

# LISTEN

A  
JOURNAL  
OF  
BETTER  
LIVING

Where  
Tomorrow?





## Where Tomorrow?

On boarding a flight in San Francisco the other day headed for Los Angeles, we found ourselves seated next to a tall fellow, sparsely built, dressed quite unconventionally.

His hair was long, covering much of his face; on his head was a brightly colored band; his shirt was of flower design, his trousers of purplish tone; and his feet were shod with sandals. In other words, he was a hippie.

He seemed desirous of talking; so we talked—of "the establishment," of his concepts of freedom and love, of his experimenting with drugs, all of them. He had run the gamut, from marijuana to "speed," from nicotine to LSD.

But he was concerned, for the drug life was having an impact on him. He was afraid the effect might be permanent. His mind, he said, was not what it used to be. "I have holes in my mind. I don't know what is wrong."

Obviously, his awakening had come rather late, as it does in so many instances of this kind. At long last he was beginning to be concerned about the future.

As we bade each other adieu at the Los Angeles airport, he remarked rather ruefully, "Here today, where tomorrow?"

Indeed, "Where tomorrow?" In the fields of science and exploration tomorrow is important. For example, when man landed on the moon, the pictures of those historic footsteps were still on our television screens as future space trips were discussed. Mars might be next, then on to—

Also in business, government, education—in fact, in every field of human activity long-range planning is essential.

When it comes to personal living, however, all too often it is today, and today only. It is difficult to persuade youth, and adults, to project into the future the possible effects of today's habit.

When a teen-ager lights up his cigarette, he sees only his pleasure of the moment rather than the specter of disease during his shortened life, and death prematurely. Ten, fifteen, twenty years is a long span for him to consider.

He tends even to overlook the immediate ill effects of smoking—and there are many of them—in the hope that he will somehow not have to pay the ultimate price. But that price is inexorable and will have to be paid.

Moreover, no one need point to the hippie and boast that he himself is innocent of the neglect indulged in by the hippie. That hippie on the plane was coming to himself a lot sooner than many people in more conventional society.

So it is essential for anyone to ask himself, "Where tomorrow?" when he encourages the formation of a habit today. It is only logical to be as farsighted with one's personal life as are professional and scientific leaders in their fields of specialty. In fact, it is more logical; for it comes a lot closer home!



# LISTEN

JOURNAL OF BETTER LIVING

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*"Can I stop? I don't know, but I don't want Jim to get my \$20."*

# It WAS a Big Thing!

William Emme Porter



**F**OUR YEARS ago I followed my fishing buddy Sam as we drove slowly along Route 80 toward Deming. Sam was forty-four; I was forty.

Each fishing day had been the same. Sam would lean back, puffing on his cigar like a Comanche announcing a new raid, and say, "Three things keep me going—fishing, my woman, and cigars." Only on this occasion we didn't drive on to Deming and then to the Gila wilderness trout streams. We stopped at Riverside. All I could think of as I dropped a handful of dirt on Sam's box was concerning Sam, and concerning those cigars. Sam's aorta had burst.

Then last month I helped carry Fred. A GI played taps; then Fred's flag was folded and given to his widow.

Fred knew he was dying. At first he had used a little

inhalant; then he started coming to work with an oxygen bottle. Finally Fred was admitted to the Veterans Administration Hospital in Albuquerque. The doctors tried everything in an attempt to get oxygen to his emphysema-ridden lungs. Ten minutes before he died, Fred lit his last cigarette.

Emphysema, heart attacks, cancer, strokes—the average smoker lives to be 62. No sweat! When you're 20, that's 42 years left. The really big deal comes when you're 30, then 40, then 50. How does it feel to have 32 years to go? 22 years to go? or as in my case, 18 years to go?

How does it feel? Way back when I was 30 all I would notice was a shortness of breath and a lousy taste in the morning. But all my buddies had the same problem, and many of them didn't even smoke. Of

H. Larkin



course, I noticed only those who had more trouble than I did, and I forgot that most of the nonsmokers had been nicknamed "Chubby."

With 18 years to go, I sneaked a look at the X-ray report while the doc wasn't looking. "Latent emphysema." That's when I really got scared. I'd buried Sam. I'd buried Fred. I had emphysema. And sometimes my heart flopped in a funny way as if it had forgotten how to beat. Every pimple on the lip, every shadow on the X ray—was it cancer?

As the smoke of my pipe swirled into the fireplace, I faced a decision. What if I quit smoking and already had cancer? What a wasted effort! Dad died of cancer, two uncles and an aunt had died of heart attacks. Yet none of them had ever smoked. At 44 I was already a year ahead of Dad.

Somehow the final decision didn't come from quiet contemplation. It came as an impulse. Late in the evening, as my pipe smoke curled upward, I watched as it dissipated into the gloom. Shadows of the hearth fire caught the diaphanous gray film, first a mushroom cloud, then eddies, then nothing—signifying nothing except to the heart, the lungs, and to the wife who would sign the Prudential check for a hundred a month.

"It's not a big thing," I muttered as I tossed the pipe into the fire. First the stem lighted—it was plastic. Sputtering, a month-old accumulation of tar rose in the chimney, the same tars that lined the bronchi and alveoli. Then the bowl burned, a bowl of "Finest Imported Briar." Soon nothing remained of the pipe but a fiery red glow. It was a big thing.

In the morning I tried to find a companion in misery. "Hey, gang," I cheerfully announced at work, "let's all chip in \$20 and at the end of Lent those who are not smoking will share the pot." Five agreed to the terms. But when it came to cash, Jim was the only one left with me.

I should have known what was coming. By 10 a.m. one of the girls looked up and said, "Mr. Porter, if we all chipped in the \$20, would you go have a smoke?"

Withdrawal was just as hard as the movie version of quitting "H." I got diarrhea. I got lightheaded and almost lost control of the car on the way home from work. My blood pressure seemed to drop to zero.

My hands were there, empty. No pipe, no cigar, no cigarette. What do people do with empty hands? Then there were the teeth. No pipe, no cigar, no cigarette. At first it was just the front teeth that hurt. Then it was all the teeth. No wonder the baby cried when he dropped his teething ring.

At home Mamma and the kids tiptoed around trying to help Daddy. I ate the smoked oysters, the tuna fish, two steaks, and a bowl of popcorn. I became bloated, but the problem was still there. When I reached for food, I was really reaching for a smoke. My stomach was full, but the old hunger remained. Finally, a tranquilized sleep blotted out a near fiasco.

Day two was not much better. Jim still stubbornly refused to give in. Work continued in a nervous, pacy way. And I continued to inhale deeply every time I entered the lounge. I drank cokes and water and gulped any food within reach. The craving remained.

The third day brought a new problem. For the first time in thirty years I didn't know whether I was breathing or not. Air went into my lungs, but it didn't hurt. How do nonsmokers know when to breathe? It's a panicky feeling.

Now, three weeks and sixteen pounds later, the craving is still there; 10 a.m., after supper, and just before bed are the worst. Can I stop? I don't know, but I don't want Jim to get my \$20. And I don't want to die. Though late at night a cold sweat trickles down my back and my hands feel twice as big as they should, I still know that it's worth it.

OF COURSE  
WE SMOKE.



We pride ourselves on  
being stinkers.

OF COURSE WE  
SMOKE.



"Tobacco is a filthy weed."\* But  
who are we to be fussy?

\*Oliver Wendell Holmes.



OF COURSE WE SMOKE.  
We're bathless too.

SPUNKY  
SKUNK  
STICKERS



OF COURSE WE SMOKE.

Skunks don't get yellow fingers.

The idea for these stickers was developed by Leo Orso of Silver Spring, Maryland. They are copyrighted by the American Association of Doctors' Nurses. Stickers are available, 30 cents per 100, \$3.00 per 1,000 postpaid. Write to American Association of Doctors' Nurses, 9600 Colesville Road, Silver Spring, Maryland 20901.

OF COURSE  
WE SMOKE.



A stench is a stench is a stench.

We've mentioned that gal  
Nicoteena.

Of us stinkers she's easily  
the queena.

Health rules she  
defied,

Till, poor dear, she  
died—

The most pungent ca-  
daver e'er seena.





In the thick of the cigarette controversy for many years, the sponsor of the famed Surgeon General's Report on Smoking and Health answers the question—

**Luther L. Terry, M.D.**

Vice-president for Medical Affairs  
University of Pennsylvania

Former Surgeon General, United States  
Public Health Service

# Where Are We Today?

IF YOU go back to the general literature of the late 1600's and 1700's, you find many comments referring to the practice of tobacco smoking. Though some of these comments hail the use of the newfound weed as a benefit to mankind, many of the comments refer to the practice of smoking as being either esthetically unacceptable, obnoxious, or morally wrong. Until quite recently, this theme—with particular emphasis on the so-called moral objections—was the banner of those opposed to cigarette smoking.

Today a whole armamentarium of scientific evidence clearly indicts cigarette smoking as a practice detrimental to the user's health and well-being. Therefore, in our smoking control and educational activities, we have no need to look to folklore or hearsay to find reasons why the practice should be avoided or discontinued. We should rather encourage those who question the possible advantages of cigarette smoking and those who wish to give up their dependence on cigarette smoking to make their decision only after a personal evaluation of this scientific evidence.

