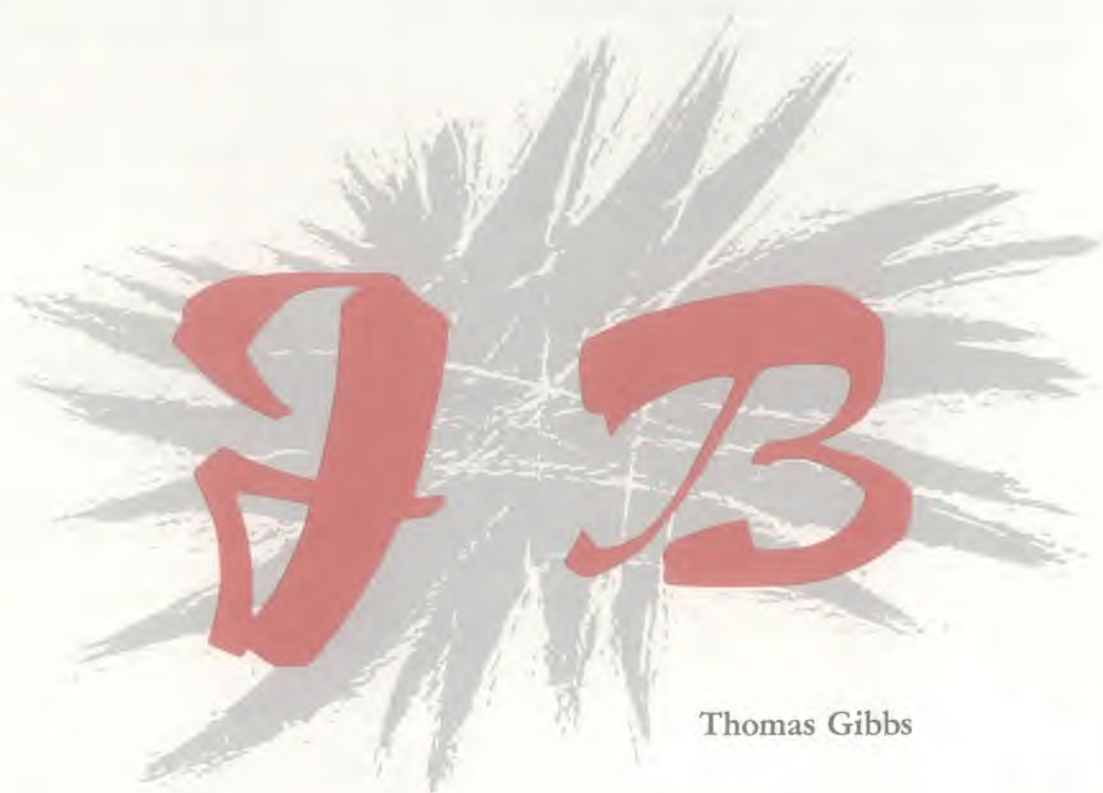
Air Pollution

Mildred N. Hoyer

One wonders
If, after all,
It's as bad,
This taint,
As the kind
With which
We crowd
The mind.

They say
that "pot"
isn't so bad
after all.

How about it?



Thomas Gibbs

THE DOOR slowly opened a mere crack. From behind a voice sounded: "Yeh, man, what's happening?"

"Does J. B. live here?" I asked. Then it hit me—the sharp sweet smell of burning incense drifting from the darkened room.

Soon a tall, dark, long-haired individual approached the door. "Oh, no!" I whispered inwardly. "J. B.—a hippie?" "Yeh?" he projected.

I was stunned. We had attended prep school together, in fact were teammates in football and baseball. J. B. had never been a problem student. He had his part in practical jokes, but never in anything "way out." All I could manage was, "Remember me?"

"Hey, Tom, it's been a long time! Come on in, man." With that bit of recognition I entered the apartment. As I looked for the incense I suddenly remembered that incense is used as a cover for marijuana because of the similar sweet and nauseating odor. When I noticed several cigarette-shaped rolls of paper and grasslike substance, I knew that J. B. was a "pothead."

One shock succeeded another. For a hippie apartment this one was not at all as I would have pictured it. It wasn't dirty, bare, or cheap, but actually quite appealing. Several paintings hung from the walls; the furniture was handmade of finest redwood. An attractive woven mat covered the floor, and burlap of contrasting color draped the picture window and glass door. Puzzled, I listened to my old friend.

"Tom—man, I'm glad to see you. I've got some real news!" Noticing my bewildered expression, J. B. went on enthusiastically. "You know science says this stuff isn't habit-forming. In fact, it leaves no hang-ups or hangovers. Why, they say it's better for you than liquor."

I was tempted to retort, "Who said liquor was any good for you?" but I kept silent, interested in learning firsthand the philosophy of one of the so-called flower people.

"For that matter," my old classmate continued, "I'll bet they legalize the stuff soon. Why, it's already in the courts."

I wasn't up on all this new information. Was pot so bad after all? Could the harmful effects attributed to this drug be unfounded? At least J. B. sounded convinced.

Wanting to find out more, especially how this way of life affected college, I asked him about his studies.

"Oh, college. That's a drag, man. Why, at the best you'll end up in an eight-hour-day rat race called a profession." He spoke with certainty, as if again he had found a new truth to share with one still unenlightened.

I couldn't believe it—my friend caught up in the pseudophilosophy of the dropout. Was pot the reason for this sudden and complete change, or was dropping out the reason for using pot? The merry-go-round was beginning to look like a vicious circle.

I pondered, too, about his new "in" look. With concealed objectivity I studied his yellow plaid, bell-bottom pants, black shirt with pink flowers, six-inch cuffs and

collar in white, and his shoulder-length hair. I wondered if this rejection of former environment was due to the use of marijuana. Whether it was or not, J. B. undoubtedly felt he had found a more satisfying way of life.

As I noticed him putting on a jacket, I realized that he must have plans, and I made ready to leave. Walking with him to the door, I listened as he explained that he was going to see a new singing group that "really turned on, man." And once again he warmed to his apparently favorite topic—the new life he had found.

I headed toward my car in a daze, scarcely believing the encounter with my old friend. He actually thinks he knows what life's all about, I thought, perplexed. How could such a change occur in such a short period of time? How did this reversal happen to a person of strong ambitions and a good background?

