

LISTEN

A Journal of Better Living



dr. kenneth cooper
fitness by exercise

adult education

Five men appointed in 1968 are serving on the LeDain Commission of Inquiry in Canada to look into all aspects of the non-medical use of drugs.

Interim reports of the commission's findings leave no doubt that illicit drug use, particularly among young people, is growing rapidly in Canada. In this respect Canada is no different from many other countries.

Most significant, however, is the finding based on studies of more than 30,000 pre-high and high school students pointing up that the heavier the parental use of drugs the more likely a child will be a user of psychoactive and illicit drugs.

One study showed that 33 percent of marijuana users have mothers who use barbiturates, about 20 percent have mothers who use stimulants, and 36 percent have mothers who use tranquilizers.

"Speed" shows an even more dramatic relationship between parental and child drug use—46 percent of the mothers of speed users take tranquilizers, 32 percent use stimulants, and 43 percent use barbiturates.

"Such findings carry very direct implications for parents and for education," comments H. David Archibald, director of the Addiction Research Foundation in Toronto. "They certainly suggest that educational methods will have to involve parents to a much greater degree than has been done so far."

The basic principle of "like parents, like children" is being recognized more and more in relation to the drug problem.

Dr. John Ramsey, psychiatrist in San Antonio, Texas, an area where some 50 percent of high school students have tried dope and 10 percent are steady users, says that in addition to drug education for youngsters, adult education programs would be "most, most helpful."

Another psychologist in the same area emphasizes that "parents need to realize they are responsible for the way their children turn out."

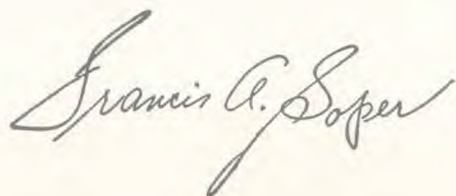
A five-month survey of drug use in Port Washington, Long Island, found that parents' habits were a major factor in student drug use. Survey questions included queries about parental drinking habits, smoking, and the use of such drugs as sleeping pills.

"Parents' habits which showed the greatest effect were drinking habits," the study summarized, "specifically how many drinks the parents have when they drink and how often they get drunk."

Students who had seen their mothers drink at some time or another had a much greater tendency to use drugs than did those whose mothers were nonusers of alcohol.

It seems axiomatic that children learn from their parents, but this relationship is too often forgotten by parents themselves when they search for reasons why their children become involved in the drug scene.

Often one of the reasons—perhaps the major one—lies at their own doorstep. For this reason it is becoming all the more important that drug education be directed as much to adults as to the youth—or even more.



LISTEN

Journal of Better Living

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● Basketball All-Star, collegiate All-American a top "assist" man, San Francisco's Warriors' superstar—that's the story of Jeff Mullins in January's LISTEN, first of the thrilling issues being planned for the New Year, 1971.

● "Does Rock Sell Drugs?" Popular songs with seemingly harmless lyrics sometimes imply drug-centered meanings and interpretations. Don't miss this feature.

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is exercise for you?

"Listen" interviews Dr. Kenneth Cooper, Dallas, Texas, developer of the famed aerobics program of exercise for physical fitness.



DR. COOPER, what would you say is a good description or definition of physical fitness?

It means many things to many people. Some say that it is merely the absence of disease; others say it is synonymous with large muscles. To me it means good cardiovascular pulmonary fitness—that is, a good heart, good blood vessels, and good lungs.

With aerobics (which literally means "with oxygen") we go a step farther and quantify cardiovascular pulmonary fitness by determining the oxygen consumption capacity. If a person can utilize a large amount of oxygen during exhausting work, he must have a strong heart, good blood vessels, and efficient lungs. He must have good cardiovascular pulmonary reserves.

People have said that you can't quantify physical fitness, that it can't be defined in specifics. But we must define fitness before we can document its benefits, before we can study its effects. Maximal oxygen consumption is the key, and it's the most widely accepted indicator of fitness. So it's all based on oxygen consumption. In more scientific terminology, if a person is under thirty years of age and his oxygen consump-

All this huffing and puffing— Is it necessary?



"Dr. Aerobics" shows "Listen's" editor his laboratory equipment at Lackland Air Force Base in San Antonio, where he has developed and tested his aerobics concept of exercise. This plan has been officially endorsed by the Air Force and is under consideration by other military services. It is being practiced by joggers everywhere.

Dr. Cooper is now building up the Cooper Clinic and Research Foundation at Dallas, which is the world's first and only center to specialize in exercise in diagnostic, preventive, and rehabilitative medicine. It will be opened early in 1971.

He has published two books on aerobics, both of which became best sellers, and is working on a third to be published in 1972, which will detail an exercise program exclusively for women.



Dr. Cooper (left) with an assistant carries on a treadmill stress test to determine effects of exercise on heart action. He has done some 1,000 such tests in five years.



During each treadmill test a continuously monitoring electrocardiogram gives a picture of heart action.

tion exceeds 42 milliliters per kilograms per minute, we feel that he's physically fit. If it exceeds fifty-two, he's in excellent condition. With increasing age, the oxygen requirement drops. For men above fifty years of age, a consumption of 36 equals the "good" category of fitness. So, you see, we can actually define physical fitness in quantifiable terms.

Would you say that physical fitness is synonymous with health?

Yes, I believe a person can't really be healthy unless he's physically fit. Physical fitness, of the type I described above, is a prerequisite to good health.

Would you equate physical fitness with exercise?

You can't become physically fit without exercise. This is one of the inescapable requirements for building up the strength and efficiency of the heart, blood vessels, and lungs. The average American wishes there were some other way, such as taking a pill; but we would lose the other physiological benefits of regular exercise if pill-taking were possible.

Do you have your own exercise program that you regularly follow?

Yes. Using the point system for measuring the amount of exercise, I try to accumulate 75 points a week. As you may know from studying the aerobics program, we recommend a minimum of 30 points per week for the average individual who wants to keep himself physically fit. If he works up to 30 points a week, I'm satisfied.

My own program involves a little more, primarily because I have such a demanding schedule, plus the fact that I enjoy competing from time to time. For example, last year we had a forty-mile walk in San Antonio, sponsored by the March-of-Dimes as a charity event. It was very satisfying to be able to compete in this event and walk and run a distance of forty miles in about seven and one half hours. I couldn't have done this if I had not been running regularly. Seventy-five points per week is the equivalent of running fifteen miles a week, and I do this routinely, regardless of where I am.

What would you say are the worst enemies of fitness?

There are several. One is the attitude of individuals. We have such an indifferent, apathetic attitude toward fitness

in this country, but I am delighted to see this changing.

Another enemy of fitness is the occasional physical educator in our school system who is excessively overweight, smokes cigarettes, and tries to motivate his students by direction rather than by example. You can't direct people to want to become physically fit.

Cigarette smoking has a detrimental effect on fitness. It is impossible to become physically fit, really to reach your maximal capacity, if you smoke—even as few as ten cigarettes a day. We published a study in *The Journal of the American Medical Association* in January, 1968, which showed with statistical reliability that a person who continues to smoke as few as ten cigarettes per day will never reach his maximum endurance performance. Other investigators in Austria, performing a comparable study, reached the same conclusion with fewer than five cigarettes per day. Cigarette smoking has a very detrimental effect on fitness.

Alcohol, as you know, also affects fitness. It interferes with the body's ability to transport oxygen to the muscles where it can be used. In using my definition of fitness, which is based on maximal oxygen utilization, smoking and alcohol definitely are detrimental. Anything that interferes with the ability of the body to transport oxygen interferes with the development of maximal fitness.

Can a person get too much exercise?

Yes, he can. I don't believe that anyone should start a conditioning program if he is past forty years of age unless he has undergone a current medical examination, including a stress test electrocardiogram. If an individual starts into a program without this precaution, and he unknowingly has coronary or lung disease, he may exceed his physical capacity and suffer the consequences.

Also, you should avoid exercising beyond your physical capacity. Some people overdo. When I am asked, "Am I exercising too much, or too hard?" I respond, What is your heart rate five minutes after you have finished exercising? It must be less than 120 or you're pushing yourself too hard. Ten minutes after the exercise it must be less than 100 beats per minute. If you are exceeding these rates, you should reduce the intensity or duration of your exercise periods.



Dr. Cooper calculates and assembles data from a series of treadmill tests.



As the result of two best-selling books on aerobics, and popular articles in "The Reader's Digest" and other magazines, the Coopers have received some 7,000 letters in four years. Mildred serves as secretary to type some of the 3,000 replies which Kenneth has personally dictated.

Another thing I ask people in response to their question is, How do you feel following a workout? Are you chronically fatigued? If you are, you're pushing yourself too hard. And how do you sleep at night? A person who is getting the proper amount of exercise sleeps very soundly. But the person who is pushing himself too hard is a restless sleeper.

What would you say are the best exercises, and why?

There are several types or categories of exercise, including isometrics which tense muscles without moving the joints. Isotonic and isophasic exercises contract muscles and move joints. Examples are weight lifting and calisthenics. Then there are sprint or burst type of activities called anaerobic exercises.

But I recommend aerobic exercises, those exercises requiring large amounts of oxygen, as the best way to achieve and build up cardiovascular pulmonary fitness. These exercises demand large amounts of oxygen over prolonged periods. We're talking about at least ten to fifteen minutes of continual exercise. If you stress the body continuously for such a period, then an adaptation process begins to occur. You start building the body's capacity to transport oxygen by building and enlarging blood vessels, by increasing the amount of circulatory blood, and by strengthening the pumping system.

Consequently, aerobic exercises are the only exercises that will consistently improve the cardiovascular pulmonary system—the heart, the blood vessels, and the lungs. Unless you have adequate reserves in these systems, you're not physically fit.

How did you arrive at the figure 30 for the basic number of points per week?

Let me explain first how the aerobic concept of exercise differs from other programs. We tried to develop a catalog of exercises by measuring the oxygen cost of various aerobic activities such as walking, running, and cycling. Then we developed a point system based on the relative energy cost of the different exercises. More points were awarded for more strenuous or more prolonged aerobic activities. Next, we had to determine the number of points necessary each week to achieve adequate cardiovascular pulmonary fitness.

To answer that question, it was necessary to refer back

to the definition of physical fitness; that is, an oxygen consumption above 42 milliliters per kilogram per minute, age adjusted. We soon learned that 80 to 85 percent of the people following a 10-, 13-, or 16-week aerobic program and working up to 30 points per week would reach a satisfactory level of fitness.

What about the other 15 or 20 percent? Why didn't they reach it? The majority that didn't reach a satisfactory level of fitness fell into two general categories. The first were the individuals who were excessively overweight and who didn't lose weight in response to their program. Regardless of their ability to accumulate points, these individuals would have difficulty because of their weight. The second category included the people smoking over forty cigarettes per day. Until they reduce their cigarette consumption they may never reach their minimum level of fitness.

In your book you commented about the idea of middle age beginning at about age twenty-eight. What is your conception of middle age?

In our studies, in which large groups of men between the ages of nineteen and twenty-nine years of age were evaluated, we noticed a rapid drop in endurance performance or cardiovascular pulmonary fitness occurring between the ages of twenty-two and twenty-five years. By the time he's actually twenty-eight an American male may be physiologically ten to fifteen years older. Past age thirty we have to think in terms of rehabilitation rather than preventive medicine programs.

Dr. Cooper, you've stated that exercise is for the mentally unfit as well as for the physically unfit. What effect does a good program of exercise have on patients with mental problems?

I think you're referring to the effect that exercise has on certain types of psychiatric disorders. It has been documented by several medical investigators that once a person becomes involved in a conditioning program he becomes less depressed, less hypochondriacal, and he tends to improve his self-image. These characteristics may counteract to some extent a tendency to develop certain psychiatric disorders.



Millie ("Mrs. Aerobics") runs her daily mile and a half. She covers the distance in twelve and one half minutes over hilly terrain.