As many young people, particularly, question the allegiance of their parents and their teachers to a behavior pattern which is so harmful to their health, we are reminded of the fact that the availability of scientific evidence to support this conclusion is only a comparatively recent event.

I recall a gentleman whom I knew as one of my greatest teachers when I was in medical school at Tulane University in 1931-35. Dr. Alton Ochsner was even then completely convinced of the dangers of cigarette smoking. However, at that time there weren't many physicians or scientists who shared his thinking.

The first significant studies of scientific merit to try to identify harmful ingredients in tobacco smoke were published in the scientific literature of the early 1900's. In the later 1920's and into the '30's, Dr. Ochsner first began noticing a rather spectacular increase in the prevalence of lung cancer among his patients who were heavy cigarette smokers. As the years passed, this frequency increased. It soon became quite clear that there was a direct causal relationship between the increased incidence of lung cancer and the rather explosive popularity of cigarette smoking first evident on the American scene during the first world war.

In the intervening years, increasing popularity of cigarette smoking among the American public was coupled

with the release of an increasing number of reports in the scientific literature about the harmful effects of cigarette smoking. By the early 1950's the evidence was already such that specific attention was being paid to cigarette smoking as one of our nation's principle health hazards. Also at this time four major epidemiological studies were published indicating a significantly higher incidence of lung cancer and a higher death rate among cigarette smokers than among nonsmokers.

It was not until 1959, however, that a Government agency first stated its support of this and of additional scientific evidence indicting cigarette smoking as hazardous to health. At that time, Dr. Leroy Burney, my predecessor as Surgeon General of the United States Public Health Service, published the first Government-sponsored report which reviewed available scientific information concluding that cancer of the lung is causally linked with cigarette smoking.

Following this report, further evidence began to build

**Holding a copy of the report he sponsored, Dr. Luther L. Terry as Surgeon General of the Public Health Service makes his historic pronouncement that smoking is a national health problem requiring remedial action.**





up regarding the detrimental health consequences of cigarette smoking. During the time that I was Surgeon General, 1961-65, I was literally waited upon by representatives of some of our most prominent voluntary health organizations to undertake an extensive campaign to encourage public awareness of this great problem. The American Cancer Society, the American Heart Association, the American Public Health Association, and the National Tuberculosis and Respiratory Disease Association (as it is now known) were particularly concerned with effective means to focus more attention on the problem of the health consequences of cigarette smoking and ways to get further support for studies and information in this regard.

In order to accomplish these aims, in June, 1962, I appointed a group of scientists to serve as my advisory committee. Their assigned task was to study this issue of the relationship between cigarette smoking and health. The group consisted of ten of the most prominent scientists throughout America, each of whom had already made important contributions to our knowledge as either a basic or a clinical biomedical scientist. The selection of these individuals was participated in by the voluntary health organizations and by official health groups in local, state, and Federal governments. The tobacco industry was given an opportunity to object prior to the time of appointment of committee members, but they concurred with the final selection.

In January, 1964, after eighteen months of study, the committee reached its conclusions based on a review of all of the existing worldwide scientific information on the subject of cigarette smoking. At this time I released the report of my advisory committee with my endorsement, but literally it was not my report. The 1964 report of my advisory committee, entitled *Smoking and Health*, has since been recognized as not only the most dramatic but the most significant development that has taken place in our

**In the State Department auditorium Surgeon General Luther Terry officially releases the long-awaited Government report on smoking and health.**



effort to understand and publicize the full impact of the disastrous consequences to health caused by prolonged cigarette smoking.

Its major findings were:

1. Cigarette smoking is a major cause of lung cancer in men.
2. The risk of developing lung cancer increases with the duration of the smoking habit and the number of cigarettes smoked per day. Discontinuance of cigarette smoking reduces the risk of developing lung cancer.
3. Cigarette smoking is the most important cause of chronic bronchitis in the United States, and increases the risk of dying of pulmonary emphysema.
4. Male cigarette smokers have a higher death rate from coronary artery disease than nonsmoking males.

It is important to recognize that in this 1964 report, no precise information was given regarding disease and death with respect to women because not enough information on women's smoking habits was available at that time. However, the information is now available and confirms the fact that a similar pattern of disability, disease, and death occurs in women cigarette smokers as in men who smoke.

The committee's report went beyond anything that had been publicly acknowledged or released before in terms of incriminating cigarette smoking as the principal cause of lung cancer and as a factor contributing to emphysema, chronic bronchitis, and cancer of the mouth, throat, and respiratory tract, particularly cancer of the larynx. The report pointed out the great increase taking place in the incidence of emphysema and chronic bronchitis and the need for remedial action to be undertaken to halt this rising toll of unnecessary disease and death caused by cigarette dependency among the American public.

Following the 1964 report, what happened? Many Americans were startled, even frightened by this tremendously impressive scientific incrimination of cigarette smoking and its relation to death, disease, and disability. As a result, for a period of three to four months, total cigarette sales in the United States dropped dramatically. Unfortunately, after this period, and for the next several years, sales began to creep back, though we have not since reached the height of 1963 consumption levels.

However, this decrease in cigarette sales is again occurring. Since November, 1967, reports of the Internal Revenue Service show a continuing decrease in the number of cigarettes manufactured in comparison with the corresponding month a year earlier. This decrease is in the neighborhood of 40 million cigarettes a day, the number consumed by two million pack-a-day smokers. The implication is that we have about two million fewer cigarette smokers today despite the fact that the number of adults in our population has increased about two million during the same period.

Stimulated by the release of the 1964 Surgeon General's report, later that year the National Interagency Council on Smoking and Health was formed. Membership in the council includes several Government agencies interested in health, such as the Public Health Service, the Children's Bureau, the Office of Education, and a number of our voluntary health organizations such as the American Cancer Society and the American Heart Association, as well as a number of medical, nursing, educational, and community



service organizations. As council chairman, I am pleased that we have been able to establish a focal point at the national level for the collection and dissemination of knowledge about the psychological, physiological, and social aspects of smoking.

We are also very active in encouraging smoking withdrawal and related educational programs on a local and regional basis. In this effort we have been especially appreciative of the contribution of the National Clearinghouse for Smoking and Health, a council member and a separate unit within the Public Health Service since 1965.

The annual budget for the National Clearinghouse is approximately two million dollars, while that of the National Interagency Council is significantly less. During last year the tobacco industry spent about \$300 million for advertising. Yet this present decrease in cigarette consumption certainly shows that those of us working to increase public awareness of the disastrous consequences to health caused by cigarette smoking are beginning to get our message across.

In late summer, 1967, the Public Health Service published another review of current medical research findings entitled *The Health Consequences of Smoking*.

The current publication is based on an analysis of more than 2,000 scientific research reports published by independent scientists since the 1964 Surgeon General's *Smoking and Health* report. The new publication not only confirms and strengthens the conclusions of the original document, but it makes available more accurate information on the specific age groups who are affected and the kinds of diseases caused by or made worse by prolonged cigarette smoking.

This latest Public Health Service report indicates that cigarette smoking is associated with as many as one third of all deaths among men between thirty-five and sixty years of age. Previous findings on the lower death rates among those men and women who have stopped smoking have now been confirmed.

And a new dimension has been added to the smoking picture with the information that cigarette smokers have higher rates of disability than nonsmokers, whether measured by days lost from work, days spent ill in bed, or days of "restricted activity" due to illness or injury.

Stimulated by conclusive analysis of the direct causal relationship between cigarette smoking and disability, diseases, and death, the National Interagency Council on Smoking and Health organized the World Conference on Smoking and Health, held in New York City in September, 1967. The council felt that it would be of tremendous value for the world leaders knowledgeable about the health consequences of smoking to meet, to compare experiences, to examine results, and to suggest essential programs of research and control. The focus of the conference was to define a program for future action in smoking research and antismoking education, as well as a candid and complete examination of all effective ways possible of saving lives and preventing disability from cigarette smoking.

The 1967 and the 1968 reports to Congress by the Public Health Service have strengthened the case about the causal relationship between cigarette smoking, coronary disease, and non-neoplastic respiratory disease. And except for the protective effect against coronary disease



Some 500 specialists met in September of 1967 in the first International Conference on Smoking and Health in New York City. Basic decisions were initiated in ten smaller work groups such as the one pictured here.

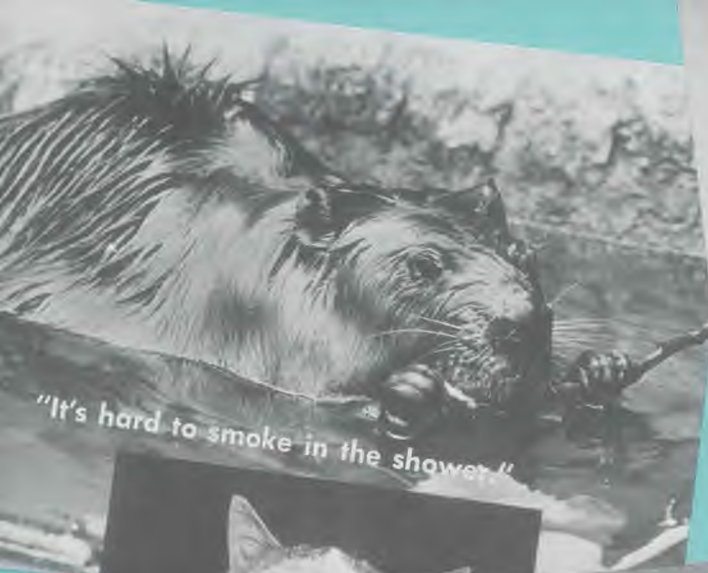
existing prior to the menopause, women cigarette smokers are now known to suffer the same degree of disability and spectrum of disease as do men with comparable smoking habits.