The next time I went to visit him, his friends told me that he didn't live there anymore. He didn't pay rent or buy his share of the food, they said, so they'd asked him to move. This time he did live in a typical hippie environment. He was now established in the "community house," where several men and a few girls promoted the concepts of psychedelic living.

Later, I learned that J. B. was in trouble. When the house was raided for drugs, he was arrested and bonded for \$5,000, the police placing him under the protection of his family who lived out of state.

I was no longer confused. J. B. had been mistaken about his new way of life. The real effects of pot were not in getting a person "high," but in negating his ambitions, his goals, and his judgment. I hoped my old friend had discovered this reality.

As it had been three weeks since the raid and I had not heard from J. B., I went to visit one of his friends. No sooner had I walked in the door than one of his old roommates blurted out, "J. B. is dead! They found him in the kitchen of his home shot up with heroin. They don't know any more."

Apparently his folks had been abroad when they received the news. J. B.'s mother had suffered a nervous breakdown and his father was threatening all kinds of legal action. All of J. B.'s friends were afraid of a full-scale investigation.

In my mind I carried on an investigation. Obviously J. B.'s whole perspective had been changed by his use of drugs. The most tragic effect was his inability to realize what was changing in himself. He had lost his judgment; he had lost his willpower; finally he lost his life.

THE TEST



ENGLAND, beset by an average of twenty deaths a day on its highways and country lanes, has gotten tough with its drivers, especially the man who drinks and drives.

Last fall it put into effect a new road-safety act, which makes it an offense to drive with more than 80 milligrams of alcohol in 100 milliliters of blood, which

is deemed an impairment level, not necessarily a drunk level. Although a 1962 law made provision for the courts to take account of blood alcohol levels, convictions depended mostly on evidence of how the accused was driving or of how he looked and behaved. This emphasis on observable evidence usually meant that one had to be obviously drunk before being convicted.

"There have been occasions, too, when juries have been sympathetic to motorists," Mrs. Barbara Castle, former minister of transport, said. "The feeling that 'there, but for the grace of God, go I' is reflected in some verdicts."

Under the new act the police have power to give a breath test to anyone who has been drinking and anyone who has committed a traffic offense of any kind while on the move. Police also can test any driver involved in an accident. Under this new road-safety law, road casualties have dropped 13 percent.

"A lot of people," Mrs. Castle continued, "have said they would find it easier to keep within the new law if I published conversion tables, showing how many drinks will produce a given blood alcohol concentration. I am against this because the amount of alcohol needed to produce a concentration of 80 milligrams varies widely according to the driver's constitution, whether he drinks on a full or empty stomach, the period over which he drinks, and so on.

"The way in which these factors interact is so complex that no table can allow for all the possible variations. Therefore I can give no firm rule about how many drinks make the level limit of 80 milligrams. It would be wrong to lay down a conversion table that might keep most people within the law, but still leave a number of them with their ability impaired.

"In any case, drivers must not go around thinking that impairment through drink starts at 80 milligrams. As I have already said, impairment begins far below that level for most people. To try to drink 'up to the limit' would be completely irresponsible. We must all realize that a great many motorists would be impaired, some seriously impaired, even if their alcohol level was less than the legal limit.

"The only completely safe rule is not to drive after drinking. And whatever you do, never drive after drinking on an empty stomach; never drive after drinking if you are unused to drinking; never drive if you feel that you are at all affected by drink."

Drivers Put to the Test



ENGLAND'S breath test for suspected drinking drivers has received rather humorous treatment in the press. Since its inception last October, it has been the subject of endless cartoons and tongue-in-cheek articles about the increasing use of bicycles and the value of an abstemious wife who drives.

What is most often overlooked in the news, is the overwhelming evidence of accident statistics before and after the test. During the Christmas holiday of 1966, there were 4,239 automobile accidents in England, resulting in 5,792 injuries and 158 deaths. During Christmas of 1967, just two months after the beginning of the test, there were 3,096 accidents, resulting in 3,931 injuries and 98 deaths.

Sixty more people lived to celebrate the 1968 New Year, and there is little doubt that those sixty people, whoever they are, owe their lives to the test. And 1,861 fewer people spent the days after Christmas in pain, while 1,143 fewer accidents took place. An estimated 1,000 lives will be saved in 1968.

Largely responsible for the test and the Road Safety Act is

Mrs. Barbara Castle, then England's red-haired and vibrant minister of transport, now a secretary of state. Although understandably proud of the immediate success of the test, Mrs. Castle believes the record still leaves room for improvement. She says, "Ninety-eight deaths are still ninety-eight too many. We cannot afford to be complacent."

One of the reasons the test is working so well is fear; fear of a hundred-pound fine and four months' imprisonment, plus automatic loss of driver's license for one year. Refusal to take the test brings the same penalties as flunking it.

Some supporters of the test cite scientific evidence that an alcohol blood content of 50 milligrams is the point at which the accident rate rises appreciably. This fact makes England's new Road Safety Act in drawing the line at 80 milligrams extremely generous with the drinking driver.

But, whether the law is generous or strict, the fact remains that during the Christmas holiday of 1967 in England, sixty people were saved by the test.



The test apparatus consists of a glass tube and mouthpiece attached to plastic bag. The suspect driver blows through the tube. If blond crystals inside turn green enough, he goes to the station for further testing, which includes a sample of his blood.





- ◆ The test has forced many of England's drinkers now to rely on buses and cabs. Changing transportation habits, not to mention drinking habits, prove that the test is working.



- ◆ Mrs. Barbara Castle, former minister of transport who started the test, does not drive. She has since become secretary of state for employment productivity, the government's most influential woman.



- ◆ Policemen approach a suspected driver and tell him that he will have to take the breathalyzer test.



- ◆ While the suspected drinking driver watches, the police assemble apparatus for the test.



- ◆ The glass tube with the mouthpiece attached is inserted into the plastic bag. Blond-colored chemicals in the test tube will turn green when drinker's breath is blown through them.



- ◆ The suspected drinking driver blows through a chemical-filled glass tube into a plastic bag.



- ◆ The tube showed up quite green, so the driver is taken into custody. He must leave his car behind and go to the station house for further testing.