"El Chaparral," or the road runner, serves as the emblem of the joggers club at Lackland Air Force Base, informally known as Cooper's Poopers club.

In addition, psychiatric patients who become physically fit tend to respond more readily to therapy. This intrigues me. Perhaps there is more to this than we realize—this concept of treating the total body. Psychiatrists tend to separate the mind from the rest of the body; but perhaps if they were to condition the whole body, psychiatric therapy would be more effective. Obviously, there is a relationship between a sound body and a sound mind.

Do you feel that many of the diseases today are caused primarily, or perhaps exclusively in some instances, by the mind?

There is no question about the fact that there are a lot of psychosomatic disorders. I am not saying that these people don't have a bona fide medical problem; some of them are medically incapacitated. But it's a different type of problem, and it is hard to treat. But again I have yet to see a man whom I consider really physically fit afflicted with a major psychosomatic problem. Perhaps it is just his change in attitude. If a person disciplines himself to the extent that he regularly participates in an exercise program, he tends to discipline other aspects of his life. And by doing this he begins to take pride in himself. He takes pride because of the fact that he's doing something and because of the changes he sees. The physically fit person tends to develop an attitude of "smugness" because he feels that he's a little better than the fellow next to him who is thirty-five pounds overweight and terribly out of shape. This is what I mean by a change in attitude—changing the self-image.

Would you say then that one major factor in preventing disease or overcoming it would be that of setting one's mind in that direction?

Yes. With many medical conditions, it's almost impossible to treat the patient unless the patient has a desire to be treated. In this regard, I think the mind-over-body concept is extremely important—a relationship that might affect not only his physical life but also his spiritual life.

Can a strong program of exercise wear a person out too soon?

Yes, I think it can. That's why we've encouraged use of a starter program. If someone excessively unfit enters an

exercise program too vigorously, he'll quit after three or four days because of stiffness and muscle soreness. His ankles are bothering him, his feet are blistered, and in general he is very discouraged. He will not continue with his program.

Consequently, we insist on the very slow initiation of a conditioning program in an effort to help one achieve his objectives in a more progressive and realistic manner.

Does a strong exercise program tend to make a person eat too much?

The answer to that question depends upon the quantity of exercise. If you walk or run one mile a day, regardless of the speed, you will burn about 100 calories. And that's not enough to help you lose weight; in fact, it may stimulate your appetite. Consequently, people starting the exercise program, walking or running only one mile a day, may gain weight. But as they continue to progress, they work up to walking or running distances of two, two and a half, or three miles a day; then there is a decrease in the appetite.

Vigorous exercise accompanied with profuse sweating rarely stimulates the appetite. The immediate desire is to consume large quantities of fluid—to replace the depleted fluid volume. Consequently, an exercise program is not the best way to lose weight rapidly. In order to accomplish that goal, you must diet in conjunction with your program.

For instance, if you were to run ten miles in one hour (and that's averaging a six-minute mile), you would only burn about 1,200 calories. Very few people can run that far that fast. But that means that if you were to run at that speed for fifteen minutes, covering approximately two and one half miles, you'd burn around 300 calories. A soft drink, consumed at the end of the exercise, might replace 150 calories. So you can't lose much weight rapidly entirely with an exercise program.

What is the significance of the low resting heart rate frequently seen in highly trained subjects?

Until a few months ago I couldn't answer that question. Dr. Jeremiah Stamler performed a most interesting study, reported in November, 1969, at the Second International Congress on Atherosclerosis. He studied over 1,300 men between the ages of forty and fifty-nine years. In 1958 all

these men had examinations to determine the presence or absence of coronary disease. If they had a coronary disease, they were excluded from the study. Over the next ten years 1,329 of these men, who were thought to be free of coronary disease, were followed very closely. One of the parameters of the study was the resting heart rate recorded in 1958. On the basis of their resting heart rates, Dr. Stamler divided these men into four groups: (1) less than sixty beats per minute, (2) between sixty and seventy, (3) between seventy and eighty, and (4) above eighty. Then Dr. Stamler looked at three classifications of death: sudden deaths, deaths from coronary disease, and deaths from all causes.

He found that by comparing the two extremes—the men with resting heart rates over eighty compared with the men whose resting heart rates were less than sixty—the sudden deaths were three times as great in the men with heart rates over eighty. The deaths from coronary disease were two and a half times as great, and deaths from all causes were two times as great. So the resting heart rate may be an important factor in longevity.

But looking at it in another way, what accounts for changes in the resting heart rate? One factor is the level of fitness. A middle-aged man involved in a good aerobic program may lower his resting heart rate by as much as twenty beats per minute. Another factor affecting the resting heart rate is cigarette smoking. Did you realize that smoking one pack of cigarettes a day may elevate your heart rate by as much as twelve to twenty-five beats per minute? Over a twenty-four-hour period, your heart will beat 17,000 to 34,000 times more than the person who doesn't smoke cigarettes. If you are fifteen to twenty pounds overweight, your resting heart rate may be elevated by ten to twelve beats per minute. So, since conditioning, smoking, and obesity all have a definite relationship to coronary disease, you must consider these factors in Dr. Stamler's study.

Would you say, then, that this is the basic ill effect of smoking on the heart?

That question has been extensively studied by many medical groups. A definite cause-and-effect relationship between smoking and coronary disease consistently has been shown. The exact method by which this occurs is not really known; but we know that nicotine tends to stimulate the sympathetic nervous system in the body, producing hormones that excite the heart. In fact, in completely motionless but anxious people, heart rates may be as high as 120 to 140 beats per minute. It is purely an emotional response. To some degree you can get that same response from cigarette smoking, since nicotine is known to be a substance that stimulates the heart.

Would you say that smoking has an ill effect on all systems of the body?

I don't know any system of the body that benefits from cigarette smoking.

Would you say that any smoker would receive a beneficial effect from quitting the habit even after years of smoking?

Yes. Epidemiological studies show that cigarette smokers are two and a half to three times more likely to die of coronary disease than nonsmokers, pipe smokers, cigar smokers, or former cigarette smokers. Notice that I said "former cigarette smokers." According to some studies, smokers can get back into a low risk category very rapidly. Remember,



though, I'm not talking about the effect cigarette smoking has on the lungs; I'm discussing only its relationship to heart disease. There is a very definite beneficial effect from quitting cigarette smoking even if you have been smoking for years.

Does the drinking of alcohol increase the risk of heart disease?

Frankly, this is a difficult question to answer. I'm really not qualified to say specifically what effect alcohol has on the heart. It does affect all body tissues by decreasing their ability to utilize oxygen. This would be true in the skeletal muscles in the arms or legs. If you have a coronary system that is already compromised because of arteriosclerosis or hardening of the arteries, this condition will be aggravated by decreased oxygen utilization.

Also, it appears that alcohol tends to have a constrictive effect on the coronary blood vessels, reducing the flow of blood to the heart. Therefore inability to utilize oxygen because of the presence of alcohol could potentially have a very detrimental effect on the heart.

Do you usually recommend the taking of tranquilizers?

No, I rarely prescribe tranquilizers. Obviously if a patient is unresponsive to anything else, I would recommend them; but I never take tranquilizers myself. I don't need them. Exercise has a very effective calming reaction on the body, and a person who is exercising regularly rarely needs tranquilizers.

Dr. Cooper, you mentioned that in developing the aerobics program you felt as if there were a spiritual component. What do you think is the spiritual dimension of a program that seemingly has to do only with the physical?

There are effects of exercise that we can't really explain, such as the changing of attitudes and personalities and the relieving of depressions. You can't begin an exercise program without taking a self-inventory. And once you look at yourself critically, you may find deficiencies in many areas. It's not just the personal realization that you are an excessively overweight, unfit individual who has cigarette stains on his fingers and teeth. It is also the realization that you need improvement in many areas—and this may start a series of events. (A person takes a step forward when he can critically evaluate himself.) Along with his exercise he may start a dietary restriction program which enables him to lose weight; cigarettes don't taste the same; and he finds he is no longer dependent upon alcohol.

What causes these improvements? Are they strictly the result of exercise? Probably not. More likely they occur because an exercising subject becomes a more disciplined individual. He no longer needs his crutches. And this same physical uplift may renew his spiritual strength. There is something almost divine about the self-introspection that frequently accompanies the activation of a good physical conditioning program. ■

wolf at the back door



taffy jones

SOMETIMES we are so busy protecting our front door, where a tiger might be lurking, that we forget to watch for the wolf at our back door.

In the papers, on radio and TV, in conversations, the terrifying word is "dope."

We are beginning to put up a heavy chain on our front door to keep this terror away; but as we guard our front door, another threat can come in the back door.

Alcohol can become this frightening specter. Drinking has become a way of life. It may appear harmless, but it can be like the wolf in Grandma's clothes in the story of Little Red Ridinghood. Drinking is a social nicety. You think it will pick you up, create self-confidence, and make you sparkle and be the life of the party. Actually it is the other way around. Alcohol numbs the brain, deadens the reflexes, and causes untold misery.

Alcohol is the number four killer in our society. Some authorities rate it third, next to heart disease and cancer. It is the number one reason for divorce. It kills more people on the highways than the casualties in war. The tragedy is that a drunken driver endangers not only himself but others. Some estimate that alcohol has caused 300,000 babies to be born blind because of drinking mothers. It seems evident that alcohol hurts a life before life even begins.

Statistics show some amazing things about our drinking habits. More men drink than women. More people under fifty drink than people over fifty. Drinking is more prevalent in higher-income families than among lower-income families. More people drink who have had a high school education than those who never graduated. There is more drinking in cities than in rural areas, and drinking is higher among persons of Jewish and Catholic faiths than among Protestants.

Statistics are merely dots or marks on paper, but look in a house where drinking has found its way in by the back door. See the lonely women drinking alone, bored and tired from nothing, hiding a bottle under the couch or back of the books in the bookcase. See the distraught businessman taking drinks to help him through the pressures of his job. Look at the young people trying to prove who they are, finding themselves in a world not of their liking.

Look at the eyes that don't see, the brains that won't function, the tortured faces of unhappy human beings.

Watch the accident deaths caused by drunken drivers pile up.

There are ways to stop the wolf from entering your back door—don't drink! Don't feel the need of drinking when things go wrong. Don't drink on an empty stomach, or drive when you have been drinking. Don't use liquor as a crutch. Make your own way. Realize that drinking will not put you on top of the world. Drinking will not make the growing pains of youth or middle age any easier.

Don't urge liquor on your guests. Have some nonalcoholic beverage to offer them. Don't spike someone's drink. It isn't really funny, and don't tease and make fun of people who do not drink. You know the saying about he who laughs last!

Protect your home. It is your place. Guard both the front door and the back door. ■

"peaceful" assassins?

I. casey brennan

Those who think marijuana is somehow connected with peace and goodwill, should look up the word *cannabis* in *The Universal Standard Encyclopedia*.

Cannabis is a genus of annual plants, of which there are two species:

Cannabis indica, which gives us hashish, and
Cannabis sativa, which gives us marijuana.

Read farther into the article, and you will stumble upon a point which hardly seems consistent with the modern-day myths of the drug culture:

"The English word 'assassin' is derived from the Arabic *hashishin*, 'hemp eaters.'"

Maybe they meant *peaceful* assassins?

Taken from *The Universal Standard Encyclopedia*, an abridgment of the New Funk & Wagnalls *Encyclopedia* prepared under the editorial direction of Joseph Laffan Morse, editor in chief. Published by Standard Reference Works Publishing Co., Inc., New York. © 1956.

TWO GANGS in San Francisco had drawn up, one on each side of an invisible line at the city's Bernal Playground. They called themselves the "Warlords" and "Los Bandidos." There were some thirty to forty boys on each side, determined to fight over territorial rights. Two cars drove up, and a Quaker man by the name of Carl May stepped out and slowly walked over to the boys.

