

Life and

HEALTH

THE NATIONAL HEALTH JOURNAL

MEDICINE ON THE MARCH

You and Your Food
SHIP WITH A HEART

JULY 1952



Choplets

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With Choplets on hand, you are ready for "good eating" any time. Choplets are high favorites when your youngsters bring "the gang" in for a snack . . . when you invite friends over for a picnic supper . . . or when you serve family and guests a full-course dinner! Choplets are tender, juicy slices of protein-rich, meatlike nourishment—packed in wholesome broth that makes wonderful gravy.

Worthington Foods, Inc.

Worthington, Ohio



CHOPLETS IN SWISS GRAVY

Recipe of the Month

INGREDIENTS—PART A

- 1 can CHOPLETS, 14 oz.
- 2 cups tomato juice
- 2 tbs. flour
- Breading meal

INGREDIENTS—PART B

- 1 medium onion (sliced)
- 1/4 cup celery (diced)
- 1/4 cup green sweet pepper (diced)
- 1 tbs. cooking oil or shortening
- 1 tsp. sugar
- Salt and seasonings as desired

Saute ingredients listed under Part B. Add flour and blend. Add tomato juice and simmer slowly until vegetables are cooked. While sauce is simmering, dip Choplets in breading meal and fry until golden brown. Place Choplets in baking pan or dish, cover with sauce, and heat in moderate oven for 10 minutes. Serves 4 or 5.

NOTE: More onion or other vegetables may be used if desired.

Choplets is the Registered Trade-Mark of Worthington Foods, Inc.



Life and
HEALTH
88th YEAR OF PUBLICATION

25¢ U.S.

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July, 1952

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SUBSCRIPTION PRICES:
U.S. and possessions, 1 year, \$2.75; 2 years, \$5.25; 3 years, \$7.50. Higher in Canada and foreign countries. All subscriptions must be paid for in advance. Single copy, 25 cents, U.S.

CHANGE OF ADDRESS: Send to **LIFE AND HEALTH, Washington 12, D.C.**, at least 30 days prior to the date of the issue with which it is to take effect. Send old address with the new, enclosing if possible your address label.

Which Article?

BECAUSE the editor of **LIFE & HEALTH** wants to give you the fullest degree of health and reading enjoyment possible, you are invited to comment on articles appearing this month.

Which one took your fancy? Did you take exception to something you read? Jot us a note or postcard NOW—address:

READERS' PULSE
LIFE & HEALTH
Washington 12, D.C.

This is your column! Make it a lively one—chock full of new ideas, queries, and comments. We even stick our chin out—ask for criticism too.

We're taking your pulse, to be sure our circulation is good . . . so we'll be looking for your letter among our heart-to-heart "Letters to the Editor." Make **LIFE & HEALTH** your magazine.

THE JULY COVER



Color Photo by Cy La Tour

O to be a child again! Adaptable to every season, having fun with the simplest tools. Barefoot, a twig, a piece of string, a crooked pin, a can of worms—and he's a fisherman.

Whether he catches a fish or not is unimportant. The essential is that he is in the great out-of-doors relaxed and losing himself in the kindly arms of Mother Nature.

Let us who are older and cumbered with the cares of life learn to relax like this child, in the out-of-doors. There is health in sunshine and fresh air.

Get your
proteins
cheaper



for
nutrition
and
economy
"Steaks"
are
unbeatable



"Steaks"

MANY HOUSEWIVES REPORT
THAT 'STEAKS' TASTE
BETTER THAN MEAT!!

A vegetable product, packed in an
appetizing sauce . . . hailed by
many dietitians for its nutritive
value, satisfying taste and eco-
nomical cost.

THE BATTLE CREEK FOOD COMPANY
BATTLE CREEK 21, MICHIGAN



LETTERS TO THE EDITOR

"MR. HOT SHOPPE"

DEAR EDITOR:

Thank you for LIFE & HEALTH. I read the March issue and found it very interesting and beneficial. . . . You have a very fine magazine that will give considerable aid to your many readers.

Best wishes for your continued success. Incidentally, I hope you will enjoy our Hot Shoppes and that we can make some contribution to your kind of health program.

J. WILLARD MARRIOTT, President,
Hot Shoppes, Inc.
Washington, D.C.

LIFE & HEALTH DISAPPEARS

DEAR EDITOR:

It is strange how LIFE & HEALTH disappears from my office! During the past six months five copies were appropriated by my patients. I have several other magazines, but none of these ever seem to disappear—only LIFE & HEALTH.

Naturally I am glad to see these patients take the magazines, for I know they will learn a better way of life through the material to which they are exposing themselves.

Don't forget to renew my subscription for next year!

BRUCE A. SANDERSON, M.D.
San Diego, California

EYE CATCHING AND SOOTHING

DEAR EDITOR:

I want to tell you I found your magazine readable, eye catching, and soothing. I say "soothing" because in reading Mother's Counselor I found Dr. Comstock easing the mind of a mom whose boy, four, sucks his thumb. That was just what I needed. My son, although only two, finds solace with a blanket and his left thumb. But I won't start worrying for a couple of years.

Your magazine's color work, I believe, is outstanding, particularly on the covers of the issues I saw. Your photography, type choice, and writing make for an interesting publication.

OWEN E. GRINDE, LT., U.S.N.
Director Public Information
Western Sea Frontier
San Francisco, California

★ Reader Grinde is a former city editor of a Montana newspaper, now in the Naval Reserve.—ED.

HUBBY HARMONY

DEAR EDITOR:

My husband was very much against my subscribing to your magazine LIFE & HEALTH, but much to my surprise he was the first to read it upon its arrival. After reading it he apologized for calling it "just another magazine" and admitted that it contains valuable information he had never known.

We've covered every article in it, and believe you me we can't wait for our next copy.

MRS. MARY C. MOLINA
Hawaii

★ Happy homes have hubbies reading LIFE & HEALTH too, Mrs. Molina. Ours is a family magazine, and 30% of our readers are men.—ED.

CANADIAN BLIND READER

DEAR EDITOR:

Please continue to send me LIFE & HEALTH. I like it very much. It is always wonderful to me to think that we Canadians are privileged to receive magazines from the U.S. on the same arrangements as those for American readers. I surely appreciate this.

I am totally blind and 54 years old.
MRS. ELORA SCOTT
Canada

★ We are happy to send LIFE & HEALTH, free of charge, to our blind readers. If you have a Braille-reading blind friend who would like to receive our magazine, send his name and address to:

LIFE & HEALTH Braille Edition
3705 South 48th Street
Lincoln 6, Nebraska.—ED.

"RELEASE OF MIND"

DEAR EDITOR:

I am writing to let you know how much I enjoyed reading the February LIFE & HEALTH. All the articles were very good, but the three outstanding ones were Dr. Mossadegh's, "How I Keep Going!"; Fenton E. Froom's, "Release of Mind"; Dr. Henriksen's, "The Golden Rule." Many people are sick mentally and think they are physically ill.

BETTY V. JONES
San Francisco, California

★ "Time" magazine also liked Premier Mossadegh's thought. See "Time," February 4, page 33.—ED.

IN MY DOCTOR'S OFFICE

DEAR EDITOR:

I certainly do enjoy LIFE & HEALTH—I am so glad I read it in my doctor's office and became acquainted with it. Now I've subscribed I find so many interesting, worth-while articles in your magazine.

ELIZABETH DAWS STURNS
Denver, Colorado

March of Medicine



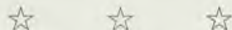
Sex Hormones for Well-being

Although the fountain of youth remains undiscovered, the skillful use of sex hormones is giving many an elderly person a new lease on life. These hormones overcome some of the key physical deficiencies that develop with advancing years. At the Second International Gynecological Congress, held in St. Louis, Doctors Betty McDonald Caldwell, Robert I. Watson, William B. Counts, and William H. Masters, all of Washington University, told how female sex hormones improved vigor, initiative, and social receptiveness in aged women. The patients usually said they felt better after sex hormones had been administered. But the question is, How much better? In tests given 30 women, whose average age was slightly more than 76, investigators found that "many favorable psychological benefits accrued as the result of the administration of sex hormones." Treatment for a year had resulted more strikingly than treatment for six months.



Krebiozen No Cancer Cure

When a group of hopeful Chicago doctors came out over a year ago with a white powder called Krebiozen and advocated it as a cure for cancer, the A.M.A.'s committee on research cocked a critical eye, in its own investigation of Krebiozen on 100 patients. When the report was in, it was found that only two patients showed improvement, 98 got no benefit, 44 died. The A.M.A. conclusion quite naturally was that Krebiozen is no cancer cure.



Your Mind and the Moon

Your emotional food may be moored in the moon, says Dr. Leonard J. Ravitz, psychiatrist of Duke University. And to prove that our ancestors thought mental states were linked with the cosmic, just look at the dictionary and look up the word *lunatic*, which indicates what they thought about the danger of sleeping in moonlight.

At a recent Center Medical Association meeting Dr. Ravitz stated that emotional disturbances can actually be measured electrically, and had been found to coincide with "cosmic events." Each human being, scientists have long known, operates somewhat like a radio set, generating electrical waves. And in measuring these "electrical potentials" Dr. Ravitz spent two years comparing insane and

normal persons. In plotting the day-by-day results he found that changes in mental moods coincide not only with phases of the sun and moon but also with the seasons.

For example, he found that there is more unrest in psychiatric wards of Duke Hospital and the Veterans' Hospital, Roanoke, Virginia, during periods of the new and full moon than at other times. And psychotics, or lunatics as some may call them, are more emotionally upset during the spring and winter new and full moons than at other times.

On this basis Dr. Ravitz measured one patient's moods and predicted his behavior for the rest of the year according to activities of stellar bodies.

It is interesting to note that the sun,



moon, and stars and their activities have been held responsible for wars, plagues, earthquakes, and cataclysms in general, as well as for lunacy.

Many an obstetrical delivery-room nurse will tell you that she has little doubt but that the moon regulates the flow of her business. For new and full moons invariably bring an influx of new mothers into the labor rooms and new babies into the nursery, to say nothing of the effect that new and full moons have on the romantic heartbeats of teen-agers.

So if you are feeling bad about now, look to the moon. If it's dark, cheer up, for when a new or full moon shines forth you may be in a better mental mood.



Hormones and Cancer

Women in the menopause no longer need fear to take estrogenic hormones to cushion their hot flashes and jitteriness, says Dr. Walter C. Alvarez, editor of *Modern Medicine* and formerly of the Mayo Clinic. In a recent editorial he comments that although some investigators accidentally produced or discovered cancer in a mouse that had been given large

amounts of estrogenic hormones for almost its entire lifetime, he quickly assures us that a woman receiving only tiny doses of the hormone for only a small fraction of her life would have only the remotest possibility of developing cancer. In fact, some research has shown that the hormone, when given to certain experimental flies and animals, actually prevents the development of cancerous tumors.

And Dr. L. Emge, of Stanford University School of Medicine, who has spent much of his life doing research in cancer in women, has no patience with the idea that estrogens should not be given to menopausal women. He knows of no good evidence to support the idea.

Modern scientists now feel that the estrogenic hormone when given under a doctor's observation is the best way to soften the disagreeable symptoms of the menopause and now has no possibility of causing cancer.



Electric Shock Therapy Safe

The use of electroshock therapy for psychiatric and depressed patients has stood the test of time, according to Dr. Theodore R. Robie, who writes in the *American Journal of Psychiatry* that "the rationale for using electroshock therapy is established on a solid, uncontradictable footing," and has been used by hundreds of psychiatrists on literally thousands of patients with excellent results.

In fact, electric shock can be lifesaving when the psychiatrist is treating a suicidal patient, who is intent on taking his own life. These patients, who are in deep melancholia, should be treated immediately with electrotonic therapy, says Dr. Robie. When they are treated this way electroshock is actually comparable to lifesaving emergency surgery. And, says Dr. Robie, the primary aim of physicians is to help the sick attain health. American psychiatrists, who now endorse electroshock in the proportion of four to one, are convinced it accomplishes this end, and electric shock is no longer on trial.

Manic depressive patients have been treated over long periods of time with no bad effects, according to Dr. Joseph Wortis, who reports in the *American Journal of Psychiatry* of 13 manic depressive patients who were given monthly treatments for five years and had no recurrence of their illness.

Another group of patients who have certain functional symptoms in the presence of organic brain disease can effectively be treated with electric shock without danger.

Meantime, Dr. J. E. Meyer points out that one of the beauties of electroshock is the wiping out of recent memories and as it were sweeping the cobwebs from the brain, rerouting the thinking patterns to more nearly normal paths.

Electric shock is now effectively used in patients having menopausal depression, schizophrenia, manic and depressive states, suicidal melancholia, and some functional depressions.

What Makes a Good Doctor Good?

TODAY we hear a lot about the fading out of the old-fashioned family doctor. In his place people are finding a new, streamlined medical man, more skilled, better trained, having more wonder drugs, and with better hospitals to work in. But the complaint is that the new medico is more financier than friend, more surgeon than soother, more science than art, more speed than sympathy.

Before you look critically at today's doctor, let's see what makes a good doctor good. And while many Americans are thinking of upsetting the entire plan of medical care in this country and threatening to make an even more streamlined, cold, assembly-line doctor, regulated and paid by the Government, let us see if the family doctor of today is really such a cool, calculating character as some say.

People like to hark back to the horse-and-buggy days and think of their country doctor. He was a dear old bespectacled man, with open vest, pocket watch, and loose tie, and usually sat leisurely at a roll-top desk littered with papers, its cubbyholes bulging with dog-eared letters, envelopes, or prescription slips. Of course what they like to think of most pleasantly are those unpaid bills, or the bills still in the bottom drawer, which the good doctor never quite found time to send.