The second breathalyzer test turned green too, so suspect is given a blood test. If the lab test shows more than 80 milligrams of alcohol in 100 milliliters of blood, he is in trouble. ◆ ◆

Pending the results of the blood test, he is free to go, without the keys to his car, which the police impound until results are in from the lab. ◆ ◆



Is Smoking R

LISTEN Interviews Dr. William H. Stewart, Surgeon General, Public Health Service, U.S. Department of Health, Education, and Welfare

Surgeon General William H. Stewart addresses the World Conference on Smoking and Health meeting in New York.



Dr. Stewart, in a few words what are the health effects of smoking?

In simple terms, it all boils down to this: Cigarette smokers get sick more often and tend to die sooner than do non-smokers. Many sicknesses and early deaths could be avoided were it not for smoking.

What is the present status of the smoking "controversy"?

I am convinced that, in one important dimension, our controversy is no longer controversial. The proposition that cigarette smoking is hazardous to human health long ago passed the realm of possibility. It has now gone beyond the probable, to the point of demonstrable fact.

But doesn't the health warning on the cigarette pack say that smoking "may be" hazardous?

We no longer need to use the conditional tense of the verb. The sentence with which all of us are familiar—"Caution: Cigarette smoking may be hazardous to your health"—is inadequate as a description of the present state of our knowledge. Cigarette smoking IS hazardous to health.

Would you say that all question on this point has now been removed?

This is no longer a matter of opinion, nor an evangelical

slogan. It is flat scientific fact. Establishing it and demonstrating it is no longer our goal; rather, this scientific fact is our starting point. We begin here.

What is the next step?

We must pursue, as we are now doing, a threefold program. First, the investigation of a less hazardous cigarette for smokers who are unwilling or unable to give up smoking; second, a program of persuasion for smokers to stop their habit; and third, a program of prevention, particularly toward youth, advising them not to start the habit.

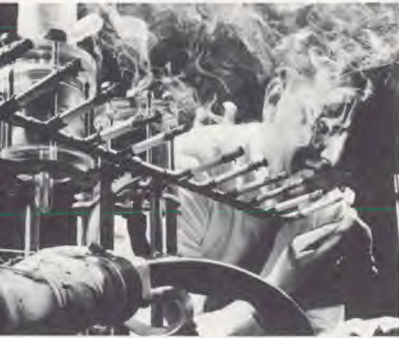
Are these three in the order of their relative importance?

They are in reverse order, with primary emphasis being given to the last of the three. Prevention is the best approach to this problem, but still moderation in smoking is a factor in those who are smokers, since the evidence shows that the more an individual smokes the more he is liable to suffer the consequences.

What about this matter of a "safer" cigarette?

We prefer to use the expression "less hazardous." At present there is no such thing as a "safe" cigarette. We doubt that such a thing exists; it probably never will be found. However, there is a task force investigating this question, with outstanding

ally That Bad?



Experiments continue to be carried on in the laboratory, but they only increase the evidence indicating that smoking does endanger health.



Freckle-faced Jimmy learned at school about the Smoking Dragon, and eventually persuaded his father to quit smoking. This booklet, for grade-school children, produced by the New York State Department of Health, illustrates the material being used to warn young children away from the habit of smoking.



In high schools across the country students listen to talks by eminent men on the subject of smoking.

ing scientists working with the group, including three from the tobacco industry.

Is progress being made to persuade smokers away from their habit?

On the basis of the latest studies it seems as if the trend of cigarette consumption is now going down. This is the first evidence of a change in that direction, and it is encouraging. It is evident that the percentage of smokers, particularly among young people, would today be much higher if the trend of tobacco usage had continued upward as it was before the Surgeon General's report appeared.

Is this downward trend appearing among both men and women?

Among male smokers a drop is now quite evident. On the other hand, it seems that more women are taking up smoking. Perhaps this is due to a myth that has been widely circulated that women don't get lung cancer. However, the incidence of lung cancer is increasing among women; it is tied in directly with the amount that they smoke. Massive smoking is a new phenomenon among women; they tend as a group to smoke less than men.

To what would you attribute this beginning downward trend in smoking?

It results, I feel, from the educational program that has

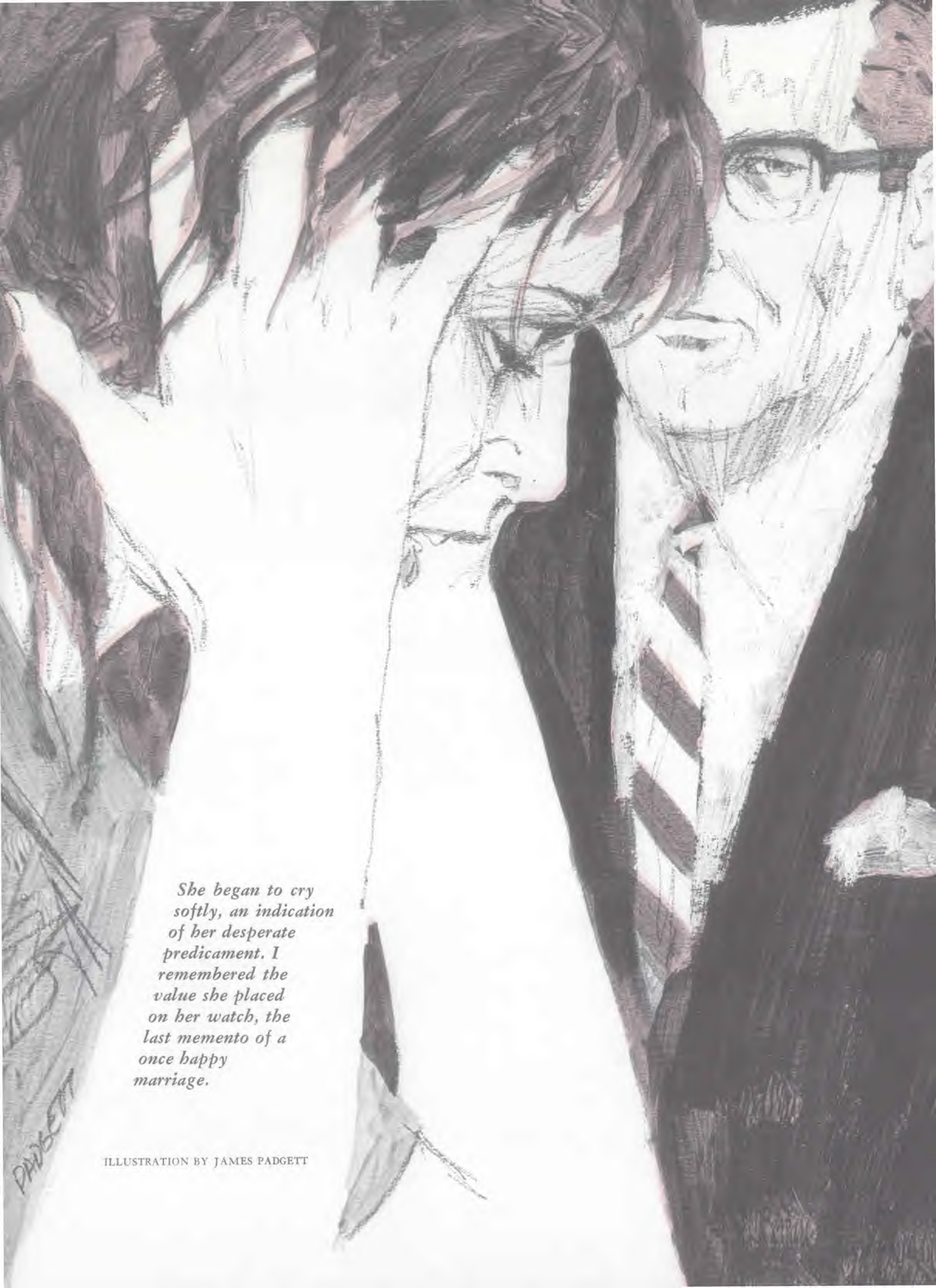
been carried on through the past few years and the information now widely available across the country. It may come also from a change of attitude and habit among parents, since parental example is a tremendous factor in this matter of smoking as far as young people are concerned. Take an example: A father struggles to quit smoking, but finally says he can't quit. The very fact that he struggles to quit and cannot do so may have a tremendous effect on the teen-agers in that home and serve as a warning not to begin the habit themselves.