One of the boys spoke out, with a great deal of arrogance in his voice, "If you've got a complaint to make, mister, see me right now." The muscles in his face tightened.

May did not answer quickly. For a few seconds he studied the youth in the deep shadows of the night. Calmly and very gently he asked, "Why do you want to fight?" Both sides talked at once, trying to explain, in not so gentle voices. Neither side wanted to give in. Soon members of Youth for Service, a new youth organization that May had founded, got out of the two parked cars and started to mix with the other boys.

As a war councillor later recalled: "May talked to us for two hours that night. He told us how we could be useful citizens and help other people. Then we could walk the streets without getting into trouble. He told us how we could make a respectable name for ourselves and the police would leave us alone. It sounded good; so I decided to try what he suggested."

At first not all the boys were willing to respond, although the two gangs did break up that night without fighting. They had something to think about now—something which almost made good sense to them.

Another youth added, "I thought he was going to organize all the gangs and take over San Francisco. What an idea! I could have gone along with that all the way!"

It wasn't long before these young people were working hard. They put in all the spare time they had, including weekends, without pay. They started to use hammers, nails, saws, screwdrivers, and paintbrushes. They are no longer referred to as "gangs." They're now known as "clubs" and are proud of this distinction.

"People think we're criminals if they call us 'gangs,'" another boy says proudly. "If they call us 'criminals,' they can make us criminals; but if they call us 'clubs,' we're just groups of boys. We feel respectable; then we try to live up to it."

Today more than 130 homes, community service centers, playgrounds, churches, and other San Francisco buildings are in better shape because these boys have spent their weekends putting them into shape. Carl May is no longer a resident of San Francisco, but he left behind an idea which has brought about a great deal of good. The Ford Foundation has invested a large sum to support his idea of Youth for Service.

Carl May views situations simply and logically. Youth for Service is not dedicated to fight the problem of juvenile delinquency, though often it does indirectly ease and help solve the threat. Instead, it intends to help teen-agers from underprivileged homes to be of use and service to other people.

Seventy-five percent of the boys in Youth for Service have been in trouble with the police at one time or another. Now for the most part they avoid trouble of any kind.

One of the youths said: "May didn't give us any lectures on religion, but he did talk to us. If one way didn't work, he tried another. He was patient with us; he was kind. And if another way didn't help, he told us to pray. I really feel that each and every boy, no matter how tough he tries to be, has a little bit of God in him. Maybe he doesn't show it and he doesn't want to talk about it, but God is there—in everyone."

"Gangs," turned to "clubs," restored playgrounds for children.



delinquents who made good!

marie layne

**Carl May walked in on the gangs—
and made them clubs instead!**

youth-to-youth

The clubs are united by an interclub boys' council under this program. They air complaints and problems. They talk over differences of opinion. They plan work and recreational projects. The boys have done manual labor, painted, repaired, and cleaned up homes and garages for people. They have been of great help to fatherless families in the San Francisco area. They built bridges on Indian reservations in California's Sonoma and Mendocino counties. They built a parking lot for a San Francisco community center and a shelter for remedial reading classes for children of migrant farm workers.

Youth for Service concentrates its greater interest and efforts on depressed housing areas. The people there need the assurance that there are those who really care and want to do something about it. Youth for Service helps boys who do not identify with society to realize they are needed.

These boys who at first were ready to give Carl May a real "fight" now say very simply and fully, "He's a great guy." Another boy quickly adds, "He made us count—mean something—be somebody. He made us what we are—and helped us avoid what we could have been." And another, "We owe him a lot. Carl May made us realize that there is a lot of good in all of us, if we will take time to realize it. We did take the time, and we are so glad we did."

If the present trend in juvenile delinquency continues, it is estimated that in the United States one boy out of every five will be involved in at least one court delinquency case during adolescence. Boys are delinquent about five times more often than girls, according to a report by the American Medical Association.

The report further says that the pattern of juvenile delinquency seems to be undergoing a change. Though the disorder is still more prevalent in the big city, it is growing faster in the smaller urban centers and rural areas. Juveniles have been involved in a high percentage of such major crimes as auto theft, burglary, larceny over \$50, receiving or possessing stolen goods, forcible rape, and robbery.

But the problem of delinquency is not hopeless. In fact, it can be corrected and even averted if someone cares and does something about it. Carl May is living proof that youth who have no aim or purpose in their lives can be turned into worthwhile citizens. ■

One war councillor commented, "I really feel that each and every boy, no matter how tough he tries to be, has a little bit of God in him."



National Teen-Age Republicans (TARS) are carrying on a nationwide student-to-student drug-abuse education program aimed at junior and senior high school students.

TAR headquarters in Washington, D.C., is providing drug-abuse education kits and films on drug abuse, and is recommending available speakers to the more than 100,000 TARS throughout the country.

Response to the drug-abuse education program has already been tremendous. TAR headquarters says it has received literally hundreds of requests for information and materials. The staff has compiled a book dealing specifically with the drug problem, giving legal and medical facts about marijuana, LSD, heroin, amphetamines, barbiturates, and other drugs.

Two separate kits have been compiled for use by TARS. The drug-abuse information kit includes the special book, along with additional brochures, pamphlets, and charts. The seminar kit includes the special manual, entitled "How to Conduct a Drug-abuse Education Seminar," and a sample script, as well as an assortment of catchy posters, buttons, and bumper stickers which can be used for display.

The various TAR groups are using the kits to prepare drug-abuse programs for presentation in their high schools, their communities, and for other youth groups.

The drug-abuse program was set up by the teen-agers themselves because they wanted to learn the facts—medical, legal, psychological—about drug abuse and how it affects teen-agers.

Barby Wells, the national director of TAR, says, "The aim of our program is to provide these teen-agers with the facts, eliminating the scare tactics and the emotional appeal which are so often used."

A number of pilot groups have already given presentations to their high school faculty meetings, PTA meetings, and various civic groups, besides programs in their high schools.

One group of TARS presented an effective program by placing six students in key positions throughout the room. The six gave brief presentations concerning the different aspects of drug abuse, interspersed with thirty-second film spots. Other TAR groups have started their school campaigns by using psychedelic lights and music at large assembly programs.

"We feel strongly that the most effective approach to the problem of drug abuse is going to be the student-to-student effort," says Barby Wells. "It is only through early drug-abuse education that we will finally be able to slow the traffic in drugs which is rising at such an alarming rate and claiming the lives and futures of our nation's young people."

Patti Harris, chairman of the First Colonial TARS in Virginia, conducted one of the pilot programs. "The main reason we are involving ourselves in this program," she says, "is to become involved with the problems facing young people today. Too often, political organizations forget their prime purpose of building a better community. We feel that direct involvement, such as this, is the best way to learn and build at the same time."

Kids use drugs for escape and because of peer pressure from other kids, say TAR leaders. It's the parents' responsibility to teach their kids that "life is a challenge," they say, and it's the fault of our affluent society that there's a lack of challenge in the world. Kids must learn to work for what they get.

One of the major breakthroughs in the TAR program occurs when a school recognizes that the drug problem does exist. "We ignored the drug problem when it was in the ghetto," say TAR staffers. "Now it affects us all, so we try to do something about it." ■

champion teen-age musher



joe and virginia parrott



Sheryl and her lead dog, Juno.

SIXTEEN-year-old Sheryl Walling from Tucker, California, is one teen-ager with her feet on the ground—or on the snow—who doesn't have time to worry about hang-ups.

After school and on weekends you will find her doing kennel chores, training her sled dogs, or repairing towlines. As a family member of the Tajo Kennel business, she never lacks for something to do. Sheryl and her thirteen-year-old brother, Steve, race their own teams of Siberian huskies, competing against other teen-agers and more experienced adults.

Sled-dog racing originated with tough Arctic mushers proving the speed and endurance of their freight teams. But today it offers a winter recreation, rapidly growing in popularity with hardy souls of all ages. The young Wallings, like other adventure-loving teens, are challenged by this grueling sport. Dogs are intelligent and affectionate, but with wills and temperament which test the driver's skill and patience. Trails may be hard-packed, ice-glazed, and fast, or they may be soft, mushy, and slow. But always they are rugged and beset with unexpected hazards.

Five years ago Sheryl's parents, frequent spectators of sled-dog races, bought two Siberian Huskies for pets. However, Dave and Joan Walling were bitten by the "sled-dog racing bug" when Dave was persuaded to drive a friend's

team in the 1965-1966 races. The following winter Dave entered and won the five-dog class with his own team of inexperienced dogs. With this encouragement, the next year found Dave in the Open Class, and both Joan and Sheryl entering their own three-dog teams.

Sheryl recalls her first ride on a sled following two years' experience in handling show dogs. "Dad let me stand on the runners in front of him, and that was great! Then he slipped off. I thought he did it on purpose—until he yelled for me to push the brake." From that day, Sheryl's burning desire was to have her own dogs and sled. Today she grooms, trains, and races her team in competition throughout the western states.

Races are held every weekend during January, February, and March. Weather permitting, preliminary races may begin earlier. Of course, weeks of training and conditioning must precede competition.

The earlier weather permits intensive training, the better the chances for producing winning teams. If the first snows come late, the Wallings begin fall training on a contrivance similar to a three-wheel cart. Pups of eight months or more are taught to run and pull. Lead dogs require extra training in following commands and controlling the team. Most of all, driver and dogs need to develop leg and lung power.

"Dog racing takes all our time during the winter," Steve complains good-naturedly.

"But it's worth it," Sheryl reasons quietly. "Anyway, we have all summer to goof around and ride our horses."

For the Wallings, racing weekends actually begin on Friday. The distance to be traveled determines whether Steve and Sheryl leave school early. Grades must be kept up, or no racing. Peers and teachers alike anxiously await Monday morning reports on the Wallings' teams.

Before starting, Sheryl checks her sled, harnesses, and towlines and then does her share in loading dogs and racing gear into the "Gypsy Wagon." This customized "Canine Motel" provides accommodations for twenty-one or more dogs in separate, ventilated boxes. Steve and Sheryl study or play "think" games to pass travel time, even managing an occasional catnap in the midst of a jungle of dog food and dangling nylon lines.

Though the four mushers argue amiably on some fine points of racing, they all agree on a good night's rest for themselves and the dogs before a race.

"Race day begins at six o'clock," Sheryl moans. "By that time the dogs are screaming in the truck, so we let them out on their chains. Next comes breakfast."

"For us—not the dogs!" Steve explains.

Then follows a well-rehearsed routine: dogs back in their berths, a short drive to the racing area, sleds unloaded from top of truck, gear unpacked, dogs staked out. Mushers gather to draw for starting positions, and judges inspect teams for physical fitness. Each dog is identified with a stroke of paint on the shoulder to guarantee no substitution.

Excitement mounts as drivers put dogs into custom-fitted harnesses and hitch teams to their towlines. All teams for a particular class prepare to move into starting position, where they will leave at two-minute intervals in a race against the clock.

In today's race, Sheryl has drawn the number one position, usually considered the most difficult spot. Pulling her



Sheryl holds two six-week-old Siberian huskies—possible racers on her 1972 team.



Volk is the champion Dave Walling's team.



Sheryl and her latest first-place prize amid a collection of trophies.



The Walling sled-dog racing family: Dave, Joan, Steve, and Sheryl.



Lead dog on team.



Sheryl prepares to fit harness on race dog.



Tok "free loads" during a race.



Sheryl and Juno share a playful moment.

excited team to the starting chute, she calms the lunging dogs with gentle pats and mysterious words of wisdom whispered in their ears. She shivers as she slips out of the padded jacket and tosses long blond hair over her shoulders. "They're terribly intelligent animals; they know the difference between trial runs and a real race," she comments through chattering teeth.

Sheryl Walling, racing for another trophy for her growing collection, crouches on the slim runners of her thirty-pound sled. Hands tighten on the arched "driving bow" as the timer rhythmically intones the countdown. "Five—four—three—two—one—Go!"