They see the beloved doctor leaning over a little lad holding a toy sailboat, and the doctor listens intently, then leans back in his rickety swivel chair to enjoy a talk about boats with little Johnny—just as interested in Johnny and his boat as he is in Johnny's heart.

Now, although we all like to look back affectionately upon the country doctor, I doubt that any of us would want to exchange places with his patients and give up modern medical advances. Scientific advances have saved the lives of countless infants, lengthened your life (in 1852 the life span was 40 years; in 1900 only 49; but today it is 68 years), shortened your periods of illness, and added new hope to hundreds of victims afflicted with acute and chronic diseases.

It is true that the doctor practicing in the slow-moving 90's did a lot of good with his elixir of sulphur and molasses, but only because it was dispensed lib-

erally with what makes a good doctor *good*—*love*. The warm admiration, deep-down devotion, and strong confidence the doctor had for his patient many times did much to bring him back to health.

Few of us would exchange the advances of modern medicine for horse-and-buggy medicine or would want to give up the doctor who has a sincere love for us and personal interest in our case.

Human nature has not changed just because we have moved into the twentieth century. Today's doctor has the same deep-down love for his patients that Grandfather M.D. had in the 90's. He may speed to your home a lot faster in a sleek Mercury, arriving a few minutes after your telephone call, but he tumbles out of a warm, cozy bed at the chill hour of midnight just as willingly as Grandpa M.D. did. Why? Because he has the same love for his patients. Today's medico may operate in a gleaming white operating room, with a trained anesthetist at hand to softly put you to sleep before your surgery, but he has the same intense interest in your safety and welfare that Grandpa M.D. had—only more so. For he has at his finger tips more modern equipment, greater skill, and newer drugs. But beating in his heart is the same love for you and your welfare that Grandpa had.

However, I'm just like you. If I had to choose between a doctor who had all the modern skills, drugs, and instruments but who lacked that priceless ingredient—love and personal interest—I'd like to go back to the 90's too. Fortunately, though, you and I can claim all these modern advances plus a family doctor who inspires confidence by his love and personal devotion. So really now, isn't it pretty wonderful to be living in the twentieth century and have a doctor skilled in up-to-the-minute medicine, who also has a love in his heart for his fellow man?

Times may change, but doctors' hearts never!

Yours for better health,

J. Hewitt Fox, M.D.



PROFILES of Our Contributors



Louis H. Bauer, M.D. ("Medicine on the March," page 8), is president of the American Medical Association and secretary-general of the World Medical Association, as well as an active doctor in his specialty of internal medicine in Hempstead, New York.

Born in Boston, Dr. Bauer was educated at Harvard, where he received his M.D. *cum laude*. After his internship he entered the Army Medical Corps, and ended up as honor graduate of the School of Aviation Medicine and the Army War College. He is now a colonel, U.S.A., retired. Active in aero medicine, he is the first medical director of the Civil Aeronautics Administration and is a former president of the Aero Medical Association.

He is also editor in chief of the *Journal of Aviation Medicine*.

He says his own private life is pretty hectic, with his trying to divide his interest between private practice and his many active appointments in the realm of political medicine with the A.M.A. and W.M.A. A world traveler of renown, he recently returned from a trip to Europe.

Dr. Bauer's special interest is in the field of heart disease. He is a consulting cardiologist at ten hospitals in Nassau County and New York City.

Dr. Bauer is an indefatigable writer, having authored the first textbook on aviation medicine, in 1926, and written numerous articles on aviation medicine, heart disease, and medical economics for medical journals. Dr. Bauer and his charming wife, Margaret Louise, have two children, a son and a daughter, both married. They also belong to the Royal Order of Silly Old Grandparents, for they now have three grandchildren to dote on.



William Travis Gibb, Jr., M.D. ("Living With Your Ulcer," page 14), is a Washington, D.C., specialist in internal medicine. His prime interest is not only looking into people's stomachs with the gastroscope but also into their brains in the hope of promoting smooth digestion. For Dr. Gibb has long since learned that what goes into a man's brain is equally as important as what goes into his stomach when it comes to curing peptic ulcers.

Born in New York City, Dr. Gibb is a graduate of Columbia University, where he played football, hockey, hurled weights for the track team, and dabbled with athletics. His M.D. degree is from Cornell, and he interned at St. Luke's Hospital, New York. He practiced medicine in Manhattan until 1942, when he joined the Navy Medical Corps, and was placed on active duty at the National Naval Medical Center, Bethesda, Maryland. Since he had his family and enjoyed suburban living during this time, he fell in love with Washington and its environs, and has continued to live here since his military service.

Married to a Vassar graduate, Dr. Gibb has three children, a son in the University of Wisconsin, another son a senior at Sidwell Friends School, and a daughter aged 13 attending the same school.

Dr. Gibb does water-color painting, finding this an outlet when things are a little tough. Like most amateur painters he is probably a little too critical of his landscapes. According to Mrs. Gibb, he is quite a handy man around the house, and is fond of cabinetmaking and repairing. He has quite a respectable workshop in his home. His favorite hobby, however, is building scale model ships, which he does not dispose of, so now the house overflows, each mantel crowded with tiny ships in and out of bottles.

Out of doors, Dr. Gibb is not fond of golf, but likes swimming, salt-water sailing, and of course like many doctors his favorite sport is casting a dry fly at a reluctant trout.

In addition to belonging to a number of professional societies, Dr. Gibb is a member of the Civitan International, Society of Colonial Wars, Washington Ship Model Society, and the Kenwood Golf and Country Club.

He drives a four-door Lincoln, enjoys dressing in sport coat and slacks more than in conventional business suits, and

the fact that he is six feet four and tips the scales at 220 indicates that he is fond of eating. But even the most glamorous eating places do not impress him, since he lived for several years in a hotel room and ate all his meals out. Now he is content to enjoy his wife's delicious home cooking, and chafes under any enforced restaurant dining.



EDITOR WINS AWARD

At the recent Atlantic City convention of the American Academy of General Practice, Dr. J. DeWitt Fox, editor of *LIFE & HEALTH*, received one of two \$1,000 cash awards presented by the M & R Laboratories of Columbus, Ohio.

The awards for excellence in medical writing are to be made annually by M & R, but Dr. Fox was the first to receive the award, at this year's meeting, when his article received the highest number of points of any reviewed by the M & R Awards Committee, headed by Dr. Charles McArthur, of Olympia, Washington.

Dr. Fox's article, voted one of the two most significant to appear during the year in *GP*, the official publication of the American Academy of General Practice, an organization of 20,000 family doctors, was entitled "ACTH and Cortisone—Miracle Therapy or Medical Tool?"

Dr. Fox first received word of the award from Mr. Mac Cahal, managing publisher of *GP*, and then went to Atlantic City to accept the award during the convention.

Although best known for his medical writing for the scientific journals and lay health publications, Dr. Fox is also a general practitioner in a Washington suburb and an active member of the Academy.

A second award went to Dr. D. G. Miller, Jr., of Morgantown, Kentucky, for his article in *GP* "Bites and Stings."



Dr. J. DeWitt Fox, *LIFE & HEALTH* editor, receives an engraved plaque and a \$1,000 cash award from the M & R Laboratories for excellence in medical and scientific writing. (See story above.) Pictured (left to right): Richard Ross, vice-president and general manager of M & R; Dr. Charles McArthur, chairman of the Awards Committee; Dr. Fox; and a second writing award winner, Dr. D. G. Miller, Jr.



MEDICINE on the MARCH

LOUIS H. BAUER, M.D.

President, American Medical Association

Mr. and Mrs. America, be glad for the advances made in medicine in this country for the increased health of you and your family!

A GREAT hue and cry has been raised during the past few years about medical care and health in the United States. It will be of interest to readers of this magazine to review briefly what the facts really show.

First of all, health conditions in this country have never been better than they are at present. This is shown by incontestable statistics. Here are some of them.

A baby born in 1900 had a life expectancy of 49 years. In 1900 approximately 120 out of every 1,000 living babies died before reaching one year of age. Today a newborn baby has a life expectancy of 68 years, and in 1948 only 32 out of 1,000 died during the first year of life. Maternal mortality is now 1.2 per 1,000 live births, one fifth of the rate in 1915.

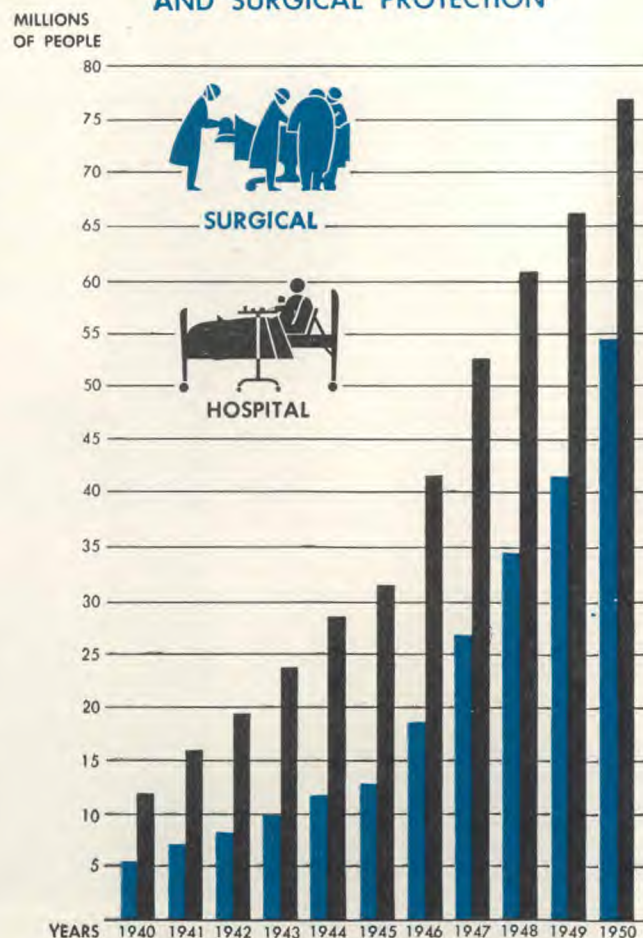
Pneumonia, one of the scourges of past years, is no longer a serious menace. In 1915, 149.6 persons out of 100,000 died from it. With sulfa drugs this rate dropped to 24, and after antibiotics became available the rate dropped still further, to 13.

The general death rate for the population has declined from 17.2 in 1900 to 9.6 in 1950. The death rate from tuberculosis per 100,000 population was 98 in 1921 and in 1950 it was 28. Typhoid fever has become a medical rarity. Diphtheria has nearly disappeared, and deaths from it are unusual. The dread disease meningitis has been brought under control by antibiotics. Other diseases for which there was formerly no specific treatment have responded to the newer antibiotics. Our knowledge of heart disease has increased, and many children born with heart disease, formerly doomed to an early death, may anticipate normal lives, because of the advances in heart surgery.

Because medicine in becoming more scientific has become more complex and therefore more expensive, a great deal has been written and said about medical economics. The cost of medical care, however, has not increased in the same ratio as the general cost of living. But it has become a financial problem.

Prepaid insurance against the costs of medical care has been developed, and undoubtedly is here to stay. The question is whether such insurance should be on

GROWTH IN NUMBER OF PERSONS COVERED BY HOSPITAL AND SURGICAL PROTECTION



Drawings Courtesy of Survey Committee, Insurance Health Council

CHART I



Ewing Galloway

TODAY'S MEDICAL PLANNING includes hospital care for you. It means security for you and your family even though illness should come your way, cutting your pay check.

a voluntary or compulsory basis. There are those who would have us follow Europe and adopt the compulsory form.

Compulsory plans are inordinately expensive, practically all of them operating with increasing losses. They deliver a steadily decreasing standard and scope of medical care. They aim at ultimate enrollment of the medical profession as full-time salaried servants of the state. In most instances they limit the free choice of physician. Mediocrity of service, not medical progress, is encouraged. An assembly-line type of medicine is stimulated.

In this country we have developed voluntary insurance. It is of four types:

1. Insurance against the costs of hospitalization.
2. Medical care insurance covering surgery and maternity.
3. The provisions of No. 2 plus care in the hospital for medical conditions.
4. Complete coverage for the low-income group.

These plans have had tremendous growth. As of December 31, 1950, eliminating duplications, approximately 77,000,000 carried hospital insurance (type No. 1), 56,000,000 carried insurance against surgery and maternity (type No. 2), 22,000,000 carried medical care insurance, either in whole or in part (types No. 3 and No. 4). Millions are being added to the rolls each year. These voluntary plans exist in every State in the Union, including the District of Columbia.

These plans are operated by Blue Cross, Blue Shield (medical-society-sponsored plans), industrial employers, community groups, consumer groups, private group clinics, universities, and commercial insurance



companies. (For comparisons see charts I, II, and III.)

The aim is to cover 90,000,000 to 100,000,000 people. This number plus the 25,000,000 now receiving their medical care in whole or in part from the Government, the approximately 5,000,000 indigent, who should be a charge on their local communities, and the approximately 10,000,000 who are not interested in medical care (preferring to buy their "cures" over a drug-store counter, or those who patronize cultists or faith healers) will cover all that it is necessary to cover.

The voluntary-insurance plans, however, are not yet perfect, and we are striving to fill certain gaps in coverage. These deficiencies, all of which are in the process of elimination, are the following:

1. Individual as well as group coverage.
2. Protection for those over the age of sixty-five.
3. Protection against financially catastrophic illness.

