

LISTEN

A Journal of Better Living



Larry McCloskey
Marine Explorer

Escape--Who Needs It?

Much is said today about copping out, about "escaping," about dropping out. Some people take drugs for escape; others go for the bottle. Nearly everyone feels that he has enough tensions and problems for a half dozen people, that he can well feel sorry for himself, and that he deserves an escape.

If there is anyone who has an outsize load of problems and really deserved to indulge in a bit of self-pity, it is Frances Crane of Redlands, California.

As a teen-ager she learned that multiple sclerosis would cripple her, then kill her. Now, twenty-three years later, she still lives. As the disease took one capability after another from her, she became a concert cellist, wife, mother, teacher, painter, sculptor, maker of stained glass windows. Today, at forty, she is a writer.

With a smile she says, "You have to climb on top of the mountain or it will fall on top of you."

At Whittier College as a music student she met Charles Crane. They were married in 1952. Later she taught at Whittier while earning a master's degree at the University of Southern California.

In 1960 she was one of fifteen Americans chosen to study with cellist Pablo Casals; but before classes began, she became unable to walk.

Still she was able to teach at Redlands University, while her husband taught in local elementary schools. She painted and gave cello concerts from her wheelchair.

She carried on her teaching even after she became blind, becoming "a better teacher" after losing her sight. "One learns to hear," she says.

Then she learned to sculp. "One can feel the lines, rhythm, flow, and texture ten times more than a sighted person," she happily observes, "so we don't feel shut out."

Did she cop out? Did she feel sorry for herself? Never! "We feel rich," she said.

The Cranes adopted a daughter, Bonnie, who is now grown and married. In addition they have three children of their own. When Leonard, now eighteen, became a cub scout, his mother was his den mother. "Being in a wheelchair helped me to see eye to eye with the kids," she chuckled.

Ann, their second child, is now fifteen years old. Their third came five years ago. "Allyce is our miracle child," Frances Crane says with understandable pride in her voice. "What a light she brings into our lives."

Now Mrs. Crane is denied even the use of her hands. "Something else has been given me. I can listen. My bed is the Love Center where my children can come and talk."

At her bedside is a tape recorder for her dictation. "I am writing a book, 'God in the Dishpan,' for poor bored housewives. When a canary makes more beautiful music than a cathedral choir, and soap bubbles in the dishpan form brilliant rainbows, how can anyone be bored?"

"I can talk and I can hear. I feel that I am the richest woman in the world. I have a husband who loves me and a family of loving children. I don't want to live in memories. I want to live for today."

How can a spirit like this be disturbed? Who among the healthy, the active, the vigorous can talk about the need for escape, especially an artificial escape?

Francis A. Soper

LISTEN

Journal of Better Living

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THERE was no question about it. She'd never make it. We wanted to help, but it was impossible. This nineteen-year-old girl—Mary Lou, I'll call her—was uneducable and unpredictably undependable. She just couldn't "cut the mustard."

As an instructor in nurse's aide training for the Government's manpower training program, I was accustomed to all types of problems, but this one stumped me completely.

There isn't much the Government doesn't provide in its all-out attempt to get people off welfare—money for transportation, baby-sitting, rent subsidy, groceries, uniforms, books, hospital facilities, school, instructor. Uncle Sam has all the answers—except this one.

We could cope with stealing, lying, tardiness, poor health habits, ignorance of hospital ethics and procedures, timidity, laziness. There were some very satisfying results in seeing lives rejuvenated. But this was too much.

Mary Lou was cooperative, to a point. While bathing a patient, she'd get a faraway look in her eyes as the bath water got colder and colder. She'd gaze blankly at the wall as the patient complained of chill and inconvenience. Where was Mary Lou? In a trance, it seemed.

Her classwork was incoherent and erratic. A sentence would end in mid-air when she attempted to answer a question. Written assignments were the same. She was kind enough to the patients, something like a sleepwalker touching a kitten gently, kindly, but unaware of her surroundings.

Her social worker had brought her to the manpower school from the state hospital, pleading with us to give her a chance to learn to be a nurse's aide. Surely she could do that, he insisted. She was strong, she was friendly, she had had some high school education. She wasn't exactly dumb, he assured us.

But she was dumb—dumb as a dodo in some areas. Her powers of concentration were absolutely shot. Her reasoning ability was less than minus nothing. Her awareness of symptoms,

of patients' wants and needs, was nil.

We could not trust the lives of patients to someone who was wandering down hospital halls with her mind in another world.

Sincerely wanting to help Mary Lou and give her a chance to make a living, I tried to give her extra encouragement in her work. Others had responded; why shouldn't she? She just needed a little time, I told myself.

Sitting on my dresser
was a "silver"

salt shaker set that I cherished from a previous class. Three of the poorest students had given it with this note written on a scrap of brown paper: "i have rilly enjoy this class." Remembering how rank was their background and how marked their transformation after ten weeks of training, I wasn't ready to give up with Mary Lou! Surely something could be done!

She was friendly, she was strong, and she wasn't exactly dumb. Her doctor, the social worker, the supervisor at the state mental hospital, the manpower director, and I all had to agree on that. And she needed so much to learn a sustaining vocation.

We all really wanted to help, but her damaged brain after three LSD trips could not respond. ♦

VIRGINIA HANSEN, R.N.
PHOTO BY ERIC KREYE

A Little LSD - So What?

Over the last four years, the number of college students using LSD has gone up. The December, 1970, Gallup Poll reports 15 percent, as against 4 percent in the spring of 1969, and only 1 percent in the spring of 1967.

The "Listen" story on this page, and the one immediately following, show in actual experiences what some of these users may be up against, either now or in the future!

And now - "The Ultimate Experience" ▶

the ultimate experience

E. W. MINSHULL / PHOTO BY ERIC KREYE



DURING THE TIME I circled the hospital driveway and braked under the Emergency canopy, Angie had two contractions. They were coming much faster, and I could tell by the strained set of her lips and the largeness of her eyes in her pale face that they were coming harder too. But there was a glow about her—like the glow of Christmases when she was little.

"This—this has to be the ultimate experience, Dad!" she gasped once, in the grip of pain. "It's great!"

Meg, my wife, was bending over the back of the seat, talking soothingly. One gloved hand performed a little massaging motion on Angie's shoulder. The other gripped hard on my upper arm, where it had lain intermittently during our five-mile drive, urging me to hurry, urging me to be careful, urging me to pray.

I would have prayed without urging. Meg has always said that I favor Angie; I've always suspected that she was right. I love the other kids and would go through fire or flood to help them, but with Angie there's always been a little special something I didn't share with the others no matter how hard I tried. Whatever the difference is, it isn't anything that was planned. It was just that Angie never seemed, as she grew, to lose the wonder of discovery, the little-girl-ness that had enslaved me from the first time I saw her, doing push-ups on Meg's chest, just minutes past delivery. Angie came to me with her hurts to kiss, convinced that my kiss was better than Bactine and Band-aids all rolled into one. Angie, in her early teens, still sat on my knee to tell me her troubles and triumphs, her worries, her most secret confidences, which she always whispered in one ear while she held her hand over the other, so nothing could leak through—another habit salvaged from childhood.

And now Angie herself was approaching motherhood. It didn't seem possible.

She moaned quietly, bent in the new contraction.

"Oh-h-h—" whispered Meg. "Walter, please hurry."

I ran from the car to the emergency bell, pushed it twice, sharply, and went back to help Angie out of the

car. She was so slight, even in the bulk of her pregnancy, that it was easy to imagine her still my little girl, still cuddled on my knee, telling me secrets. Since she'd reached her twenties though, she'd sat on my knee only twice. Once was when she'd suspected that the baby was on the way, but I knew that my lap that time was a poor substitute, because Bill's wasn't available, just as he wasn't available now to help her see this delivery through. I knew that wherever in Vietnam he lay that night, Angie and their baby would be in his thoughts and prayers. Bill wanted children—lots of them.

An orderly swished open the door, and a bevy of white-uniformed figures surged to help Angie into a wheelchair and Meg into a small room where information could be taken down.

"Oh, Dad!" Angie reached for and squeezed my hand with more strength than I'd ever have suspected.

I bent to kiss her. "You'll be OK, Honey."

She caught my head, laid her hand over the far ear and whispered, "I'm not worried for me."

"The baby will be fine too."

"Oh, how I hope so. The LSD—"

"Don't worry, Honey. Just go and get Bill a fine healthy son."

"Or daughter." She laughed lightly, but with a catch. "You men—always thinking—it has to be a boy."

I kissed her again, aware that a nurse was standing ready to wheel her away. "You weren't a boy, and I wouldn't trade you for a pennant-winning baseball team." I stepped back, but she nearly lunged for me, tugging me to her again. "Of course the baby will be all right," she whispered fiercely. "Bill never did anything wrong. And I've tried to make up—" "The baby's going to be fine." I nodded to the nurse's impatience. "Your mother and I will be right down the hall from you. Bill's thinking of you. God's with you."

"Nothing can go wrong." She smiled, pushing me gently away.

With tears in my eyes, I watched her all the way up the hall and then turned to find Meg waiting for me, her face haggard.

"This is harder than having children myself," she said.

"Everything's going to be fine," I said mechanically.

She nodded, just as mechanically, and we went to move the car before going to the waiting room.

The waiting room was antiseptic, furnished in bright plastics, with high-shine tile of some indiscriminate color, and pastel walls which seemed to make everything belong. Meg sat, shifting from one position to another, pretending to read magazines. Glancing up, checking her watch for the hundredth time, she sighed. "It never seemed to take me this long."

"It always took you forever," I said.

She smiled. "It only seemed like forever. After it was over, the forever was nothing."

"That's the way it will be with Angie too."

Sighing again, she riffled through the pages of another magazine, dropped it, and reached into her handbag for a bag of knitting—another pair of booties.

When the door swung open, we both stiffened expectantly; but it was only someone passing through, and we sighed, Meg going back to her knitting, me leaning back in my chair, closing my eyes, and remembering the one other time in recent years when Angie had sought my lap and confided in me. It had been almost two years ago, the night before her marriage to Bill. It was the first she had told me of her experience with LSD.

"I'm not going to make excuses, Dad," she'd said. "I'm not going to take the fifth, or plead youth, or temporary insanity, or coercion, or anything like that. If I absolutely *had* to explain why I did it, I'm not sure I could." She paused, spreading her hands in a helpless gesture. "I was curious, I guess. Everybody was just beginning to talk about LSD. It was the big thing. And at this party, they had some. And I—just took it. There was no big deal. We all tried it."