Like an explosion, the Siberians lunge through the starting gate and onto the three-mile trail. Cold wind whips against her face. Snow and ice skim under her feet as the dogs stretch into a steady rhythmic gait. Averaging ten to twelve miles an hour, girl and dogs become one as they speed over the frosty white terrain.

As they climb a steep hill, the pace slows and Sheryl pumps hard to help the team. Over the crest and down the long, tree-lined descent, the team rushes toward a sharp turn. Miscalculation now could mean disaster, with girl and sled dashed against a giant pine. She cautiously shifts her weight on the runners, and rawhide joints give as the sled takes the banked curve. Breathing a sigh of relief, she races toward the broad meadow beyond.

A sharp "Hike!" from the musher and the Huskies break into the final quarter-mile sprint. Sweeping past cheering spectators, the team flashes over the finish line. The happy driver sets the brake and once again Sheryl Walling has raced with professionalism, the result of self-discipline and rigorous training. On hearing a race official announce her excellent time for the first heat, she comments modestly, "I guess this was just my lucky day."

At night the dogs are fed first and bedded in the truck. Gear is checked for any damage and, if necessary, dried. Only then do the drivers get ready for the traditional "Mushers' Dinner," planned by the host club.

No sled-dog racer would forgo the hearty food and boisterous camaraderie of the "Mushers' Dinner," featuring local cuisine specialties.

The next day includes the second heat of each race, culminating with the awarding of prize money and trophies. Sheryl's combined time on the two days' races makes her Class C champion for this meet and puts another trophy on her shelf.

Not all races end this way. Sometimes the dogs take things in their own minds, creating a communication gap. Like the day Tok decides to browse along the trail rather than pull. No words from Sheryl or urging from the "lead" dog can persuade Tok. Racing rules require any dog starting a heat be brought to the finish line, on foot or otherwise.

Sheryl has no alternative. She grimly unhitches the lagging dog from the towline and deposits her firmly on the sled. "Having to put a dog in the basket really tries your patience!" she says later, as she hears the timekeeper announce her "not-so-good" time for the heat.

When asked if she is ever tempted to try pill-popping, Sheryl replied, "No, I'm too busy—and besides, I think dog racing is more exciting." Sheryl and her brother get their thrills racing sled-dog teams across miles of America. ■

allowance stretchers

gene church schulz

GREEN AND silver is a great color combination, especially in purses and billfolds. Everyone goes for it. In fact, adults are more gone on it than teens are. Whatever your age or social status, whatever your race, creed, or color, you've probably found green and silver an exciting combination. Plenty of green and silver means you can swing. Not enough means problems, problems, *problems!*

We don't have all the answers, but you can have more green and silver in your life right now. We've tried these methods. They work.

1. *Play up the positive.* Money spent on things that do more harm than good is money wasted. Cigarettes are expensive. X-rated movies are the poorest fare around. Fattening treats are a drain on your allowance and don't exactly improve your complexion either. When your friends order a double yummy frosted sundae treat, you can forgo the pleasure and treat yourself to a fifteen-cent lemonade without hurting your image one bit.

2. *Cut down on little things to have more big.* When there's money in your pocket or purse, you spend it. But little dribbles—magazines, snacks, records—all add up to one big nothing. Fewer magazines and movie treats could mean a new tape deck or that sensational sweater at the Electric Three-wheeled Artichoke. Worth thinking about, isn't it?

3. *Tuck it away.* Start with a smart new piggy bank in papier-mâché or ceramic. Drop something in now and then, at least once a week. As piggy gets fatter, you get richer. It's a great feeling to know there's something tucked away that's all yours. When piggy tips the scale at five dollars or more, take him to the bank and cut him down to size.

4. *Watch it grow.* A savings account in your own name with a private passbook will give you a wonderful feeling of security (not to mention the 5 percent dividend compounded quarterly!). If you don't have one, why not start today? If you're in solid at the bank already, try something new. Many teens receive dividends on stocks they have bought, inherited, or received as gifts. You acquire a new status symbol with every share of stock you possess. (Get good advice before you invest, however; careless marketing can spell l-o-s-e instead of w-i-n.)

5. *Be wary with what you have.* Clerks and cashiers do make mistakes. Be sure you are not overcharged or undercharged. Count up bills in your head by estimating how much you have spent and how much change you should receive. Watch that change too, especially when you give the clerk a five-dollar bill. (And, girls, do hang on to your purses at public places.) Keep all money in a purse, billfold, or bank

—not on tables or in drawers—lest green and silver decide to take a walk.

6. *Earn a little extra.* If the baby-sitting or lawn-trimming business in your neighborhood is already sewed up, think seriously about what service you can perform that others would be willing to pay for. If there are kids around with dimes to spend, sell snowcones from your garage. If you're really brave, try dog-washing. Another idea is to take small children to a nearby park or playground (15 cents per child per hour), giving mothers a welcome breather. Don't take more than four the first time, and watch them carefully. Gradually work up to six. If more children want to go, take a helper and *both* of you watch the children closely.

7. *Be a smart saver.* One way to fatten piggy is by doing free things now and then. Bowling is a great sport, but have you noticed what three games do to your allowance? Instead of bowling every week, take up something you can play at home at no cost. Handball is great for fellows. Badminton is fun; croquet is in right now. In bad weather there's always bingo, monopoly, or what-have-you. Guests can bring zany prizes. Art galleries and museums cost nothing; yet they offer wonderful opportunities to make interesting observations about people and ideas. (A good suggestion too, when dates go tourist class.)

8. *Make it yourself.* The gift you make with your own hands is priceless. Boys can use power tools, paint brush, mechanical ingenuity to create interesting and useful gifts. With the simplest tools you can assemble toys for younger brothers and sisters and time-saving items for Mom. Girls can have fun with papier-mâché or burlap in zingy colors for place mats, aprons, and other things. Decorative accessories by you, and for you, are the latest. Stitch one for your room in big yarn or weave it on a tiny loom. If you haven't sewed a poncho or a pant dress, you're missing half the fun of wearing them.

9. *Call a spade a spade.* When you're broke, begin to do without. Pack your lunch, rejuvenate an old dress, or have a pocket party (everyone pitches in to buy refreshments). In other words, when you're broke, admit it—even to yourself!

10. *Do something extra for your father.* Wash the car every week without being told, clean the garage, or edge the grass each time he mows. It might add up to a larger allowance, but do let this be his idea!

Bonus: Enter a contest. Who knows? You might just win one of those fabulous \$10,000 cash prizes you're always reading about, or a Mediterranean cruise, or one of those fabulous luxury yachts. Can't you just see yourself?

there is magic in believing



marguerite brunner

SUSIE never doubted for a minute that the big doll in Dorsey's Drugstore window would belong to her on Christmas morning. Sandy, my ten-year-old, said Susie visited the window every morning after I left for the hospital, where I worked as a nurse's aid.

The doll cost \$24. To me, that seemed like all the money in the world, but to Susie, who was just five, it didn't seem like much at all. The two and the four didn't seem beyond the realm of her imagination. She'd often had two cents and sometimes four. The dollar sign meant nothing.

I was washing dishes after supper when Sandy told me about Susie's visit that day. "She calls the doll Betsy, Mom," she said, drying a dish. "This morning she walked up to the window and said, 'Don't forget to tell Santa Claus that I'm the one who wants to adopt you. It would be awful tragic if he made a mistake and left you to one of my sisters or that kid next door. They just wouldn't 'preciate you at all!'"

Sandy noticed the tears in my eyes. "What are we going to do, Mom?"

"Oh, something will turn up," I assured her, forcing a lightness I didn't feel. "We have ten days till Christmas."

But the week before Christmas arrived, and there were no prospects of anything extra. The kids strung up colored strips of paper on a string behind the kitchen door. Each

morning it was a mad scramble to see who could get there first and pull off the paper for that day. Even two-year-old Mike could count the remaining papers and tell you how many days were left till Santa would come.

That week the snow fell, blanketing the city with a fluffy white coat. One day the heavy snow snarled traffic so that the buses couldn't run and I couldn't get across town to work. Sandy, though only ten, knew how worried I was. We kept few secrets from each other.

"They won't pay you for today?" she asked, frowning. "What will we do?"

I looked down at the worried, freckled face and thought sadly, "You're growing up too fast. It's my fault, but what can I do?"

"We'll manage," I assured her. "And think of all the fun we can have!"

"At least we saved Mrs. Brown's baby-sitting money this week," she said cheerfully. "I'm glad I could help us save that much."

Since school was out for the holidays, Sandy had become my sitter, and she took care of the young ones like an old hand.

The children loved having me home. We popped corn over the gas flame on the stove; and with much persuasion,

illustration by james converse

Susie talked me into trudging through the knee-high snow to the corner drugstore to visit Betsy.

"This is ridiculous," I told her as we tried to make a path through the snow. "Susie, that doll is out of the question. Please, honey, believe me, when I tell you that bringing toys to our five kids at Christmas is quite a drain on Santa's pocketbook. I doubt that he has more than \$24 to spend on the lot of you. Please, honey," I begged, trying to keep up, "don't set your heart on getting her, for I'm afraid you'll be disappointed Christmas morning."

Susie laughed and squeezed my hand. "Don't you worry, Mommy," she said reassuringly. "Betsy and me have a 'greement, and she's gonna tell Santa that she don't want to live with anybody but me, and I know he'll bring her. Just you wait and see."

What can you tell a five-year-old, who ends every prayer with, "And dear God, don't forget Betsy. When I get her, I'll take her to church every week—if it don't rain."

Susie broke loose as we neared the drugstore. She tried to run, but fell in the snow. She got up laughing. "Isn't the snow the nicest thing that falls out of the sky?"

I recalled another snowy Christmas week a year ago, when my husband, John, had come face-to-face with himself. I remembered the night I'd come home from the hospital to find the apartment in darkness. John had spent the light money on drinks at the corner bar, and the light company had cut off the electricity three days before Christmas.

I remembered how the children had huddled around the only candle in the house and watched my face. I could still hear Sandy telling the young ones that Mother would fix it and they mustn't cry.

I'd always made a practice of not scolding John in front of the children; for intoxicated though he might be, he was never cross with them. They used to say, "Daddy's sick again."

After the children were in bed and asleep, I faced him over the dying candle. "I'm sorry," he'd cried. "I must have been out of my mind. Why do you put up with me? You and the kids would be better off without me."

For the first time, I agreed with him. "I think you're right," I told him, almost calmly. "We can't go on this way much longer."

I remembered how hurt he'd looked and how I'd wanted to reassure him, to say I hadn't meant what I'd said, but the words wouldn't come. I could feel the soft touch of material under my hands. I'd had a rush order of draperies to be finished for the drapery shop before Christmas, and we needed that money so desperately, but without lights I couldn't sew.

"I'm going to get out and stay out, until I can straighten myself out," he had said slowly. "When I come back, I'll have this thing licked."

And while the children slept, he'd slipped out into the softly falling snow, and I'd not heard a word from him in the whole year. For all I knew, he might be dead.

That night I had guiltily felt almost relieved that he was gone. One less mouth to feed, and I wouldn't have to hide the grocery money anymore. John had spent every cent he could get his hands on for drinks. The only work he'd done in over a year had been at the corner bar, sweeping up the floor or taking out empty beer kegs, and more often than not, they'd paid him off with drinks.

It had been that way since his accident. Before, he'd been

december rose

mildred n. hoyer

You are
more lovely than
the first to bloom. Is it
because we need another breath
of June?



a house painter and a good one. He had provided well for us, but then he'd fallen from the ladder and hurt his back. Although the doctors discharged him, the pain persisted so much that he'd often cry out. Then he began to drink. Just one or two drinks in the beginning, so he could sleep. Then gradually, as the pain became more intense, so did the drinking, until he was never without it.

At first he was apologetic about not working. Tomorrow he'd feel better and go out and get a job; but tomorrow never came, and five hungry children continued to eat. Because I refused to sign papers to have him committed to a state hospital, the social worker who called on us refused to recommend welfare help.