The availability of hospital beds has been increasing gradually since the enactment of the Hill-Burton bill. This bill was supposed to stimulate development of diagnostic facilities in addition to hospital construction. So far not much has been accomplished in improved equipment.

(Turn to page 30)

HOW TO ACHIEVE

A Calm Center

FOR YOUR LIFE

By NORMAN VINCENT PEALE

By simply organizing your mind you will cut down on the number of little matters that trouble you daily.

HIGH tension is a prevailing American malady. The adult who has not apprehensively watched the doctor take his blood pressure is in the minority. Glance at the obituary columns of the daily papers, and note how often the cause of death is high blood pressure, angina pectoris, and other hypertension afflictions. Many "strokes" have excessive tension as a contributing, if not a root, cause. For multitudes of high-strung, nervous people life is constant and unrelieved strain.

A well-known physician says: "American business and professional men are not living out their normal life expectancies. The tension and pressure of these troublous times, the pace of American life, worry, and uncertainty, are wreaking havoc among these men of forty and more. They are dying altogether too soon.

"Heart disease, high blood pressure and arterial disease, kidney disease, nervous disorders, cancer, gastro-intestinal troubles—these are the worst enemies of America's men of responsibility and leadership. Note that few of these are germ-caused diseases; they fall into the classification of 'degenerative diseases.'

"We know how to control the germ-caused diseases: typhoid, scarlet fever, diphtheria, smallpox, and tuberculosis. But the degenerative diseases which come about because of the age of the individual plus wrong living habits, too much work, strain, stress, too little

rest and relaxation, are the troubles which are mowing down so many of our valuable people forty years of age or more.

"Worry, fear, strain, overwork, under-rest, excesses in sex, nicotine and alcohol, wrong diet, overweight; all may bring your blood pressure to dangerous heights. Twenty-five percent of all deaths of those men over 50 years of age are due to hypertension." *

Apparently Americans have always been more or less of this tense type. A French writer came to this country in 1830 to study the American, whom he classified as "a new breed of man on the earth." The French visitor noted the restless aggressiveness of our people.

"The American," he complained, "is so restless that he has even invented a chair, called a rocking chair, in which he can move while he sits."

PART I

If this French observer could see us now he would surely be forced to revise upward his conclusions, as the tempo has mounted.

A Scotch physician analyzes us. "You Americans," he concludes, "wear too much expression on your faces. You are living with all your nerves in action."

Sometimes our worry over our national tenseness takes a grotesque form. . . . Two women were overheard in a Florida city talking about their troubles. . . . It seems that men go about the streets of this city with blood pressure instruments and do quite a business.

This series is from the book *A Guide to Confident Living*, by Norman Vincent Peale. Copyright, 1948, by Prentice-Hall, Inc., published at \$3.50 by Prentice-Hall, Inc., 70 Fifth Avenue, New York 11, New York.

* M. A. Mortenson, M.D., in *Battle Creek Sanitarium News*, vol. 13, no. 3.



A. Devaney

THE PRINCIPLES OF CHRISTIANITY give the sincere man the true source of peace. In his life Christ dwells as a cooling fountain that constant drinking cannot exhaust.

One woman asked, "Did you have that man down on blank street take your blood pressure?"

"No, indeed, I did not. He charges 25c. I had mine taken by the man up on the other street who only charges 15c," replied the other woman.

* * *

A primary factor in tension is mental disorganization. The helter-skelter mind always feels overburdened. A disorderly mental state means confusion, and of course, tension. Such a mind rests lightly upon problems which it never decides. It skips nervously from one presented problem to another, never arriving at a settled conclusion, in fact, not even grappling seriously with the issue involved. Thus deferred decisions accumulate. The result? The mind gives up and cries desperately, "I am swamped"—simply because it is not organized. It is cluttered up and *seems*, therefore, to be overwhelmed. Note the emphasis, *seems*.

The mind in this situation reacts somewhat like the body in shivering. One shivers when passing suddenly from a warm to a cold area; the body attempts to



accommodate itself quickly to the sudden change in body temperature. It has been estimated that as much energy is expended in a half-minute of shivering as in several hours of work. This results in depletion of vigor. In a similar way, shivering in the mind depletes its force when one fails to practice the fundamental principle of mental organization.

Get the calm selective ability to take up one thing at a time and concentrate upon it. Deal finally with it, if possible, before passing to the next matter.

In my office we receive a heavy daily mail covering a wide variety of matters. We operate on the policy that every letter gets an answer. I used to come to my office and find a formidable pile of letters—and be dismayed. Contemplating the labor of thinking out replies to those letters, my mind would inwardly (and sometimes outwardly) complain, "Oh my, oh my, how can

I ever get these letters answered?" It was the "I am swamped" reaction. But I learned that the way to answer letters is to answer them as they arrive. A letter unanswered for two weeks has answered itself.

There is only one way to work down a pile of letters. Pick up the first letter, decide upon an answer, and dictate that answer at once. If information not immediately obtainable is required, dictate a memorandum pertaining to it and put the letter in the proper receptacle. If additional study is indicated, place it in a receptacle for pending matters—but don't let them "pend" too long. Handle the letter in some way. Do not put it down indecisively, only to pick it up aimlessly again and again. If you follow this ineffective course, the letters will pile up until your desk is a nightmare, and your mind will fight back with the cry, "I can't stand it—this strain is too much." Then your mind will tell you that you are unequal to your job, and if you keep at this procedure too long you may have a nervous breakdown.

When you organize your mind, a sense of power will come to you, and you will (Turn to page 21)

YOU AND YOUR FOOD

By KATHERINE VOLK, R.N., P.H.N.



Food makes the man.

OUR DAILY FOOD NEEDS

FRUITS
1 1/2 cups (orange, 1/2 lemon)
vitamin A and C

VEGETABLES
1 1/2 cups (broccoli, carrots)
vitamin A and C

MILK
1 1/2 cups (milk)
vitamin A and C

EGGS
1 or 2 (eggs)
vitamin A and C

BUTTER
1/2 (butter)
vitamin A and C

WHOLE GRAINS
1/2 (cereal)
vitamin A and C

ENTREE
1 (entree)
vitamin A and C



We too—man, woman, and child—grow according to the supply from which we draw our sustenance. A person possessing an upright, trim figure, with sufficient energy to keep him going at a desirable pace, is always a pleasure to behold and the one who wins in life. The food we eat is our important business.

There is no greater prize than health. To gain or maintain it is worth time and effort. Most of us know that clear vision and bright eyes require vitamin A and other vitamins with it. During the war fliers were supplied with vitamin A as a Government issue in their rations. It seems particularly beneficial or necessary for night traveling where there is no light.

Vitamin A is the complexion builder, for it is stored in the fat under the skin. It is also anti-scorbutic (or preventive of scurvy, which is sometimes called scorbutus) as is vitamin C, for it prevents scurvy. It also has a direct effect in

warding off many infections, and it tends to aid in healing. The natural foods at meals containing vitamin A are green leafy vegetables, preferably raw, such as parsley and dark-green leaves of lettuce, yellow fruits and vegetables, and dairy products.

Carrots are easily obtained and prepared by cooking or grating. If the skins are well scrubbed, there is no need to peel them. All vegetables should be cooked with as little water as will soften them, so that there

IF A flower wins a prize at an exhibition in competition with others, it must not only look pleasing but also be able to hold up its head. In other words, the stem must be sturdy enough to support the full-blown blossom, so that it can meet all comers at its best. In order to accomplish this result it must have proper soil, water, sufficient sunshine, and air to develop to its fullest capacity and beauty. It must excel, but it cannot do so without help.

is none to throw away. Many of the valuable minerals and vitamins are retained in the water in which vegetables are cooked, and that water should always be used. In no case pour it down the sink. Gravy or soup is always enriched by it. Potatoes boiled in their skins retain more of their health-giving food value than if peeled before cooking. Those who prefer eating the skins with baked potatoes have learned this bit of wisdom. Baking and broiling of foods are best for bringing out all the natural flavor and goodness.

The more one studies the subject of food for health, the bigger and more intriguing it becomes. Many books have been written and more research work is being done all the time on it.

For instance, vitamin U was recently discovered. It is found in raw egg yolks, unpasteurized milk, celery, unwilted fresh greens, certain fats, cereal grasses, and raw cabbage. Cabbage juice has been claimed to be helpful in the treatment of some forms of ulcers. Cabbage slaw, long a favorite food, now merits our deepest bow. We must give further credit to good old cabbage, for we get more vitamin C in a cup of shredded cabbage than in a cup of orange juice.

The citrus fruits are not the only contributors of vitamin C. Cucumbers, strawberries, tomatoes, potatoes, paprika, green peppers, okra, and apricots produce it. Nature was generous with this vitamin gift, distributing it in many varieties of foods. She intends us to get plenty, it is so important.

Milk is one of our most easily obtained foods containing vitamin C. However, nature expected the mammal, whether human or animal, to draw milk directly into the mouth without exposure to light or air. Exposure to light or contact with metal and heat in the open air reduces the amount of vitamin present. For that reason vitamin C (also called cevitic acid and ascorbic acid) is prescribed in many cases and taken in large daily amounts.

Vitamin C is the youth vitamin. It causes growth and a feeling of well-being. It retards bleeding of gums and other tissue, favors good tooth development, and is essential for glandular functions. The lack of it contributes to poor bone knitting, gastric ulcers, anemia, and many other deficiency symptoms, possibly including sterility.

Vitamin C is perishable, escaping from spinach in a week and deserting oranges in three months' time. To get the best of it from fruit, including apples, eat the whole fruit or drink the juice as soon as it has been parted from its skin.

The sour milks, such as acidophilus and yogurt (the latter being made from the Bulgarian culture), are particularly beneficial to health through their action on the intestinal tract. Buttermilk, with its lactic acid, is easily digestible and often has a laxative effect, and it has been used to overcome certain bacterial diarrhea in both adults and infants. Buttermilk is what is left after cream has been churned and the butter removed. Real buttermilk contains neither butter nor cream.

In planning each meal include the various food elements, not forgetting the protein. There are those who do not get enough daily (Turn to page 29)

FAITH LIVES TODAY



LOVE'S MINISTRY OF HEALING

By D. A. DELAFIELD

The healing power of God runs all through nature. Gash a tree with an ax blade, and healing begins immediately. If a human being cuts a finger or breaks an arm, a process of mending and repair begins at once. The healing powers of nature are ever in readiness, prepared to restore the damage of any possible mishap.

"So it is in the spiritual realm. Before sin created the need, God had provided the remedy. Every soul that yields to temptation is wounded, bruised, by the adversary; but wherever there is sin, there is the Saviour. It is Christ's work 'to heal the broken-hearted, to preach deliverance to the captives, . . . to set at liberty them that are bruised.' —*Education*, p. 113.

We may all cooperate with God in restoring those whose lives have become disjointed by sin. The word *restore* actually means "to put in joint, as a dislocated bone." Frustrated, erring, confused mortals cannot always adjust themselves any more than a dislocated bone can put itself back into the socket without the skillful touch of the physician. The world needs people of faith who love their fellow men enough to visit the sick and love them back to health.

"Love's agencies have wonderful power, for they are divine. The soft answer that 'turneth away wrath,' the love that 'suffereth long, and is kind,' the charity that 'covereth a multitude of sins,'—would we learn the lesson, with what power for healing would our lives be gifted! How life would be transformed, and the earth become a very likeness and foretaste of heaven!"—*Ibid.*, p. 114.

Not only the sick respond to such treatment. The tender, impressionable heart of the little child and the tried and sturdy soul of the aged will give in to love—and love alone. Parents hunger for love's ministry not only from their children but wife from husband, husband from wife. But don't take the attitude that the world owes you a loving. Give love; don't exact it. And love will come back to you in rich, full measure, pressed down and running over.

If you are an iceberg, you will freeze your own soul. The frosty atmosphere will turn people away from you shuddering. Expose yourself to the love of God. Warm up. Then go and warm other people. You will be amazed at the results. Hearts will melt. Homes will become little heavens on earth, business offices centers of peaceful service, churches places where the angels bend low to repeat the song, "On earth peace, good will toward men."

Love is still the greatest thing in the world. When faith and hope give way to sight, and pain and sorrow to the joy and happiness of an endless life with God, love will remain as the crowning virtue of all.

Living With Your Ulcer

WILLIAM TRAVIS GIBB, Jr., M.D.



Some do's and don'ts for the ulcer patient will give him comfort and more enjoyment of life.

IT IS estimated that one in every ten Americans today suffers from chronic stomach trouble or has a peptic (stomach or duodenal) ulcer at some time during his life. With 10 per cent of our population affected, the public at large as well as the medical profession have a great interest in stomach ulcers. It is not our purpose here to discuss the immediate treatment of ulcers, but rather to find ways of helping you prevent an ulcer from

beginning or returning once it has been healed.

What do we really know about the cause of peptic ulcer? No one knows exactly why one person gets such an ulcer and another does not. But we do have a great deal of information about certain factors associated with the disease. It is well known that ulcers tend to recur, and for some strange reason most often in the spring and fall. March and April, September and October, are the months in which ulcer sufferers must be especially careful in following doctor's orders.

The more highly civilized a person becomes, the greater is his chance of getting an ulcer, and the disease is most prevalent among city dwellers. The emotional tensions and anxieties that go hand in hand with a complex, competitive existence play an important role. Differences in dietary habits, lack of physical activity, and in general the use of brain instead of brawn are noteworthy.