I sat quiet, letting her talk. I was too stunned anyway to frame questions which would have made sense. And, from our long and close association with each other, I could sense that she wanted to tell me in her own way.

"It was long before I met Bill," she

directive

**Control
is a small word
but carries magnitude
when compassion is spurred
into action.**

Helen Sue Isely

went on. "There wasn't any special boy, just then, so that wasn't a part of the problem. I wasn't trying to impress anyone. I don't think any of us were." She paused, frowning. "Rather, I think we were impressed with *ourselves*, with life, with experiences. And LSD—well, it was supposed to be the ultimate experience, remember? It was the mind-expander, opening new vistas of perception, compassion, creativity. Remember?"

I nodded.

"Even that early, of course, they knew there were risks. But you know how kids read that little problem."

"It happens to somebody else, not to me."

She smiled, touching her cheek to mine. "You always did understand, Dad."

But at that moment I wasn't sure I could understand this—Angie, taking drugs. There was no reason. Absolutely none. She'd had a good home life, education, love, understanding, a church background—

"There was really no reason," she said, as though picking up my thought. "Oh, maybe some of the kids had hang-ups. But I was a whole person. I wasn't rebelling, or feeling the need for anything. It was just a spur-of-the-moment thing—" She paused. "That first time."

My nerves jerked. "There— Was there more than once?"

She nodded, avoiding my eyes at first, then turning to me with such an intensity that I felt my insides snarl

with a yearning to understand, to love, forgive, whatever was required.

"Dad—it was indescribable. I mean, really, actually something you wouldn't believe. The color, movement, sound—I mean, the whole thing was like something from another world. After it was over, we all talked about it. It was something we wanted to go through again."

Silence vibrated around us. Angie was looking down at her hands, folded with artificial ease in her lap.

"How often?" I asked at last.

She shrugged.

"*That* often? So often you can't even remember?"

She looked at me again. "I don't want to remember." Her face altered, her eyes widening, filling with pain. "If I remember—then I've got to remember that last time. And I don't want to." She turned away again, holding herself stiffly, but her shoulders were shaking, and I knew that she was crying. I gave her my handkerchief, and—eventually—she smiled her thanks. "I'm not going to tell you about that last time, Dad. You read about it anyway. I mean, that many college kids don't die—at least not that horribly—without everyone in the country—" Her voice paled away, and I felt cold shock run through my body.

"You mean, you were *there*?"

She caught her head in her hands. Her voice was strangled as she answered, "Oh yes, Dad; I was there!"

My mind juggled a dozen thoughts—some as ego-centered as, Why didn't she confide in me before this? some as terrifying as, What if Angie had been one of those to die?

"That was it for me," she whispered. "I never had a bad trip myself, but after that I didn't need one to turn me off." Slowly she relaxed, leaning against me, and I allowed my arms to encircle her. "I'm not going to tell Mom. Maybe I was wrong to hurt you with this."

"Hurt is a part of love, sometimes," I said.

"You've never hurt me."

"Of course I have. You've just forgiven."

"I hope I can be forgiven. I just pray God that I can live a good enough life to make all this right—"

Just as her words had been broken off, my remembrance of them was shattered by the opening of the waiting room door. A nurse paused there.

"Mr. and Mrs. Walter —?"

We stood up, Meg reaching her hand to me. "Angie," I said. "Is everything—"

"She's delivered." The customary briskness was missing.

"Something's wrong," Meg moaned. "What—"

"Madam, if you could just come with me—"

Meg moved forward like a puppet with tangled strings, her breath coming in small, moaning gasps. Then she slumped. As we helped her to the couch and stretched her out, I relived one very recent snatch of conversation with Angie.

Already huge with child, she had brought an open magazine to me, laid it on my lap, and moved quietly to another chair while I read it.

It dealt with possible LSD-caused genetic changes which could affect the children of users.

Closing the magazine, I said, "Honey, you haven't used it for a long, long time."

"They think that might not make any difference."

"But it's still all theory—"

"Dad, if I've hurt this baby, and threatened all our others, I'll go crazy. I won't want to live."

Meg was sitting up, her color coming back.

"I'll go to Angie," I told the nurse. "Has she seen the baby yet?"

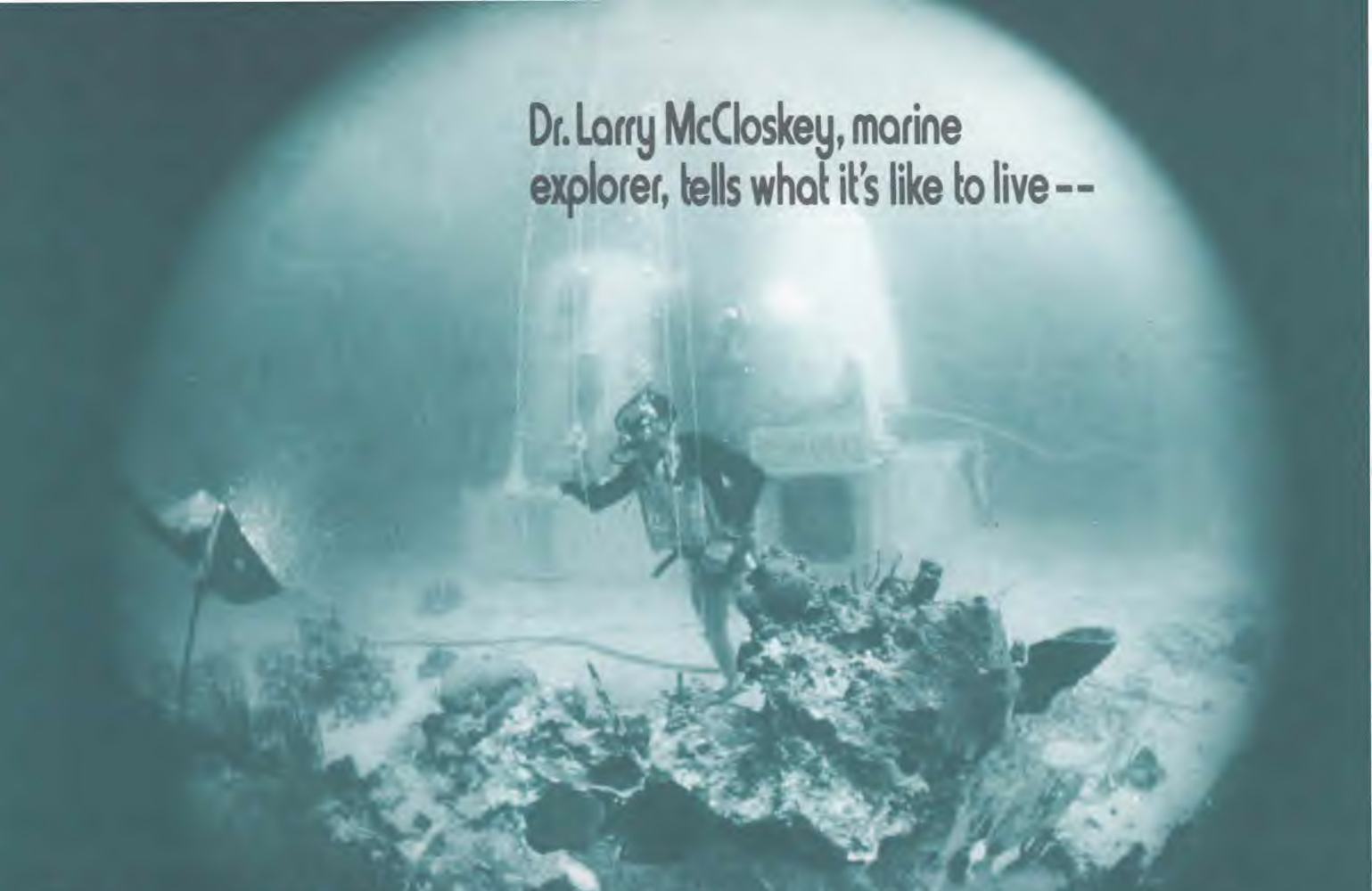
The nurse looked briefly startled, then answered, "She was asking for it when I came down."

"We'd better hurry," I looked to Meg, who managed a weak smile.

The nurse hurried ahead, and I followed, wondering how much Meg might have guessed. She probably thought the baby was in danger—or dead. How infinitely worse if Angie's fears—and mine—were realized!

Far up the hall, a weird, keening sound broke through the hospital calm. It rose and grew and altered into shrill, broken screams of horror and anguish—and guilt.

All the way up the hall—running—I heard Angie's screams. ◆



Dr. Larry McCloskey, marine explorer, tells what it's like to live --

Two Weeks Down Under

Excitement and intense interest dominate one's reactions on such an assignment, and at first, before the training, a little concern exists when you know you'll be living fifty feet under water for two weeks.

Breathing is so involuntary up here in the air which is our natural environment, but underwater every single breath has to be arranged for. All the tanks *must* work. All the hoses *must* function properly. If you have the recycling breather on, gauges must be watched, the check sheet must be checked, and we even go in pairs so we can watch and check on each other.

Doesn't the body react to any critical need in the oxygen content, to help you be aware?

No, it doesn't. To CO₂, yes, you

get an accelerated heartbeat, and other warnings. But with oxygen there is no warning.

Then you could get into trouble simply because you forgot for a few minutes to watch the mechanics of your equipment?

Exactly. And believe me, down fifty feet below the surface, nearly weightless, drifting among the exotic sights of coral growths and brightly colored fish, and a thousand and one new and fascinating things, it is easy to forget.

What if both of you forgot, or if both got into trouble at once?

With the recycling breather we had two displays that glowed amber if all was OK. One display was on the wrist

of the diver, the other on his chest. If anything went wrong, this amber light turned to a red glow and would attract our attention. We would then manually activate pingers that would bring help.

If a really drastic thing happened underwater, like a heart attack or something, how would you care for such an emergency?

The procedure in event of a serious bottomsides accident or an accidental surfacing is to bring the aquanaut to the surface to a waiting speedboat and rush him to the decompression unit a few hundred yards away near shore. Within three minutes the incapacitated diver could be locked into the chamber with a doctor. If the diver was

INTERVIEW BY MARJORIE GRANT BURNS

injured enough to require medical attention, but not so seriously that every second counted, he probably would be escorted underwater to below the diver decompression chamber. There he would enter a diver transfer bell (a heavy sphere which is suspended by a cable and winch from the deck of the barge) which is then winched to the surface and mated to the decompression chamber.