"First you must help yourselves," she told me, and I lay awake nights, worrying about what would happen to the children. I remembered cases I'd read about where the children had been taken away from their parents and put in foster homes. Determined that this would never happen to mine, I got that job at the hospital and part-time sewing for the drapery shop.

I sewed rather well and loved the pretty, expensive material that Mr. Long delivered to the apartment. Last year, for Christmas, he'd given me enough material for draperies for the apartment. But I'd needed the money worse; so I made it into draperies for one of the nurses at the hospital. She'd paid well, and the extra money helped a lot, since the light company required a deposit when they turned the lights back on.

As Susie and I walked through the snow, I kept thinking about John, wondering where he was and how many beers he could buy with the money he had in his pocket. He had been so far gone before he left that he thought of money in terms of drinks. "I've got only six beers to my name," he'd say.

When we reached the drugstore window, Susie ran ahead of me. "Betsy," she cried out, "I've brought Mommy today. You'll like my mommy!"

Through tear-filled eyes I could have sworn I saw the doll smile!

"How do you do, Betsy?" I asked, for this wasn't the first time I'd joined the children when they talked to their imaginary friends.

"Betsy says you're nice, and she likes you very much," Susie said, hugging my arm.

I moved closer to the window, hoping not to attract the attention of any passersby. "I think we'd better have a little talk, Betsy," I said for Susie's benefit. "Susie wants you very much. She talks of little else; but we have five little ones at home, and I'm afraid you wouldn't like living with us. Now, Mike is only two, and he'd pull your hair, maybe even poke your eyes out. Judy is three and loves to scrub the very skin off dolls. The apartment is small, and we'd have no place for you to sleep, and there'd be no money for fine clothes like the dress you're wearing. Won't you please tell Susie that you'd rather go live in a big house where you could live like a lady?"

Susie listened intently. Suddenly she broke out laughing. "Oh, Mommy, Betsy and me settled all that weeks ago. Betsy says she doesn't mind sleeping on the floor beside my bed, and I told her you'd make her some dresses out of scraps you have left over from the drapes. She thinks that would be wonderful. And if Mike pulled her hair or tried to poke her eyes out, she'd just bite him. She's got real, live teeth, you know!"

Completely defeated, I took her arm. "Tell Betsy goodbye. We'd better get home and make lunch."

Many times that week I wished I could turn the clock back two years. I wished desperately that John, sober and his old smiling self, were there.

Three days before Christmas, as I prepared an elderly patient for surgery, I spotted some money lying in the drawer of her bedside table. From the size of the roll of bills, I was positive that there was at least twenty-five dollars. My hands trembled as I helped her into the hospital gown.

"You say you have five children?" she asked, as I tied the strings in the back of the gown. "I had nine, and every one of them was a blessing. When you get old like me, you'll understand what I mean."

I hardly heard what she was saying. I kept hearing Susie's voice at the drugstore window. I'd never stolen a thing in my life, but here, close enough to touch, was the answer to my little girl's prayer.

The nurse came and gave the old lady a hypo. I hovered over her as she became drowsy. When they came and rolled her out, I was to change her bed and make ready for her return. It would be so easy! Nobody need ever know. And Susie would have her doll!

I made the bed automatically. I'd made hundreds of beds; I could do it with my eyes closed. When I stood on the side where the table was, I slipped my hand into the drawer and quickly gathered up the bills and tucked them into my uniform. The money burned like a hot coal.

I felt trembly all over. Did someone see me? Breathlessly I crossed the room and walked furtively down the hall. Would the old lady miss the money today? I was filled with guilty anxiety that I'd never felt before. Fortunately I finished my hours before she returned from surgery.

On my way home I got off the bus at the drugstore. My

heart was pounding in my throat, as I crossed the street and ran through piled snow to Dorsey's window. Suddenly the big empty space loomed up at me. Betsy was gone! I couldn't believe it. Silently I prayed, "Please, God, not this. Not now, when I have the money."

I hurried inside and asked for the manager. "That big doll you had in the window—where is she?"

"Oh," the man laughed, "we finally sold her. I knew she was much too expensive for this neighborhood, but I let the salesman talk me into buying one. I thought for sure I was stuck with it, but this morning the girl did sell it."

I felt suddenly empty inside. "Do you think I can find another like her?" I asked weakly. "My little girl has her heart set on that particular doll."

"You might try the department stores," the manager said sympathetically. "If you'll wait a minute, I'll get the model number and the name of the manufacturer."

Armed with a dozen dimes, I sat in the phone booth and called all the department stores and discount houses. Nobody had a model 219. Sick at heart, I left the drugstore and started for home. How could I ever explain to Susie? Five was such a young age to meet such a big disappointment.

That night I couldn't sleep. The thirty-one dollars I'd stolen burned in my conscience. The full impact of what I'd done left me sick with fear. Suppose someone came and wanted to search my home? Suppose they were just waiting for me to come to work tomorrow to arrest me?

The doll was gone. Perhaps that was God's way of punishing me for what I'd done. Now Susie would know that believing was not enough. At the tender age of five, she'd know that life is hard and ruthless and that God doesn't always answer the prayers of even little girls.

"John! John!" I cried into my pillow. "Where are you? We need you so much."

I wasn't due at the hospital until nine, but I left the house at seven. I had to give the money back. I awakened Sandy and told her I had to go early and for her to make breakfast for the others.

Outside the hospital my steps lagged. If they arrested me, what would become of the children?

I pushed the money inside my glove and headed straight for Mrs. Johnson's room. She was eating breakfast and looking very well for a patient who had undergone surgery only yesterday.

"Good morning," she said brightly. "You're early this morning."

I felt my face burning and I could not meet her eyes. "I have your money here," I told her, taking it out of my glove.

"Oh, you're such a considerate person," she beamed. "I knew you must have taken it for safekeeping. I meant to ask you to keep it for me. Thank you very much."

I felt terrible. Did she really think I had taken it to keep for her, or was she just trying to make it easier for me?

When I went to the locker room to put my coat away, I felt suddenly lighthearted. Thank God, the doll was gone. I must have been out of my mind, thinking I could make a wrong into a right. Somehow I'd make Susie understand that Christmas is for giving, not receiving.

Christmas Eve fell on my regular day off. I'd been working one of my days off for two weeks, so that I might have

both the day before Christmas and Christmas Day with the children. That morning the children scurried from their beds at an early hour. The last strip of paper was snatched from the string behind the door.

"Santa comes tonight!" they squealed, scampering through the apartment.

"Betsy comes tonight!" laughed Susie. "I can't wait for tonight. Betsy's already been picked up by Santa Claus. He got her two days ago."

Some of the old weariness crept back over me. I got up and started breakfast. How could I tell her? What would I say? I started, seeking each word as I went, feeling my way.

"Children," I began, "tonight will be Christmas Eve. It's the time of year we must think of giving, not receiving. The wise men and the shepherds came to visit the Baby Jesus, bringing gifts. For that reason, people down through the ages have given gifts.

"Now there are many poor children. Some, whose mothers and fathers are sick or dead, will not receive gifts tonight, because Santa Claus has to have money to buy the lovely presents he brings children. We are very lucky that Mommy has a job and we're able to give Santa Claus some money for toys, but I think it would be thoughtful if each of you wrote Santa a note and asked him to take one of your toys to a poor child, who otherwise might not get anything at all. What do you say?"

You could have heard a pin drop. Each child sat in silent thought. Breathlessly, I waited. The speech hadn't been for the others, only for Susie. There was no other way I could think of to handle it.

"You mean I ought to let Betsy go live with a poor kid?" she piped up, tears filling her eyes. "You said she ought to live with rich people, when you talked to her at the drugstore."

"Why don't we just leave it up to Santa Claus to take whatever toy he thinks best for a poor kid or maybe a child that is sick? Just getting a fine toy might help make a sick child get well real fast."

"Oh, that's different," Susie said, scrambling for a tablet and pencil. "I just know he won't take Betsy—we belong."

"But if he does," I said, trying to sound casual, "you won't cry? You'll think about some poor, sick little girl, who woke up Christmas morning and found Betsy and got all well, because she had someone to love."

"I guess so," she said slowly, but I knew I hadn't convinced her at all.

By eight o'clock that night, the children were all ready for bed. Prayers had been said, and each climbed into his own bed. The time had finally come. The radio announced that Santa Claus had just left the North Pole for his yearly flight around the world. There were hushed whispers from bed to bed.

Sandy came into the living room where I sat. "She's going to be sick in the morning, isn't she, Mom?" she asked, cuddling up beside me on the sofa.

"I'm afraid so. The doll was gone when I went to get her. I really tried, but someone had already bought it and there wasn't another anywhere."

"Would it help if I prayed for the doll for Susie? You used to say that if we prayed for something and it was good for us and we really believed we'd get it, God would send it to us."

I felt my heart being twisted inside of me. "Yes," I said brokenly, "it will help to pray. It always helps to pray. But maybe the doll isn't good for Susie. She has to learn that she can't have everything she wants."

"That's just it," Sandy said, kissing me good night, "she never really wanted anything before. This is the first time she really cared for anything."

"Run along to bed. I can manage alone, and I have lots to do."

When Sandy left the room, I began sobbing like a baby. I couldn't stop. A doll was such an insignificant thing, but the heartbreak of my little girl was too much. I couldn't bear to think about the morning.

I lowered the blinds and set about pulling the presents from the hall closet. There was another small doll for Susie. She didn't compare with the elegance of Betsy, but maybe she could help ease the disappointment. There were a truck for Mike and a fire engine for Tommy and a doll for Judy, a washable doll. She'd enjoy scrubbing the soft rubber skin. There were skates for Sandy. She would have loved a bike, but she knew it was out of the question. Bless Sandy, I thought, arranging the toys. She was a blessing, as the old lady had said.

When I finished, I turned out the lights and went to bed. Almost immediately, I fell into an exhausted sleep.

It was scarcely daybreak when I was awakened by the delighted squeals of the children. "Wake up, Mommy," Susie called in an excited voice. "Come, say good morning to Betsy!"

Startled out of my sleep, I sat up in bed and stared in disbelief. There stood Susie with the beautiful doll from Dorsey's Drugstore.

"Where on earth did she come from?" I stammered.

"Oh, Santa Claus brought her, just like I said he would. He brought Sandy a bike and the boys tricycles and Judy a doll with high-heeled shoes."

I sprang out of bed and stumbled into the front room that had been transformed into a toy fairyland—magnificent, beautiful toys! The things I'd bought seemed small and insignificant by comparison.

This was truly a Christmas miracle! Under the tree I found a big box with my name on it—wrapped in lovely paper, tied with beautiful ribbons. As I nervously fumbled with the wrappings, a card fell out:

"I was close enough to touch you and Susie in front of Dorsey's Drugstore, but I couldn't muster up the nerve. After thinking of little else this last year, now I am afraid there might not be a place for me. Is there? If so, please drop a ribbon out the window." The card was signed, "Santa Claus."

Happily I tore the bow off my gift and hurried to open the window. The children watched me with amazement as I dropped the ribbons to the ground atop the white snow.

"Why did you do that?" Sandy asked.

"Because somebody special is out there waiting for a sign from us. When he sees the ribbons, he'll come home again."

"Daddy! Daddy!" Sandy cried, heading for the door. "Daddy's come home!" All the children began to run down the steps to meet their father.

The miracle of that Christmas will never leave me. Anytime I feel doubts, I remember how the faith of my five-year-old and the prayers of my ten-year-old brought a miracle. ■

Drugs are time bombs set to go off in your future. —"Table Talk," August, 1970.

Pills, Pills, Pills—Which Is Your Color?

The color of pills to cure anxiety and depression is important, say four British researchers.

The team from Newcastle University's department of psychological medicine tested the reaction of 48 patients, all suffering from anxiety or depression, to different colored pills.