So far as the stomach itself is concerned, people with ulcers secrete too much acid over too long a period, and their stomachs are also too active. It is well to remember that the normal stomach manufactures acid and that the normal condition is not the so-called acidosis. At night the ulcer patient's stomach does not rest as it should. Instead, even though empty, it churns and works as it would if there were food in it to be digested. Medicines and strict diets for ulcers should correct this overtime activity.



A. Devaney

THE MAN WITH AN ULCER, careful through experience and doctor's wise orders, never overeats, eats poor combinations, or drinks liquors.



Persons with ulcers should avoid stomach upsets from overeating, unwise food combinations, and alcoholic beverages. Such eating habits can cause tiny erosions, or shallow ulcers, in the stomach. Although these erosions as a rule heal rapidly, they may actually lead to true deep ulcers of the stomach. They have been compared frequently with tiny canker sores in the mouth. And often a person with stomach ulcers also suffers from frequent ulcers in the mouth.

Regarding today's diet, it is said that if you and I were allowed to select our food using appetite as a good guide, we would probably eat a proper and adequate diet. However, our normal appetite is so beclouded and altered by outside forces and misinformation that we develop eating habits that often do our bodies damage.

For instance, a person living in the city and leading a quiet, inactive life may continue the eating habits he acquired while doing heavy manual labor on the farm, where he grew up. On the other hand, his mother's well-meant but overzealous insistence that he eat certain foods when he was quite young may actually result in lifelong distaste for these foods. Think of how many people despise spinach for this reason.

Another person poor in his youth, and able to obtain only rough and simple foods, may develop a great taste for rich and exotic foods when he at last acquires more of this world's goods. Some psychiatrists even go so far as to say that the man who orders a rare T-bone steak may be exhibiting the same show-off instincts that prompt him to buy a flashy convertible when a conventional sedan might better suit his actual needs.

The publicity and exploitation lavished on certain types of food tends to throw most of us a little off balance. Salads of lettuce, raw fruits, and vegetables are fine in moderation, but are they so good when they constitute a major portion of the diet? What about the liberal use of highly seasoned dressings? Bread used to be the staff of life, but has our present highly refined white flour the same virtues as the rough, whole-wheat product eaten by our rugged ancestors?

Candy bars may well be a source of quickly available carbohydrate, but should they be consumed as a substitute for a regular balanced meal? High-protein diets involving large quantities of meat may take off weight, but such diets are far from being properly balanced. Because the Eskimos live on large amounts of fat, can we do the same in a temperate climate? How much milk does an adult really need daily—a pint or two quarts? A pint is more likely correct.

Women in particular are prone to consume too little water. This usually is just a bad habit developed during adolescence, when it was found that embarrassing calls of nature could in this way be controlled. Many other people tend to wash their food down with copious drinks of some beverage rather than take the time or trouble to chew properly. Some do not have proper chewing or grinding surfaces. Either they have no teeth at all and won't take the trouble to become accustomed to dentures, or they have had a number of extractions and have not replaced them with bridge-work.

(Turn to page 25)

IN CASE OF

Emergency



FRACTURES

Rx ROY LYMAN SEXTON, M.D.

Washington Safety Services Committee
American National Red Cross

In case of fractures caution and careful handling are more important than speed. The chief needs in first aid care are to prevent further damage to broken bone ends and to immobilize adjacent joints. In this way you will help prevent simple fractures from becoming compound fractures, and reduce shock.

A broken bone should be immobilized at once. If an arm or a leg is involved, use splints such as padded boards or other rigid materials. Often pillows or blankets can be improvised as splints for the forearm or lower leg. Splints should be long enough to extend beyond the joints above and below the break.

For fractures of the thigh and leg, traction splints are recommended. But persons who are not trained in the application of these splints should not attempt to use them. Never allow a person having a possible fracture of the leg or thigh to attempt to stand or walk. People often make such attempts, hoping thereby to learn whether the part is broken.

If a back fracture is suspected, especially careful handling is necessary. Unless absolutely necessary, the injured person should not be moved without medical direction. However, if transportation to medical care is required, the victim should be supported on a rigid frame, always carefully kept lying on his back.

Persons who have not been trained in first aid should not attempt to move a person with a possible neck fracture. Even persons trained in first aid should not attempt to move such a victim except under very unusual circumstances where medical aid is not possibly available. Improper handling of a person with a broken neck frequently results in death.

Fracture victims should be made as comfortable as possible, kept warm, and otherwise treated for shock.

This is the ninth in a series of tips on first aid prepared especially for Life and Health by the American National Red Cross.



American Red Cross

HERE is a fixation splint for a fractured upper arm. Note padded splint, cravat sling, and the tie holding them firmly in place.

METABOLISM-

The Chemistry of Life

 H. MILLARD SMITH, M.D.

If your doctor has had you take a basal metabolism test, this article will tell you why.

EACH day brings tasks for you to do and life situations to meet. You must work. Broadly speaking, work requires a machine and energy to run the machine. And such you have. Your body is the machine and your food the source of energy. But before you can use the energy in the food, chemical changes must take place to make the energy available.

A simple example of this idea would be an automobile. Gasoline, the energy source, is mixed with air and burned with great speed in the piston chamber. The released energy moves the piston. The car moves; work is performed. Heat and exhaust are by-products.

You eat food that is digested and changed through a series of chemical processes and burned in the cells. Oxygen for the burning of the changed food, you obtain in the air you breathe. The energy released is used for the movements of the muscles and the activities of all the body cells. Heat and exhaust (carbon dioxide, water, and kidney wastes) are the by-products.

In addition to energy production, your chemically changed food is used to make your body grow, to repair it, and to enable it (if you are a woman) to produce new bodies.

Of course bodies are complicated, and the difference between a car and a man is more like the difference between a baby's rattle and the entire telephone system of the United States.

For convenience all the chemical activities involved in obtaining and using energy within the human body are grouped together in the word *metabolism*. Chemists split the subject of metabolism into parts. Carbohydrate metabolism is concerned with the chemical changes of starches; protein metabolism, of proteins; fat metabolism, of fats; water metabolism, of water; mineral metabolism, of minerals, such as sodium, iodine, and iron. Obviously the entire subject is complicated.



What makes all these chemical changes work together? Control and organization of all the closely related changes of metabolism are largely directed by hormones, which are produced by certain glands of the body. The most important hormones come from the pituitary gland. These hormones, themselves chemicals, control

practically all metabolism. No wonder the pituitary has been called the master gland of the body. The sex hormones, the pancreas hormone; the thyroid hormone insulin; and other hormones contribute to the control of metabolism. Other methods of control exist.

At times the processes of metabolism go awry, and disease results. For example, if too little insulin is produced by the pancreas, the body is unable to metabolize sugar, and diabetes is the result. On the other hand, if the adrenal gland causes the liver to produce more sugar than can be used, diabetes again results. Gout, a painful arthritic condition, is a disease of protein metabolism.

Albinos, people whose skin and eyes contain no color, also have a metabolic disease. They are unable to change a chemical called tyrosine into the skin pigment that is present in all normal people, especially the well-tanned and the colored person.

Vitamins are important in the scheme of metabolism. Lack of them gives rise to diseases of the nerves, skin, bones, blood vessels, and heart. Some kidney stones result from improper calcium metabolism.

Consequently, some test for metabolic activity would be helpful in determining the presence or absence of disease. However, so complicated are the chemical processes of metabolism that many tests must be performed. Perhaps the best over-all indicator of metabolism is the basal metabolic rate (the B.M.R.). Simply stated, the B.M.R. is a measurement of the amount of energy used by the body in order to maintain life when a person is at rest.

As mentioned, food substances are burned in oxygen

to produce water, carbon dioxide, and energy. If the food we eat were burned outside the body, the amount of oxygen required and carbon dioxide released during the energy production from each ounce of food would be constant. There is, then, a direct relationship between the amount of oxygen used and the energy produced. Consequently, if the amount of oxygen consumed during the burning is known, the amount of energy can be determined.

To test this oxygen-energy relationship in the body, men were placed in specially constructed chambers, and the amounts of oxygen used, carbon dioxide liberated, and energy released by them were determined over long periods of time and under various conditions of activity. These experiments showed that the energy-oxygen-carbon-dioxide relationships in the body were approximately the same as those outside the body.

It has been found that if the subject has been eating an average diet, 61 cubic inches of oxygen is used by the body to produce 4.8 calories* of energy by burning food.

To determine the patient's B.M.R., the doctor meas-

*Energy is always expressed in terms of heat whether it be electrical, chemical, or mechanical energy. A calorie is the amount of heat required to raise the temperature of one gram of water from 14° to 15° C.

ures the amount of oxygen consumed over a given period of time, usually six minutes, and then calculates the number of calories being produced by the body. To do this, the patient must not have had any food for about twelve hours, must be warm and comfortable, mentally relaxed and unafraid, and must have had no exercise for one or two hours. These conditions are arbitrarily called basal.

A large rubber mouthpiece is placed in the mouth and a clip over the nose. The patient breathes pure oxygen perforce (which is entirely harmless) from a machine automatically registering the amount consumed. The test simply determines the amount of oxygen the body is using to burn food to produce sufficient energy to maintain life under basal conditions.

We are all interested in conditions that alter the basal metabolic rate. The B.M.R. diminishes progressively from birth to old age. Women's rates are lower than men's. Of course departure from basal conditions increases the energy requirements, and consequently the oxygen demand. Food digestion, fear, rage, and muscular effort increase it. For instance, here are listed several occupations along with the number of calories of energy above the basal rate required each hour to do the work:

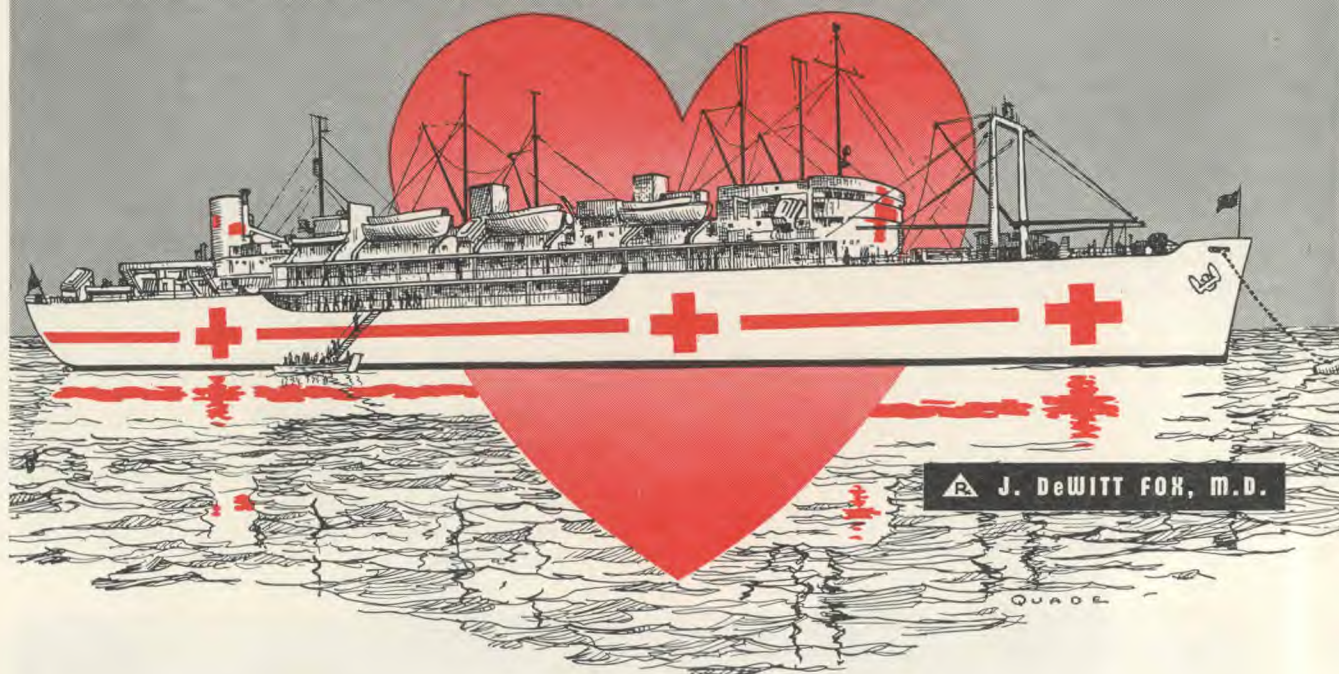
(Turn to page 21)



Charles Carey

THE BASAL METABOLISM TEST is a simple procedure, but it tells your physician how your body is handling the foods you eat daily.

THE SHIP WITH A HEART



The U.S.S. "Repose," "Angel of the Orient" to all who know
her, is home for a well-deserved rest after a 17-month mission
of mercy to your boy and mine. Here's how she operates.

ABOARD THE U.S.S. *REPOSE*—Somewhere in the Pacific

FIFTEEN thousand tons of glimmering white ship with big red crosses painted on her side is cutting her way home today at fourteen knots an hour through a calm sea with 235 battle-bruised boys glad to get home from a Korean hell. After a quick turn around the ship with some of my doctor colleagues yesterday and a survey of the many departments, I settled down this morning to find out just what kind of boys we have on board, how they got here, and what kind of treatment they are getting.

On my rounds in the orthopedic ward I noticed a popular young officer wheeling himself about in his chrome-plated wheel chair, a crutch neatly tucked under his padded seat in case he wanted to walk about.

Lt. John Francis Daley, twenty-seven, 3 Bemis Street, Springfield, Massachusetts, married, an Air Force pilot, had a fantastic tale to tell: One afternoon he was on a survey flight over the Taegu area in Korea. While zooming his jet 650 miles an hour at 20,000 feet, he noted a mechanical failure. His plane began to spin and dive toward the rocky mountains at perilous speed.