We now know that all who smoke cigarettes—no matter how recent the habit or how few cigarettes smoked per day—all who smoke cigarettes suffer some ill effects, whether it be loss of stamina, shortness of breath, smoker's cough, or other effects. And if the smoker's health is already compromised by the presence of heart or respiratory disease, these effects occur that much sooner, and they are that much more serious.

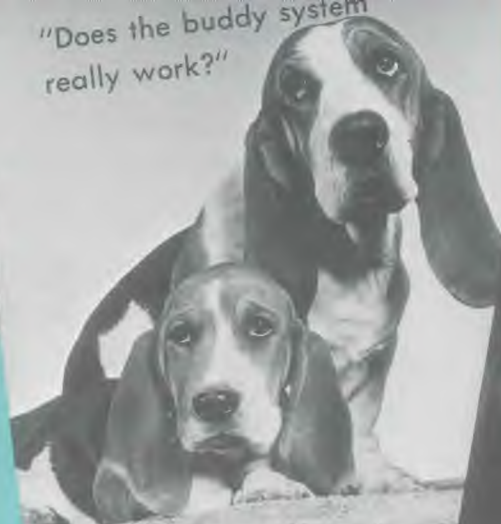
Surveys indicate that about 50 percent of those who consider themselves regular smokers have tried to quit at least once. A teen-ager or young adult who is not yet fully dependent on cigarette smoking may not realize that many who are confirmed smokers know its dangers and are trying desperately to stop. It is easy to stop cigarette smoking after the experience of the first few unpleasant trials, but once an individual becomes a confirmed smoker, it is extremely difficult to rid oneself of this dependency, which becomes associated with everything else that a person does during his waking hours. Without this artificial means of expression, or until some effective substitute has taken its place, the confirmed smoker often feels incomplete or even crippled without his crutch.

I personally feel that the next year or so will see the culmination of much of that toward which all of us concerned about the health menace of cigarette smoking have been working. More is being learned and applied daily concerning effective methods to encourage those who do smoke to stop and to encourage young people to think carefully before they become habituated smokers. ■





"It's hard to smoke in the shower."



"Does the buddy system really work?"



"I started smoking when I was five years old."



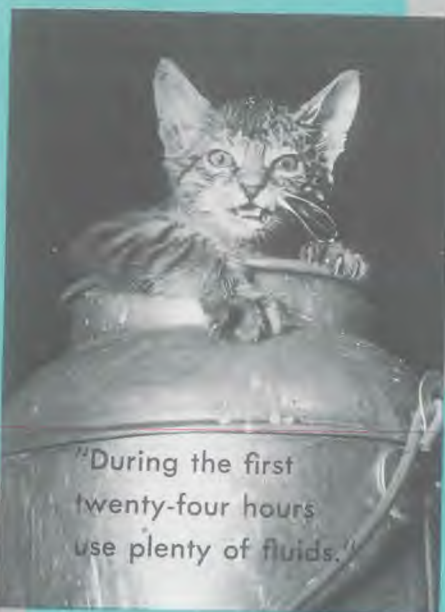
"When dad quits smoking, you better get out of town!"



# The Five-Day Plan to Stop Smoking



"Pamper yourself during the Five-Day Plan—get plenty of rest."



"During the first twenty-four hours use plenty of fluids."



"You can make it! I did."

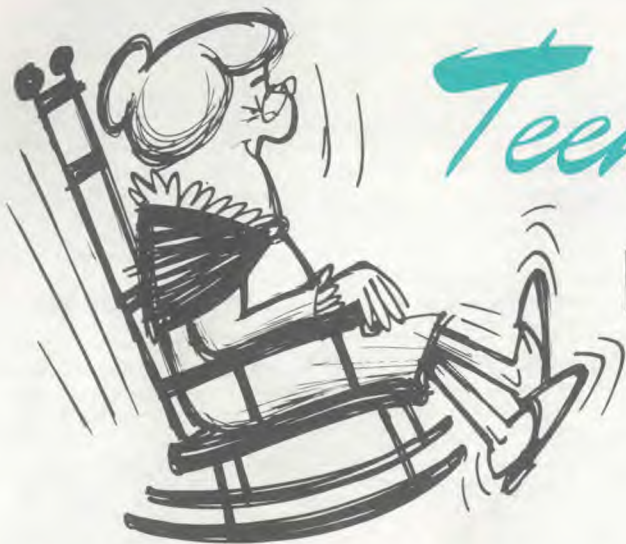


"I must quit—the doctor tells me I have emphysema."



"After all these years will it help for me to quit?"





# Teen-ager --

## Plan Your Retirement Now

Arthur J. Fettig

**IF YOU'RE** high school or college age, you should start thinking about retirement.

A few months ago I was with a tourist group in Switzerland on a bus tour; and as we traveled through the countryside, I looked around to see who my fellow passengers were. There were several Americans, elderly men and their wives mostly; and whenever we stopped and did a little climbing about half of the passengers would remain on the bus.

I made a point to take a different seat each time I got back into the bus and strike up a conversation with those who had remained behind.

"John here is just recovering from a heart attack," one lady explained. "He isn't up to that stair climbing." Another fellow said that his wind just wouldn't let him climb. These people were spending hundreds of dollars for a bus ride, and they were missing out on most of the joy around them. Their bodies wouldn't take it.

I brought up the subject of smoking, and learned that nearly every one of them was at one time a heavy smoker—maybe mere coincidence.

However, I started digging into the records when I returned home; and I found that, according to Social Security studies of work disability allowances, heart disease is the No. 1 cause of permanent disability in persons over forty, while emphysema and other obstructive pulmonary diseases rank second.

Hearts and lungs! Does it mean anything to you that hardly a day passes but some new scientific study indicates the connection between smoking and heart and lung disease? Certainly it means something. That's why so many youth today are making the decision to live without nicotine.

Now what about this retirement business? Life expectancy for non-smokers is growing. Their retirement age is coming down. That means that the young people of today can look forward to many years of happy, productive retirement. How do you

want to spend yours? Sitting in a bus too weak and worried to climb to the foot of a breathtaking mountain, or perhaps the mountain itself? Sitting in your rocking chair too winded to take an active part in all that's going on around you?

Look at the obituary columns. How many men pay into a pension plan all their lives only to die a month or two after retirement? Too many! The other day a friend of mine died of emphysema. He'd taken an early retirement and rushed to Arizona to prolong his life a little with a different climate. He'd finally quit smoking the last six months of his life, but by then his lungs were eaten up beyond repair. You couldn't talk to that man for more than ten minutes without seeing him light up a cigarette; and it was a pitiful sight because the second he lit up, he'd begin his horrible cough. If you asked him why he smoked, he'd say weakly, "I enjoy it." It was obvious that the man was trapped in a habit that somehow he couldn't find his way out of. When he finally set a definite goal to quit, he quit; but by then it was too late.

Think about retirement when you're young. The habits you develop as a young man or young woman have a direct relation to your physical condition at retirement age. If you develop a smoking habit, or a drinking habit, or a promiscuity habit, all these can be damaging.

When you make a simple decision like the one to try a cigarette, it's only fair that you consider the possible consequences. No one consciously sits down and says, "I think I'll take up the tobacco habit." Not a person ever set a goal to be a two-pack-a-day smoker—not unless he were already a three-pack-a-day smoker and was trying to cut down.

Developing the tobacco habit seems such an innocent thing. You try a cigarette. It tastes bad. Hot. Sour. It irritates your throat and lungs. You cough and maybe choke. Perhaps you get a little dizzy when

you inhale. You blow the smoke through your nose, and it tickles.

Look at me; I'm smoking. Simple. Innocent. Fun. Part of growing up. Is it?

Taking up the smoking habit is committing yourself to thousands of dollars invested in your future bad health. You certainly don't think, when you light up your first smoke, about all the thousands of packages of cigarettes you'll be buying in the future. But it's all part of the package deal.

Maybe you've already built up a pretty good habit. I had. Twelve years ago at the stroke of midnight I crushed out my last cigarette. I was a three-pack-a-day man, and it wasn't easy to quit; but I think it made me a better man. Somehow life has taken on more meaning. Food tastes better. The air is fresher. My system is more relaxed.

If you have the habit and want to stop, then do it. Write down the fact that you're quitting. Get away for a while from others who smoke. Quit for an hour at a time if necessary—first one hour, then a second, then a third, and so on through a whole day. Try to find a buddy who has the same goal. Drink lots of fluids. Pamper yourself with lots of sleep. Exercise. Walking. Prayer.