Do you have teen-agers in your home, Dr. Stewart?

Yes, two teen-age daughters. They do not smoke, the reason probably being that their mother does not smoke. They simply have not seen cigarettes around the house at all. Parents do have a great influence on their children, even though at times it may not appear so.

Is smoking an addictive habit like other drug habits?

Smoking is more of a social habit, and cannot be placed in the same category as other drug habits. It is not an addiction as such. A person smokes in order to sharpen reality as well as to conform to social custom. He adopts other drug habits usually in the attempt to flee from reality. The use of alcohol is an effort to soften reality. These various habits can hardly be put into the same classification. (To page 14)



*She began to cry
softly, an indication
of her desperate
predicament. I
remembered the
value she placed
on her watch, the
last memento of a
once happy
marriage.*

ILLUSTRATION BY JAMES PADGETT

Keepsake

G. Z. Patten

SHE cautiously opened the door to her small upstairs room. She wasn't expecting me, and her startled expression quickly changed to one of shame and despair. She stared at me through half-closed eyes; her thin, parched lips seemed unable to ask me in.

She had called me earlier to ask me to drop by when I had time, but the shocking reality of my coming created only embarrassing silence. Only when I asked her if I might come in did she nod and open the door farther to let me pass.

The tiny room was cheaply furnished. Between the disheveled bed and a crude dresser was an empty dust-filled space. Earlier she had asked if I knew of anyone who might buy her television set, and evidently she had found a buyer. A stained coffee pot stood neglected on a hot plate; beside it, on the cluttered counter top, was a half-filled pint whiskey bottle.

Her eyes followed mine as I glanced around the room, but they suddenly stopped, and she seemed to be staring contemptuously at the whiskey. I sat down on the threadbare sofa and watched her nervously trying to smooth her wrinkled dress. Her dirty bare feet harmonized with the mood set by her neglected hair which she uselessly tried to put in place with shaking hands. She looked at me again; and then, still without saying anything, she stepped toward the dresser, picked up her watch, and handed it to me.

"My husband gave me this watch," she said. "Please see if you can sell it for me."

She began to cry softly, an indication of her desperate predicament. I remembered the value she placed on this watch, her last memento of a once happy marriage. Now the eight ounces of whiskey she had left would only increase her insatiable desire for more, and she was keenly aware of this. She needed another bottle more than she needed to hold on to her treasure.

As I held the gold watch, my mind flashed back several years to the time when I first met her. She appeared at my office one morning to answer my newspaper ad for a secretary. When I arrived, she was sitting quietly in the reception room reading a magazine. The receptionist was

talking on the telephone, so I introduced myself and asked her to come into my private office.

Her apparent age and that shown on her application differed widely. The paper I was holding said forty-two, but she didn't look a day over thirty. I looked at her carefully. Her dark hair was cut short, and the smooth skin of her young face was complemented by the right makeup. Her only jewelry was a small gold watch on her left wrist. She wore a smart two-piece suit.

Her qualifications as indicated on the application far exceeded the standards for the job. But the space marked "former employers" was blank, and this indicated the need for thorough questioning. Before I could ask the first question, she rose and walked to the open door and quietly closed it.

"You will notice," she said, "that I haven't listed my former employers. In all honesty, there are some things in my past which I can't put on paper. With your permission, sir, I would like to explain them to you."

Without hesitation she explained that because of her heavy drinking over the past ten years, she had drifted from one job to another. Her husband had left her two years before, and this had aggravated her condition until she was unable to work at all. Even during brief periods of sobriety she was afraid to ask for a job for fear she would be refused or wouldn't be able to hold the job even if she did get it.

Five months before this interview she was penniless; on her way to pawn the watch her husband had given her as a wedding present, she had collapsed in the street. She stayed in the hospital three weeks. When she left, one of her former employers arranged room and board for her until she could find work and support herself. Soon she had taken a job as a laundress, for this required no explanation of her past, and the long hours left her little free time that could constitute a threat to her sobriety. At the age of thirty-two she had been the highly respected secretary to the president of a large corporation; ten years later she was barely able to manage on her meager earnings from the laundry.

But she was different this time. She always wore her

little watch to work, then put it in her pocket so the steam and detergents wouldn't harm it. Instead of resenting this job, she was grateful for it, and she tried to do more than she was asked to do. Her heart was in her work, for her downward spiral had stopped; she was on the way back up.

Now, as she sat in my office, she had not had a drink in five months. She explained that this was the first time she had had courage enough to ask for a job in her old field of secretarial work, but she was ready to try again if I saw fit to hire her.