All jets have two emergency handles—one that

opens the overhead canopy, another that ejects the pilot safely into the air. But the descent was rapid, and his plane was doing an outside roll that jammed his head right up against the canopy.

"I was petrified," he said, "for when I pulled the canopy handle it wouldn't open.

"But I knew it was suicide to stay where I was, so I desperately yanked both levers at the same time. This popped me into the air, seat and all. There I was, ten thousand feet in the air doing 650 miles an hour, but no airplane. I began to black out, but luckily I instinctively pulled the rip cord on my parachute. That's all I remember."

The rest of the story was filled in by buddies who were there and told Lieutenant Daley about it. Some South Korean troops discovered him on top of a barren mountain. Although they were friendly troops, they gathered around him with their rifles.

"Take those rifles away from here. Don't point them at me," he said in a foggy way, for he had suffered a brain concussion and a fractured leg and pelvis in his miraculous jump.

"We are your friends," the Koreans assured him. "I don't care who you are, don't point guns at me."

Making a litter from his nylon parachute, the Koreans took him down the hill to a nearby aid station. The medics applied preliminary dressings, and in short order a helicopter came to lift him tenderly down to Pusan. From there he was transferred to the U.S.S. *Repose* for his follow-up care. Once on board ship, he started to get the so-called definitive treatment. And here is the miracle of a hospital afloat.

First he was taken to X-ray, where the technician took repeated pictures of his pelvis, leg, and skull to be sure of all injuries. The X-ray department on board ship is as modern and up to the minute as any state-side hospital, and ably supervised by a specialist certified by the American Board of Radiology, Comdr. W. C. Mulry. Laboratory studies in a gleaming-white and stainless-steel laboratory were then made, including blood counts, urinalysis, and blood typing for transfusion. He was transferred to the orthopedic operating room, where a cast was applied to his body and left leg.

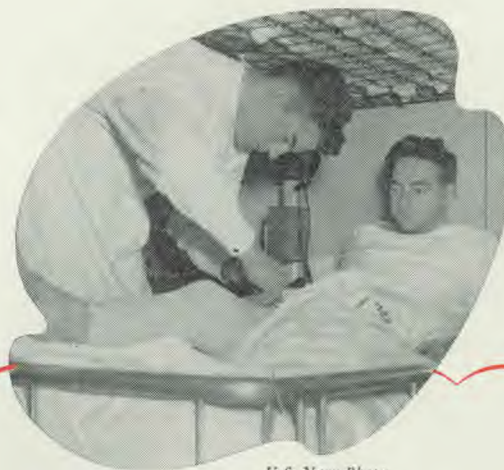
The surgery and orthopedic operating rooms are in the middle of the ship on the second deck, where movement from pitch and roll is at a minimum. Here skilled young doctors applied a white cast, with the aid of well-trained corpsmen. Placed on a stretcher and wheeled to an elevator, the patient was raised three decks to his officers' ward, there to enjoy a hot meal, the tender care of navy nurses, and the morale boosting of buddies who had similar stories to tell.

But most important, Daley knew he was in safe

hands, protected at last under the wings of the "Angel of the Orient," the U.S.S. *Repose*, and that one day soon he would glide out of Pusan harbor aboard her and head back home to his wife in Springfield, Massachusetts.

The marvel to us visiting doctors was that all this specialized care—X-ray, laboratory facilities, surgery, hot food, skilled doctors, and nurses—was brought right up to the battle front. From the time Daley hit on that Korean hill until he was safely tucked beneath clean white hospital sheets aboard the U.S.S. *Repose* was but three hours, thanks to the new-found air ambulance, the helicopter. It is the speedy, immediate treatment offered by this floating hospital that makes its fine record possible. To date in this Korean crisis she has treated 11,000 patients with but 33 deaths, or 3.3 for each 1,000 patients treated.

Another interesting comparison of bed capacity of forward hospital ships with bed (Turn to page 32)



U.S. Navy Photo

To give the medical and dental professions a firsthand glimpse of the unique services rendered by Navy hospital ships, Admiral H. Lamont Pugh, Surgeon General of the U.S. Navy, recently invited a group of physicians and dentists to be the guests of Secretary of the Navy, Dan A. Kimball, and fly to Pearl Harbor and meet the U.S.S. *Repose* homeward bound after 17 months' heroic service in Korean waters.

Among those making this inspection tour were: Dr. Harold Diehl, dean of the University of Minnesota Medical School.

Dr. Frank W. Hartman, chief pathologist, Henry Ford Hospital, Detroit.

Dr. Gilbert J. Thomas, consultant in urology to the Surgeon-General of the Navy, Santa Monica, California.

Dr. Stanley Rice, Beverly Hills oral surgeon.

Dr. Robert C. Sample, orthodontist and secretary, Honolulu Dental Society.

Dr. Hastings H. Walker, medical director, Leahi Hospital, Honolulu.

Dr. Nils P. Larsen, medical group, Honolulu.

Dr. Joseph Palma, pediatrician to The Clinic, Honolulu.

Dr. Forrest J. Pinkerton, ear, nose, and throat specialist and director of the Blood Bank of Hawaii, in Honolulu.

Mr. Robert S. Wilson, dean of services to the armed forces, American Red Cross, Washington, D.C.

Dr. J. DeWitt Fox, editor, *LIFE & HEALTH* magazine, Washington, D.C.

Miss Ethel Mack, Columbia Broadcasting System correspondent, San Francisco.

The group from the mainland flew from San Francisco via the Navy's giant transport seaplane *Mars*. Upon arrival at Pearl Harbor, the group were feted with leis and typical Hawaiian welcome by officers from Admiral Arthur W. Radford's headquarters CINCPACFLT (Commander in Chief of the Pacific Fleet) and were then toured through the various naval sea, air, and submarine installations. Admiral Carl A. Broadus arranged inspections of naval medical operations, including the (Turn to page 31)



H. A. Roberts

The FAMILY PHYSICIAN

We do not diagnose or treat disease by mail, but answer general health questions. Enclose stamped, addressed envelope. Address: Family Physician, LIFE & HEALTH, Washington 12, D.C.

Dynamite and Headaches

Is there any way to keep from getting headaches while working with dynamite?

Dynamite is a mixture containing nitroglycerin, or trinitrate of glycerol. Nitroglycerin as a medicine is used in certain cardiac conditions, for it dilates the blood vessels, and by increasing the blood flow it strengthens the muscular action of the heart. Its use is commonly accompanied by a headache because of the dilation of the blood vessels in the brain.

A worker handling dynamite may experience this same effect through

absorption. If you are particularly sensitive to it, you would be wise to work where you are not in contact with dynamite.



Buerger's Disease

Please tell me about the cause and cure of Buerger's disease. I have been told I have it in my toes.

The cause of Buerger's disease is not well understood. The blood vessels of the feet and toes become narrowed, and there is inadequate circulation, resulting in a blanching and sometimes a

breaking down of tissues in the feet and toes.

It is usually believed helpful to stop using tobacco altogether, for it has been demonstrated that nicotine tends to contract the tiny capillaries in the extremities, thus affecting the blood supply. Often postural treatment such as raising the feet for a period of time and then lowering them below the level of the body for several hours each day has proved beneficial. The toes should be kept at a normal temperature. Do not allow them ever to become chilled, or the disease will progress. Some medicines believed to dilate capillaries may be useful.



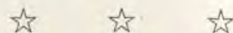
Conjunctivitis

At the age of sixty-nine I have chronic conjunctivitis, and am told there is no cure for it. What is your opinion?

Conjunctivitis in elderly people is often difficult to treat. Whether it can be cured must be answered after a study to determine the cause.

Doubtless you have secured medical help and are following the directions of a physician in treating the condition. He probably knows what germ is producing the inflammation, and accordingly knows what medicine to prescribe.

The new antibiotic medicines have proved a great aid in treating eye infections. Do not strain the eyes in reading. Sometimes correction of glasses will go a long way toward curing conjunctivitis. Protect the eyes from irritating winds, gases, dust, and other material.



"Many an argument is sound, yes, just sound."

Next Month

BEE STINGS

By JACKSON A. SAXON, M.D.
"Just a little bee sting" may have a startling effect on you.

TAKE HEART

By GEORGE MORRICE, M.D.
Don't be blue about your "heart" symptoms. Let your doctor decide whether they are serious or simply indigestion.

IF YOU HAVE TWINS

By KATHERINE BOND, M.D.
Double joy, double work, but a lot of fun—that's twins, says the mother of a pair.

SHALL WE SUN-BATHE?

By ROY P. H. CHARLTON
The sun's rays are healing, but they can also burn your skin.

A CALM COLON

By THE EDITOR
To cure constipation, a laxative for the mind and not for the colon may be the answer.

REGULAR FEATURES

CHILDREN'S PAGE
FAMILY PHYSICIAN
MARCH OF MEDICINE

Calm Center for Life

(Continued from page 11)

soon wonder at the ease with which you can handle responsibilities. Your capacity for work will increase; so will your pleasure in what you are doing. Strain and tension will subside.

A careful and consistent cultivation of a relaxed mental attitude is important in reducing tension. Americans are inheritors of the Horatio Alger tradition: "strive and succeed." The author is an apostle of hard work, of the good old American principle of creating your own wealth and position by means of your own abilities and efforts. But there is a sense in which it is a mistake to try too hard. Effortless ease is the procedure best designed to achieve superior results with the least strain. Athletes know that trying too hard throws them off their timing. The fine coordination which characterizes the great men of sport is attained by the principle of "taking the game in stride." They do not go into the game to make a record, or get the headlines, or to become stars. . . . They play the game with naturalness and so to the full extent of their ability.

The sports writer, Grantland Rice, reports a conversation with Joe Gordon, then of the New York Yankees, in which the famous player told of an experience in World Series baseball. In his first World Series, Gordon said he was "tied up" all the time. "I wanted to make a great record and hit the headlines. As a result I became tense and rigid and did poorly." In the next series Joe Gordon was wiser. He decided to forget he was playing in a World Series. He determined instead to play ball just as he had on the sand lots, "because it is the grandest game in the world," and to have a good time playing. This released the tension in his mind, and therefore in his nerves and muscles. He became a natural player. As a result he made a much better record in the second series; in fact, he was one of the stars.

In a World Series game, "Dizzy" Trout was on the mound for the Detroit Tigers. He wore glasses. He had been ill and without practice for two weeks; and it was so damp before the game that he couldn't limber up his muscles and get relaxed. And yet he had to go into a World Series game before 42,000 fans in a hostile city and pitch. That demanded calmness, and he had his own way of securing it.

When things got tense, as they did quite often, he simply took off his glasses and wiped them painstakingly, while 42,000 people watched expect-

tantly and the batter at the plate fidgeted. Then he put on his glasses, and began pitching, and one by one the Cubs struck out.

There's calmness for you! Some wag remarked that all of the Chicago Cubs would wear spectacles the next season.

The second of Dr. Peale's interesting articles will appear in next month's **Life and Health**. Watch for it!



Metabolism

(Continued from page 17)

Occupation	Extra Calories per hour
Tailor	44
Shoemaker	90
Carpenter	165
Wood sawer	378
Seamstress	6
Typist (50 words per minute)	24
Housemaid (moderate work)	124
Laundress (hard work)	214

The average man burns about sixteen million calories a day under basal conditions.

Because the B.M.R. varies with age and sex, large numbers of determinations have been made for each sex of any given age to establish normal standards. In the laboratory report to the doctor the B.M.R. is given in terms of percentage difference from the normal expected for the patient's age and sex. For instance, if the B.M.R. is zero, then the patient is normal. If it is plus 25, then the B.M.R. is 25 per cent greater than normal; if minus 25, then 25 per cent less than normal.

The metabolic rate is greatly influenced by the thyroid gland hormone. If the thyroid is not producing enough hormone, the energy production is not great, and the person cannot perform his everyday tasks well. He has a low B.M.R. On the other hand, if too much hormone is produced, the energy output is so great that the patient is literally burned up. He has a high B.M.R. Hence, thyroid disease may be determined by the B.M.R.

Metabolism, the chemistry of life, is a term employed to indicate all the chemical processes of the body involved in producing energy for heat, muscular contraction, growth and repair, and the maintenance of vital body functions. The best indicator of our metabolic state is a measurement of energy production under basal conditions. Future work will no doubt reveal more of the complicated metabolic processes—unseen, unfelt—that enable us to live, move, and achieve.



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MOTHER'S COUNSELOR

By BELLE WOOD COMSTOCK, M.D.

Questions for this department should be addressed: Mother's Counselor, LIFE & HEALTH, Washington 12, D.C. Enclose stamped, addressed envelope for reply.



Cruelty

My problem is concerning my six-year-old son. (He has a younger three-year-old brother.) He is cruel to our kitten.

First I would say get rid of the kitten. Don't have a kitten or any other pet around a child who is cruel to animals. Stop trying to explain to the little boy. The explanations mean nothing to him. He has some deep-seated urge to be cruel to something, and not being able to take his feelings out on anything else, he is cruel to the kitten.

I believe that this little son of yours probably was deeply hurt at the time the second boy was born. This feeling of being left out after the birth of a second baby can do a great deal of harm even though an attempt at correcting the situation may be made very soon.

When you stop to think what it means to a three-year-old child to be unnoticed even for a few days because of the excitement of a new baby, you can imagine how feelings of antagonism and bitterness may be aroused in him. The fault is not the child's but of those who fail to safeguard him during those first few days.

This antagonistic feeling may be fed by other psychological conditions I do not know of, but this alone can be responsible for it. He undoubtedly has in his little heart a feeling of resentment because of something in his environment, and the poor little kitten gets the benefit of it.