The patients were all given the same tranquilizer for three weeks, but each week the pill was a different color—red, yellow, or green. Small but significant improvements were reported in patients using the same drug but in a different color.

Depressed patients responded best to the yellow pills; those with anxiety symptoms did better with the green ones. No one seemed to like the red pills much.

Can Pot Users Think Straight?



Academy Award winner John Wayne speaks out against drug abuse to several thousand young people in the Cotton Bowl during "Action Now," a drug abuse rally.

Berkeley psychiatrist David Harvey Powelson is downright unpopular these days with some of his colleagues on the University of California campus.

After working with hundreds of pot-smoking students since the end of the Free Speech Movement, Powelson has concluded that the weed is definitely harmful to its users.

"They can't think straight," says the veteran psychiatrist whose method of therapy involves "listening to the way people think."

Because his views are based principally upon clinical observation, the 50-year-old psychiatrist has been criticized for his "nonscientific" pronouncements.

"It's a curious thing," Powelson laments. "Nobody here challenges you if you take the popular position."

He didn't start out to study marijuana. And five years ago—when he became director of the campus health service's psychiatric department—Powelson said "evidence showed nothing to indicate the drug was damaging."

In the years since pot smoking began to rival beer drinking on the campus, Powelson has come to believe that "probably nobody in the country has had more experience [than I] with middle-class people using drugs."

And today he refuses to begin therapy with any student who continues to use marijuana or any other drug extensively because he believes such students' "thinking is damaged" and they "can't learn."

Powelson says that many students who have been using marijuana extensively "know their mind is not working correctly."

"They can't tell you why because the organ that would enable them to tell you about it is damaged. That's a very frightening situation."

"And I'm seeing some people who have been off pot for six months and their thinking is still not clear—and they know it."

Powelson believes that marijuana has "an accumulating effect" on its users. "Certain kinds of thinking are not interfered with," he says, citing abstract thoughts as one example.

"So if you don't listen to the whole way a guy thinks, you won't pick it up."

Tough Approach Pays Off

The use of alcohol by drivers and pedestrians causes at least 25,000 deaths and 800,000 injuries each year, according to Secretary of Transportation John A. Volpe.

"The sickening aspect of this tragedy," he says, "is that so much of the loss of life, limb, and property is suffered by people who are completely innocent."

Volpe's remarks were made in an address to the annual meeting of the Insurance Institute for Highway Safety.

"Public myth has always held that you can't really do very much about the drunken driver," he said. "Well, the time has come—in fact, it's overdue—for us to demolish this defeatist attitude. But it will take more than a simple breathalyzer test."

He went on to describe the new Office of Alcohol Countermeasures to direct a top-priority campaign in this area. "The job of this office will be to identify the chronic drinker before he becomes a statistic in the morgue—or kills an innocent victim. The alcoholic, contrary to legend, does have an identity. He is on somebody's book, either as a patient, a bad employment risk, a troublemaker, or a poor insurance risk. Most heavy drinkers are already known to family counselors, welfare agencies, local traffic courts, and their long-suffering neighbors."

"So, whenever a man is convicted for drunk driving, his entire background should be investigated before he is sentenced. The judge should determine whether the offender has ever been arrested before for drunkenness—on or off the highway. Then he can confront him with two options—either get treatment and dry out, or stop driving. Period. No leniency, no excuses, no extenuating circumstances. The tough approach has paid off in countries as diverse as Sweden and Great Britain."



New Attack on Alcohol

The Senate has passed a bill authorizing \$395 million over the next three years for an attack on problems of alcoholism.

The measure allows for the establishment of a National Institute for the Prevention and Control of Alcohol Abuse and Alcoholism. The institute would come under the United States Public Health Service.

The bill has been hailed as milestone legislation marking a Federal commitment to fight alcoholism. It seeks to establish the principle that drunkenness should be approached as a disease rather than a crime.

The proposed institute would coordinate all Federal programs now dealing with alcoholism, including projects in the field of disease prevention, rehabilitation, education, welfare, and highway safety.

One provision states that Federal employees suffering from alcoholism shall be given an opportunity for treatment and not be summarily dismissed.



John A. Volpe
Secretary of Transportation

In This NEWS

- ◆ Heroin wreaks havoc in the nation's capitol. Page 20.
- ◆ Stimulants come under severe restrictions. Page 21.
- ◆ Alcoholism is worse than drug addiction in England. Page 22.

"Prevention Is Hardest Problem"

Severe Drug Problem in D.C.

The notion that the accelerated drive against narcotics addiction in the District of Columbia has brought the city to the verge of coping with its heroin problem gets a quick denial from Dr. Robert L. DuPont, Jr., director of the District of Columbia Narcotics Treatment Administration.

"There's not one shred of evidence that, with all we and others are doing, we have rounded the corner in the drug thing," he says.

In fact, there are indications that the heroin problem may have become worse in recent months, he says. "There are probably more untreated addicts on the streets now" than when NTA began its campaign against heroin last winter.

DuPont's agency estimates there are 10,400 addicts in the District.

"Heroin use has got so far ahead of us," says DuPont, that it may take "a year or two before we get a net decline."

"What we have to shy away from is the danger of promising the community too much, as Lyndon Johnson did for an end to poverty. We

have reduced the crime rate over what it would have been. But that's far different from saying we've rounded a corner or seen the end of the tunnel."

The latest grant to NTA is one of slightly more than \$300,000 from the Justice Department under the Safe Streets Act. With this money, NTA is organizing three-man "flying squads" which will concentrate on heroin addicts in specific areas.

They will attempt to sign up the addicts for treatment and also spread the anti-heroin message on the addicts' own turf. "They won't have offices and desks," says DuPont. "They won't be able to hide behind a desk."

So far, NTA has done little in the way of addiction prevention. "Prevention is the hardest problem," DuPont says. "The big battle in narcotics is not with the chronic addict."

"Where we haven't begun to fight is with the 15-year-old who has been on heroin for three weeks." Youths "dabbling and experimenting" with heroin don't think they have a problem.



Tricia Nixon, daughter of President and Mrs. Richard Nixon, looks over a display of narcotics and implements used in processing and taking drugs. The display was part of a White House-sponsored Governors' Conference on Narcotics and Dangerous Drugs.

D.C. Estimates 10,400 Heroin Addicts

The number of heroin addicts in the District of Columbia was estimated at 10,400 recently, the highest firm figure yet to emerge from official studies.

The 20-month survey conducted by the District of Columbia coroner's office showed that there were 71 heroin-related deaths in the period ending last March. Forty-five deaths were caused by narcotic intoxication, autopsies revealed.

Autopsies also showed that 18 victims of gunshot wounds were narcotics addicts, as were three traffic accident victims, a stroke victim, and four victims of other diseases.

The survey prompted the city's coroner, Dr. Richard L. Whelton, to order a six-months investigation beginning July 1 to determine the number of narcotics-related deaths in Washington.

The new investigation requires a drug examination in autopsies performed on all persons between the ages of 10 and 40 years and on all persons over 40 who have met violent death.

The coroner's survey also shows:

- The average age of narcotic-intoxication death victims was 24.
- Seventy-nine percent of the narcotics-involved victims were male.
- Ninety-five percent of the narcotics-involved victims were Negroes.
- Sixty-seven percent of the narcotics-involved victims were unmarried.

The coroner's office has at its disposal three sophisticated measuring devices—an ultraviolet spectrophotometer, a gas chromatograph, and a spectrofluorometer. These three machines can detect the presence of any of 300 analgesics, antihistamines, sedatives, barbiturates, hard drugs, and other drugs like methadone. Hallucinogens such as LSD cannot be detected.

Why Ex-smokers Gain

The reason most people who stop smoking gain weight is not necessarily that they eat more, a new scientific study has found. Instead, their bodies, in adjusting to the new smokeless routine, undergo changes that make gaining weight difficult to avoid.

The study grew out of the skepticism of five Philadelphia doctors who believed that the popular equation (quit smoking—nibble more goodies—gain weight) was not necessarily the only way to add things up—or the only way to add on pounds.

The doctors found that each former smoker's body was chugging along at a slower pace than before. The basic metabolisms had simply slowed down.

Before the smokers stopped, for example, their mean oxygen consumption was 283 milliliters a minute. Afterward it had dropped to 260 milliliters a minute.

Their heart rates dropped from 60 to 57 beats a minute. This adds up to more than 4,300 beats a day.

Likewise, there were other metabolic changes that pointed to a general slowing down of the body's engine—a decrease in protein-bound iodine, a decrease in calcium in the blood, and a decrease in the amount of glucose (sugar) in the blood after a glucose meal.

The former smokers gained an average of 6.5 pounds each during the study.

"There are no drug problems, or alcohol problems—they are all people problems," says Dr. Helen Nowlis, a psychologist from the University of Rochester.

"Broken or ineffective communications are the major barrier to understanding between the generation over 30, which controls the mechanisms of law and society, and the youth who are shortly to be the majority of our population," she emphasizes.

The "Thing" in Heroin

Roughly one injection of heroin in 100,000 is fatal, with death usually occurring quite suddenly. Autopsies performed on a random sample from more than 800 such deaths in New York City frequently revealed cerebral edema, or a swelling of the frontal lobe of the brain.

Many more individuals do not die but become delirious or comatose following an injection of heroin. In a study of such patients at the Harlem Hospital Center, Dr. Ralph Richter examined the cerebrospinal fluid and found elevated pressure, which is indicative of cerebral edema.

Dr. Richter is collaborating with Dr. John Pearson, an associate medical examiner in New York, in an investigation of the edema and its possible cause.



Aspirin

Increased awareness that environmental factors such as drugs and food additives may damage cells, inducing mutations or tumors, has been followed by an upswing in the number of scientific studies and suspect materials. In many recently reported instances, the suspect has been found guilty. Now, three scientists studying aspirin bring in a verdict of not guilty.

Reporting in a recent issue of "Science," Drs. Irving Mauer, David Weinstein, and Harvey Solomon of a research unit at Hoffman-La Roche in Nutley, New Jersey, say that aspirin does not damage chromosomes in human leukocytes or white blood cells. Some recent studies had offered preliminary evidence to the contrary.

The research team screened aspirin in a classic test which evaluates the effect of an agent on the chromosomes and growth of leukocytes in the laboratory. They added aspirin to cultures of human white blood cells at several time periods at concentrations varying from 0.1 to 300.0 micrograms per milliliter and examined leukocytes drawn from the blood of volunteers who had ingested two 300-milligram tablets four times daily for one month.

Their findings: "No significant chromosome aberrations."

Drug Classification

A special Massachusetts legislative commission has recommended scrapping existing drug laws and replacing them with a new classification of drugs—"Alpha Drugs," the so-called hard drugs such as heroin; "Beta Drugs," which include the various forms of alcohol; "Gamma Drugs," consisting primarily of prescription drugs; and "Delta Drugs," which are the hallucinogens, including LSD, peyote, marijuana, and others.



Representative Richard L. Ottinger of New York demonstrates toy hypodermic syringes which he says should be curbed, along with other toys such as fake bottles of alcohol, toy cigarettes, and plastic replicas of liquor bottles. He criticizes toy manufacturers for inducing children "to make playthings of their deadliest enemies."



"Why is it called 'dope'?" Well—uh— Can't you guess?"

FDA Curbs Pep Pill Abuse

The Food and Drug Administration is planning major changes to help bring abuse of amphetamines under control.

The misuse of these stimulant drugs is generally believed to be among the nation's most widespread drug abuse problems.

There is evidence that huge numbers of the so-called pep pills are diverted yearly to illicit channels. There is also a flourishing business in clandestine manufacture.

The dangers involved in heavy overuse of these drugs include such possibilities as homicidal behavior, physical addiction, and perhaps brain damage. In some of the most serious drug abusers, doctors have seen mental states resembling paranoid schizophrenia that may last long beyond the period of drug activity.