Remember that you've beaten the habit if you refuse to light a cigarette. It's that simple. Time will pass slowly; but in a few weeks you'll rid yourself of nicotine. Then it's only a matter of persistence. Don't give in for a single puff. The old habit will be back instantly if you try one puff. Believe me, I've experimented, and it doesn't work. Don't light up again, and you're on your way to a new life.

What about your retirement? It may be a long way off; but no one wants to spend retirement days in a wheelchair coughing. Wouldn't you like to be one of those people who enjoy life up to the last day? You can't guarantee this but you can stack the odds in your favor. ■



# HOW TO STOP SMOKING



J. Wayne McFarland, M.D.

Co-developer, The Five-Day Plan to Stop Smoking

No matter how convincing all the facts against smoking may be, it is not mere facts and statistics that you need, but rather a program to help you quit smoking.

The desire to stop smoking is good, as far as it goes; but many people make the mistake of confusing a mere desire with willpower. Along with the desire to stop smoking you will want to mobilize your willpower into positive, forceful action.

We feel that the best way to quit smoking is to stop all at once—none of this tapering-off business. The reason: It is better to have a few rough days and be through with it than to drag it out for weeks and months. Slow torture is no fun. You can make a clean sweep of this thing and do it easier than you think. It is our purpose to help you get over the craving as rapidly as possible—in fact, in five days' time.

After quitting, the hardest part comes in the first three days, but by the end of five days the majority of individuals find the craving definitely less or gone. Stay by it for ten days and you make it. Say to yourself, "I choose not to smoke." Keep repeating your decision throughout the day from morning eye-opening through that final yawn at night. As you repeat it, be sure to mean it! In repeating the decision, "I choose not to smoke," many people discover within themselves a positive, growing resistance to the physical craving for tobacco.

Right now is the time for you to accept fully the fact that how you think, how you use your willpower, has an actual effect, an immediate effect, on your body's craving for tobacco. By all means remember this basic relationship between mind and body, because you can utilize this principle in breaking the smoking habit. Each day, as you decide in a more forceful way, "I choose not to smoke," re-

member that this strong, positive decision exerts an immediate effect on your physical craving to smoke—to the extent that in many people it at once perceptibly weakens the urge. Through a correct use of your will, you not only weaken a craving, but better still you gradually help to bring your habits under the control of reason.

During a period of strong craving to smoke, look at your watch. Observe the second hand as it sweeps around the dial. Regardless of how strong the urge, you can certainly keep from smoking for a mere sixty seconds. With one minute already gone, you can hold out for one more minute. Of course you can. But notice something else. When the third minute elapses you will usually discover that the sharpest craving has peaked and begun to weaken. You are going to need all the willpower you have, but each additional hour and each day will add to your determination and willpower. We suggest some rules to follow faithfully, to help you over peak urges and on toward a new way of living.

## 1. Water on the Outside

This is the time really to enjoy luxury. Take a warm bath two or three times a day for fifteen to twenty minutes. Just relax. If you feel you cannot stand it any longer not to smoke, hop right back into the tub or shower. It's pretty hard to smoke in a shower.



In addition, try another relaxing procedure—the cold mitten friction. Known in the field of medical rehabilitation as a vascular gymnastic, it will help jangled nerves, step up circulation, and make you

Reprints of "How to Stop Smoking" are available in quantities at reasonable prices. Write for further information to *Listen Magazine*, 6840 Eastern Avenue, N.W., Washington, D.C. 20012.



feel like a million! Here is the procedure. First, get up in the morning a few minutes earlier than usual. Second, in a warm bathroom fill the washbasin with tepid or cool water. Third, immerse a washcloth in the water, then wring it out thoroughly, with no dripping ends. Fourth, firmly rub an arm until the skin begins to glow.

Keep rubbing until the desired pink color appears, denoting an increased peripheral blood circulation. Some people discover it requires considerable rubbing before the skin turns pink, which fact often indicates the peripheral or surface blood vessels are somewhat sluggish in dilating. However, the same mitten friction applied the next morning will usually cause the surface vessels to dilate much sooner.

Use progressively cooler water each morning in order to obtain a greater tonic effect. Do not attempt, however, to cover the entire body with the cold mitten friction on the first morning. On the second morning the second arm can be covered in addition to the first. On the third morning the sequence can run as follows: left arm, right arm, and chest. On the fourth morning the legs may be covered, in addition to arms and chest, so that the entire body will have been covered by the cold mitten friction. Some Spartan souls find themselves eventually tossing a tray of ice cubes into the morning washbasin. A cold vigorous mitten friction will make you feel more wide-awake and stimulated without triggering the craving for another smoke.

## 2. Water on the Inside

Drink six to eight glasses of water between meals. Keep a record if necessary. The more liquids you can down, the quicker the nicotine leaches out of your body. Take no alcoholic beverages—no beer, no wine.

The average person may not realize the importance of sufficient water for the proper function of the human body. The brain, for example, is approximately 75 percent water. The nervous system cannot function properly without adequate fluids. Water is vital not only to help you get rid of nicotine from the system, but also to keep your nerves running smoothly.

For the next few days, then, here's a suggested water schedule: Upon arising in the morning, try to drink a glass or two of warm water. At first you may be forced to start with the proverbial thimbleful until your stomach becomes used to it. But start forming the habit of drinking water the first thing upon rising. Then drink two glasses of water between breakfast and noontime, plus another two sometime during the afternoon. That will total six glasses in all.

Those six glasses of water in addition to fresh fruit juice may cause your kidneys to think that Christmas and New Year's have both arrived on the same day. In fact, you may even slosh a bit when you walk. But by substantially increasing your fluid intake during the first twenty-four hours, you may find yourself rounding the corner on craving much sooner. After twenty-four hours you can cut down on the water, but keep fresh fruit and fruit juices high.



## 3. Importance of Regularity

Get adequate rest during these five days, have regular times for meals, a set time to go to bed (eight hours of sleep won't hurt you). No nightclubbing these five days. You are going all out to conserve your nervous energy.

So plan to retire a bit earlier than usual tonight. Give those nerves a good rest. Fatigue in its many forms is an enemy of willpower. Because they habitually stay up till the national anthem is played at the close of the late, late show and thus rob their bodies of needed rest, many people stumble groggily out of bed in the morning with eyes looking like two burnt holes in a blanket. With jangled nerves already screaming for a cigarette, how can a person chronically fatigued possibly wage a strong-willed campaign against anything, let alone tobacco? Whether your fatigue arises from a lack of adequate rest or from simple overwork, we suggest that during these five days you make definite plans for obtaining sufficient sleep at night.

## 4. No Sitting Around After Meals

After meals, get outside, walk and breathe deeply for fifteen to thirty minutes. Do not sit after eating. This is the time you will want most of all to smoke. Get outside.

Heretofore you've been in the habit of eating a substantial dinner, only to collapse feet up in your favorite easy chair with a smoke, a newspaper, and television. At this moment your favorite easy chair has become a dual booby trap, all saturated with the aroma from a thousand previous smokes and part of an established pattern. There you sit encircled by the permeating aroma from sofa, curtains, rug. No wonder your craving to smoke comes to life with a vengeance.

Get up and go to your favorite workshop hobby or outside for a walk. You might even go so far as to help your wife with the dishes. But whatever you do, just don't sit down after you eat. After every meal a walk is the rule for you.

Here is another reason: It is estimated that brain cells require some five times the amount of oxygen required by any other part of the body. It must naturally follow, then, that by reducing the amount of oxygen available to the brain we may well impair certain mental functions. May we not logically assume that impaired mental functions due to insufficient oxygen would likewise hinder the exercise of strong willpower, so vital in resisting the urge to smoke?

Further, medical research indicates the frontal areas of the brain, usually the first to be affected by an insufficient oxygen supply, to be closely associated with functions of willpower, reason, and judgment. Therefore, during the next few days when strong willpower and calm nerves are so vital, decide to take time out for extra amounts of oxygen, and particularly after meals.



*"I Choose Not to Smoke"*





## 5. Careful What You Drink

Do not drink alcohol, tea, coffee, or cola beverages. Try to avoid all sedatives and stimulants in order to build up your nervous reserves as quickly as possible. Milk or buttermilk is the beverage now. For a hot beverage, use a cereal drink.

Many smokers, while trying to kick the tobacco habit, double their daily coffee intake, not realizing its ability to trigger an explosive craving for the very tobacco they are trying to quit. But there is more to the story. In addition to the established habit pattern linking a cup of coffee with a cigarette, caffeine in the coffee stimulates nerves. You need no extra nervous tension now. Keeping calm is the watchword.

Another prominent enemy of willpower is alcohol. In any form, it strikes directly at your vital brain centers of reason, willpower, and judgment. For this reason confer upon it, during these next few days, the dubious honor of being labeled Personal Enemy Number One.

In almost every group of people trying to break the smoking habit we discover a sizable number who make excellent progress until the fateful afternoon they drop in at a cocktail party. They fully intend to nurse a glass of ginger ale throughout the affair—until some old friend entices them into "just a tiny one for old times' sake." A half pack of cigarettes later they're still trying to figure out what made a shambles of their willpower.



## 6. No Eating at This Table

Often we can tell when a man is smoking heavily, for all his food is highly spiced. Also he eats heavily of meats, gravies, fried foods, and rich foods, making it well-nigh impossible for him to stop smoking.