The next important part of the program is to treat your older son as a little boy you love very much, with a special affection between you and him that even little brother doesn't get. In some way make him particularly happy, so that he loses his feeling of bitterness.

I wish it were possible to talk with you and other mothers having like

problems, but I am sure there is a simple solution to most of them. We need to use our imagination a little more and realize that children are guided by their emotions, not by their reasoning, and no amount of talking will do any good.

Sea Trove

By NATHANIEL KRUM

The children spent the afternoon
Upon the sandy beach.
With bucket, spade, and cart they sought
What treasures they could reach.

A pocketful of colored shells
They brought at close of day,
And quickly in their little room
They tucked their hoard away.

And when their mother saw them sleep
So peacefully, she smiled
And softly said, "What simple things
Can satisfy a child!"

Falsehood and Fear

I have two little sons, aged three and four. I should like to stop their telling of falsehoods. They tell on each other and blame each other for wrongdoings. This occurs when they think they will receive punishment if they tell the truth.

I feel helpless when these problems arise, yet I want very much to train my children right.

Your little sons are very small. I believe that somehow there must have been some mistake in their training to put them where they are—so fearful of being punished that they will tell untruths to avoid it.

Of course you desire to train your

sons in the right way. However, don't ask them a question that will give them a chance to tell a falsehood. If you find they have done something they shouldn't, and feel that they need to have impressed on them that it was wrong, put them to bed for an extra half hour or let them sit in a chair awhile to think it over.

Your children should respect you as one to be obeyed, but they shouldn't be frightened of you. I'm afraid you haven't been wise in your punishments. Relax and have fun with your children.



Baby's Diet

Would you please give me a regular diet for a baby one year old and the hours he should be fed?

A one-year-old baby should be on a three-meal-a-day diet.

Breakfast: Fruit, some raw if possible.

Cereal (remember that bread, toast, and mush are cereals).

Milk, some on the cereal and some to drink.

Luncheon: Milk. Vegetables, seasoned with salt only (may be in soup).

Eggs or cottage cheese. Potatoes baked or boiled in the jackets.

Supper: Similar to breakfast, unless the vegetable meal is given in the evening.

Between meals he may drink orange juice or milk if it doesn't lessen his appetite for the next meal. Babies, like older people, often do well with some variation in their diet. At one year of age a child may have many simple foods in his diet.

Happiness

FOR HUSBANDS AND WIVES

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Washington 12, D.C.

Wings of Health

By MADGE HAINES MORRILL, M.A.

A CLUB FOR BOYS AND GIRLS

HUNTING FOR A CAMPSITE

BETTY and Allen were standing beside the country road that ran past their grandfather's farm, waiting for the rural mail truck. Allen leaned against the white mailbox post as he talked to Betty, his sister. "We have had a good time here on the farm, but I'm rather lonesome to see some of our friends back in town."

"I miss them too," Betty said. "How I wish there were some way for them to have a vacation in the country."

Soon the mail truck stopped, and the driver handed them some letters. "One is from Uncle Harvey," said Allen. "Let's read it right now." He tore open the envelope and held the letter so that Betty could read it.

"It's too good to be true!" exclaimed Betty. "We can have a summer camp right here, and all our friends can come! I could never have dreamed up such a good thing."

Allen was delighted. "Uncle Harvey and Aunt Grace can think of the best things! Uncle Harvey says he will bring the boys in our neighborhood the first week of next month, and Aunt Grace will bring the girls the week after that. They want us to get the campsite ready. We'd better talk to grandfather about it."

Grandfather approved the plan. He said after some thought, "I believe some location can be found over on the back forty, because there are a good spring, a running stream, shade trees, and several good places for campsites. Why don't you two go and select the campsite?"

In less than an hour from the time the letter arrived the two children were out walking over grandfather's farm, looking for a suitable place for the camp.

"First," Allen said, "we must decide on the important features of a camp. It must be away from low, shallow ground, where the stream might suddenly flood it. Second, it should be near drinking water. Third, it is well to have trees for shade. Fourth, it should not be near poison oak, poison

ivy, or swampy land, where mosquitoes may be found."

"Right over there would be my suggestion," Betty said.

"Yes, I think so too," Allen agreed. "That location is on high ground, and it is near the spring we are going to use for drinking water."

Accordingly, the two set to work at once clearing away stones and dead shrubs.

Grandfather brought out some pipes to connect the spring water with the



PEN PALS

(AGE LIMIT, 14 YEARS)

Helaine Chilton (Aged 13) 1273 Windsor Drive San Bernardino, California	Ken Campbell (Aged 14) 10810 125th Street Edmonton, Alberta, Canada
Polly Schneider (Aged 13) Route 2, Box 49 Merrill, Wisconsin	Dorothy Nearon (Aged 14) The Gables, Serpentine Rd. Pembroke West, Bermuda

camp. "Aunt Grace will be happy to have running spring water right by the cook's table," he remarked.

"What can we do about garbage?" Betty asked. "There won't be any city disposal trucks coming by to pick it up."

Allen had the answer. "We can dig a large hole behind the camp, and each day can throw the garbage in and cover it with dirt and ashes."

Betty had another problem. "What

can we do about that low place over there by the creek? There may be mosquitoes around it."

Allen again had the answer. "First we will cut a drain so that the water will run down the hillside. Then we will pour oil on the stagnant water in any low places. Mosquitoes can't hatch without water."

"Oh," said Betty happily, "you think of everything that needs to be done. I wish you could think of some way to make a swimming pool. Children at summer camp enjoy swimming. If the creek were only deep enough, we could use that."

"We can make it deep enough!" Allen answered.

"But how?" Betty asked. "We could never dig it deep enough."

"No, we couldn't dig deep, but we could make a temporary dam of rocks, sand, and cement to hold back enough water for a swimming pond."

Grandfather said, "Tomorrow we begin work on the campsite in earnest. Let's be here by seven in the morning."

The three hurried back to the house, where grandmother was waiting for them with a pitcher of cool lemonade. "Did you find a good campsite?" she asked.

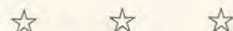
"Oh, yes," Betty answered in an excited voice. "It is a lovely place, on a piece of land high enough to be out of danger from flash floods, under some trees that will give shade, near the spring that can give us drinking water."

"And near the creek where we are going to build a swimming pond," Allen added to his sister's long description.

Betty went on, "We're going to kill the mosquitoes by pouring oil on the water pools, and we're going to dig a large pit to bury the garbage. Oh, we'll have a good camp!"

"Your Uncle Harvey and Aunt Grace will be glad to hear that," grandmother said. "They telephoned this afternoon and said they would be here tomorrow to help get the camp ready."

"What fun we will have," the children said.



Smoke Bombs

In 1951 cigarette production reached the colossal figure of 415,000,000,000 units, producing approximately 25,000,000 gallons of nicotine—enough to wipe out (if taken in liquid form) the world's entire population with more neatness and dispatch than would all the atomic bombs likely to be produced within the next ten years.

Living With Your Ulcer

(Continued from page 15)

There are no specifications making it easy to recognize the ulcer-susceptible person from the outside. However, he fits into a pretty uniform psychological mold. As a rule, he possesses an intense drive to get things done and is extremely tense inwardly. On the surface he appears self-sufficient, but is difficult to get close to personally.

He is individualistic, stubborn, and critical, a perfectionist at heart and overly conscientious in regard to his work and other responsibilities. He does well with detail, but makes a poor executive in the broad sense.

Nothing he ever does really satisfies him inwardly, and he worries needlessly about his work and his relations to the group. He cannot disconnect his work from his home or social life. Everything he undertakes must in some way be connected with his work effort. Rarely do you find such a person with a true hobby. Externally he is calm, giving no outward evidence of his inward conflicts and tensions.

In other words, he is the salt of the earth, and without him nothing in this world would reach a logical conclusion. He is necessary for the survival of our civilization. But he is his own worst enemy.

On the basis of this brief picture of the ulcer patient and the ulcer problem, how is the individual going to live with his ulcer and yet assume his rightful place in society as a wage earner and a respected member of the community? Here are a few tips for him:

1. First of all, this person should be thoroughly impressed with the fact that even though his ulcer is healed and he feels well, he still has to take care of himself.

2. His case should be followed at regular intervals by his doctor for at least a year or a year and a half, even though he may feel perfectly well during the whole time.

3. He should report any recurrence of symptoms to his doctor at the very outset, and not wait to see whether they will go away by themselves.

4. All diet and medication should be prescribed by a physician. Self-medication is bad. As yet there is no medicine that by itself will do away with the ulcer's return.

5. He should supply himself with satisfactory grinding surfaces so that he can chew his food properly. All diseased teeth should be treated, and tonsils that are a real source of infection should be removed. Abnormal condi-

tions elsewhere in the body should be cleared up if possible.

6. A strict regularity of mealtimes should be observed. Each meal should be adequate. He should avoid the habit of eating little for breakfast and lunch and making up for it at supper. Meals should be eaten in a leisurely fashion, and the food should be thoroughly chewed.

7. All foods should be simply prepared. The frying pan and the deep-fat kettle should be studiously avoided. Condiments should be used sparingly; "hot" foods are taboo.

8. Eight to ten glasses of fluid should be drunk daily. All carbonated drinks are on the "don't" list.

9. No alcoholic beverages and no tobacco in any form. This includes beer.

10. Eight to ten hours of bed rest daily. A regular hour for retiring is important. Late hours may be necessary at times, but this loss of rest should be made up the next night.

11. *Work should be left at the of-*

Mother's Happy Too!

By MARY GUSTAFSON

When Tom goes out the front door
He closes it with ease,
And when he wants a favor,
Remembers to say please.

He always hangs his hat and coat
On the hook where they belong.
That's why he's always humming
Or whistling a song!

tion. Overtime as a regular thing is bad.

12. Learn to enjoy the home and the family. Have some regular form of relaxation and recreation. Avoid games or sports that leave you tense. Have some fun out of life. All work and no play may increase your income, but it's not worth it. What is the use of amassing money if when you are ready to enjoy it you are a semi-invalid?

13. A good, sound hobby will pay dividends in the way of releasing tensions and pent-up emotions.

14. Be particularly careful during March and April, September and October.

In other words, lead a sensible sort of life. Treat yourself at least as well as you would a valuable horse. Because you choose to lead this sort of life it should not make you feel apart from your fellow man. Just because almost everybody else abuses himself you do not have to follow suit.

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The Dietitian Says...

LUCILLE J. GOTHAM



If you have a question or problem regarding food or diet, address: The Dietitian, LIFE & HEALTH, Washington 12, D.C. Enclose stamped, addressed envelope for reply.

Fragrant Fruit Juices

It is amazing how many juices are now available. There are more and better ones constantly coming onto the market. A few years ago a sick child was given jelly and water, because fruit juices were not to be had. Cider in season and grape juice and lemonade in summertime were about all there were.

Here are some juice possibilities:

Apple	Loganberry
Apricot nectar	Melon
Blackberry, cultivated and wild	Orange
Blueberry, cultivated and wild	Papaya
Cherry, cultivated and wild	Passion fruit
Cranberry	Peach nectar
Current	Pear nectar
Elderberry, cultivated and wild	Pineapple
Grape, cultivated and wild	Pomegranate
Grapefruit	Plum, cultivated and wild
Lemon	Prune
Lime	Raspberry
	Rhubarb
	Strawberry, wild and cultivated
	Tomato
	Tangerine

Not all these juices are on the regular market, but they are all popular with some users. Juices are not a must, for the whole fruit may be eaten for the same nourishing qualities.

In emergencies and in cases of food allergy, vegetable juices may replace fruit juices. Raw turnip, potato, or cabbage juice may even be given to the smallest baby in place of the doctor's prescribed orange juice, in the same amount.

Apricot and peach nectars are valuable sources of the mineral copper, known to be helpful in blood building. Prune and grape juices are rich in the mineral iron, for rich red blood and rosy cheeks.

Some depend on prune, rhubarb, or sauerkraut juice for laxative effects.

Blackberry juice is surprisingly good as a cool summertime drink. Boiled down and condensed, it is used as a remedy for diarrhea. It was extensively used during the War Between the States for this purpose. Apple juice is also thought to be beneficial to the digestive tract. Papaya juice is

rich in natural pepsin, and is said to help a slow digestion. Juices in general are mildly stimulating to the digestive tract, and their use often improves the appetite.

Juices, not really fattening or slenderizing, are used in practically all special diets. They replace drinking water in a special diet for heart and high blood pressure cases.

An attractive punch bowl may be arranged with edible flowers floating on the surface, such as spicy nasturtiums, violets, or roses. A drink from such a bowl puts a lasting sparkle in the eyes.

When purchasing and using fruit juices you will do best to select the unsweetened, for the natural sugars run quite high in fruit juices. If you wish extra sweetening, add a light-colored clover honey or milk sugar for especially healthful drinks. A syrup for fruit punches is made by boiling one cup of milk sugar or honey with one half cup of water for five minutes.

Fruit juices are being widely used in candies, cakes, cookies, puddings, and bread. The juices replace water or milk in the recipes. Tomato and prune breads are popular. Extra-flavorful jellied desserts and salads are made with true fruit or vegetable juices replacing water in the recipes.

Here are a few juice recipes you may wish to add to your file.

Lemonade With Variations

- $\frac{1}{2}$ to $\frac{3}{4}$ cup syrup or honey
- $\frac{3}{4}$ cup lemon juice
- 1 quart very cold water

Mix syrup and lemon juice, add cold water.