She reported to work the following week as scheduled, and her presence was a welcome addition to the organization. Her firm but gentle manner influenced everyone, and the overall efficiency of the office rapidly increased in the months that followed.

Unfortunately, the business failed six months later. I dreaded telling my secretary that we were closing, for I was afraid of what this might do to her. I assured her that she would have no trouble securing another position. She accepted this in her usual serene manner and expressed concern over my financial crisis with little thought for her own unemployment. Upon my recommendation a friend of mine hired her, and she started to work there the following week.

Later I accidentally met her in a restaurant. She told me all about her new job, her new friends, and the joy she was still finding in her new way of life.

"Do you have the time?" she asked. "My watch seems to have stopped."

I looked at her wrist and saw that she was wearing the little gold watch she had on when I first met her. When she left I felt a sense of loss, for the days we spent together were happy ones. I hoped to see her again, and I promised to keep in touch so that we might get together occasionally.

Now, holding the gold watch in my hand, I took a twenty-dollar bill from my billfold and gave it to her.

"I'll buy the watch," I said, and I put it in my pocket. I rose from the couch, opened the door, and left.

I still carry the watch with me every day. Someday she will try again, and I will have it for her. Until that time I keep it with me as a constant reminder that only by God's grace have I been able to maintain my own sobriety.

IS SMOKING REALLY THAT BAD?

(From page 11)

Why do youth start smoking?

Smoking is a symbol of adulthood. Also it is the prevalent custom of the society in which we live. Youth start smoking because others do it. It is a matter of social pressure.

Is advertising also a factor to influence youth in this direction?

Yes, this is one of the major factors to persuade young people to start smoking.

Where does Government come into this picture?

The Public Health Service cooperates with other agencies, such as the Interagency Council on Smoking and Health, the National Education Association, and others, in a program of public education. The PHS furnishes information packets and other materials appropriate to the groups involved. Its main work, educationally speaking, is done through these voluntary agencies.

In order to discourage the smoking habit further, the PHS is supporting legislation in Congress to put a stronger label on cigarette packages indicating that smoking is (not "may be") a hazard to health, also legislation requiring that the tar content of various cigarettes should be listed so as to give the smoker a choice of the lower-tar-content cigarettes if he continues to smoke, and further, legislation to include the health warning in cigarette advertising both in publications and on radio and television.

Is there a good possibility that Congress will pass these bills?

There is today a much greater awareness in Congress concerning the smoking problem than before, and there are more members in Congress informed on this subject. Thus, there is now more of a chance than previously for passage of this kind of legislation.

Is there less smoking among professional groups today than formerly?

Among medical people there has been a drop in smoking. This is plainly evident. Perhaps this is also true among other professional groups, though evidence of it is not as clear.

How do you approach young people to persuade them not to smoke?

I present the straight facts. I appear from time to time on radio and television in connection with youth programs, and I give the evidence from medical and scientific studies. As to specific approaches in the overall educational program, I leave that to others. This is a specialized field outside of mine. But I try to show that the evidence against smoking has resulted from what might be called a scientific multiplicity over a long period of time. It is not something just discovered overnight, but proof that comes about as the result of different approaches by authorities in many fields, all coming eventually to basically the same conclusion.

What is your opinion of the future as far as smoking is concerned?

It takes time and effort and a tremendous educational process to change established habit and to persuade people to adopt habits that are more conducive to health. Especially is this true when taking into consideration pressures from advertising and established custom. However, progress has been made and will continue to be made in the future. I am confident that thinking people will consider carefully what has been found about smoking, and what is now being found, and will use this information in making their decisions relative to their personal habits.

Parents Said to Be Too Lax With Teen-agers

M.D.'s "Soft" on Drugs

California's doctors have been told that it is time for them to stop being "soft" on drugs and to get involved in the nation's mushrooming drug problem.

The advice came from a group of physicians who have, in one way or another, themselves become involved in the treatment of drug abusers.

The strongest statement came from Dr. Joel Fort, who urged his colleagues to "drop in" on the problem of drug abuse.

"The physician has a preoccupation with people," he said, "and with striking at the roots of disease. I urge you to 'drop in' on the problem. The doctor should take a role in reforming society. He should recognize that if he does not, he's merely reflecting what is sick and hypocritical."

Dr. Fort also appealed for reforms in laws governing drug abuse to remove criminal penalties so that abusers may be treated as patients. Present drug laws, he said, are soft on drugs and hard on human beings.

Smoking Is Bad—Or Worse

Cigarette smoking seems to affect the human body in a way that may make smoking more dangerous for some persons than for others, scientists have found. This discovery might lead to a predictive test to tell smokers how much risk of lung cancer their smoking may involve.

The research group has found that body tissues of smokers contain an enzyme called benzopyrene hydroxylase. They have not found this in nonsmokers and therefore suspect that something in the smoking habit stimulates production of the enzyme which breaks down a chemical called benzopyrene.

Benzopyrene is found in the condensed material—usually called tar—from cigarette smoke. When this substance is painted repeatedly on the skin of laboratory animals, they usually develop skin cancer.

There are several related compounds in cigarette smoke that can have this effect. Benzopyrene is believed to be among the most powerful.

The presence of benzopyrene in cigarette smoke tar was one factor that made some scientists suspect, years ago, that a link between smoking and lung cancer does exist. Such a connection has now, of course, been clearly proved.



Joseph W. Martin was elected to the Massachusetts Legislature at the age of twenty-seven and began a long life of public service which led to his serving as Speaker of the National House of Representatives.

Joe Martin Kept the Pledge He Signed as a Boy

In eulogizing the late Joseph W. Martin, long-time Congressman and Speaker of the House for many years, Rep. Thomas B. Curtis of Massachusetts told the following story:

"What I am about to say about Joe Martin may be unknown by others. Joe Martin totally abstained from alcoholic liquors. He abstained because as a little boy he promised his mother that he would not use alcoholic liquors.

"The years rolled by, and Joe had reached an age where many people have physical checkups at frequent intervals. During the course of such a physical examination Joe was advised that a little liquor, perhaps one drink at the close of the day, would be good for him physically.

"It bothered him. He did not want to do it. He did not want to violate a solemn commitment that he had made to his mother.

"He boarded a train, left Washington, and sought the advice of a specialist in the field of medicine who had demonstrated unusual knowledge and skill in many things, including care of the heart.