The reason the average smoker uses strong condiments is that tobacco deadens his taste buds. He often requires liberal doses of strong-flavored condiments to punch through this deadened sense of taste. When he suddenly stops smoking, his taste buds begin to awaken from their many-a-year anesthetic, to proclaim a wonderful improvement in the flavor of his wife's cooking, calling for yet another display of willpower; namely, "I choose not to overeat." So by all means during these five days, give yourself every chance by leaving off such condiments as hot sauce, mustard, black pepper, chili, and horseradish. Remember, if it's hot when it's cold, you'd better not use it.

During these five days omit rare steaks and rich and/or greasy fried foods from your diet. Give your body the best possible chance to recuperate through the use of plain, simple food prepared in as natural a manner as possible. Some people discover that a well-seasoned rare steak is in itself sufficient to stimulate a strong craving to smoke. The craving may possibly be stimulated from purine substances in the meat and by an increase in blood ammonia absorbed from the breakdown of the high protein of the meat, since high ammonia levels may stimulate the central nervous system. The rarer the steak, the greater the

amount of ammonia formed. Substitute fish for other meat; it will also help keep cholesterol low.

While we are discussing certain foods at this point, we also suggest that you abstain from rich, sugar-heavy desserts.

In white refined sugar there is neither calcium, phosphorus, iron, nor vitamin B<sub>1</sub>. Even more important, your

## "I Choose Not to Overeat"

body requires vitamin B<sub>1</sub> in order to burn blood sugar. Therefore, whenever you eat an excessive amount of sugar, your supply of vitamin B<sub>1</sub>—which should be strengthening your nerves—is being constantly drawn off to burn up the excessive sugar being eaten. No wonder, then, that nerves so often become jumpy and irritable.

Therefore, during these five days when you're breaking the cigarette habit, dispense with rich pastries and desserts containing liberal amounts of sugar. This will help to give your nerves the best possible chance of weathering the present storm.

## 7. Instead, Eat Here

For meals, eat all you want of fruit, grains, vegetables, and nuts. Eat abundantly of fresh fruit (this is your opportunity to go on a fruit jag). It is best to eat fruit and vegetables at separate meals—nothing between meals. And only sugarless gum, if you insist.



One reason individuals give for not stopping smoking is that they'll put on weight and look like a balloon. They ask, "Which is worse, to be overweight or risk the bad results of smoking?" Don't worry about the problem of overweight during the first few days. You will be drinking extra amounts of water, so you may put on a few pounds; but this water is essential to help you get rid of the nicotine in your system.

However, this problem of overweight is indeed important. But you will have made more progress in handling it during these five days than most of you probably realize. Your willpower has been steadily strengthened. It has kept you from eating and drinking certain things that would be harmful. It can now be a valuable weapon in your battle against overweight. Most people can control their weight a lot easier than they can control the smoking habit. So just take courage; we are ready to discuss some valuable hints on how to keep your weight normal.

Here is a simple plan to aid you in losing weight. It is sound, and it will work.

The object is to lose one pound a week. This is a good average. Of course, you lose weight more slowly than on a "crash program," but you also avoid looking like a scarecrow or a dried prune. Nutritional deficiencies are much rarer. The stress on the human body is less.

This program starts with a good breakfast. Right here is where many people fail. They skip breakfast, and then they continually try to catch up on nutrients the rest of the day. They may even nibble between meals, but snacking is disastrous to any weight-control program. You cannot eat between meals and control your weight.



Folks sometimes eat only two meals a day, but the wrong two. They have a meal at noon, and then really a feast at night. Make your lightest meal the one at night. Reduce your fluids to four glasses, and use salt only in preparing the food, none at the table. Reduce all your servings by one third. Cut down or reduce to zero fried foods, rich gravies, and desserts. Use sugarless mints and sugarless gum. Snack only on carrot sticks or celery sticks.

## 8. Extra Vitamins Help

For extra amounts of vitamins, particularly of B complex, which is the vitamin to help your nerves as you deprive them of nicotine, take at each meal one or two tablespoons of wheat germ. As a substitute for wheat germ one or two tablespoons daily of dried brewer's yeast is another good source of B complex and also of excellent protein.



One way to take brewer's yeast is to stir a tablespoon of dried yeast into a glass of tomato juice, hold your nose, and drink it down. This is for the folks who feel that they have been cheated unless there is some nasty-tasting medicine to take. Others of you wishing added amounts of vitamin B<sub>1</sub> can check with your family physician for such vitamin B<sub>1</sub> capsules or tablets as he might wish to recommend during this particular period of time.

## 9. Panaceas May Disappoint

Special tablets or other aids to stop smoking may help you. Some individuals swear by them, while others seem to receive no benefit. You may wish to try some of them. If those nerves of yours begin complaining too loudly about this whole process of giving up tobacco, feel free to contact your own doctor who may suggest a mild tranquilizer for a day or so. For any type of medication it is always wise to consult your family physician.



## 10. Divine Help Doesn't Disappoint

The most important part of this whole program is to ask God to help you. If you have never prayed before, this is the time to learn. Heaven will help any man or woman who is really serious about stopping the use of tobacco. Place your will on the side of God,

and you are invincible. You can never fail with God as your partner.

The greatest Book ever written says, "Ask, and ye shall receive." Here we have not only God's promise but also assurance of His power to aid us in overcoming any defiling habit. Don't hesitate for a moment to ask for strength. But as you ask, simply believe that you will receive strength,

and you will. A basic natural law is, "Strength is acquired through effort." This law holds true in muscles, in willpower, and in faith. Just try it and see.

For that irresistible urge that may strike you during the first few days of stopping, pause right where you are and say to yourself: "I choose not to smoke." Then get a drink of water, start deep breathing, and ask for divine aid. You will note that the craving begins to lessen in a few minutes and that you have made it through a real crisis. These periods of extreme craving will gradually lessen. You can make it.

Follow the outlined schedule each day, and you will feel better and have a sense of well-being unknown to you for a long time. Furthermore, you can look the world straight in the face because *you* are the one, not the cigarette, who is running your life. When you feel the lowest, you may very well be a great deal nearer to a major breakthrough than you realize.

Recently a heavy-smoking business executive declared, "I am amazed at how many beneficial side effects there are in this plan to stop smoking." Whereupon he listed a number of benefits experienced through more exercise, deep breathing, and the stronger willpower to regularize personal habits. For him the plan had already paid off in an improved sense of well-being. He concluded by saying, "And all these benefits have come to me within the framework of giving up tobacco." We believe this is as it should be. In ceasing to smoke, you are certainly not the victim of some negative decision that deprives you of a cherished habit. Instead, in the process of quitting you can open other doors leading to new avenues of altogether better living.

Now for a word of definite warning. If you allow your willpower to drift into gradual inactivity, thus becoming careless in habits of eating, drinking, working, and sleeping, your guard will be imperceptibly but steadily lowered. Don't forget that just beneath the surface lies a once well-established neuromuscular, psychological addiction, ready without warning to unleash a savage craving to smoke.

Keep your guard up. Your job now is to establish the habit of not smoking just as firmly as before you had established the habit of smoking. Remember, this will take time, but you can make it! ■

*"The desire to stop smoking is good, as far as it goes; but many people make the mistake of confusing a mere desire with willpower. Along with the desire to stop smoking you will want to mobilize your willpower into positive forceful action."*



**T**HAT wonderfully complicated "machine plus" that's your body performs more chores in a single day than you'd believe possible. These are among the things that have been happening to *your* body in just the last twenty-four hours:

Your heart, although rated at only 1/240 hp, beat 100,800 times and with each beat pumped five ounces of blood into circulation—4,000 gallons for the day.

Every second of the day, 10,000,000 red blood cells were destroyed—and replaced.

Your blood went coursing through 100,000 miles of blood vessels. When you were relaxing, it traveled fast enough to take only one minute for a drop of blood to circulate from your big toe and back again. When you exercised at all, because of the more rapid heart action, the total time may have been only 15 to 30 seconds.

You breathed 23,240 times, absorbing more than 20 cubic feet of oxygen, giving up more than 20 cubic feet of carbon dioxide. That was the result of breathing in 7.9 quarts of air each minute even when you stood still. When you walked, you used twice as much air; when you ran, three times as much.

You mixed a few sighs in with the breathing—about one sigh every three minutes or so (a little more often for women than men). And when you sighed, you breathed about twice as deeply as your average breath.

When with all the inhaling and exhaling, you did some perspiring too, you contributed about half a pound of moisture vapor per hour to the air in your home.

Each of the 120,000 hairs on your scalp (150,000 if you're blond, 90,000 if you're a redhead) was busy, indeed, growing 80 percent of the time and resting only 20 percent. Which is why

you have to see that barber so often. Hair on the rest of your body was growing only 40 to 50 percent of the time.

Your eyes used up fully one fourth of all your body's nervous energy during the day. And no wonder. They registered at least 50,000 images on your brain in that time. If you spent your day reading, your eye muscles moved your eyes about 100,000 times.

You blinked a lot too, and since every time you did you shut vision off for three tenths of a second, and since a short period of readjustment was needed after each blink before you could see again, you were more or less unseeing 11 to 20 percent of your waking time.