The plans of the Food and Drug Administration to help cope with amphetamine abuse include three types of action:

1. Major changes in the labeling that manufacturers can put on the products, restricting the allowable medical claims, and strengthening the description of potential dangers.

2. Efforts to draw the attention of physicians to the labeling changes and to the potential dangers of the drugs.

3. Initiation of new studies of medical usefulness and drawbacks in the use of amphetamines. This might involve Government-sponsored research as well as studies by industry, at the persuasion of the drug agency.

One of the obvious objectives is to put pressure on manufacturers, distributors, and prescribing physicians to curb overuse of the pills. Many experts believe that production and prescription are greatly in excess of the real needs of medical practice.

Amphetamine and closely related drugs such as dextroamphetamine and methamphetamine are stimulants that increase alertness, reduce hunger, and provide a feeling of well-being.

The drugs are used in medicine to treat obesity; to cope with fatigue and mild depression; for rare but serious conditions such as narcolepsy, which is a compulsive tendency to fall asleep; and for a type of hyperactivity in children. Some experts believe the latter two

relatively rare uses are the only ones for which the drugs are really known to be effective.

Dr. Sidney Cohen, an officer of the National Institute of Mental Health, says that about eight billion tablets a year are manufactured—enough to give every man, woman, and child in the nation 35 substantial doses.

He estimates that half of the total production is diverted into channels other than legitimate medicine.

Dr. Cohen says three distinct types of amphetamine abuse can be identified. The first is the occasional use of the drugs by students, businessmen, or truck drivers who want to stay awake for prolonged periods. It has also been used by athletes for extra bursts of energy, resulting in death in some cases.

The second form of abuse is that of swallowing abnormally large amounts of the drug daily for the life.

The third and most serious type of abuse has been observed particularly during the last three years. This involves injections of large amounts into a vein. Dr. Cohen says the effects of this are much like the effects of cocaine and are as dangerous.

Too Drunk to Drive? Ask Your Computer!

A computer has been patented that will tell when a person is statistically drunk. It keeps track of the percentage of alcohol in his bloodstream, taking account of his weight, the strength and volume of the beverages, and elapsed time.

The Alcolometer is patented by the Bissett-Berman Corporation which expects to market the Alcolometer at less than \$100.

Each drinker is assigned a domino-shaped block and affixes it to the computer, which is about the size of a large portable radio. He records his weight, the nature of his first drink—liquor, beer, or wine—and its proof. For example, to record consumption of two ounces of 80-proof whiskey, the proper button is punched twice.

The computer shows at once the percentage of alcohol being added to the bloodstream. In the United States the generally accepted legal definition of drunkenness is 0.15 percent of blood alcohol.

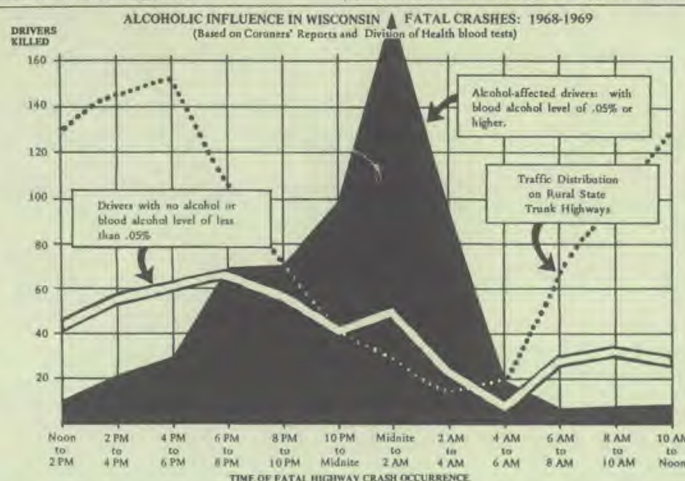
For subsequent rounds, the drinker punches his button again and records his intake. The computer allows for the absorption of alcohol with the passage of time, correcting its total.

New Help for Teens

The biggest problem a teen-age drug user has is usually his parents. Given the opportunity to escape the tyranny at home, he can often help himself kick the habit.

That's the philosophy of Narc-Anon, a Colorado organization much like that of Alcoholics Anonymous, which stresses a self-help approach with the youngsters.

"My advice to parents," says Ed Hart, house director, "is to slow down and look in the mirror. They say they can't understand their kids but they don't really try. The parent has to keep an open mind."



Fatal crashes are most frequent between 1 and 2 a.m. This chart indicates that most of them are "alcohol crashes." While the crash picture of drivers with little or no alcohol in their blood tends to coincide with traffic volume fluctuations, that of drink-influenced drivers appears to be governed by an entirely unrelated factor: alcohol consumption. Drink-associated crashes rise inexorably through the day and evening, then leap to a grisly climax at tavern closing time.

The uncharacteristic little "hump" in non-drinking driver deaths between midnight and 2 a.m. could reflect a driver fatigue factor, or it might be a "tidal effect" exerted by the influence of encounters with other drivers who were under the influence of an evening of heavy drinking.

WHAT WHERE
WHY WHO
WHO ? HOW
WHEN WHAT

◆ Hundreds of hippies are braving imprisonment and fines to penetrate the mushroom paradise in the State of Oaxaca, Mexico. Authorities there are conducting a drive against mushroom eaters, who gobble up the raw fungus that rockets them into a strange psychedelic orbit with hallucinations for hours. (Reuters)

◆ Two Federal agencies—the Bureau of Customs and the Bureau of Narcotics and Dangerous Drugs—have ended their departmental dispute and are working together to stamp out illegal narcotics trafficking. (New York "Times")

◆ A French drug addict will be treated as a medical rather than a penal case under legal changes voted by Parliament. Penalties for those who traffic in drugs will be harsher, while the treatment meted out to users will shift from repression to rehabilitation. (New York Times News Service)

◆ The California State Court of Appeals has ruled that an alcoholic is "impaired" and therefore is eligible for welfare. In a 2-1 decision, the court overturned a State Department of Social Welfare rule that alcoholism alone is not sufficient reason to qualify for aid. (UPI)

◆ Since the opening of its first location in 1955, King's Food Host has never sold tobacco in any form. Managers of the restaurant chain say they "don't feel that the sale of tobacco is desirable when so many of our customers are young people who for health reasons should not use tobacco. Thus it is a part of our national policy not to sell tobacco or permit our employees to smoke while on duty."

◆ In an effort to reduce highway crash deaths, the State of Wisconsin is attempting to cope with the drinking-driving problem. Out of 422 deceased drivers tested in 1969, 65 percent had been drinking, and 48 percent had blood alcohol levels of .10 percent or higher.

◆ It costs 63 cents for Illinois to pick up and dispose of each beer can littering the roadside, says the state director of public works. That's more than the cost of the beer that was in the can!

◆ Drug abuse is considered to be largely a problem of youth, speakers agreed at the Wisconsin Governor's Conference on Drugs and Alcohol. "Yet adults have alcohol, pep pills, sleeping pills, and tranquilizers. Ours is an addicted society. We glamorize the drug addict just as we often glamorize the drinker. The only difference is that the alcoholic is treated as sick, while the drug addict is a criminal. There should be no difference."

ARE YOU PUZZLED?

Complete the Clichés

Alan A. Brown

Some expressions are so overworked they long ago earned the privilege of retirement. These timeworn phrases are called clichés. No doubt we are all guilty of using them to excess. How many of these hackneyed expressions listed below can you complete correctly?

- | | |
|--------------------------|----------------------------|
| 1. Clean as a _____ | 9. Vanish into _____ |
| 2. At one _____ swoop. | 10. At your beck and _____ |
| 3. Tempest in a _____ | 11. Might and _____ |
| 4. Cool as a _____ | 12. Sick as a _____ |
| 5. Dollars to _____ | 13. Happy as a _____ |
| 6. Sackcloth and _____ | 14. Cool, calm, and _____ |
| 7. A bolt from the _____ | 15. It cost a pretty _____ |
| 8. Fit as a _____ | |

More Workers "Sick" Out

Absenteeism is considered by almost all employers to be a major factor in the overall problem of productivity.

Alcohol is listed as a cause—and so, increasingly, is drug use.

According to James M. Roche, General Motors chairman, absenteeism is a particular worry in many GM plants. The rate now is "twice as high as a few years ago," Roche said recently, and it is one of "the very definite problems interfering with productivity."

Although GM's monthly absenteeism rate is about 6 percent, up from 5 percent last year, Roche

said that on a given day absenteeism may be as high as 13 percent—or about one out of every seven or eight production workers.

"You can't run a business on this basis, effectively or efficiently," Roche said.

Absenteeism in GM plants—and in most others—is highest on Fridays and Mondays, before or after the weekend, or on the day after payday if it comes at some other time during the week. On these days, particularly, absenteeism at GM is likely to shoot up to the 13 percent level.

In another survey the Bureau of National Affairs (BNA) found that small employers, particularly, are being affected more by absenteeism. Among large companies, according to BNA, 28 percent have higher absenteeism than a year ago.

BNA noted that "injury or illness" was reported as the primary cause by 71 percent of the companies checked, while transportation, marital troubles, child care and other family responsibilities, alcohol and drug use, and such things as the need for a haircut caused other absences.

The survey found that younger workers are likely to have above-average absenteeism, and that women are more likely to be absent from jobs than men because of home, and family situations.

Indians vs. Drink

The Sisseton-Wahpeton Sioux tribe of the Sisseton Reservation in the northeast corner of South Dakota has decided to do something about drinking.

The tribe is about to receive a \$178,101 grant from the Department of Health, Education, and Welfare for a program attacking poor nutrition and alcoholism.

"It's the only large grant we've ever received for health purposes," Mrs. Irene Gronau, chairman of the Sisseton-Wahpeton Tribal Health Council, told a visitor.

The most noteworthy thing about the program is that it was designed by the Indians themselves.

They plan a kind of halfway house for alcoholics where lonely and disturbed Indians, vulnerable to drink, may release tensions by "rapping" with each other and where they can obtain follow-up care after returning from a treatment center.

The tribe will employ a full-time alcoholism counselor. There will be a volunteer patrol to pick up intoxicated people on the street and take them home before they are seized by the police.

"Alcoholism is our number one health problem," said Dorothy Gill, secretary of the tribal health council. "Practically 100 percent of the population is affected one way or another."

Alcohol Plagues Britain

Alcoholism among Britain's teenagers is developing into a medical and social problem that surpasses narcotics addiction, according to a detailed medical report on alcoholism.

"The potential teen-age drinking problem," it says, "should give far more cause for alarm than drug addiction. Worse still, the [overall] problem is developing. There was a reduction in the number of alcoholics between the wars, but since the 1940's there has been a steady increase."

The report of the Medical Council on Alcoholism says that alcoholism has emerged as the third major health hazard in the country, closely following heart disease and cancer.

"In Britain alone there are at least 300,000 sufferers in various stages of the disease. This could be considerably higher were it not for the fact that the alcoholics, and their families, have a facility for concealing their problem."



A drug addict sits on a chair at the entrance to Alpha 1, a drug rehabilitation center in Portsmouth, England. Entering addicts sit thus for two hours while they decide for certain that they want to enter the program. Reports now indicate alcoholism is worse than drug addiction.

"Alcohol is a drug, like any other drug, but it is more pleasant to take and easier to get. It is resorted to by some under stress, but just why we don't know. What we must find out, in addition to the extent of the problem, is why some persons become alcoholic while others under similar conditions do not."

Dr. Max Glatt, the medical council's vice-chairman and an expert on alcoholism, says: "One sees an increasing number of alcoholics in their twenties. Many of them say that they have been drinking to excess for more than ten years. The trend in this country shows that alcoholics are getting younger."

"The reasons for this are an interaction of numerous factors," ex-

plains Dr. Glatt. "It may have to do with affluence and the fact that youngsters have more money to buy drinks. It may have to do with greater independence or permissiveness or the general unrest and dissatisfaction and insecurity that so many young people have. Many of these young people feel that they simply cannot compete."