"Joe told him about the advice that had been given to him. That distinguished physician proved his greatness by telling Joe Martin to reject the advice of the prior physician and adhere to his commitment that he had made as a little boy to his mother."

By their own testimony substantial numbers of parents admit that they would not themselves restrain their own teen-agers from going steady, drinking beer, dropping out of school for a year, petting on dates, drinking hard liquor, or going to a hippie "be-in."

According to a recent survey, parents do draw the line on teen-agers' smoking marijuana or taking LSD. Eighty-four percent say they would forbid their children's indulging in such drug usage, and nearly all the rest report they would try to influence them against experimenting with drugs.

Drug usage among teen-agers from middle- and lower-income families is reported much less often than from higher-income families.

The survey shows that fathers tend to be much stricter than mothers in their views about teen-age behavior. For example, a considerably higher percentage of fathers than mothers would forbid their sons to let their hair grow long. Opposition to miniskirts, however, is expressed by one third of fathers and mothers alike.

Parents who view this generation of teen-agers as "much different" from their day cite as their top reasons: "Parents are not strict enough," "Parents don't tell them the right way to act," "Teen-agers are spoiled and have too much money," "Teen-agers have gone wild," "Teen-agers travel more now," "The world has become too competitive."

In contrast, those who see at most only a little difference in the generations report: "We had the same faults when we were their age," "There is just more publicity these days," "Only a few teen-agers turn out to be hippies."

Efficient Gardeners

The hippies are certainly efficient gardeners—they wear the flowers and smoke the weeds.—*Leisure*.

In This NEWS

★ Maybe drinkers can't dream in the right way. See page 16.

★ What is America's favorite beverage? See page 17.

★ Does money help make people happier? See page 18.

Fewer Smokers Enjoy It Less

Cigarette smoking may be declining for the first time since the Surgeon General's report in 1964 linking smoking and cancer.

Daniel Horn, director of the National Clearing House of Smoking and Health, says that previously unpublicized United States figures show a decrease in the number of cigarettes manufactured and the number removed from warehouses for distribution to consumer mar-



If the new trend keeps up, smoking will eventually be left only to Smoking Sam and Modern Millie, manikins who are being used to show teen-agers the dangers of smoking.

kets for November and December, 1967, and January, 1968, compared with the corresponding months a year earlier.

This is the first time since the report of the Surgeon General that such a continuing reduction had taken place, he says. Immediately after the report, the figures fell and then have climbed steadily ever since until the year-end decrease in 1967.

Mr. Horn says the new data is "an enthusiastic sign that finally we're beginning to make progress in the war against cigarette smoking." The size of the reduction suggests that there may be about 1.5 million fewer cigarette smokers currently than a year ago despite an increase in the population of about three million.

He says that no one "dramatic incident" has caused the apparent decline but that it's "an accumulation of concern by smokers that finally has begun to result in behavior change."

He believes that one of the reasons for the downward trend is the "pervasive publicity about the dangers of cigarette smoking in the press, on radio and television, and in the schools." Also, apparently more smokers are giving up the habit, and this gives a "supportive atmosphere" for others who want to quit.

The "downward trend" also is evi-

dent among teen-agers. The survey shows the following:

Smoking seems to have declined as much as 9 or 10 percent among certain age groups.

There is an "overwhelming awareness" among teen-agers that smoking is a hazard to health.

Few teen-agers expect to be smokers five years from now.

Smoking by parents has an important influence on the habits of the young.

The survey places the national smoking level among seventeen-year-olds at 25.6 and 15.7 percent for boys and girls respectively.

Can Drinkers Dream Right?

"A man who drinks himself to sleep nightly doesn't dream—at least not in a normal manner."

"That's bad. Mighty bad," asserts L. M. Boyd in his Roanoke Times column.

"Dreams are said to keep a fellow in shape emotionally. So when he fails to dream properly night after night, the old boy isn't getting his psychological medicine, and without same is apt to become odder and odder."

"Such is the theory about why men who drink themselves to sleep every night tend, as the years go by, to behave in a progressively peculiar manner."



Hangovers

That morning-after headache and the swollen-headed feeling suffered by those who use alcohol too freely are due to water retention—not dehydration as is often supposed.

Drs. David H. Knott and James D. Beard of the University of Tennessee in Memphis say that dehydration increases only while levels of alcohol increase. As soon as a plateau or fall in blood alcohol is reached, diuresis stops and water retention takes place, including a "cerebral edema" that causes the headache.

DMSO Drug

The drug DMSO, dimethylsulfoxide, is playing an important role in preserving tissue and viruses in cancer research.

Dr. Robert E. Stowell of the School of Medicine at the University of California's Davis campus, says that the use of DMSO and similar substances permits long-term freezing of tissue and cells without damage to their structure or function.

Rapid freezing causes ice crystals to form in cells, sometimes killing the cells. Agents such as DMSO, however, penetrate the cells and bind to the water, thereby preventing crystallization damage, Dr. Stowell says.

Blood Fractions May Fight Disease



In the new Red Cross Blood Research Laboratory in Bethesda, Maryland, Dr. Nelson Groh attempts to determine the exact physical structure of two important blood components—transferrin, which carries iron, and ceruloplasmin, which carries copper. Such blood fractions are replacing whole blood and plasma in medical applications and could be specific against a disease or group of diseases if their absence is a cause.



"The name is to remind us how we got this boat!"

Beer in Your Pancakes

The Brewers Association is launching a campaign in the United States to promote the sales of beer to "gain our fair share of the consumer's beverage dollar."

According to the *Brewer's Digest*: "We should hit harder at the idea of beer with food, beer with meals. The wine people do it because that's where wine fits. But beer belongs at mealtime too. Actually, it should be easier for us because we're far more a nation of beer drinkers than wine drinkers."

"An offshoot of beer with food of course is beer in food. All of us know what great things happen when you use beer rather than water in pancake batter or add it to a cheese sauce. But what about the twenty-two-year-old housewife who is trying hard to become a better cook? Does she know? Have we

ever told her—and often enough?"

The *Brewer's Digest* plans to direct more beer advertising to women and youth "to assure ourselves a fair share of this expanding market."

Need a Heart, or Lungs? —Go to the Deepfreeze

Long-term freezing of hearts, lungs, kidneys, and entire gastrointestinal tracts so they will be quickly available to replace diseased or nonfunctioning parts of the human body is being tested at the University of Pennsylvania Hospital in Philadelphia.