1. Substitute 2 cups of orange or tangerine juice for 2 of water.
2. Substitute lime for lemon juice.
3. Substitute 2 cups of pineapple juice for 2 of water.
4. Substitute 1 cup of grape or loganberry juice for 1 of water.
5. Crush berries as available, drain off the juice, and use $1\frac{1}{2}$ cupfuls for $1\frac{1}{2}$ cupfuls of water.

Orange Punch

- 2 cups orange juice
- 1 cup lemon juice
- $\frac{1}{2}$ cup syrup or honey
- $\frac{1}{2}$ cup pineapple juice
- 1 tablespoon grated cucumber rind
- 2 cups water
- crushed ice or extra water as needed

JULY FOOD BARGAINS



FRUITS

Applesauce
Canned apricots
Lemons
Limes
Oranges
Mixed fruits
Plums

PROTEIN FOODS

Dried beans
Buttermilk
Cottage cheese
Nonfat dry-milk solids
Peanut butter

VEGETABLES

Canned corn
Dried peas
Potatoes
Vegetables locally grown, such as beets, cabbage, green peppers, snap beans, summer squash, sweet corn, and tomatoes

MISCELLANEOUS

Honey

These foods should be at the top of your shopping lists. They are the ones mentioned by the U.S. Department of Agriculture as most plentiful and hence the most thrifty buys at this season. They represent normal seasonal availabilities.



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Punch for 50

- 1 cup water
- 2 cups sugar or honey
- 2 cups strawberry syrup
- 1 cup maraschino cherries
- Juice 6 oranges
- Juice 6 lemons
- 2 cups crushed pineapple
- 1 cup pineapple juice

Cook sugar in water until dissolved. Add other fruits. Add very cold water to make 2 gallons.

SWIM SAFELY—KEEP CALM

MANY water hazards, even whirlpools, can be overcome if a swimmer doesn't lose his head. Beginners should remember that fat and air in the human body make 90 per cent of men and nearly all women very buoyant in water. Because the body is naturally so buoyant, almost anyone can stay afloat with little effort and without any knowledge of swimming.

Test your own buoyancy. See which part of your body sinks first. If you notice that you are leg heavy, concentrate your efforts on keeping the lower part of your body up by moving your legs. If your head goes down first, use your arms. It is a good idea to learn to hold your breath under water for several minutes. Almost anyone can hold his breath for one minute, and with a little practice you can increase this to two minutes or even longer.

The fear of water hazards may cause even the skilled swimmer to become panicky. However, many so-called hazards are not dangerous at all. For example, it is a common fallacy to believe that a considerable depth of water exerts great pressure on the body—the dreaded “water squeeze.” According to Steven Baker, a member of the New York Athletic Club, water pressure is dangerous only at great depths. With practice most swimmers will be able to submerge safely ten to twenty feet and swim twenty-five to seventy-five feet under water. Because the body is made up mainly of liquid, any water pressure will be equally transmitted throughout the tissues. Thus the pressure is absorbed. The interior pressure in the lungs affords considerable resistance to the pressure of water.

The most vulnerable spots for extraordinary diving depths are the nostrils and the air space of the inner ear. Acute pain in the forehead or the temples, a growing pressure over the eyes, is an adequate warning of danger.

One of the most common causes of uncertainty among unskilled swimmers is being frightened by high waves. “Even a skilled swimmer,” says Mr. Baker, “whose ability has been developed in quiet water may become panicky in open water when he observes that the waves are apparently running against him.”

“The waves may travel, but the water does not. Fix your gaze on some stationary object, and you will see that you are making progress as long as you are swimming.”

So this summer as you swim, keep calm, keep your eye on the shore, and learn to float.



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Homemaker Hints

By CAROLINE EELLS KEELER

When writing, please enclose stamped, addressed envelope for reply. Address: Home Editor, LIFE & HEALTH, Washington 12, D.C.

Broken Bits of Beauty. A dear friend sent Patty a snowflake designer for Christmas—a kaleidoscope—and we all delight in the exquisite designs. Strange how a few bits of broken glass can make lovely design after lovely design—sometimes all in blue and silver, like a frosty winter day, then rich, luscious reds with cool sparkling greens and golds here and there. A designer of rose windows for cathedrals must keep a kaleidoscope on hand. We keep ours by the big chair, and when we sit down to rest we refresh ourselves by looking at these bright glowing bits of color.

There are many people today like this kaleidoscope, making beautiful lives out of broken bits of dreams. The father may have deserted the family, yet they rally as one and make a life that is brave and beautiful. A young person may have to give up college to stay at home and be the breadwinner. One who longs to be a musician or an artist but cannot obtain the necessary training, through courage and resolve can build broken dreams into something very fine and substantial.

And there is the housewife who wistfully window-shops, looking at the gleaming furniture with its rich, satiny finish, the thick rugs, the colorful drapes, the shimmering curtains, the floor lamps, the shiny white porcelain or pink porcelain kitchen furnishings. She knows full well she must go back to the old hot wood range (wonderful in the winter) or the smoky kerosene stove.

But she can dream, and she can do something about fulfilling those dreams.

She is blessed if she has a green thumb. There comes to my mind now a wonderful little housewife who had to live in a tiny three-room shack. It wasn't even clapboarded, merely covered with cheap roofing paper, but red and pink rambler roses climbed riotously over the roof, and daffodils and iris marched along the low white

picket fence she managed to buy out of bits saved here and there. There were flowers everywhere, and somehow she managed bright oilcloth in the kitchen and gay colors in the furniture. She was given garments and other useful articles by friends, and out of these she fashioned things for her children and her household. Being creative, she made the most of what she had.

Braided rugs utilize many old woolen pieces that might otherwise remain in the ragbag, and a lovely



braided rug can do much for a bare room. Bright crocheted rugs also help perk up a drab room. A friend made quite a colorful afghan out of bits of bright and dark woolen garments picked up at rummage sales. One can sometimes find bargains in wallpaper. A friend wrote me this spring of a family she often visited, a big family, with probably no two chairs alike in the dining room. But what a wonderful time she always had when she went there. The house was shining with good cheer and friendliness.

Gauge and Denier. Speaking of nylons, do you get all confused about gauge and denier? Denier refers to the thickness of the thread, 15 denier being very fine thread, for example. Gauge refers to the number of stitches in a 1½-inch width. For any given denier you will have a longer wearing stocking if you have a high gauge figure. We are finding on the hosiery counters nylons of 60 and 66 gauge.

Delicious Wheat-Germ Recipes. We think you will delight your family when you serve them these appealing wheat-germ recipes, which were sent in by Miss Alfaretta C. Johnson, dietitian at the White Memorial Hospital Clinic, in Los Angeles, California.

Wheat-Germ Gems

- 1½ cups milk
- ½ cup oil
- 1 tsp. salt
- 1 cup wheat germ
- 1½ cups whole-wheat flour
- 2 eggs

Beat egg yolk, milk, salt, and oil together. Add flour and wheat germ. Fold in beaten whites. Have iron gem pans piping hot and oiled. Fill each cup nearly full and bake 30 minutes, or until done, in a moderate oven.

Carrot Loaf

- 2 cups wheat germ
- 2 cups shredded cooked carrots
- 2 beaten eggs
- 1½ cups evaporated or rich milk
- 2 tbsps. oil
- 2 tbsps. each cooked finely diced celery and parsley, onion if tolerated
- Seasoning: sage or thyme and salt to taste

Mix ingredients lightly together and pour into an oiled pan or mold. Set in a pan of hot water and bake 1 hour at 375°F., unmold, and garnish with rings of pimento and spears of tender creamed asparagus.

Gluten Sauce. Perhaps you are too busy to make a gluten roast, but if not, here is a sauce you may cook your gluten in. Mrs. A. M. Hooper, of Ely, Nevada, says it is delicious. She cooks her prepared gluten in a liquid made up of 5 cups of water, 1 pint tomatoes, 1 onion, and 2 stalks of celery ground together, 3 tablespoons Instant Postum, 3 tablespoons soy sauce, and salt to taste. Boil slowly for at least one hour. Cut off pieces, dip in fine crumbs, and fry a delicate brown.

You and Your Food

(Continued from page 13)

protein, which is abundant in many foods. Gluten and nutmeat foods provide extra proteins in numerous delicious dishes for the family table.

Milk in its natural form is a readily available source of many vitamins and minerals. There is no substitute known to man for mother's milk. Recent findings have revealed a protective quality in human milk that is believed to be an anti-poliomyelitis factor. Condensed milk, evaporated milk, and powdered milk are all convenient commercial forms of this commodity, but we must not think we are getting the whole value of this food in nature's original form.

Insufficient amounts of vitamin C, riboflavin (a vitamin in the B complex), and certain kinds of amino acids (substances found in proteins) are believed to be responsible for cataracts.

Minerals and vitamins work together in harmonious relation to produce for our bodies growth, energy, warmth, beauty, and tissue repair.

It is a sad commentary on our way of life that 50 per cent of our draftees in the second world war were rejected for physical unfitness, even though the requirements for passing the test were low.

Tooth decay was so rampant that many had to be accepted with this defect. Nervous instability had increased alarmingly since examinations for the first world war. Malnutrition among these young men, the flower of our youth, had increased greatly.

It is now known that niacin (another member of the B vitamin family) in the diet has brought startling cures to patients suffering from hallucinations and other mental symptoms. Dr. Tom Spies has made these discoveries in the huge Hillman Hospital at Birmingham, Alabama, where

he is conducting many food experiments for recapturing health. His work with the people of the South suffering from the deficiency disease pellagra (caused by lack of part of the vitamin B complex) has been publicized in various periodicals.

This comparatively young physician began his research work on food deficiency diseases at Lakeside Hospital, in Cleveland, when he was shocked by the knowledge that 54 per cent of all patients afflicted with severe pellagra died. Persons suffering from eye diseases to whom he administered riboflavin (one of the B vitamin family) showed remarkable improvement.

A study of the patient, persistent course of this research scientist in his successful attempt to bring the sick back to health with food factors lacking in their diet is an inspiration. It leaves no doubt that our bleached white bread with added preservatives and similar devitalized foods are contributing to our ill-health. These preservatives are legally allowed, so that insects will not infest the food. The insects stay out, knowing it is not good for them. But we eat it, minus the original natural wheat germ and many of the outer layers, which contain vitamins. After removing these protective factors, iron, and many more original essentials because the consumers demand a white, bland-tasting bread, the millers must replace a few and label it "enriched."

White bread is a convenient meal stretcher. But too much bread may deceive a person. He can be well filled at a meal, yet be hungry and undernourished in vitamins. White bread, though enriched, does not contain all the B complex vitamins. Get your full quota of vitamins—use whole-grain cereals and 100 per cent whole-wheat bread.

To keep physically fit, make sure that your daily vitamin intake is ample. If there is a question in your mind whether you get enough vitamins and minerals, have your doctor survey your daily diet and evaluate it. If it is short on vitamins, he will recommend vitamin-rich foods or perhaps a vitamin supplement, to take in tablet or capsule form.

Remember your ABC's:

Vitamin A, found in green, red, and yellow vegetables, and fish-liver oils—for clear skin and bright eyes.

Vitamin B complex, found in 100 per cent whole-wheat bread, whole-grain cereals, brewers' yeast, and other protein foods—for steady nerves, a strong heart, and good digestion.

Vitamin C, found in citrus fruits—oranges, grapefruit, and lemons—and green vegetables, especially green pep-

pers—for strong gums, wound healing, and growth.

Vitamin D, the sunshine vitamin, found also in fish oils and in irradiated milk—for strong bones and teeth.

Vitamin E found in wheat germ—for strong muscles and as a possible preventive of sterility.

V means vitamins, for vim, vigor, vitality!



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Medicine on the March

(Continued from page 9)

In that fact there is a key to the better distribution of physicians. No physician who has spent ten to thirteen years of his life in training after graduation from high school is going to settle in a community where he cannot practice modern medicine. A doubling or tripling of the number of physicians in the whole country will not result in a single additional one settling in a rural area unless such facilities are available.

Kansas has solved the problem. During the past two years 67 physicians have settled in communities of 2,500 or less merely because the communities make available the facilities for practicing good medicine in their section.

This brings us to the so-called shortage of physicians. It has been alleged that we have a shortage of 23,000 physicians. The statement is entirely unfounded. We now have one physician to every 713 persons in the United States. Our nearest competitor is Great Britain, which has about 1 to 1,000. We do have a shortage in certain fields, such as public health, psychiatry, pathology, and possibly pediatrics. We have too many physicians in cities and not enough in rural areas. What we need is better distribution of physicians rather than a greater number.

We are now training more physicians than ever before in history. Our medical school enrollment is at an all-time high, and the number of graduates likewise. The number of physi-

cians is increasing at a faster rate than the population. This does not take into account new medical schools that have been organized or are in the process of being organized.

We have a definite shortage of dentists, according to the American Dental Association, and there is a great shortage of nurses, particularly bedside nurses. One reason for this is that nurses get married, have children, and have to withdraw from active nursing. It is estimated that there are 200,000 nurses in the country no longer active in nursing. The American Medical Association recently contributed \$10,000 to the Committee on Careers in Nursing to help stimulate enrollment in nursing schools.

Another factor that has increased the costs of medical care is the great increase in the cost of hospitalization. Hospitals have become complex institutions. A study is now being made by a commission to see whether hospital costs can be reduced.

It should be remembered that the average stay in the hospital has been greatly reduced. Twenty-five years ago a patient with pneumonia averaged twenty-eight days in the hospital. If he had a private room, the cost was about \$10 a day, or a total cost of \$280. Now the average case of pneumonia will be out of the hospital within a week. Even though his private room may now cost \$20 a day, the total cost of his hospitalization will be only half of what it was twenty-five years ago.