How long does decompression take after full saturation of the body by nitrogen at the fifty-foot level?

About twenty hours and twenty minutes.

This decompression is to avoid what is known as the bends, is it not? Can you explain this?

Yes. When you are breathing a gas under pressure, your body equilibrates to that same pressure. Air is roughly 20 percent oxygen, you know, which your body burns, and 80 percent nitrogen, which is inert. Nitrogen is not used by the body, but dissolves in tissues and organs in amounts proportional to the pressure of the air you happen to be breathing. Some body components—blood, for example—absorb gas rather quickly. Body organs with little connection to the circulatory system—like the vitreous humor and lens of the eye, and tendons—take longer to equalize with the increased concentration of nitrogen.

This habitat serves as home and laboratory for the crews of the Tektite II project. The vertical structures measure 12.5 feet in diameter and 18.1 feet high, and are joined by a 4½-foot work tunnel. To the right are work areas and engine rooms. On the left are the laboratory center and the crew living quarters.

(Right) Crew meals are prepared in kitchens containing full equipment usually found in average homes.

(Extreme right) Marine exploration of Tektite II teams centered near Cabritte Horn of Great Lameshur Bay on Saint John Island.

But after several hours under continuous pressure, the whole body has taken up the new concentration of nitrogen. It is "saturated," we say. If you should suddenly be released from this pressure, your tissues would immediately begin releasing the stored-up nitrogen, just like an uncapped bottle of soda. This happens first in the blood, and the bubbles can block circulation. Blood supply to vital nerves and organs would be impaired, resulting in immediate pain, and, if severe, even causing crippling or death.

What then is the difference between this extended diving and the playing around an amateur scuba diver does?

A scuba diver has to be careful too. The thing is, he is not attempting to become saturated. But he still will need to come up slowly if he has been down long enough. He is affected by both the time element and the depth. A diver could go to 150 feet and come back up and would be OK if he took only five minutes doing it. This is called "bounce diving."

The closed-cycle breathing apparatus you mentioned—is it all automatic? If so, weren't you at the mercy of a malfunction?

The breather is automatic, but it's built so you can operate it manually if necessary.

Is it heavy?

Yes, but it has some very special advantages. Scuba has time limits because of the amount of gas that you can carry. With the rebreather, weight for a trip of one hour or a trip of six would be the same. And, since your exhaled breath is recycled, you make no bubbles and no noise.

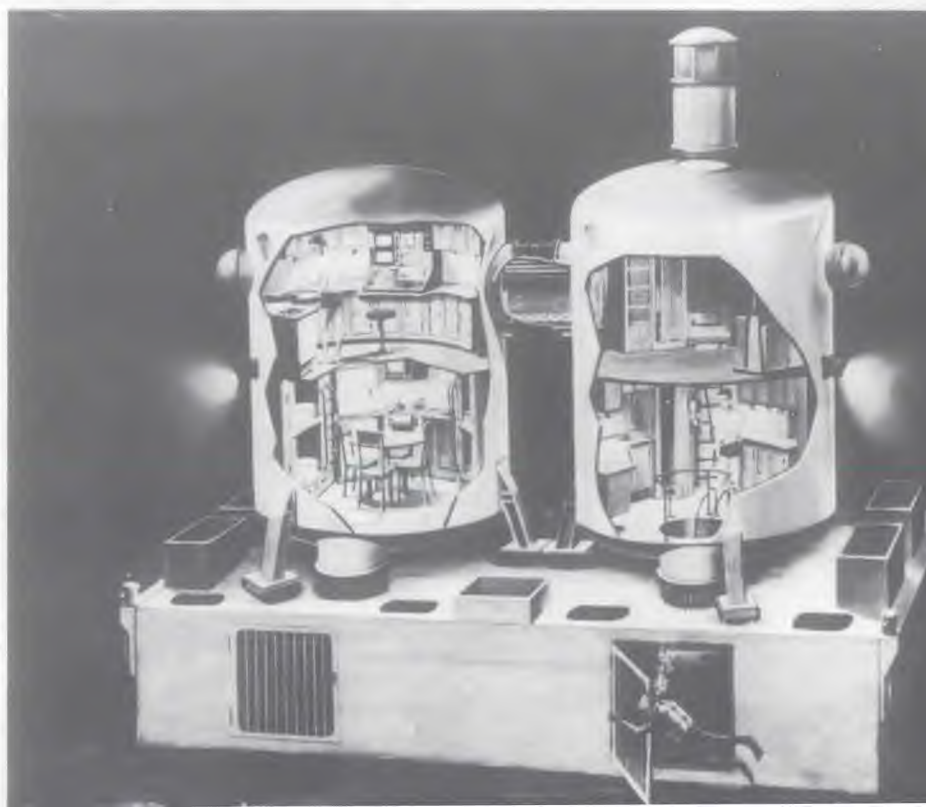
No noise? Is that unusual?

Do you know what a scuba diver sounds like underwater? He sounds like a freight train.

As I sat there trying to imagine an underwater freight train, and all the other really far-out things Dr. Larry McCloskey had been trying to explain to me, I wondered how I would perform if I went down to the underwater habitat of Tektite II to live for two weeks or more, as all these crews of scientists had done. If Larry, with his doctorate in marine biology, his two trips around the world in research projects, his years of study and training, found it exciting, how would this total amateur react to such an experience? And this thinking brought up another question.

How did you get involved in these experiments?

I had already made a study on the reaction of pollutants on ocean life, and their possible connection with the sudden population explosion of star-



fish that are now feeding on coral reefs and destroying them. Now I wanted to study the effects of pollutants on reef corals in particular.

So you sent in a request to do a continuation on this research?

Yes. Rick Chesher (with whom I had worked before) and I sent in a joint proposal. It was an exciting day when ours was among those selected!

Then what?

We had only to bring personal articles plus scuba gear (except tanks) plus whatever research gear we wanted. My trunk weighed 225 pounds! Then we were flown down to the base camp on Greater Lameshur Bay on the south side of Saint John United States Virgin Islands. We had two weeks of intensive study and drill procedures, underwent physical and psychological tests, then geared up and submerged to our new home.

Swim down?

Yes. You can follow a line extending from below the decompression chamber to the habitat, about 250 yards away. It doesn't take too long. And it becomes motion quiet; all the surface roughness is gone. Sound stays but is distorted like you've heard in a swimming pool, and light fades slowly to a soft greenish-blue. A strange little castle looms up. It looks like two short grain silos hooked together, sup-

ported by a big metal base, and one silo has a little observation tower on top.

What's in the metal base that supports the habitat?

Storage space for extra tanks, a shark cage, and it also houses 175,000 pounds of ballast to produce a negative buoyancy of about 20,000 pounds. And the high-pressure bottles used to recharge the regular scuba tanks are kept there.

With the whole ocean pushing at your heels, how do you get into the habitat?

Simple. One cylinder is left continually open to the ocean at the bottom, and you come up in there just like surfacing in a swimming pool. You crawl up on the little ladder and get out.

What keeps the water out?

Have you ever inverted a glass into the dishwasher and noticed how the air keeps the water out? Same thing here.

But with rise and fall of tides, storms, et cetera, wouldn't there be some variableness?

Yes, but little valves care for that, bleeding out extra air when necessary, while more comes in from the main air supply.

How do you get air supply and other utilities in?

By a 975-foot umbilical that carries power, fresh water, high-pressure air, low-pressure air, gas-return line, communications, and cables to provide remote environment sensors to be monitored on shore.

Umm. Sounds so easy and simple.

Yes, perhaps. But it took lots of careful thinking to get it that way. That little underwater home had absolutely everything. Food? You wouldn't believe all we had to eat! And plush? The thick carpeting everywhere had the nicest feel to bare feet. We had books, films, games, anything we wanted. (Never needed these things, however.) And new deliveries every day came down in the "pot drop" and trash and unneeded items went back up.

Where did you sleep?

We each had his own bunk in the crew's quarters, with curtains we could draw. The engineer had a folding cot up in the control room.

How big are these rooms?

We had four rooms, eleven feet in diameter and eight feet high. Lots more space in round rooms. Also the little viewing tower. It was the only place free from the closed circuit TV, aside from the toilet. We were watched and listened to day and night. NASA was interested in the reactions of crews in small areas over periods of time, and behavioral scientists were inter-





ested in the human interrelations under stress.

Wouldn't all that bug you?

I thought it would, but we got so involved we forgot all about it.

Did it seem crowded?

Not at all, in spite of the fact that all five of us were big guys—over six feet. But everything was so carefully arranged and planned, we were happy and comfortable.

How would you prepare to go out on an experiment?

Well, Rick and I worked together. We would decide what we wanted to do or test, what needed rechecking, what specimens to bring back, then list it all, gather equipment, suit up in scuba or rebreathers, run the sign-out report, do the safety check list, and off we would go.

How would you communicate when out on the ocean floor?

We could mouth a word or two, make hand signs, or faces, or use body language. And we had slates of polyethylene and a pencil tied to a rubber

tube so it couldn't float away. To mark areas we needed to find again we used styrofoam because it is so easy to see. And the things that we wanted to test in place, we covered with little transparent domes.

Speaking of seeing things easily, how would rescue teams topside be able to find a diver if his pinger was calling for help?

We each carried a yellow balloon with a strobe flasher and a fishline attached. If in trouble we would release these and they would bob to the top. The divers in the boats would see these, as well as hear our pingers through a hydrophone, and come down to help.

How about sharks?

We had shark cages, which look like big birdcages, anchored here and there on the ocean floor for us to "escape" into. The cages even had extra scuba equipment. But we never found it necessary to use the cages. We didn't even see a shark!

How did the fish react to you?

Most ignored us. Just a few became

pets, partially. The barracuda was a "lone wolf" who largely ignored us. We had mutual respect for each other. We called him "Spiro" and he was not large as 'cudas go. None of us ever came near enough to touch him.

But it was the tarpon, the great silver, majestic tarpon, who learned to accept us, and would swim all about us—sometimes even brushing against us—as they fed on anchovies attracted by our night light. If their tails hit you they could jar you. Those tails were really powerful.

Did the fish like to be fed?

Yes. And what? Their favorite was canned lima beans!

We all shouted over the imagery of fish eating canned lima beans, and then Linda, Larry's wife, finally said, "Tell her about the parasite pickers."

You know about little fish that clean other fish?

Yes.