Dr. Herndon B. Lehr, a plastic surgeon who created the hospital's skin bank, said to be the nation's first, will be the principal investigator under a three-year \$300,000 grant from the John A. Hartford Foundation.

What Americans Are Drinking

TABLE 1

Consumers of
Selected Beverages

Beverage	Percent Users
Fruit juices	87
Milk	84
Coffee	83
Tea	75
Beer	52
Diet soft drinks	32

TABLE 2

Heavy Users

Coffee	74%
Milk	61%
Fruit juice	51%
Tea	47%
Beer	15%

TABLE 3

Heavy Users

Soft drinks	36%
Diet soft drinks	12%
Hard liquor	5%
Wine	2%

These tables show comparative percentages of users of various competing beverages. Table 1 indicates the considerable differences in the number of users—and nonusers—of each beverage. Tables 2 and 3 analyze the users in terms of heavy usage, a "heavy" user being established as one who consumes one or more containers, glasses, or cups a day.

WHAT WHO? WHAT
WHERE WHY? HOW
WHO WHAT WHEN
WHAT WHO WHEN
WHERE WHY HOW

★ Overweight people are somewhat like alcoholics in that the treatment of a fat person can never be discontinued, even if he finally gets down to "normal" weight, according to Dr. S. K. Fineberg of New York. The overweight patient can only hope to reach a state of "controlled obesity."

★ Beer containing 3.2 percent alcohol will be sold this fall in student unions at Colorado School of Mines in Golden and at Colorado College in Colorado Springs. This is the first time ever that alcohol will be dispensed to students in a public college in the state. (The Denver Post)

★ Cigarette smoking is the No. 1 air pollution problem, say Dr. Ira L. Myers and Dr. Robert Walton, both of Alabama. (UPI)

★ Deep breathing—even breath holding—can help cigarette smokers break the habit, because it provides a psychological substitute for filling up the lungs, according to Dr. Eli Marcovitz of Philadelphia. (AP)

★ Mini-cigarettes that are a quarter inch shorter than regular size cigarettes have been introduced by Canadian tobacco companies. Advertising slogans proclaiming that the buyer of the new cigarette "pays a little less and smokes a little less" are aimed at the smoker who wants to cut down. (Wall Street Journal)

★ There are 1.5 million fewer cigarette smokers in the United States now than there were a year ago, even though the population has increased three million, according to a United States Public Health Service survey. These figures are the first ever to show an actual decline in smokers. (The Los Angeles Times)

★ The number of known drug addicts climbed last year to 62,045, says the Bureau of Narcotics. Nearly half of these addicts live in New York City. (AP)

★ The New York State Council on Drug Addiction predicts that politics will take the place of LSD and marijuana this year for many young Americans. (UPI)

★ Teen-agers in Winnipeg, Canada, are experimenting with sniffing nail polish remover for kicks. The chemicals acetone, alcohol, and amyl acetate in the nail polish remover all depress the central nervous system. (San Jose Sunday Mercury)

★ Some 68 percent of women in the United States are drinkers, compared with 77 percent of the men. Moderate drinkers among the women total 56 percent of those who drink, while 12 percent are "heavy" drinkers, taking at least one drink every day. (Denver Post)

ARE YOU PUZZLED?

Jack Fitch

RING AROUND

	1	2	3	4	5	6	7	8	9	10
1	B	T	F	O	O	L	I	H	L	L
2	S	P	S	S	Y	A	L	A	M	E
3	O	N	C	E	M	A	I	T	S	R
4	A	A	N	E	Y	O	U	R	H	E
5	F	A	U	L	T	T	E	O	U	S
6	R	U	O	E	E	F	O	O	L	A
7	M	E	C	T	W	I	C	E	U	E
8	L	W	D	O	A	A	E	I	T	S
9	D	E	M	Y	I	W	A	G	E	N
10	Y	P	E	S	F	A	U	L	T	L

ACROSS

- 1 Money drawer (4) 8 Behold (2) 3 Turf (3)
 2 Health resort (3) 9 Noise (3) 4 Sunday School (abbr.) (2)
 3 Deface (3) 10 Hebrew letter (2) 5 Affirmative vote (3)
 4 Formerly named (3) 6 Shooter marble (3)
 5 Goddess of dawn (3) 7 Meadow (3)
 6 Regret (3) 8 Ugly woman (3)
 7 Hint (3) 9 Tint (3)
 10 Short for Albert (2)

DOWN

How to Play

All the letters you need are in the puzzle in their proper order. First, ring those **across** which will form words or abbreviations fitting the clues. Then do the same **down**. The number in parenthesis, at the end of each clue, indicates the number of letters to be found. When you have solved the puzzle correctly, the unringed letters will automatically form a well-known saying.

Are You Well-balanced?

A simple and spontaneous self-test to determine who is an incipient alcoholic has been developed by Drs.



A girl with connections is Mary Evans. The hand-held connector enables her to check any one of the more than 5,000 wires in a computer in this testing device. The connection tester uses lights on the inside to show the paths of each of the wires. The maze of ribbon cable (foreground) connects the component being checked with the tester. (UPI)

Alex J. Arieff and Nicholas Wetzell, Chicago specialists.

The test is designed to challenge one's sense of equilibrium and takes only seconds to perform.

Here's the way it goes:

"With the eyes blindfolded, stretch the arms out sideways; then alternate standing first on one foot and then on the other, each time with the other leg bent at the knee. If you can do this without losing your balance, you're sober. If you can't do it without going into a skating or waltzing movement, you may be the victim of vestibular (inner ear) disturbance or your drinking habits are building you up to be an alcoholic," the doctors say.

They describe the test as a more sensitive one for drunkenness than walking a straight line or other physical trials. The "waltzing sign" can ferret out the "hidden" drinker and also a person who is on narcotics. The "skating reflex" disappears only after months of abstinence from alcohol or narcotics.

Government Aids Victims

Alcoholics in Alberta's civil service are getting special treatment.

The provincial government has approved an agreement designed to rehabilitate alcoholics in the service and to assist in providing special treatment for them.

The new policy defines alcoholism as a treatable illness, encourages

the alcoholic employee to seek treatment, allows the same benefits and consideration available to any other sick employee, and will establish a program of training for supervisors to help them identify symptoms of alcoholism.

J. P. Matheson, director of the provincial division of alcoholism, says that 75 percent of adults in Alberta use alcohol and 2.78 percent of these are alcoholics.