You ate 3½ pounds of food. If you're average, you consume your own weight in food about once every 50 days (once every 10 days if you're a healthy child). And maybe you gained weight. If what you ate came to more than 2,500 calories, you probably did. Because while our grandparents needed 3,500 calories a day, most of us now, what with the shorter work week, cars, and innumerable mechanical aids, need no more than 2,500.

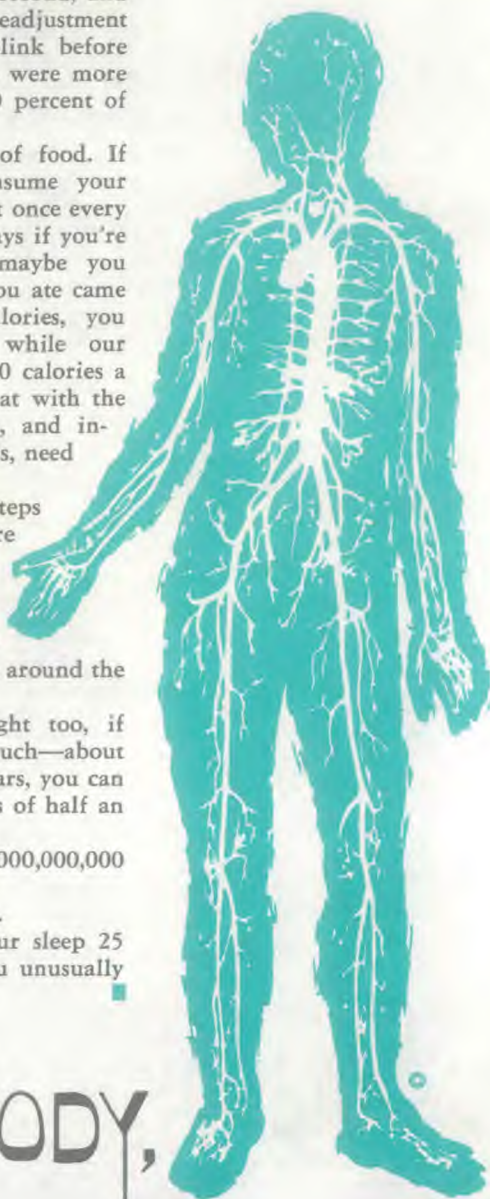
You walked 20,000 steps during the day if you're average. Keep this up and by the time you're 80, you will have walked half a billion steps—enough to travel six times around the earth.

You lost a little height too, if you're 30 or more. Not much—about .00007 inch. But in 20 years, you can expect to add up to a loss of half an inch, which is average.

You exercised your 10,000,000,000 brain cells—didn't you?

You spoke 4,800 words.

And you turned in your sleep 25 to 35 times, nor were you unusually restless, just average. ■



YOU BUSY BODY,

YOU!

Irwin Ross, Ph.D.





Overweight, according to new scientific studies, is a major cause of greater risk of heart attacks, and when combined with smoking and physical inactivity, virtually assures trouble with the human pump.

## Custom-made Heart Attacks

Smoking, an overweight condition, and physical inactivity have again proved to have a definite association with a greatly increased risk of death and disability from heart disease.

The new study, conducted among 110,000 adult members of the Health Insurance Plan of Greater New York, reports that men and women who smoke cigarettes face twice the risk of suffering a first heart attack as do nonsmokers.

The annual incidence of first heart attacks among pipe and cigar smokers was also found to be higher than among nonsmokers, but not as high as among cigarette smokers.

Men who are "least active," both on and off the job, are twice as likely as "moderately active" men to suffer a first heart attack and four times as likely to suffer a fatal heart attack.

Men who were classified as "most active" showed no advantage in terms of heart attack rate over men considered "moderately active." The authors reported that other

differences between active and inactive men, such as the amount they smoked, could not account for their different heart attack rates.

The heavier men in the study had a 50 percent greater risk of suffering a first heart attack than did the lighter-weight men. An increased risk was also found among women who had gained a lot of weight since age 25.

None of the differences in risk associated with weight could be explained on the basis of variations in smoking and exercise habits, the authors state.

**A San Francisco judge warned a tippler, "Skip the first drink and you won't have any trouble."**

**Replied the defendant: "I would, judge, if there was any other way to get to that second drink."**

## Teen-agers Losing Their Enchantment With Tobacco

A U.S. Public Health Service survey shows that there has been a sharp decline in the past ten years in the number of teen-agers starting to smoke.

The drop means the total number of smokers in the United States remains about 49 million despite increases in the population, according to Roy L. Davis, a spokesman for the survey group.

### Tell Them What It Is!

"The best way to help an alcoholic is not with tender loving care, but rather a direct confrontation with his disease," according to Theodore R. Wold, an expert on alcoholism.

Wold, an executive with American Institutional Developers, Inc., notes that an estimated 70 percent of the nation's 6.5 million alcoholics are self-supporting, hard-working people who live with their families.

"These people don't even know they are alcoholics," Wold says. "They think that their drinking is the result of personal problems."

He stresses that the keystone of an alcoholic's cure is that he be charged with the responsibility for his own salvation.

"No amount of threats, disciplining, legislation—even willpower alone—will help the alcoholic overcome his illness. Our reaction to him should be honest and realistic. In many ways—accidents, scenes, and so on—he is unconsciously seeking our help, and it is our obligation to give it to him. We must confront him with his disease for exactly what it is and provide him with facilities such as hospital outpatient clinics, detoxification centers, and rehabilitation homes, to help him seek his own cure.

Among 17-year-olds questioned during 1967-68, 25.6 percent of the boys said they smoked cigarettes and 15.7 percent of the girls said they were smokers.

A 1957 survey of the same age group reported 34.7 percent of the boys and 25.5 percent of the girls said they smoked.

The new survey was made by the National Clearinghouse for Smoking and Health.

Ninety-one percent of those queried answered Yes when asked: "Would you say smoking is harmful to health?"

The survey offered no reasons for the drop in youth smoking, but in an interview, Davis cited education programs about health hazards in cigarettes.

"Kids probably have the greatest impact on kids," said Davis, citing for example the program at a Bakersfield, California, high school where students campaigned against cigarette smoking with the help of billboards, radio, television, and newspapers.

Davis said youngsters there distributed bumper stickers saying, "Smoke, Choke, Croak."

## Piano Promotes Peace

Studying piano discourages marijuana smoking and rioting, says Dr. Irl Allison, founder of the National Guild of Piano Teachers.

A poll of the teachers of participants in the fortieth annual National Piano-Playing Auditions "shows not one of the 76,000 participants has been found to smoke marijuana or to riot," says Allison.

This is because piano students, confined to a private practice room under the supervision of a private piano teacher, had "more time for meditative thought" and because "concentration on the works of great musical composers uplifts the piano student," Allison explains.

### In This NEWS

◆ Pep pills enough for every man, woman, and child. See page 16.

◆ Some 40 percent of our hospital beds are occupied by the mentally ill. See page 17.

◆ Ten commandments are listed for drivers. See page 18.

### Unique Billboard



Normally mortuary operators do not advocate programs counter to their business aims. But Universal Mortuaries in the Phoenix, Arizona, area is running billboards pointing the finger at chain smokers and telling them directly, "Don't Press Your Luck."



## Pep Pills Can Easily Become Daily Crutch for Normal Living

There are enough pep pills being legally manufactured in the United States today to provide fifty doses during one year for every man, woman, and child in the country, according to *Law and Order*, an independent magazine for the police profession.

But the magazine estimates that as many as 50 percent of these end up on the black market for the "speed-freaks." Because this powerful nervous system stimulant requires a prescription, the bootleg market is tremendous. The retail value of the amphetamine crystals is around \$150 to \$200 an ounce—five times the price of gold. The demand is so great that teen-age pushers on college campuses have been known to make as much as \$1,000 per day.

### Medical Uses

A medically supervised dose of amphetamine does four things to the human body:

1. It shuts off the fatigue signals which were built into the physical system as a defense mechanism.
2. It cuts down the hunger signals which normally tell the brain that the body craves nourishment.
3. It stimulates the nervous system with an unnatural sense of renewed energy and euphoria (sense of well-being).

4. Because the amphetamine provides no new source of energy or food, the physical system is stimulated to tap its own reserve resources.

These stimulants are widely used under medical supervision to control overweight, to assist both mental-hospital and private patients who are suffering from depression, in some pregnancy cases to control weight, and in case of narcolepsy (sleeping sickness).

Because the amphetamines were found to be nonaddictive in a physical sense, they quickly gained the reputation of being a "harmless, non-habit-forming stimulant." It was soon discovered, however, that they were psychologically dynamite. They easily became a daily crutch for normal living. Failure to take the daily dose left the user horribly depressed and sleepy or listless, hence the tendency to become psychologically dependent on the pill as a chronic user.

### Who Uses Them?

Self-medication has become widespread in several areas:

1. Among truck drivers, pilots, bus drivers, and trainmen, where the safety of many may depend upon the alertness of one or two persons.
2. Among students. This usually occurs at exam time when the amphetamines are used during several days of intensive cramming.
3. Among participants in sports.
4. Among musicians, actors, businessmen, lawyers, and others under prolonged physical and mental tension. These groups of professional people need to remember a number of things which will happen to them under the prolonged use of these stimulants.