Hearing about it is one thing; sitting down there and watching is quite another. The groupers would open their mouths and spread their gills in the most amusing efforts to get the little fish to clean them.

Honestly!

But the most thrilling thing was the dark. Then all the night people came out. We would go to the windows of our tower, turn on the big searchlights, and watch. You can hardly believe all the activity, all the kinds, all the color, all the motion. And the feeding. It pyramids. The tiniest item is eaten by something larger, until you get to the fellow at the top, the three- or four-foot tarpons. There was no one to eat them.

Those are the ones you are supposed to catch with your fishing pole.

Yes, except I'm no fisherman.

What kind of cameras do you use in underwater photography?

Water distorts, you know. We had Ocean-Eye cameras in a housing with a big plexiglass bubble on the front that did such accurate corrections that



the pictures look as if they were taken in the air instead of underwater. The camera is motor-driven, and the photographer would grasp it by two handles, swing it up in front of his face, and move all over going click-click-click. Really something how beautifully it worked.

What did you do for relaxation?

Well, we didn't relax much. Sometimes we took time out and sat around discussing our work. We read, listened to taped music a little, discussed religion, politics. But our job kept us very involved.

Could you smoke?

No, the air wouldn't support it. And it would be dangerous.

Didn't this bother you?

Indeed not. I don't smoke, drink, or use drugs. Life is too exciting to waste my health or mind on the stuff.

I can understand that. Walter Cunningham, one of the astronauts, told me once that although he had used a pipe, he'd gotten so busy and involved that it lay neglected in the bottom drawer of his desk. So he

experienced in the smoking syndrome the very thing you feel—life can get too involved to leave room for these things.

But my reactions are even stronger than that. With the medical evidence we now have, it is ludicrous for anyone to smoke, besides the fact that it is discourteous to others.

And with drinking, I resent anything that alters the acuity of my mind. I simply do not need props in order to enjoy life. My wife feels the same way, for which I'm deeply grateful.

Time was running out, so I began to gather up my things. Larry peered out at the rain.

Too bad it isn't a better day. When it is, come back and we'll show you all around.

Thanks. I'll take a rain check, literally.

At the door, Larry reached down and picked up a branch of bittersweet he had piled there to dry. He broke off some and handed it to me. "Take a piece of this along. It's traditional around here for a holiday." ♦

(Opposite page) Geologic studies on the ocean floor yield marine secrets near Saint John, United States Virgin Islands, in the Caribbean area.

(Above) Newly designed closed-cycle breathing systems enable underwater explorers to operate effectively for durations up to six hours. They are lighter than conventional scuba gear, and recirculate exhaled gas, returning unused oxygen to the diver after carbon dioxide has been scrubbed out. This eliminates the familiar bubbles associated with underwater gear.



PHENOBARBITAL

The same adult female cross spider built webs 1 and 2 only two days apart. Web 1 shows the normal pattern and size. The second web, built after one day's interruption and 1½ days after 100 mg/kg phenobarbital (Luminal), shows the characteristic effect of a high dose of this sedative drug. The drug web is relatively small and irregular. Recovery of the creature to normal web construction occurred in another one or two days.

SPEED

Webs 3, 4, and 5 were built by an adult female *Araneus diadematus* spider on different days. Web 3 was built on the first day of observation. That afternoon the spider drank about 0.1 ml of a drop of sugar water which contained 1 mg of dextro-amphetamine (speed).

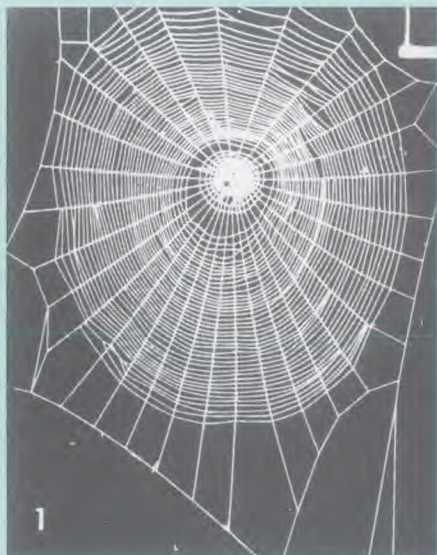
Web 4 was built about 12 hours later by a severely disturbed creature. It shows some remnants of a hub, a few irregular and frequently interrupted radii, and some erratic strands of sticky spiral.

Web 5 was built 24 hours after 4 and shows signs of recovery; but it took several more hours for the spider to build again a web similar in perfection to the one in 3.

TRANQUILIZER

Spider webs 6 and 7 were built on different days. Web 6 contains in the upper part a partial destruction of the sticky spiral, the spider's leaving the web after a short stay. The first evening the spider received a dose of the tranquilizer diazepam (Valium).

Web 7 shows the characteristic of a spider on web building, always a small web. At the end of web construction the spider still had silk left over in the form of a small web. An unusual occurrence in a creature that uses every bit of silk to build a trap for prey.



ers Take "Trips"

M. W. MARTIN



Ara takes LSD, gets up early each morning, and spins.

Her routine seldom varies. She sips the drug from the needle point of a syringe and weaves for 20 minutes inside the glass-and-aluminum flat that is her unnatural home. Ara—her full name is *Araneus diadematus*—is a female orb spider.

This common spider, teamed with a research scientist and a computer, is weaving a new web of knowledge about the complex behavior of man.

Are behavior patterns innate or learned? Can they be changed by enriching or changing man's environment? Dr. Peter N. Witt, director of research for North Carolina's Department of Mental Health, seeks answers to these and other questions by studying the erratic webs spun by spiders on drugs.

Stored in the computer, an IBM 360/40, is a master web, the composite of many normal webs. Twenty-seven measurements are made from the drug-induced webs, including size, shape, regularity, distance to the center, and distance between spirals. The computer compares webs with the master and records numerical differences.

Webs spun by normal spiders if free from dust, wind, and the harassment of hungry predators are nearly invisible works of geometric art. Webs from drugged spiders vary from normal to bizarre patchworks of holes, awkward angles, and incomplete spirals.

Dr. Witt experiments with many classes of drugs, including amphetamines, tranquilizers, barbiturates, and hallucinogens. As a result, he is finding subtle differences in the way drugs affect a spider's brain and body.

For example, two common hallucinogens, mescaline derived from a cactus, and psilocybin from a mushroom, produce similar results when given to man. It appears they affect both mind and muscle.

The drugs cause hallucinations ranging from visions of monsters to a feeling of oneness with God, and, in some cases, slow breathing rates, heartbeat, and coordination.

After feeding the drugs to spiders and analyzing their webs, Dr. Witt concludes the drugs may not be pharmacological equals. His experiments suggest that mescaline primarily affects muscle; psilocybin, the brain.

On mescaline, spiders build smaller webs with less regularity in spacing, indicating that coordination is impaired. On psilocybin, webs are shorter with normal spacing, indicating the spiders' drive or motivation is hampered.

Dr. Witt, a physician and a pharmacologist, says the computer helps detect slight differences in web patterns that may otherwise go unnoticed.

One hundred fifty spiders are used in daily tests. Fifty are a control group and receive no drug. Fifty take one drug, fifty another. It takes the spider only twenty minutes to build a web in a twenty-inch-square glass-and-aluminum frame. Spiders live in a laboratory where early morning conditions, prime time for web building, can be simulated.

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THE EVENING I got my idea, we were at Young People's Fellowship. Bill was back with us for the first time in weeks. We all knew he had been picked up by the police at three o'clock in the morning wandering the downtown streets on a bad trip. A judge had ordered him to have medical and psychiatric treatment, and he had recently been released from a private hospital. When the meeting came to order, Bill asked to speak.

"I'm supposed to talk about what happened to me," he told us. "It's supposed to be good for me, like therapy, to speak out, and I hope I can help others a little. I guess we're all alike. I want life to be all it can be—full, abundant, happy. I want to live it to the hilt, enjoy everything good there is."

"I thought drugs would expand my mind, give me new awareness and greater sensitivity. I heard that with drugs you could turn on, hear beautiful sounds no one ever heard before, see wild, way-out colors you'd never believe. So I tried drugs. Well, I was all wrong. All I can remember now is living in a weird, terrifying nightmare, and seeing how hurt and shocked and ashamed I made my folks."

"There has to be a better way," our leader observed. "We can turn on as God meant us to, by developing the senses we have. Very few people ever bother to do this fully. If we would take the time, we could see more beauty; we could hear so many lovely sounds that we miss now. We could feel so much, feel so deeply."

Bill's words and the teacher's ideas impressed me. Would it really be possible to turn on naturally, in a good way?

experiment in turning on

ROBIN CAMPBELL

Our city has beautiful parks. Often my family drives into the country. Our backyard has green grass, a pretty tree, and some flowers.

Sometimes alone, sometimes with family or friends, I began trying to turn on. Several of us would look around and see who could point out the prettiest thing. Alone, I'd sit listening, making a list of all the sounds I could hear. Sometimes I felt just silly. Lots of times nothing seemed to happen. But as I learned to concentrate, I experienced more and more.

I learned that you really can turn on, and it's fantastic! It's really great! It's like seeing with new, opened eyes. It's like suddenly beginning to live in an entirely different world.

Here's a trick to start with. Concentrate your sight by curving a finger to meet your thumb. Through this little frame, study one small flower intently. Now you can really appreciate a flower with several blossoms. Zero in on a patch of grass till you focus on a single blade. Now the green of a whole lawn is more meaningful. I realized I had never seen some of the smallest things I'd been looking at casually all my life. Did you ever really look at a butterfly, the quivering feelers, the minute feet, the odd, round, lidless eyes?

To see all there is to see takes time. A group of us, riding to a football game about sunset, counted

the colors in the sky. The vast orange sun was magnificent, half behind the earth, half yet in the sky. Clouds were flame above it, burning gold higher in the sky. To the sides, more clouds swept like curtains, radiant crimson in their hearts, shading to rose, pink, lavender, pearly-edged. We counted twenty-nine enchanting colors.

As you look at some scenes, the beauty grows and the excitement mounts if you compare. Wild geese fly like arrows across the sky. The land may lie like a huge, round plate under a blue, overturned bowl of the heavens. Leaves blow on trees like miniature kites, tugging to be free. A dragonfly is like living light. A hummingbird is jeweled vibration.

A trained eye arouses so many positive, joyous feelings. A keen sense of perception makes seeing familiar places newly interesting, and strange scenes twice as exquisite. So why miss such joys? God gave them for us to see and enjoy.