Happiness starts early in life, especially if the circumstances are right!

Happiness Is...

Why are some people happier than others?

A United States Public Health Service report offers the following conclusions:

People who report a higher number of positive feelings rate themselves happier, say they are enjoying life more, and are more likely to acknowledge their good spirits.

Young people are happier than elderly people.

Educated people are happier than uneducated people.

People with money are happier than people without money. People earning \$1,000 a year report they are happy 10 percent of the time, while \$10,000-a-year people are happy 27 percent of the time.

Healthy people are happier than sick people.

Tensions Are Not So Bad

A national study of 270,000 men has found that heart disease isn't greatly influenced by the tensions of getting ahead in business.

Instead, heart disease is related to such factors as body build, smoking, eating habits, and social and educational background.

The study shows that executives have fewer heart attacks than others in business. And men who are promoted rapidly, frequently, or recently, or men who are transferred to new departments or new companies have no added risk of heart disease.

Puzzle Solution:

7-Led 8-Hag 9-Hue 10-Al
 1-Boy 2-Awe 3-Sod 4-S.S. 5-Yed 6-Taw
 Down
 7-Cue 8-Lo 9-Din 10-Pe
 1-Till 2-Spa 3-Mar 4-Nee 5-Eos 6-Rue
 Across
 1-It's my fault!
 2-Fool me once it's your fault; fool me twice

TRAVEL is an accepted part of modern living. Jet planes, buses, ships, automobiles speed people all over the earth.

But 125 years ago there were no autos, buses, or planes. Even that "new-fangled invention," the railroad, was in its infancy.

It was against such a background that an enterprising young man began a travel business that has since grown so incredibly that today it has more than 10,000 employees and last year arranged tours for more than 5,000,000 travelers.

"Cook's" is now a household word. A "Cook's tour" is not a trip around someone's kitchen, but a journey arranged by one of the most famous organizations ever developed, the Thos. Cook and Son Travel Agency.

Do you want to go to Zanzibar? Cook's will arrange it. Would you like to scale the Himalayas? Cook's will take care of the details. Care to visit Easter Island? Call the "man from Cook's."

This fantastic travel company today has offices in more than 400 principal cities. Its agents speak almost every language under the sun. It will arrange a tour for one or for one thousand.

It all began back in 1841 in England when a thirty-three-year-old woodworker and temperance writer chartered a train to take interested people to a temperance meeting. Tickets cost 24 cents each; 541 people bought them. This was the first such excursion train. It was also the first time round-trip tickets were ever sold.

The success of this trip from Leicester to Loughborough to the temperance meeting attracted public notice. Soon young Thomas Cook was being asked to arrange tours to other temperance meetings and conventions.

Ten years later 165,000 persons were using Thomas Cook's services in arranging travel details. He used any device to transport people, provided it was safe, comfortable, and reasonable in price. Stagecoaches, steamboats, camels in the Holy Land, elephants in India, high-rise balloons, "horseless carriages"—any type of vehicle was hired.

Today, with air travel so popular, most of Cook's clients journey through the skies, their trips now taking no more than a tenth of the time they took several generations ago.

Although his sensational success in arranging public travel soon occupied most of his attention, and that of his son, John M. Cook, the former woodworker did not neglect his temperance work.

Convinced that clean living, the refusal to drink alcoholic beverages, was God's way for man, he had personally signed the total abstinence pledge in 1836. Convinced, too, that many people drank simply because they were not aware of the danger involved, he published at his own expense the "Children's Temperance Magazine."

In 1844 he published a journal for older young people and adults, "The National Temperance Magazine." Continuing his travel business, he opened the International Home at Brompton, London, the first of a series of hotels he established for tourists. No liquor was served in any of these hotels. Meanwhile the travel business was booming.

With the close of the American Civil War, Cook's arranged a trip for Europeans who wished to see the New World. In 1866 the Cook sightseers traveled around America from Niagara Falls to Mammoth Cave, from Cincinnati to Richmond. In 1872, only three years after the first transcontinental railroad had been joined, Cook escorted a party of twenty-two across the prairies to San Francisco as part of history's first around-the-world tour of its kind.

Cook's success in arranging tours soon brought a very unusual request. He was asked by the British War Office to convey Sir Garnet Wolseley and his suite to Egypt, and later, in 1884, to get 18,000 men and their equipment to location to relieve General "Chinese" Gordon.

Other activities of the travel agency begun by this temperance worker were almost as dramatic. In 1871 Cook's flew in by balloon the first food supplies for the stricken and starving people of Paris, who had just endured a disastrous siege.

With the development of modern air travel, Cook's initiated tour flights all over the world. In 1927 it took a group of sports fans from Chicago to New York to see the Dempsey-Tunney championship bout. In 1930 passengers aboard a trimotor plane were flown from the Holy Land to the "lost city" of Petra, accessible previously only by slow overland journey.

Cook's 1872 trip around the world, taking 222 days, inspired Jules Verne to write his book, "Around the World in Eighty Days." A comparable trip today can be taken by Cook clients in eighty hours!

Thomas Cook made it possible for thousands to visit the world's fairs of his time. In 1851 his clients thronged the Crystal Palace Exhibition in London, called the first world's fair. When the first American world's fair, held in 1876 to celebrate the centennial of the Declaration of Independence, opened in Philadelphia, Cook's clients were present in large numbers.

In 1898 Cook's undertook one of its most prodigious feats, the visit to Jerusalem of Kaiser William II of Germany. The travel agency provided camps of 300 tents, 800 mule drivers, 1,430 mules, and hundreds of servants and other workers.

Even while old Manchu emperors still sat on their thrones, Cook's transported men and women to Peking, Shanghai, and Hong Kong. There were very few places in the world the travel company could not take a person, even then.

The older he grew, and the more he saw of the world, the more Thomas Cook felt that travel developed a person's personality and character. With Shakespeare he agreed that one should "see the wonders of the world abroad, rather than by living dully sluggardized at home wear out thy youth with shapeless idleness."

Today you can take an African safari with Cook's, visit Tokyo or Timbuktu, or motor to Mexico. Name it and Cook's will arrange it all.

What of the future? Cook's is already holding the names of several travelers who have reserved seats on the first public rocket to the moon!

William Folprecht



Thomas Cook in 1841 arranged the first "Cook's tour" to a temperance meeting.

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