### Effects of Continued Use

Users will gradually find it necessary to increase the strength of the doses to overcome the tolerance level built up by the body.

There will be a gradual deterioration in their normal capacity for both reliability and responsibility.

They will note a gradual inability to compete on the same level of efficiency for employment purposes.

They will also note an emotional deterioration reflected in marked irritability, temper outbursts, and social maladjustment.

There is a definite impairment in personal confidence and self-respect. Slovenly dress, disheveled hair, and a general unkempt appearance characterize the chronic amphetamine user.

## Ashes May Be You

More than one fourth of the fatalities resulting from fires are due to careless smoking, often in bed, says a Metropolitan Life Insurance Company report. Almost as many women as men die in this way.

Fires and explosions cause about 8,000 deaths in the United States each year—6,000 in the home, at least 20 times the total in industrial establishments, mines, and quarries, and about 30 times the number in public buildings.

The toxicity of the gases produced by fires and explosions in the home figures importantly in the toll from such accidents.

About half the men and a little more than two fifths of the women were reportedly fatally injured by

asphyxiation or smoke poisoning alone or combined with burns.

In more than one fifth of the fatalities the fire was limited to the clothing of the victim.

### Medics Say, "No Smokes"

As part of its antismoking campaign within the medical profession, the American College of Physicians flashed "No Smoking" slides at regular intervals on the screens during scientific sessions of their annual meeting and ordered all ashtrays removed.

Dr. Edward C. Rosenow, Jr., ACP executive director, said that to his knowledge the ACP's antismoking actions were the first to be taken by a major medical organization at a national meeting.

## Americans Smoke Less, but Pay More

Americans are smoking less, but paying more for the smoke.

Although cigarette smoking has been declining for more than a year, the Big Five tobacco companies have raised their wholesale prices on virtually all brands.

A spokesman for the National Association of Tobacco Dealers, a retail trade group, estimated that generally the public will pay one or two cents more a pack and in some instances three cents.

"Based on past history we expect sales to be maintained, even with the new prices," the spokesman said.

The cost of a pack of cigarettes varies widely throughout the nation, mainly depending on state and local taxes.

In North Carolina, the only state without a cigarette tax, a pack costs anywhere from 25 to 35 cents. In New York City, where state and city taxes add another 12 cents, a pack costs from 43 to 60 cents.

When the cigarette companies raised their prices, they did not offer any reasons for their move. Later, however, in response to a survey, the companies said their costs have increased. "Our prices are just a reflection of inflation."

But some financial observers believe the industry raised prices to improve its profit picture, because cigarette consumption has been slowing down in recent years.

Since 1964, according to the U.S. Department of Agriculture, cigarette consumption has eased despite population increases, and consumption actually declined from 1967 to 1968. National consumption in 1967 was 527.8 billion cigarettes, and last year it was 526.5 billion.

And as cigarettes have come under attack as a health menace, tobacco companies have increasingly diversified into other products, ranging from cat food to gin to applesauce.



### Addiction Cycle

A cycle of addiction, unwanted pregnancy, confinement, and re-addiction has been seen in the female drug addict after seven years of study.

Female addicts have three goals, says Stephen Chinlund, director of Manhattan Rehabilitation Center.

One is to lose control so that they can blame their failures on drugs. Their second desire is to obliterate any sense of time; they want to blot out what is happening. The third is a strong rejection of a sense of cause and effect.

The best treatment, Chinlund reports, is group therapy. "Most important of all, perhaps, is the cumulative power of the voice of the group." In group therapy the addict, it is hoped, recovers her emotions and becomes aware of them.

### Warfarin

Warfarin, a potent poison used to exterminate rats, is giving scientists insight into the ways Vitamin K helps the blood to clot.

Researchers know that the poison, in large doses, causes animals to die from internal bleeding and, in small doses, is an effective anticoagulant for use in surgery. Vitamin K reverses its effects, though how it does that is unknown.

Dr. John W. Suttie of the University of Wisconsin suggests that Vitamin K directs the production of several clotting factors, among them one called prothrombin. When an injury calls blood clotting factors into action, prothrombin, through a rapid series of biochemical events, becomes the clot-producing enzyme thrombin.

## Tester for Puffers



Paul Rand Dixon, Federal Trade Commission chairman, checks on a Government smoking machine which tests for both tar and nicotine of cigarettes.





"One more thing before you go—where do you keep the tranquilizers?"

## Former Addict Now Aids Youth

In January, John Tipton, 22, was arrested in Denver, Colorado, for possession of marijuana, parole violation, and burglary after a ten-year history of crime. Four of those years he spent locked up and five on probation. For four years he had used drugs.

In February Tipton joined forces with Officer Barbara Schreiber, delinquency control division of the Denver Police Department, and the two estimate that they have spoken to 7,000 people in schools, church groups, parent organizations, and civic groups on drug use among young people. Tipton, who speaks from a user's viewpoint, wants to dedicate his life to rescuing the very people to whom he introduced drugs in past years.

He tells students: "Very few can make it on drugs. Only 15 percent never come in contact with the police, never go on to physically or mentally more damaging drugs than marijuana."

Drug users, he says, accumulate many problems that stay with them. They drop out and lose interest in everything but drugs and the drug world. When they get to that point, they get arrested or go to the hospital.

"I can't pinpoint why they're blowing it," Tipton states. "There's so much ugliness involved in it, and under drugs the ugliness is amplified."

Because he wants to help all young people who want out of the drug habit, Tipton conceived the idea of NARC-ANON, a program of rehabilitation for persons physically or psychologically dependent

on drugs. They hope to establish a rehabilitation center—to be called "Third-way House" because it would be away from the drug society—which would be run by ex-users. It would be aimed principally toward those of high school and college age.

The method of the program, which would combine insights from the experiences of Alcoholics Anonymous, Synanon of California, and the Bill Sands seven-step plan for ex-convicts, would be a live-in concept. The Third-way House would serve as headquarters, meeting place, and home for a number of ex-users with facilities for recreation, creative expression, and counseling, and seminars by professionals from medicine, law, clergy, and social work.

Third-way House would be completely separate from police influence and control. It would present itself as a "bridge which the drug user can trust to hold his weight as he crosses step by step into a degree of acceptable behavior and usefulness in society," Tipton says.

## Drugs Need Control

Mayor Lindsay of New York City has urged formation of an international association to tighten and reform narcotics controls.

Lindsay says the failure of the United States and other nations to control narcotics traffic has made New York City "a victim community" in which more than 80,000 heroin addicts are stealing \$3.5 bil-

lion a year to finance their habit.

The city has more police working on drug regulation than the Federal Government has "across the entire eastern seaboard," says Lindsay.

"We are the final destination of drugs from around the world. Those nations who do not adequately control production and distribution are directly affecting this city and directly injuring communities all over America."

## Why Indian Drinking?

Alcoholism among American Indians will be studied in a three-year demonstration project in Iowa, says Mary E. Switzer, Federal Social and Rehabilitation Administrator.

"We want to find specific answers about alcohol as it relates to Indians," states Miss Switzer. "All known Indian problem drinkers residing in the Tama and Sioux City areas will be referred to the project. Those accepted for the program will be chosen because their excessive drinking has led to multiple arrests, family disorganization, loss of jobs, absenteeism, alcoholic blackouts, or hospitalization."

A total community approach to the problem of reducing drinking will utilize coordinated services from every appropriate public and private agency in the community. Such resources may include employment services, welfare and family services, mental health agencies or private psychologists, legal aid services, credit unions, Alcoholics Anonymous, the YMCA, the Salvation Army, and various other groups, Miss Switzer notes.

## Drink Law Complicated

A new law permitting the sale of liquor in restaurants is in effect in Utah, but it's not that simple.

The law allows the sale of minibottles at special state liquor stores inside restaurants which obtain licenses. A minibottle contains about two ounces.

The state has a monopoly on the retail sale of liquor and earned net profits of more than \$3.4 million in the last six months.

Here are the major provisions of the minibottle law:

—Restaurants would have to sell the liquor for the same price they paid the state. Hence, no profit.

—The liquor would have to be stored and sold in a separate room not visible to meal patrons.

—The patron would have to buy his own liquor and bring it to his own table.

—A waiter or waitress could bring an ice bucket and corkscrew to a customer with a bottle of wine, but could not place the wine in a bucket, open it, or serve it.

—And in order to qualify to buy the booze, open the bottle, and mix his own drink the patron would have to order a meal.

Or the drinker can take his own bottle of liquor to the restaurant and order setups, including glasses, ice, and mixer.