And when you've seen the beauty of a bit of the world around you, close your eyes and hear it speak to you. At first, perhaps you hear very little. But keep listening. Keep trying and you will open novel realms of hearing experience. Gradually the silence will blossom into sound. Leaves rustle, twigs snap, distant traffic is musical, peaceful. Birds sing, the trilling notes vibrant with joy. A katydid telegraphs with

teens--
life can be
beautiful

metallic urgency. Insects serenade a shrilling concert, with incessant, myriad voices.

A few days ago we drove to a nearby city airport to meet my brother, coming home after a year in Vietnam. As we drove home that night we went through some open countryside.

"I just wish you'd stop the car," my brother requested. "I can't believe I'm home." We parked at a small roadside rest area, and he opened the car door and stepped outside. We were all quiet. From a pond somewhere off in the darkness, we heard the rhythmic throbbing of croaking frogs.

"That's what I wanted to hear," he cried, his face lighting up. "That sound means peace and safety to me. It's like a memory. Sometimes I thought I'd never hear it again. But now I really know I'm coming home!"

And with eyes still closed, you will become aware of how fragrant our planet earth can be. Put everything else from your mind. Think only of the scents drifting around you in the ardently alive air. Perfumes rise from the very earth. You can smell spring in the aroma of damp, rich dirt; tender, growing leaves; opening buds, stretching roots. Summer has an entirely different scent, hot and rich. It is of harvest sweetness. It tells of sun-baked earth; sweet, new-mown, sun-dried hay; ripening crops.

And as you turn on with open eyes and hearing ears, as you let lovely sights, sounds, odors, temperatures engulf you, your spirit becomes more sensitive too. With conscious mind resting, you feel deeply, aware in every molecule of yourself. A pulse of pure joy, bright as a ray of sunshine, is in you. You know such peace and love for yourself, for all the people in your life.

A verse from the Scriptures comes to my mind, "Holy, holy, holy, is the Lord of hosts: the whole earth is full of His glory." Isaiah 6:3. I know that God is near me, that I'm as God-blessed and God-loved as all creation about me. I know, too, that I'll never need the assistance of any drugs to transform my world. Close attention is enough! ◆

what's on the shelf?



ERIC KREYE

MARY E. LOCKHART

CRASH—shatter—clatter—and tinkling smashes!

Early every morning a sound like the furious, speedy destruction of many plate glass windows awakened me in the fifth-floor room of a famous Washington, D.C. hotel one week in May.

I lay in bed each time, while the beating of my heart leveled off, and I pondered the source of the mysterious demolition. When the cracking doom repeated itself the fourth morning, I jumped farther than on the previous mornings, landed on my feet, and jerked open a window.

Below me a mountain of liquor bottles in huge containers at a kitchen exit of the hotel fell shattering under their own weight into a white steel disposal truck!

I was appalled by the great bank of bottles, and it seemed to me a terrible commentary when I realized that each morning's dumping represented the accumulation from only one night's imbibing by the hotel customers in its various bars and dining rooms. Not only did I condemn privately the foolish, heavy consumption of liquor by the guests and Washington residents, but I also thought of constructive uses to which all that squandered money could be put.

In the *Washington Post* that morning I noticed a feature story regarding the small quantity of books in the schools in the District of Columbia, and the astounding outdated condition of those they do possess. Empty library shelves were pictured in the newspaper. As I studied that, I heard again mentally the shattering crash of falling, breaking bottles. On the average, one library book

could be bought for the price of each bottle emptied!

How many books could a person afford for his own home library in a year with his annual expenditure for liquor? In our state of Minnesota there are only five cities which can claim to have real honest-to-goodness bookstores with ample supplies of fine books, yet liquor stores flourish in every little hamlet in the state.

One particular Christmas Eve our suburb celebrated by purchasing \$5,000 worth of liquor from our one town-owned store alone. In this same suburb, a limping little library club has struggled for years to build a usable library. And how greatly the library they have managed to establish is utilized—by all ages!

A shelf of bottles or a shelf of books? Too many homes are stocking liquor and reading only the daily paper. Too many schools and too many public libraries are lacking even the standard classics while people protest loudly over taxes. I have never heard any drinking friends complain about the cost of liquor! Too many churches are poorly supplied with books, especially for children; many have none. Yet, church members, too, could buy a book a week for a library if books were more important to them than liquor.

Avoiding all other facts regarding the devastation caused by liquor, I plead now only the awful waste of money which might otherwise be channeled into books for school libraries, city libraries, churches, and homes.

Empty shelves—for books or bottles?



ERIC KREYE

the champion

ERNIE HOLYER

UNCLE Joseph, a he-man if you ever saw one, drove his tourist bus over the Alps like Hannibal did his elephants. Along the way, he picked up a dozen foreign languages, and I suspect he could cuss in any of them. He smoked like a smoking machine, drank like a tank, and felled women on sight.

When Uncle Joseph shoved his barrel chest through our door, my teen-age sister and I stood back in

awe. When he slept under our roof, his coughing spells hurled us out of bed. When he sat at our table, his smoke screen turned us into sputtering steam engines.

With a champion like that for an uncle, who could describe our horror when Uncle Joseph stopped in after a long trip and we could hardly understand what he said? His hoarse voice had lost its volume. We stared at the superman in dismay. (I hope he didn't notice.)

Next time Uncle Joseph parked his bus out front, his voice had dwindled to a hiss. One sad day thereafter, they rushed him to the hospital for an emergency throat operation. Uncle Joseph didn't make it. The cancer had spread too far. In the prime of his life our hero had smoked himself to death.

Uncle Joseph's untimely departure sent the family into jitters. Mamma secretly dashed antinicotine stuff into Papa's drinks. Papa's older brother changed from cigars to pipes. Several relatives cut down to a few cigarettes a day. A country cousin boasted he had quit, but inhaled while throning in the little house out back. Smoke, unfurling

from the tiny, heart-shaped window, gave him away.

Mamma's nephew, Andy, who lived with us while attending school in our town, quit cold.

"He'll never make it," Papa declared.

"Oh, but he will!" Mamma shot a sidelong glance at Papa's burning cigarette. (Her antinicotine stuff seemed wasted on Papa.)

"What makes you so sure?" Papa wanted to know.

"Andy has willpower." Mamma stressed the word, *willpower*.

"And I haven't? Is that what you mean?" Papa flared.

"Well, have you ever quit?" Mamma shot sparks.

"That has nothing to do with willpower." Papa backed off.

"Andy's going to make it, and that's that," Mamma said.

"And I tell you he won't." Papa slammed the door. He had been mighty touchy since Uncle Joseph's funeral.

Would Andy break the habit or chicken out? My sister and I watched the tug-of-war. Andy suffered withdrawal symptoms. After meals his hands fumbled for nonpresent ciga-

teens--
life can be
beautiful

rettes and matches. Once established, the motion becomes ingrained, I guess. Like a bloodhound on the trail, Andy sniffed in the direction of messy ashtrays and smoke flags emanating from Papa's lusty puffing. Andy suffered all right. He all but smoked his fingernails.

"Don't give up," Mamma encouraged her nephew. "In a few months the nicotine is out of your system and the craving will be gone."

"Light one," said Papa, shoving cigarettes under Andy's nose the moment Mamma left the room.

At such moments we held our breath. Andy's hand invariably darted to the proffered cigarettes, but wound up in the candy dish. He had grown a tusk-sized sweet tooth. And boy, could he eat! He claimed food never tasted so good.

As the nicotine stains faded from Andy's fingertips, his cheeks and other parts filled out. One gloomy day the scales indicated Andy had gained twenty pounds.

"Better fat than dead," Mamma consoled the dejected lad.

"Who wants to be roly-poly? Inhale and shed the garbage," said Papa, sticking an open pack into Andy's breast pocket.

Andy kept the pack! He carried it around all day—but he didn't smoke. I know because his breath was clean. When the pack still protruded from Andy's breast pocket at supper, Mamma spilled soup on Andy's lapel.

"How clumsy of me," she clucked. "Let me clean your coat before the stain sets." Mamma removed Andy's coat to another room. She returned it—pack included. Papa quit drumming the table and my sister looked surprised. Next morning the pack gaped—empty—as Andy buttered his breakfast roll. Papa's mouth dropped open. Mamma looked aloof. She had substituted candy cigarettes for the real ones, she told us later. Andy's sweet tooth just couldn't resist.

The experience left Andy shaken. He began brisk five-kilometer walks and burned off energy on the soccer field. He ignored the candy dish in favor of toothpicks. Andy's fat budged.

But willpower goes only so far. Snow stopped soccer and most of the walking. Schoolwork and exercises in the gym kept Andy busy during the week. Sundays, he paced

the livingroom like a caged tiger.

"Andy's going to smoke his first one on a Sunday," I informed my sister.

"Mamma won't let him," she said wisely.

Papa brought in reinforcements in the form of card-playing friends. They invited Andy to participate in their games. Obviously reluctant, Andy joined the MEN.

"Have a smoke, Andy!" Papa's friends offered.

"Thanks, but I don't smoke," Andy said bravely.

"Don't smoke?" they exclaimed. "You shave, don't you?"

"Sure, sure," Andy stuttered.

"Then why don't you smoke?" the MEN demanded. "You're man enough, aren't you?"

"Y-yes, of course," Andy stammered. Poor Andy! He'd been hit where it hurt. Hands shaking, Andy grasped a cigarette and stuck it in his mouth. Just as he inhaled, my sister cried, "Mamma, Andy's smoking!"

Mamma had already dropped her knitting. She stepped to the record player, cranked it, and put on a 78. Under the solemn beat of a funeral march, the MEN fell silent. Then, out of the column of smoke around the card table, came Andy's shattered voice.

"Excuse me, I think I'm going to be sick."

Andy fled to the bathroom. (I think he really had to go.) After that he didn't touch cigarettes until our New Year's Eve open house party.

It was the girl's fault, the one Andy had met at the movies. Anyway, I blame her because everybody knows that blood is thicker than water. She smoked like a chimney and drank like a fish. Mamma said she was too **WORLDLY** for Andy, whatever that meant.

Naturally, she came to the party, but Mamma fixed her! You see, every New Year's Eve, Mamma brewed this special punch. You saw the oranges, lemons, spice envelopes, and a big tea kettle on the stove. This particular year I found the antinicotine bottle under the sink. Mamma's once-a-year concoction always ensured a happy New Year's Eve at our house, but this year's party was something special.