"It may have to do also with the advertising that is aimed at the young people," Dr. Glatt observes. "There are numerous factors involved here." The legal drinking age in Britain is 18.

Alcohol has also been referred to as a principal problem among American youths.

N.Y. Attacks Addiction

The New York State Education Department has begun a 1.3 million-dollar program designed to save school-age children from "the horror of drug use."

Teachers will undergo intensive training in drug education. But emphasis also will be placed on student-to-student contacts.

Education Commissioner Ewald B. Nyquist says the goal is to enlist "young people themselves in seeking prevention and cure."

His position reflects a recent statement by the State Board of Regents, which maintains that "the most powerful influence over a youngster with regard to using drugs may well be the influence of his peers."

"The adult task is to help the young to assist each other to resist the temptation of drugs," the board says.

The drug education program has six parts:

1. Training teachers "on a wide-spread scale" at the elementary and secondary levels.
2. Involving community leaders in antidrug efforts.
3. Expanding the scope of course offerings, with emphasis on mental health education as a prerequisite to drug studies.
4. Making grants for local drug-education projects.
5. Offering "accelerated preparation" to health teachers.
6. Creating a college-volunteer program so that college students can help elementary and secondary pupils.

Glowing red and white from 2,000 degree temperatures upon reentering earth's atmosphere, a space shuttle "orbiter" craft returns from a space station for earth landing on a conventional airport runway in this illustration by North American Rockwell's Space Division.



ANSWERS

1. whistle; 2. fell; 3. teapot; 4. cucumber; 5. doughnuts; 6. ashes; 7. blue; 8. fiddle; 9. thin air; 10. call; 11. main; 12. dog; 13. lark; 14. collected; 15. penny.

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Emancipation	R. M. Walsh	23- 6-18
Experience—A Definition	Mildred N. Hoyer	22- 9- 7
Faith in Action	Helen Sue Isely	23- 6- 8
From My Seed of Faith	Helen Sue Isely	22- 6- 4
Have You Quit Smoking?	Stanley A. Orr	23- 2-18
Lady April	Helen Ginsburg	22- 5- 5
Midwinter	Mildred N. Hoyer	22- 1- 7
Observation	Helen Sue Isely	23- 3- 9
Other Voice, The	Mildred N. Hoyer	23- 6-20
Passing Storm	Georgia Axtell	22- 3-13
Penny Blindness	Mildred N. Hoyer	23- 9- 4
Perspective	Ruth M. Walsh	22- 6-14
Prayer	Enola Chamberlin	23-10-18
Reactionary	Mildred N. Hoyer	23- 1-17
San Bernardino Mountain Muse	Elaine V. Worrel	23- 6-17
Shell, The	Sara Van Alstyne Allen	23- 6-10
So Many Walk the Beach	Viona Christensen Ramsey	23- 8-15
Spring Convention	Clare Misesles	23- 4- 4
Thaw, The	Clare Misesles	23- 3- 4
To a Teen-age Daughter	John D. Engle, Jr.	23- 3- 8
Two Went Through Life	Viona Christensen Ramsey	23- 3-16
Viewpoint	Helen Sue Isely	23-11-14
Watch It!	Mildred N. Hoyer	23-11-17
Which?	Helen Sue Isely	23- 7-16

Psychology and Mental Health

Enjoy Being Awake	Grace Shults Davis	23- 9-18
For the Want of a Nail	Donald M. Magor	23-10-23
4 DK—Key to a New Life		23- 2- 3
Happiness Is—	Rita M. Rothschild	22- 9-20
How to Find Your T.O.	Shirley M. Dever	23- 1-10
It Pays to Be Happy!	LISTEN NEWS	23-11-22
Man, It's a Long, Hard Road!	Winton H. Beaven, Ph.D.	23- 3- 3
New World Before You, A	Elaine Berwitt and N. Ross	22- 7- 4
No Adventure in Modern Society	LISTEN NEWS	22- 4-15
Try Thinking Instead of Wishing	Taffy Jones	22- 8-19
Why Students Kill Themselves	LISTEN NEWS	23- 8-21

Social and Cultural Aspects

Anita Bryant—On Tots, Teens, and Tunes	Adon Taft	23- 9- 5
Empathy—It's Magic!	Freda K. Routh	22- 6- 8
4 DK—Key to a New Life		23- 2- 3
Fran Garten—Miss American Teen-ager	Francis A. Soper	22- 5-10
In the Party	Adelaide K. Bullen	22- 9- 3
Judge for Yourself	Neal Neitzel	22- 6-19
"Life Can Turn You On"—Art Linkletter	Harry Cummins	23- 6-11
Life in a Senator's House—Mrs. Mark Hatfield	Twyla Schlotthauer	23- 5- 8
Julie Maloney—Miss Canada	Russ Spangler	23- 8- 8
More Abundant Life, The—Rose Marie Klespitz	Eston Allen	23- 9-11
No Qualms About Tomorrow—Debbie Patton	Lynn Swann Davis	23- 4-12
Things I Wish I'd Known at 18	Adapted, Sidney J. Harris	22- 4-20

Smoking and Health

Adding Is Better Than Subtracting	Francis A. Soper	22- 5- 2
Beneath Your Dignity	John C. Low	23- 3-18
Habits of Smoke and Drink Are Related	LISTEN NEWS	22-11-16
Happiness?	Art Fetting	23-11-24
How to Stop Smoking	J. Wayne McFarland, M.D.	22-10-10
If You Smoke More, It's Harder to Quit	LISTEN NEWS	23- 9-19

"I Just Can't See It"	Art Fetting	23-10-15
Kicking Smoking Is Work, but It Can Be Done	LISTEN NEWS	22- 4-15
Plus and Minus of Smoking Habit	LISTEN NEWS	22-12-18
30 Percent of U.S. Youth "Addicted" to Smoking	LISTEN NEWS	23-11-19
Smoking and Drinking—Is There a Connection?	LISTEN INSERT	23- 7
Smoking Habit Shown to Be Hard on Teeth	LISTEN NEWS	22- 3-18
Where Are We Today?	Luther L. Terry, M.D.	22-10- 5
Your Questions Answered	R. W. Spalding, M.D.	23- 5-16, 23- 6-10, 23- 7-10

Smoking and Tobacco Education

Cigarettes Try to Kick TV Habit	LISTEN NEWS	23- 5-20
Danny's Thing		23- 2-15
Demonstration Against Death	Roger Coon	22- 8-14
Five-Day Plan to Stop Smoking	Picture Feature	22-10- 8
Happy People Don't Smoke Cigarettes	Peter Max poster	23- 9-24
If You Smoke—Here's What Your Doctor May See	LISTEN INSERT	22-10
Let's Be Logical	Francis A. Soper	23- 1- 2
Life Is So Beautiful, Stay Alive, Don't Smoke	Peter Max poster	23- 1-24
Living Lungs	David Cupp	23- 7- 8
Mamma's Antismoking Campaign	Ernie Hoyer	22-12- 9
New Blows Are Prepared Against Smoking Habit	LISTEN NEWS	22- 1-18
Nonsense of Smoking, The	Francis A. Soper	22- 8- 3
Not Even a Stub!		22-12-20
"One in 20,000"	Francis A. Soper	23- 7- 3
Program That Works, A	Ernest H. J. Steed	23- 7-12
Sculpture Hits Smoking	Geraldine Hulbert	23- 1-14
Short Life Theater, The	Charles Witt	22-11- 6
Smoke Out		23- 1-13
Smoker on the Wagon	Ann Gimble, Gertrude Reimche	23- 8-16
Spunky Skunk Stickers Spoof Smoking		22-10- 4
Students Influenced by New Tobacco Health Warnings	LISTEN NEWS	22- 8-17
Teen-agers Losing Their Enchantment With Tobacco	LISTEN NEWS	22-10-15
Teen-agers Not Impressed With Most Cigarette Ads	LISTEN NEWS	22- 5-15
Teen-ager—Plan Your Retirement Now	Arthur J. Fetting	22-10- 9
Teens Oppose Smoking, but Lure to Habit Is Strong	LISTEN NEWS	23- 5-21
Today's Youth Speak Out	Fern Gibson Babcock	22- 7-14
Use Balanced Approach, Says HEW	LISTEN NEWS	22- 6-15
What Canada Thinks of Smoking		23- 8-23

Sports

Aerobics—Cooper, Dr. Kenneth	Listen Interview	23-12- 3
Baseball—Alou, Felipe	with Fernando Chaij	23- 9- 9
Baseball—Alou, Jesus	George F. Kinney	23- 9-10
Baseball—Cepeda, Orlando	George F. Kinney	23- 9-10
Baseball—Chaney, Darrel	George F. Kinney	23- 9-10
Baseball—Foster, Alan	George F. Kinney	23- 9-10
Baseball—Harrelson, Bud	George F. Kinney	22- 9-13
Baseball—House, Pat	George F. Kinney	22- 9-13
Baseball—John, Tommy	George F. Kinney	22- 9-13
Baseball—Kaat, James	George F. Kinney	22- 9-10
Baseball—Marichal, Juan	Henry F. Unger	22- 9-10
Baseball—Note From History		22- 9-12
Baseball—Thomas, George, Jr.	George F. Kinney	23- 9-10
Baseball—Woodward, William	George F. Kinney	22- 9-13
Basketball—Bradley, Bill	Harry Cummins	23- 3-12
Boxing—Moore, Archie	Duane Valentry	22-11-10
Drug Use Found to Be Low in Pro Sports	LISTEN NEWS	23-11-19
Football—Jackson, Russ	Russ Spangler	23- 8-10
Golf—Casper, Billy	George F. Kinney	22- 8- 9
Golf—Stockton, Dave	Blendena L. Sonnichsen	22-11-20
Golf—Rapp, Susan	Wayne Carpenter	23- 1-13
Skiing—Clifford, Betsy	Russ Spangler	23- 8-12
Skiing—Greene, Nancy		23- 8- 7
Skiing—McCoy, Penny	Melvin Jacobson	22- 4-10
Skiing—High Enough?	Duane Valentry	23- 1- 9
Sled Dog Racing—Walling, Sheryl	Joe and Virginia Parrott	23-12-11
Suds and Sports	Francis A. Soper	23- 3- 2
Tennis—Ashe, Arthur		22- 1-20

Stories

Clerks Don't Cry	Nell Parks	23- 9- 3
Closed Den Door, The	Evelyn Minshull	23- 3-15
Girl Like Me, A	Hally Prentiss Nelson	23- 6-15
Girl on the Sidewalk	T. Casey Brennan	23- 4-23
I'm Lying Again	A. J.	22-12- 3
Instant Replays	Pauline Floyd	23- 7-10
It Was a Big Thing	William Emme Porter	22-10- 3
I Was a Teen-age Wipe-out		23- 6- 7
John's Choice	Charles W. Jones	23-11-16
Mamma's Antismoking Campaign	Ernie Hoyer	22-12- 9
Moderate Drinker, The	George M. Foster	23- 4- 5
"My Baby"	Phyllis J. Carter	23- 1- 8
Out of Place	Neal Neitzel	22- 1-13
Runner of the Lord	Thea Trent	23- 7-15
Tanya: "I Hate Them All"	Mikki LaMont	23- 1-12
There Is Magic in Believing	Marguerite Brunner	23-12-15
Too High a Price	Clare Misesles	22- 8- 8
Visit With Dad, A	R. M. Walsh	22- 8-12
Why?	Dean Banks	22-11-13

Word Square Puzzles

Apollo Missions	Mary E. Burdick	23- 6-22
Boys' Names		23- 7-10
Canadian Puzzle		23- 8-22
Find the Athletes	Mary E. Burdick	22- 3-18
Find the U.S. Presidents		22- 9-18
Girls' Names		23- 3-22
This Is Your Frame	Mary E. Burdick	23- 1-22