## WHAT WHERE WHY WHO WHO HOW WHEN WHAT

◆ California is taking in less money from the cigarette tax, apparently because Californians are smoking less, says State Finance Director Caspar W. Weinberger. Revenue from the tax, 10 cents a package, is off by \$2.5 million from the forecast for the current fiscal year and is expected to be down \$2.2 million from the forecast for the coming year. (AP)

◆ A liquor bottle (empty) rests almost constantly in the crook of philanthropist George Peabody's arm as he sits, in bronze, in Mt. Vernon Square, Baltimore, Maryland. As fast as caretakers remove one bottle, the hippies who infest the square replace it with another, often inserting a flower in its neck. (Baltimore—The News American)

◆ Excessive prescription of drugs by physicians is a major cause of drug addiction, according to Dr. James Drinkard, the chief psychiatrist of a Baltimore-area private psychiatric hospital. (UPI)

◆ "Caution: Anticigarette propaganda is hazardous to your economy!" That's the message on billboards from Richmond to Miami. The ads are sponsored by Tobacco Associates, Inc. (Farm Journal)

◆ In his New York Post column, Earl Wilson recently wrote that though there were hundreds of late saloons in New York City, "I could find only St. Thomas Church on Fifth Avenue open till midnight. Rector Dr. John Krumm of the Church of the Ascension, at Fifth and Tenth, says they're also open till midnight—and 'we have a longer history of being open than St. Thomas does—to indulge in a little unchristian boasting,' he adds." (New York Post)

## Mental Health Is Problem, Says President Nixon

President Richard M. Nixon has called mental health "a major problem of continuing concern for all Americans."

To the National Association for Mental Health, President Nixon outlined the causes for concern:

◆ "More than 40 percent of the nation's hospital beds are now occupied by the mentally ill.

◆ "Sixty thousand Americans are destroying their brains and bodies with narcotics and other drugs.

◆ "Alcohol is corroding the lives of at least 5,000,000 of our citizens.

◆ "A third of the population suffers symptoms of depression, and probably more than 50,000 Americans will commit suicide this year."

To help overcome mental illness, Mr. Nixon called for "more knowledge of its causes, improved treatment, more trained workers in mental health professions, and more hospitals and clinics."



# ARE YOU PUZZLED? U.S.A. Puzzle

Frieda M. Lease

Complete these states' names according to spaces and clues given.

1.        ---U----- Magnolia State
2.        -----N--- Grand Canyon State
3.        ---I----- Burial place of Lincoln
4.        ---T----- Bluegrass State
5.        ---E----- Mt. Hood
6.        ---D----- Hoosier State
7.        ---S----- Birthplace of Harry S. Truman
8.        ---T----- On Canadian border
9.        ---A----- The lei popular here
10.       -----T--- Gopher State
11.       ---E----- Volunteer State
12.       ---S----- Sunflower State

## Drug Education for Schools

The American School Health Association and the Pharmaceutical Manufacturers Association have undertaken a joint project to provide the first comprehensive curriculum for drug abuse education programs in American schools.

"Our educational system is gravely in need of expert assistance in the form of such a curriculum guide and authoritative materials," says Dr. Glenn R. Knotts, executive director of the ASHA; and C. Joseph Stetler, president of PMA, concurs. "Together we can provide the best available talent and produce these materials as a public service."

The two executives say the project is an outgrowth of their search for the most meaningful type of program that would be timely, desirable, and unmet by any existing activity.

"In recent months we have received a flood of requests for curriculum materials," Dr. Knotts says. "And virtually all we could do was send a form letter of apology."

"We have every expectation that the material developed will become the standard guide for this subject in our educational system," Dr. Knotts predicts. "We hope that it will help to provide the balanced study of this area which we need and short-circuit the dissemination of erroneous, biased, and self-seeking materials."

A similar model curriculum for growth patterns, health instruction, and other special interest subjects prepared recently by the school health association has become standard for public school systems.

"The drug education program will provide guidance and materials from the elementary grades through high school, with an approach that explains the values of modern drugs, their significance to mankind, the respect we must extend in using them, and, finally, the nature and consequences of their abuse," Dr. Knotts says.

The \$25,000 grant from the PMA will help provide funds for defraying expenses incurred in creating the curriculum guide. It is expected that a full year will be required to develop appropriate materials. Then the guide will be available to school physicians, dentists, nurses, health educators, and other professionals involved in school health.

### Law Hits Wet Drivers

Assemblyman John Vasconcellos of California has issued a statement supporting his drastic legislation which would impose the so-called English system in California involving drunk-driving cases.

California's "implied consent" law could be discarded under his plan. "I have introduced legislation (AB 2198) to adopt the English system—the most effective preventive system yet found (reduced drinking, reduced driving, reduced accidents, reduced fatalities)—for keeping intoxicated drivers off California's streets and highways."

"The bill is grounded on scientific data establishing that any person with a blood alcohol of .08 or above is impaired in his driving abilities, i.e., he is a less safe driver than he is when free of alcohol. While use of alcohol not involving risk of harm to other persons is a personal (not governmental) decision, no person has right to risk harm to others by driving while impaired by alcohol, and government should provide effective means to prevent this."

California is the first state to ask that the "English" system be used for its own problems on the road.

### ANSWERS:

1. Louisiana 2. Arizona 3. Illinois 4. Kentucky 5. Oregon 6. Indiana 7. Missouri 8. Montana 9. Hawaii 10. Minnesota 11. Tennessee 12. Kansas

## Industry Begins to Recognize Drink Cost

A 50 to 70 percent recovery rate is commonplace for alcoholics who accept treatment through industry-sponsored programs, according to Ross A. Von Wiegand, director of labor-management services for the National Council on Alcoholism.

Some of the nation's largest companies, undertaking detection and rehabilitation programs for alcoholic employees, have found that two out of three can recover.

Industry is finally recognizing what alcoholic employees are costing—at least \$4 billion a year—and aren't ignoring the problem.

Conservative estimates place the number of alcoholics in the working population, excluding the military, at three million or 5.3 percent, Von Wiegand explains.

Until recently, management has been afraid to admit that alcoholism is a problem.

"Management has always been very aware of business losses, but not in alcoholism," Von Wiegand says. "They've swept the problem under the rug. They're beginning to learn that the most expensive way to handle an alcoholic is to fire him. How do you know the man you're hiring isn't an alcoholic too?"

Management has always been fearful to undertake a detection and rehabilitation program.

But in the past five and one half years, he says, the council has learned new methods acceptable to management and used successfully by such companies as Du Pont, Allis-Chalmers, the United Bank of California, and the New York Transit Authority.

The successful methods, he says, begin with "pretreatment detection" of the employee's drinking problem through documenting deteriorating job performance, and motivating the employee for treatment.

Mainly, industry is encouraged to tighten up disciplinary procedures so that the "silver-tongued" alcoholic can't slip through.

"Ignoring the problem doesn't make industry immune to it," states Von Wiegand. "And they're already making disability payments for it anyway under a false diagnosis. The chances are that the alcoholic is suffering some organic damage by the time he reaches that stage."

## New Sell for Cigarettes

The United States Tobacco Journal contends that Chemosol-treated cigarettes could become a marketing necessity, and manufacturers may soon have to declare their intentions toward this new process developed to produce a less hazardous cigarette.

"It is almost certain that Chemosol is going to be big news," says the tobacco industry publication.

Chemosol is a nontoxic formulation added to tobacco to influence the combustion with a resulting significant reduction in concentrations of a known carcinogen—benzopyrene—found in cigarette smoke. The process has gained wide attention among the public and the tobacco industry since disclosure of its development and commercial availability at House Commerce Committee hearings on cigarette smoking and advertising in late April.

As yet, however, the Department of Health, Education, and Welfare has not made public its evaluation of Chemosol.

◆ Some leave footprints on the sands of time—others leave beer cans.—Arnold Glasow. (New York Post)

## 10 Commandments for Drivers

"Ten Commandments" for motorists were published in the parish magazine of St. Mary's Church, Worcester Park, a south London suburb:

1. Thou shalt hold only the steering wheel.
2. Thou shalt not make unto thee a god of thy horsepower.
3. Thou shalt not take the center lane in vain.
4. Remember the driver behind to help him pass thee.
5. Honor thy father and thy mother and all other passengers.
6. Thou shalt not kill.
7. Thou shalt not commit inebriated driving.
8. Thou shalt not steal thy neighbor's eyes with thy headlights, nor his ear with thy horn, nor his enjoyment with thy litter.
9. Thou shalt not bear false witness with thy signals.
10. Thou shalt not covet thy neighbor's right of way.

## The Hotel Dollar

### COMES FROM—

Food sales	30.6¢
Beverage sales	11.8¢
Telephone sales	2.5¢
Store rental	1.5¢
Room sales	48.2¢
Other sources	5.4¢

### AND GOES FOR—

Cost of food	10.8¢
Cost of beverages	3.7¢
Payroll	39.0¢
Departmental expense	16.0¢
Administrative expense	4.5¢
Advertising, promotion	2.3¢
Heat, light, power	3.4¢
Repairs, maintenance	3.8¢
Municipal taxes	3.7¢
Depreciation	5.9¢
Federal income tax	1.5¢
Return on investment	5.4¢

Taken from "Hotel Operations in 1967," the 36th annual study by Lavnetol, Kerkstein, Horwath & Horwath, Certified Public Accountants.



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LETDOWN

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smoke  
cigarettes

THE  
CIGARETTE  
SMOKER  
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PRIME  
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FOR DRUG  
ADDICTION!



Lung cancer will claim  
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1,000,000  
present school children  
in this country  
before they reach



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are long-time smokers.  
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SECOND-HAND  
SMOKE



I COULD STOP SMOKING..ANYTIME I WANT..



but they're too Polite to TALK