Andy's girl sat on the sofa, puffing and downing the punch Andy

CONCERNING GEMS

Mildred N. Hoyer

One sees one small facet

One sees another

Neither can see

The whole diamond

Of Truth.

kept bringing to her. Between supply trips, Andy politely smoked the filter cigarettes she pushed on him. The more she drank, the whiter she got (Andy already looked green). Suddenly she stomped out. My guess is she had her doors mixed up. Andy did not run after her. He crushed his cigarette in the ashtray.

"Cigarettes taste terrible," he announced. "They make you sick. They take your breath. They're dirty, and they kill you. I'm through with them. **FINISHED.**"

After that everybody crushed cigarettes, everybody but Papa. Mamma's antinicotine stuff was wasted on him.

We never saw Andy's worldly girl friend again. Instead, a whole flock of nice girls started to hang around the house. I knew they were nice girls, because they dropped coins into my pocket—provided I told them what Andy was really like.

"Andy plays soccer better than anybody," I told them truthfully. "Andy can walk five miles a day. Andy's a pro in the gym. Andy has muscles."

"We can see he has muscles," the girls giggled. "What else can you tell us?"

"Andy has willpower," I boasted. "He's the only man in the family who quit smoking, really **QUIT.**"

When the girls "ah'd" and "oh'd," I got to thinking that Uncle Joseph wasn't such a superman after all. Andy was the family's real champion. With a guy like Andy around, who needs a dead hero anyway? And Andy would be around a long time. No cancer for him! ♦



My Air Game

How to recognize an off-duty pilot

Attorney Reuben W. Egan

Let me introduce you to a game I like to play when I travel by air. Usually you see at least one thrilled, wide-eyed passenger who is watching excitedly out the window on take-off.

You know this is a first-time traveler.

Usually there are passengers who settle back with periodicals or work on papers, oblivious to all that goes on about them.

You know these are regular commuters.

Occasionally you see a passenger who grasps both arms of his chair in

a death grip, turns white as a sheet, and has eyes as round as saucers.

You know this is an off-duty pilot!

The point is that he knows the danger; and knowing the danger, professional fliers have made air traffic amazingly safe.

Public awareness may help conquer one of the most serious threats to our country today—drug abuse.

Officials estimate that 90 percent of the 400,000 youngsters at the Woodstock Music Festival were experimenting with drugs. Back in 1964, according to official estimates, 500,000 people in the United States were using marijuana. In 1970, estimates went as high as 20 million. In only six years this is an increase of up to 40 times the earlier figure.

According to President Nixon, who said he was using a conservative figure, 30 percent of our high school students

across the country are experimenting with narcotics. *Newsweek* magazine places the figure as high as 50 percent in some areas. Our young people are being hooked. The problem is serious. Concerted educational programs in our schools and churches may help alert our youngsters to the dangers of drug abuse.

We are complacent about persons engaged in drug traffic. Too many people know where the "action is" and smugly keep it to themselves. Any violation should be reported to law enforcement officials, and action should be demanded.

Until the people demand eradication of drug traffic, until every citizen is willing to involve himself to the extent of reporting offenders, our society will continue to suffer from a plague that is now reaching epidemic proportions. ♦



"The Broken Man," a clay statue by W. R. Warren, of Sunnyvale, California, portrays graphically what alcohol can do to its user. "When his bottle is gone, all his hopes and courage are gone, and he is 'broke' in more ways than one," comments the sculptor.

Half Million Addicts

Britain Curbs Pep Pills

A leading British drug firm has halted production of amphetamines—commonly known as pep pills—and has withdrawn its entire stock from the market.

"There is a growing weight of evidence that the use of amphetamines has undesirable social side effects," the managing director of Nicholas Laboratories, Stewart Kipling, said.

The latest official British statistics show that there are about 500,000 persons in the country addicted to amphetamines, many of them youngsters of grade school age.

The Nicholas announcement said all druggists now in possession of company amphetamines had been requested to destroy them. "There still is a very real need for amphetamines," Kipling said, "but only under strict supervision."



Smoking may also harm a woman's unborn baby, reports Dr. Jesse L. Steinfeld, Surgeon General of the U.S. Public Health Service.

Smoking Mothers Risk Harm to Unborn Children

The Surgeon General of the United States Public Health Service has called for a major campaign to persuade women of the dangers of cigarette smoking.

Dr. Jesse L. Steinfeld cites accumulating evidence indicating that the smoking habit is bad not only for the smoker, but, in the case of a woman, might be bad also for her unborn child. The evidence suggests that smoking during pregnancy harms the fetus by exerting a retarding influence on its growth, he says.

The Surgeon General says that women have not been giving up the cigarette habit in as great numbers, relatively speaking, as have

men, and cites recently published evidence that they have more trouble quitting smoking than men do.

Furthermore, he suggests that the health impact of the habit may not force itself on women's attention as strongly because not enough of them have been smoking heavily long enough to produce a toll in illness and death comparable to that in men.

A major British study indicates that mothers who smoke face a significantly greater risk of stillbirth and death of babies shortly after birth than do nonsmoking mothers. Experts in the field cite that study and others as strong evidence that mothers who smoke have a substantially greater risk of unsuccessful pregnancies than do nonsmokers.

Tolerating Pot Use Leads to Heroin Crisis, Says Smith

Any city that tolerates the widespread use of marijuana will face a heroin addiction crisis.

That's the opinion of Dr. David E. Smith, director of the San Francisco Health Clinic that treated Haight-Ashbury hippies.

Haight-Ashbury, once a seemingly cheerful hippie culture that San Francisco did little to control, has become one of the worst centers of heroin addiction in the nation, according to Dr. Smith. He says Haight-Ashbury's descent from pep pills and marijuana to heroin occurred over a two-year span. The hippies first used pills and pot, switched to LSD and other

psychedelic drugs, and finally hit bottom with heroin, he explains.

"In Haight-Ashbury at the present time the predominant illegal drug is heroin," says Smith. "This last year we have seen a dramatic increase in white middle-class youth getting involved with heroin."

Pep pills and marijuana serve as a "door opener" to the harder drugs, Dr. Smith says, and the pep-pill use in a community is a fairly reliable barometer of worse drug problems to come.

Youth usually get hooked on drugs in three steps, he says: first they experiment, then they use drugs for recreation, and finally they become outright "junkies."

The vast majority of youngsters who experiment with drugs do so because they're either curious or because their friends urge them to do so, Dr. Smith says.

A frightening aspect of the drug culture today, he states, is that the majority of young persons he has seen feel that drugs are "of value," and few feel they should quit even after a bad experience.

"They feel they just happened to get some bad acid (LSD), some bad speed (methamphetamine), or some grass (marijuana) with something in it that shouldn't have been there," he explains.

Equally frightening, Dr. Smith says, is that fully 40 percent of the youngsters who came to his clinic with "bad trips" didn't know what drug they had taken but had blindly accepted whatever drug was offered.

TV Stations Begin To Air Liquor Ads

The gauntlet has been thrown down by U.S. Communications Corp., operator of five UHF-TV stations.

The company will accept hard-liquor ads "subject to rigorous controls."

"We will be the first TV group in the country to air such advertising," Leonard B. Stevens, executive operating officer, says.

"The television industry has reached maturity, and we are perfectly capable of sensible self-regulation."

Stevens contends that liquor advertising differs from beer and wine commercials "only in degree."

The company says hard-liquor ads will be aired only after 9 p.m. and only on programs without earlier segments beamed to children. This would preclude liquor ads, say, in the last half hour of a two-hour movie starting at 7:30 p.m.

U.S. Communications says that "commercials must be presented in the best taste and discretion."

There will be no actual tipting, no appreciative smacking of lips.

Santa is a no-no. Ditto Biblical figures, celebrities, children, athletes, or anyone in uniform.

Also ruled out are claims that liquor enhances a tippler's skill, strength, personality, or relieves sinus congestion. There'll be no golfers hitting holes-in-one after a stop on the 19th hole.

The TV industry generally frowns on liquor ads.

The ad code of the National Association of Broadcasters is explicit: "Advertising of hard liquor (hard spirits) is not acceptable."

The NAB represents the three major networks and 409 member TV stations—two thirds of the 611 TV stations in the country.

No Smoking Here!

Almost the entire smoking population of the Staffordshire village of Langnor, England, agreed to quit for a week.

Only seven of Langnor's estimated 87 tobacco puffers refused to take part in the nicotine-free week run as part of a television program experiment.

The TV film crew also stopped smoking, and even visitors to the village were asked to stub out their butts during the experiment.

The smokeless week television bill of fare was timed to follow the scheduled publication of a report on the effects of cigarette smoking on health by the British Royal College of Physicians.

TV Shows for Kids

Kids do see more ads on television. The broadcasters' code allows 16 minutes of commercials in every hour of children's programs, compared with 10 ad minutes per hour in prime-time adult shows.

By the time the average youngster has finished high school, he has seen 15,000 hours of TV, some 3,700 hours of which are commercials. All this viewing, of course, has to be fitted around approximately 1,100 hours of classroom attendance.

In This NEWS

- ◆ What happens to marijuana in the body? See page 20.
- ◆ Drinking may accentuate a feeling of power. See page 21.
- ◆ A fat person isn't always safer in collisions. See page 22.



San Francisco's users of hallucinogenic drugs can receive help at Dr. Smith's Free Medical Clinic. The clinic deals with the medical, social, and emotional, as well as mental, problems that STP and other such drugs create.

Marijuana Is Persistent; Stays in Body for 3 Days

There is new technical evidence of what happens to marijuana inside the human body.

A Public Health Service research team says it has found marijuana to be a tenaciously persistent drug when taken into the body.

The scientists say their research evokes a concept that, for better or for worse, the human body may become more and more sensitive to "pot"—both psychologically and physically—with long-term use.

Major new findings concerning the drug—estimated to be used to some degree by up to 20 million Americans alone—were that:

1. The major active ingredient of marijuana persists in the bloodstream for more than three days after a given dose—long after the disappearance of the euphoric feeling that usually fades after three hours. Meanwhile, some of the master chemical presumably seeps into various tissues, including the brain and lungs, the scientists say.

2. Chemical breakdown products of the major ingredient persist within the body for up to more than eight days before being released as waste products.

3. The long duration of these chemicals inside the body—a phenomenon they term surprising—indicates that the drug and its by-products actually accumulate in tissues with chronic use. That is, some of a given dose may still be potentially active inside the body at the time of subsequent intakes.

And this, in turn, may partially explain the strange phenomenon of "reverse tolerance," long seen in chronic users who appear to get more and more psychological effects with each additional intake of the same dose of marijuana.

The team's experiments—the first of their kind conducted with human subjects—involved injecting a recently developed synthetic "THC," the major active ingredient of marijuana, into the bloodstream of three young nonusers of marijuana.

The dose, equivalent to one tenth of that acquired from smoking a single marijuana cigarette, was tagged with a radioactive isotope so that the chemical could be followed through the body.

The scientists say there is a possibility that the chemical—technically known as "delta-9-tetrahydrocannabinol"—may tend to accumulate most highly in lung tissues.

And they add: "If, indeed, THC is found in the lungs, then this would be even more significant since inhalation is the usual route of administration."

Dr. Irwin J. Kopin, one of the team, stresses that the experiment in itself casts "absolutely no light" on the controversy as to whether marijuana, a drug used by man since at least 2,000 years before Christ, is harmful to humans.

Indeed, he says, the new findings may represent only a very early step "in a series of 10,000 steps that may have to be taken before we know the mechanism of action of marijuana in men."

Cohen: About 10 Percent of Americans Have Smoked Pot

Nearly one in every 10 Americans has smoked marijuana at least once, according to Dr. Sidney Cohen, one of the world's top authorities on the drug.

He says that only a very small percentage of them, probably fewer than 1 percent, moves on to "hard" drugs like heroin.

Dr. Cohen estimates that 20 million Americans have tried marijuana, but that only about 200,000 have used heroin.

"However, there is one group at risk," he said. "These are the pot-heads, the regular users, those who are on marijuana steadily and stoned all day. From 5 to 10 percent of these go on to psychotropic drugs, amphetamines, and heroin. And a few of these get hooked on heroin."

Dr. Cohen reports these physical reactions to marijuana:

—Ability to estimate time falls off sharply.

—Immediate recall is faulty. Marijuana users may have trouble remembering what they have just done or said.

—There are no "expert users" of marijuana so finely attuned to the drug that they can tell "what side of the hill the weed was grown on."

Tests have shown that the so-called experts can be fooled by a placebo.

Dr. Cohen, now at the University of California, is deeply concerned about the use of amphetamines—the powerful pep pills like "speed."

They can produce true physical addiction, he says: Users can develop paranoia, with its hysterical suspicion, rejection, and grandiosity. They may also undergo brain cell changes.

He cautions against use of amphetamines for weight reduction. There is no evidence that they curb appetite beyond a couple of weeks, because tolerance builds up and they no longer affect the appetite regulator in the brain.

He that is good at making excuses is seldom good for anything else.—Benjamin Franklin.

Smoke, Smoke, Smoke

Cigarette sales increased 2 percent in 1970, but on an individual brand basis the gains were modest for the most part. Some once-dominant brands, meanwhile, continued to plummet downward, according to the annual cigarette brand study in "Business Week."

Total sales amounted to 521 billion cigarettes, up from 510.5 billion but still behind the industry's record 528 billion for 1967.

The sales boost for the year, said "Business Week," came as a result of a "last gasp marketing effort" put on by the industry as it faced the January 1 ban on TV and radio advertising.

Cigarette spending on TV was off last year's pace by \$10,000,000 for the first nine months, but a spending spree in the fourth quarter equaled a 1969 fourth quarter push as the tobacco makers decided to go off broadcast in a blaze of glory.

The industry's fourth quarter spending pushed the year-end total to \$190,000,000, about 5 percent below 1969's total of \$201,800,000.

The industry rebounded from the bottom, "Business Week" quoted one tobacco executive as saying. Barring more bad news from the medical world or new promotional restrictions, said the magazine, industry executives are looking for sales to stabilize. They cite the increasing numbers of people of smoking age as a point favoring steady but slow increases.

Warning!

Laboratory rats fed only enriched bread died of starvation. Somebody had to say it eventually: Food can be hazardous to your health.



Firstborns and Stress

Firstborn children may be more susceptible to stress than children born later, according to a study by Dr. Jonathan Weiss, associate professor of psychology at Yeshiva University.

Subjects in the study were exposed to four stress conditions: tones, electric shocks, simple arithmetic problems, and arithmetic problems followed by criticism such as "Maybe you should do your homework more." During the periods of stress their heart rates were continuously monitored.

The findings indicated that heart rates were significantly higher for firstborn children under these conditions, and even under resting conditions.

Dr. Weiss suggested that "parents may be more demanding of, and anxious about, their firstborns for a number of reasons, not the least of which is that the firstborn is the means of continuing his parents' identities."

Pollutants Affect Children

Pollutants, by upsetting normal brain chemistry, may lead to behavioral changes in unborn children by inducing either aggressiveness or docility.

Dr. Alexander C. Karczmar, chairman of pharmacology at Loyola University Medical Center in Chicago, reports experiments in which pregnant mice were exposed to low dosages of DDT or sulfur.

After birth, mice whose mothers had been exposed to DDT were found to be less aggressive than normal mice. Those whose mothers were contaminated by sulfur, preliminary data indicate, were significantly more aggressive.



Overcrowded Tokyo, Japan, is faced with the problems of congestion and pollution. One possible solution might be Toyota's test-produced electric midget car, ideal for shopping and commuting in traffic-jammed urban areas.



"John, your drinking worries me! I don't know who to call, the doctor or the plumber."

Heavy Drinking Increases S- and P-power Thoughts

The social drinker thinks that drinking can be joyous and exhilarating, but the drunk at the party may have another motivation.

"The excessive drinker," says Dr. David C. McClelland of Harvard University, "is the man with an excessive need for personal power who has chosen drinking as the way to accentuate his feeling of power."

According to an article in "Psychology Today," on "The Power of Positive Drinking," Dr. McClelland reports that, as men drink, their thoughts of power increase. He found no substantiation for "the widely held belief that drinking is accompanied by oral gratification or dependency fantasies. Nor did anxiety fantasies decrease after small amounts of drinking. It took five or six drinks to reduce anxiety thoughts significantly."

Dr. McClelland states, "What did increase regularly with drinking were power thoughts—thoughts of having impact on others, of aggression, of sexual conquest, of being big, strong, and influential."

It became apparent, Dr. McClelland says, that power thoughts took two forms: s-power, or the social desire to have power to help others; and p-power, the desire for power to dominate others.

In studies of university fraternity men, Dr. McClelland noted: "After two or three cocktails, s-power thoughts predominate in one's fantasies. A person thinks more about power but in a relatively controlled way. After heavier drinking, say six cocktails, fear-anxiety thoughts decrease and so do thoughts about time (being on time, worry over being late, et cetera)."

Dr. McClelland says: "We take this to mean that the person is be-

coming less reality oriented and less inhibited, but this effect appears only after fairly heavy drinking. As one becomes less inhibited, a less controlled type of power concern dominates his thinking: s-power thoughts drop and p-power thoughts predominate."

NYC Narcotics Deaths At Record Level—1,050

About 1,050 people died in New York City from narcotics-related causes last year—the most in a single year in the city's history.

About half of those were under the age of 23, and 215 were 19 or under. Narcotics, chiefly heroin, remained the leading cause of death in the city in the 15-to-35 age group.

Heroin, in one way or another, accounted for about 90 percent of the narcotics-related deaths.

Of the total, about 80 percent died from an acute reaction to an overdose. Ten percent died from such heroin-related diseases as tetanus, hepatitis, and bacterial endocarditis, the inflammation of the serous membrane that lines the cavities of the heart.

The remaining 10 percent died from violence connected with addiction—gunshot and knife wounds from fights between addicts and pushers, fights among addicts, and from action on the part of the police and shopkeepers while addicts were committing crimes.

The youngest person to die in the city from drugs last year was 13.

The statistics do not include those who died from barbiturates, amphetamines, and cocaine, but do include those who died from methadone, morphine, and codeine abuse.

Graft Supports Drug Traffic, Says Warren

No one has yet succeeded in stopping—or even slowing—the illegal drug traffic in the United States.

Over the past five years the Los Angeles Police Department has doubled the number of officers assigned to narcotics. In 1969 "Operation Intercept" virtually closed down the Mexican border to drug traffic. Recently, everyone from President Nixon and J. Edgar Hoover to the president of every local PTA has spoken out against the evils of drugs—all to no avail.

The amount of drug traffic in the United States—in heroin, marijuana, amphetamines—continues to increase, and the amount of drug-related crime—petty thievery, mugging, and shoplifting—grows daily.

According to former Chief Justice Earl Warren, "The narcotics traffic of today which is destroying the equilibrium of our society could never be as pervasive and as open as it is unless there was connivance between authorities and criminals."

Warren declares: "We can never make a dent in the narcotics traffic until we can ferret out and sequester those who are at the top of this horrible crime against society and also those who are protecting it."

"Practically all we see by way of law enforcement is the arrest of an unfortunate user, a neighborhood 'pusher' who in all probability is himself a user, and the occasional confiscation of a cache of narcotics which is infinitesimal in the context of the traffic." Really important arrests, he says, are few and far between.

"It is my firm belief," Warren continues, "that organized crime can never exist to any marked degree in any large community unless one or more of the law enforcement agencies have been corrupted. This is a harsh statement, but I know that close scrutiny of conditions wherever such crime exists will show that it is protected."



President Nixon (background) watches a demonstration by the Customs Bureau of the use of dogs in detecting hidden marijuana. The dogs are used at the U.S. borders to intercept drug traffic.

WHAT WHERE WHY WHO WHO? HOW WHEN WHAT

- Drunk drivers in Charleston, West Virginia, go to school instead of jail. Convicted drunken drivers sit through a 10-hour course and learn at exhaustive length why police consider them to be menaces. Statistics on driving fatalities, scientific analysis of the effects of intoxicated driving, and descriptions of the symptoms of alcoholism are included in the course. (UPI)

- Major Federal agencies concerned with health have ordered their doctors and hospitals to stop using drugs declared ineffective by the Food and Drug Administration. The ruling includes drugs rated "possibly effective" in addition to those declared ineffective. (The New York "Times")

- According to New Mexico law, if you want to drink a beer at a tavern on Sunday, you have to get state permission and pay in advance. (UPI)

- America's wine consumption has increased about 60 percent in 10 years, while drinking of "sparkling" wines (Burgundy, champagne) has increased more than 400 percent. A decade ago, U.S. consumption of wine totaled 163.4 million gallons, or 1.5 gallons per adult per year. By 1969, U.S. consumption totaled 235.6 million gallons, or 1.95 gallons per adult.

Ten years ago U.S. consumption of sparkling wines totaled 4.32 million gallons. By 1969, this total was up to 16.1 million gallons. And for 1970, sparkling wine consumption may have totaled 19.2 million gallons. (Scripps-Howard)

- Country-western singer Roger Miller says illicit drugs sent his career into decline and helped sink his television show. Only after his performances fell below par, his ability to concentrate declined, and his attitudes toward people began to worsen, Miller says, did he realize "you can't function with pills—you're fooling yourself." "I don't have any great message for anybody," he says. "Just don't get involved with pills." (AP)

- The United States military command has undertaken a program to combat drug abuse among American forces in Vietnam. It is estimated that more than 65,000 G.I.'s were involved in drug abuse during 1970, including more than 11,000 apprehended or investigated. Drug violations included use or possession of marijuana, use or possession of such "dangerous" drugs as amphetamines, barbiturates, or LSD, and use or possession of narcotics, mostly heroin or opium.

The Army also reported that during the first 10½ months of 1970, there were 25 confirmed drug deaths among Americans in South Vietnam, 64 fatalities in which drugs were suspected, and more than 700 related hospital cases. (AP)

ARE YOU PUZZLED?

Ship Ahoy!

Alan A. Brown

All aboard! But what kind of boat are you going to board? Well, that depends on where you are and what you plan to do. There are different boats, to do different jobs, in different parts of the world—as indicated by this quiz. If you do well with these questions, you'll have earned your sea-legs. Can you match the columns correctly?

Which boat would you use:

- | | |
|--|------------|
| 1. to go rowing on the Bosphorus? | a. felucca |
| 2. to transport coal? | b. caique |
| 3. to ride the canals of Venice? | c. junk |
| 4. for logging? | d. baggala |
| 5. to go sailing on the Mediterranean? | e. kayak |
| 6. to cruise in Chinese waters? | f. collier |
| 7. to go hunting with the Eskimos? | g. smack |
| 8. for fishing? | h. wanigan |
| 9. for trading in the Indian Ocean? | i. scow |
| 10. to transport refuse? | j. gondola |

Portrait of a Pusher

The average drug seller is young, white, uses drugs himself, considers himself honest and friendly, and doesn't regard himself as a criminal, says Dr. Richard Blum of Stanford University's Institute for Public Policy Analysis.

Most pushers got their start on alcohol in their teens, became heavy smokers of both tobacco and marijuana before their mid-20's, and had used narcotics by the same age, his research showed.

Almost all had begun illicit drug use in their teens, receiving the drug from a friend or acquaintance the first time, Blum explains.

He says most of the user-pushers said they were nervous before their

first try at drugs, but the majority said that by the time of their first sale they were no longer nervous about arrest.

Blum says that only about 10 percent said they felt guilty about drugs, but as they continued selling drugs, they became worried about some of the consequences.

"After an average of four years' dealing, plus the preceding use period," Blum says, "40 percent are now worried about being dependent or addicted; two thirds told of changes they had witnessed in other dealers, which had included addiction, death, criminalization, social alienation, drug obsessionalism, and other pathological personality developments."

Blum says most dealers he interviewed didn't consider themselves criminals.

Most of the dealers, who ranged in age from 19 to 35, were from families with no criminal histories.

About one quarter said at least one parent was an alcoholic, and about 25 percent had "very serious" psychiatric problems.

DOT and HEW Combine to Curb Alcoholism

Two Government departments directly concerned with curbing chronic drinker-drivers and the treatment of alcoholism plan to combine their resources.

Secretary of Transportation John A. Volpe and Secretary of Health, Education, and Welfare Elliot L. Richardson say that they have signed an interagency alcohol safety countermeasures agreement. It reemphasizes to the American public the danger inherent in drinking and driving, and the menace posed by the heavy use of alcohol in relationship to personal health.

"The American public is concerned about crime in the streets," Secretary Volpe says, "but often fails to recognize the greater problem in terms of death and injury produced by crime on our roads—the crime of drunk driving."

The Traffic Safety Administration estimates that some 50 percent of all traffic fatalities are casually related to alcohol overuse."

Facts of Alaskan Life

Alcohol abuse is an unhappy fact of life in Anchorage, Alaska. Well over 50 percent of arrests are for drunkenness in public, and approximately 80 percent of all court cases are, in some degree, related to alcoholism.

Public health nurses claim that alcoholism is the culprit in about 50 percent of their contacts. Well over half of all highway accidents are directly related to alcohol. And of 83 recent aircraft accidents, 52 were directly alcohol-related.

ANSWERS:

1-10: d-p-g-i-b-8
11-20: f-a-e-h-j-c

Fat Is No Protection

Robert Cooke

Enterprise Science Service

Fellows who excuse their own obesity by claiming it comes in handy when colliding with things can no longer fall back on that overweight notion.

Statistics indicate that it's those relatively unpadding, thin lads who truly have the edge on survival in a serious automobile accident.

That is, if that thin man doesn't happen to be sitting in front of a fat guy who forgot to hook his seatbelt.

These appear to be the major conclusions emerging from a statistical study of injuries suffered in a series of collisions that occurred in Los Angeles from 1962 to 1969. The study was done by Dr. Alan Nahum of the UCLA Medical School, Dr. Samuel H. Brooks of the university's School of Public Health, and Arnold Siegel of the College of Engineering.

The researchers report that the difference in injury rates for heavy and light people seems to be the mere factor of weight, since the

heavier person tends to collide with objects inside the car with more force.

They add, however, that age also appears to be a factor, probably because the older folks' bones are more brittle. Their injuries, Dr. Nahum says, tend to be generally more severe.

And short fellows?

They too, Dr. Nahum adds, have characteristic problems in accidents. He reports that short drivers tend to be hurt because their faces smash into steering wheels, while taller drivers usually avoid facial injury because their heads are higher and miss banging into the steering wheel.

Dr. Nahum's statistics also show that the occupants of later model cars tend to be safer, indicating that more thought given to safety in automobile design does pay off. This advantage tends to disappear, however, he says, as speed increases. His recommendation: "We need design innovations for more safety at higher speeds."

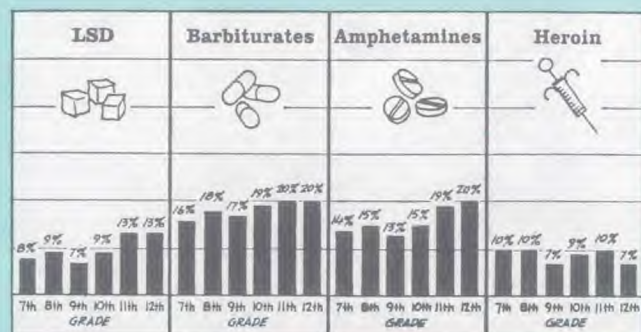
High School Use of Drugs

Alcohol is the most popular drug among high school students, according to this survey by the Pennsylvania Health Department. The reason for the high percentage of users of cigarettes and alcohol is probably that both items are easily available, relatively cheap, socially approved, and, since sold legally, presumed to be harmless.

Urban areas have the highest percentage of high use respondents,

40.4 percent. In rural areas only 26.1 percent of the students reported use of one or more of the eight drugs covered by the survey. In the suburbs the rate was 31.4 percent.

At the socioeconomic levels the percentage of high use respondents was as follows: Upper/upper, 17.6; lower/upper, 34.3; upper/middle, 28.1; upper/lower, 8.8; and lower/lower, 18.8.



HONEST!

There IS a Safe Hallucinogenic Trip

This is not a hoax.

A safe method of hallucinogenic tripping has been found at last. It presents no threat to the well-being of either the mind or the body. It is, in fact, recommended by nearly all leading authorities. Psychologists tell us that those who use this method can thereby help relieve their anxieties and hang-ups.

For those who are already speculating on the nature of this method, let me announce: It is not yoga or self-hypnosis. It is nothing that requires any degree of study. It is, as I have said, safe, carefree tripping.

Unlike most methods, it will not be a letdown to the user. Many users of LSD and related drugs expect to be transported spiritually to strange hallucinogenic worlds via their methods. Often, however, all they experience is a distortion of their thinking processes.

With our method, there is no such rip off of the user. We guarantee that he will hallucinate eventually, and we guarantee furthermore that his hallucinations will be as real, if not more so, than those induced by LSD. "Bad trips" do occur occasionally, but with our method it is far easier to break loose from them.

T. CASEY BRENNAN

I personally have used this method hundreds of times. I intend to use it again tonight. It is my contention that God and nature intended for us to hallucinate in this manner, and that LSD is only a most inadequate artificial substitute for it.

The hallucinations can be vividly real, and often are. The user may find himself reliving some scene from his past. He may find himself on a strange world, or floating in space. He may meet with awesome beings.

After taking such a hallucinogenic journey, the user often finds that he views life in terms far different from those he knew before his experience. I have found that it is of invaluable assistance in making important decisions.

It is almost always beneficial. And, although you may not be aware of it, it is being used now in hospitals, psychiatric wards, nursing homes, and even prisons. Rumor has it that the Armed Services will look the other way and allow its use from time to time.

Use it. It is a key that will unlock a brilliant world of fantasy for you. Use it often. You cannot help but benefit.

Perhaps the greatest advantage is that this method does not need to be purchased from criminals or pushers. It is absolutely free to all. You may use it in secrecy (in fact, this is the usual method), and you may use it in the privacy of your own home.

It is especially recommended for small children. Parents should see that their children use it even more often than they do.

Now, I'm sure you all would like to know how you can take advantage of this wonderful, enlightening experience.

The key to this fantastic world is—

Sleep.

Sleep and dream.

Peacefully.

And safely.

Sleep well, knowing that this method is the only real way to get away from it all at the end of a day's work. It is the safe hallucinogenic trip that God in His wisdom provided for us.

LISTEN Makes a Difference!



M. CORNIOLO

Listen magazine is a refreshing change.

You hear a lot these days about not smoking and drinking and staying clear of narcotics. And you get tired of it—the same old story from the pulpit, the classroom, and at home.

Listen talks about smoking, drinking, and narcotics, too. But *Listen* doesn't preach. Rather, this colorful magazine supplies facts of real interest and future value. And *Listen* lets America's lively people do the talking.

Such people as a doctor who works with dope addicts, an educator who runs a ranch for delinquent boys, a teen-age beauty queen who won't touch liquor or cigarettes. Others include entertainers, sports stars, and political leaders.

Who cares about *Listen*?

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