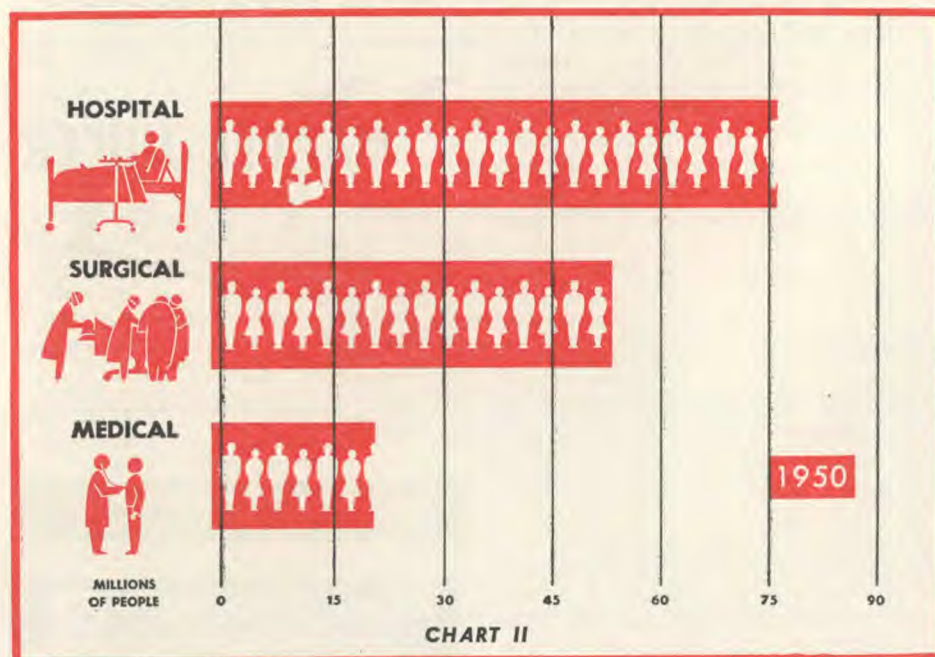
Hospital insurance has been of great assistance in taking care of the costs of hospitalization. If a patient uses semiprivate accommodations, his expenses are practically nil for the first twenty-one days. Then he receives about half payment for the next ninety days. It is a rare patient these days who has to stay in a hospital more than twenty-one days. It is for those who do that we are developing insurance for the so-called financially catastrophic illness.

The whole idea of voluntary medical and hospital insurance is comparatively new, but it has been the fastest-growing insurance project in history.

The physicians of the country and their medical societies have become aroused over some of the ills in the medical profession. They are establishing panel systems to cover night emergency and hospital calls, so that if a patient's own physician is not available immediately, he can still get prompt attention.

Grievance committees are also being organized to hear complaints from patients who feel they have been overcharged. Only a small proportion of

VOLUNTARY PROTECTION AGAINST HOSPITAL, SURGICAL, AND MEDICAL EXPENSE






Type of Protection	Number of Persons Protected		Increase 1950 Over 1949
	1950	1949 (000 Omitted)	
 HOSPITAL EXPENSE	76,961	66,044	17%
 SURGICAL EXPENSE	54,477	41,143	32%
 MEDICAL EXPENSE	21,589	16,862	28%

CHART III

physicians do overcharge, but that small number does great harm to the profession as a whole, and the profession is determined to find the source of such complaints.

Physicians are also engaging more and more in public activities, such as tuberculosis and cancer control, pre-school examinations, blood banks, diabetes detection, rheumatic fever control, and health councils, as well as in the panel and grievance committee systems. The Council on Medical Service of the American Medical Association has been conducting surveys of county medical societies to see how widespread such activities are.

Medicine is a changing order. Government has played an increasing role in health and medicine. Some of this is necessary. For example, certain aspects of public health, such as environmental sanitation, communicable disease control, public health laboratory service, including protection of food, milk, and water supplies, and eradication of insect-borne diseases must be controlled by government because they must be carried out on a community basis, and such control involves police power.

In many countries government has intruded itself into the care of the individual patient. This has been done largely through government-sponsored or government-controlled compulsory health-insurance schemes. The people having the greatest knowledge of what is required for the patient, namely the members of the medical profession, are ignored. Health problems are decided by nonmedical people.

Because these plans operate on deficits, medical service is restricted, and payment for it paltry. There is eventual loss of the freedom of choice of physicians. The doctor-patient personal relationship is lost, for the physician is responsible to the government and not to the patient. There is loss of incentive to do good work, and medical care deteriorates. The public is the one to suffer.

Such plans lead to greatly increased taxation, and they move the country one step nearer to complete socialism.

We want none of them in the United States. Although our system is not perfect, it has given us an unsurpassed health record. We are striving to improve it, remove its deficiencies, and bring the best possible medical care within the reach of every citizen.

Why should we discard our own system for the systems of bankrupt Europe, systems that do not compare in results with our own, are more expensive, and are becoming more and more government controlled and socialistic?

One of the travesties of the age is that certain socialistic countries are calling upon capitalistic Uncle Sam to support their socialistic experiments, and that certain people in this country seem to think we should follow these countries down the road to complete socialism.

The United States has become great through freedom of the individual, freedom of competition, community responsibility, and lack of central government interference. Let us keep it that way.

To Our Family Physician

By CLARENCE E. FLYNN

Custodian of hope and of despair,
Whom we at times must follow from the room
To the unlistening hallway, door, or stair
To hear the word of happiness or doom,
We thank you for the honest kindness
With which you speak, the interest you show
In our tried hearts, their fear, and their distress
And for the tone in which you let us know.

You give us bad news with a gentle voice,
And good word with a sympathetic smile.
Can you know how you make us to rejoice,
Or help us to be strong in such a while?
Whatever be your specialties and arts,
How far your reputation may extend,
You have dealt kindly with our human hearts.
Our doctor? Yes, but you are more—our friend.

Ship With a Heart

(Continued from page 19)

shining example of medical unification in the Army's new "plum" of the Pacific, Tripler General Hospital, where Army and Navy medical officers work side by side in the interest of Army, Navy, and Marine patients.

After being briefed on the Korean war by Rear Admiral Tom B. Hill, chief of staff of the Pacific Fleet, and his officers, we began to appreciate the tremendous job our Navy has in supplying and protecting our men in the Korean theater. We were shown how gigantic is the task we have cut out for ourselves in this stretch of blue Pacific waters, also how capably and heroically the Navy has met the challenge and come up with an answer no matter how complex the problem. Although the heartbreaks have been many, the Navy has always stood beside our Army to pull together toward the common goal—victory.

But though most units of our Navy are designed as hard-hitting task force or service force units to deal death and destruction on the enemy and her people, there is one group of ships that has a big and open heart. These are the hospital ships. Their mission is not death, but life; not crippling and chaos, but healing and health. And the magnificent job they are doing in accomplishing this goal can never be told in words alone, but only in the new lease on life her thousands of patients claim. Her story lives forever in the happy hearts of loved ones at home and our boys brought safely home in her hull.

The U.S.S. *Repose* is one of these honored ships not soon to be forgotten by a dear gray-haired mother in Des Moines, Iowa, who has her Navy aviator son home after his leg had been shot up and he was tottering on the brink of death.

The hospital ship story can be told most vividly by a watery-eyed, twenty-two-year-old wife who stood on the pier at San Diego with tears of joy trickling down her cheeks as she clasped her aviator husband to her heart, saw his battle wounds were healed, and knew he would not be a lifelong cripple. Try as he would, this happy pilot could not hold back the tears. They finally broke through the rugged manly front when his little five-year-old son looked up into his daddy's eyes to say, "Daddy, we didn't know if you'd make it home or not."

Daddy quickly said, "Yes, son, thank God for this 'Angel of the Orient.' Thanks to those wonderful doctors and nurses, daddy's safe home."

Then as grandmother bundled her little family in her arms—hero son, daughter-in-law, and little five-year-old Johnny—she breathed a prayer that God would ever protect this "Ship With a Heart," the U.S.S. *Repose*, and all other ships like her. May the God of heaven touch the hearts of men to bring love and brotherhood, healing and health, rather than death and destruction, wars and chaos, to a world longing for the love and peace exemplified by the U.S.S. *Repose*.

For an on-the-ship report of the U.S.S. *Repose* and her mighty accomplishments, we present this story, hoping it will increase the pride each reader has in his U.S. Navy and realize the vital role its doctors and nurses play in saving life and limb.

—THE EDITOR.

☆ ☆ ☆

"When men are friendly, even water is sweet."

Ship With a Heart

(Continued from page 19)

capacity of large stateside hospitals was given us by the public information officer, Lt. Robert W. Bovee. The three sister hospital ships that have been stationed in the waters around Korea have been the *Repose*, the *Consolation*, and the *Haven*, with a combined capacity of 2,346 beds. This is the equivalent of the 2,500 beds of the Philadelphia General Hospital, and much more than the 1,747 beds of Walter Reed Hospital, in Washington.

It offers two thirds as many beds as the country's largest hospitals—Los Angeles General Hospital, Cook County, in Chicago, Illinois, or Bellevue in New York. Yet these floating hospitals are mobile units that can hover close enough to shore to allow helicopters to drop down on their decks and deliver patients minutes after their injuries. (The *Repose* is home-ward bound after seventeen months of such service, to get a new helicopter deck on her bow. She has been the only one without this new feature.)

Topside the day we sailed out of Pearl Harbor with our precious load of 235 patients was a salty old sea captain, having himself one grand time maneuvering his big "white angel" out of the harbor and into the open sea. The skipper, Comdr. Paul J. Williams, 48, has been on the seas since he was 18, and considers his present assignment his most pleasant.

Standing on the flying bridge, he nightly observes the stars, then goes back into his chart room to plot our course. Once we left Honolulu, we have had to go by celestial-body course plotting entirely, for we have no land to sight on.

The U.S.S. *Repose* is a beautiful sight on the open sea. The huge red crosses on her sides and upper deck are brilliantly lighted, and as her bow ducks under the waves and slices through the water, the spray rolled out at her sides is reflected in the lights on the side of the ship. Along the railing at eventide are seen dozens of patients, boys all looking into the distance and dreaming of home, joyfully happy that each roll of the sea is bringing him that much nearer mother's home cooking and dear old U.S. soil. The ship tonight is doing 14 knots, though her maximum speed under full load is 17.4 knots. From bow to stern her over-all length is 520 feet, and she displaces 15,000 tons.

From flying bridge to the double bottom, or bilges, the *Repose* is eight decks deep, or the equivalent of an eight-story building. Like a small island city, she is equipped to feed and

service 1,500 patients and crew. To do this, she carries fully staffed galleys with skilled cooks, a bakeshop, and storerooms bulging with food, supplies, and parts. A U.S. post office is on board, as well as a barbershop, laundry, ship store, and offices for ship's personnel and medical personnel.

Besides patients, the U.S.S. *Repose* has had many a notable visitor aboard, among them President and Mrs. Sigmund Rhee, of South Korea, who had dinner at the table of the genial Capt. Archibold M. Ecklund, officer in command of the Naval Hospital, with Capt. Russell H. Blood, chief of professional services. Others were Vice Adm. C. Turner Joy, Dr. Charles Mayo, head of the Mayo Clinic, Gen. James A. Van Fleet, and the surgeons general of many of the United Nations fighting in Korea and the surgeons general of our own armed forces—Army, Navy, and Air Force.

Who Is Happiest?

A sad king set search for the happiest man
Whose footwear to borrow he'd choose.
And when he found the happiest man
He discovered he had no shoes.

—FRANCES BROWN IN "THIS DAY" MAGAZINE, REPRINTED
BY PERMISSION OF THE CONCORDIA PUBLISHING HOUSE,
ST. LOUIS, MISSOURI.

Not only does the *Repose* care for patients, but she lends medical personnel to the Army when needed. Captain Blood, for example, a skilled brain surgeon, was lent by the ship to the Army to help care for forward casualties in Seoul. While he was on duty the rapid retreat of U.S. troops occurred, and he and thirteen other officers were trapped in the forward area, completely surrounded by Communist North Koreans. Fortunately the doctors were able to ferret their way through the lines and arrive at an airstrip, where they desperately radioed the Air Force to pick them up. They were evacuated only minutes before a horde of Communists descended upon Seoul.

Captain Blood tells an amusing story about his name. When his foot locker was loaded into a plane en route to Seoul, one of the men on board looked curiously at the label—RH BLOOD. He carefully lashed the foot locker, making certain of its safety. On arrival, the captain went back to claim his locker. The man who had been so cautious was alarmed when the captain picked up the locker and carelessly gave it a boot across the plane.

"Good heavens, captain," the man

said, "is that yours? Here I've been guarding it all the time thinking it was Rh blood for the hospital."

Up front the surgeons operated round the clock, aided by the heroic army nurses, who waded through the mud in army boots, and stood beside the doctors through the long, bitter cold nights when the thermometer plummeted 10 to 20 degrees below zero.

Brain injuries, chest wounds, and bullet wounds of the abdomen took priority, said Captain Blood. The doctors had clean gowns and sterile gloves, but had to scrub their hands in ice-cold water. And the entire medical unit went for six weeks without a shower or taking their clothes off except for a few hours at a time. Casualties would drift in two hundred at a time, sometimes five hundred at a time. Then only morphine and a clean dressing could be applied. North Korean boys caught below the American lines were used as litter carriers. But if not caught, they would hide out at night and shoot our boys if they ventured to an outhouse.

Needless to say, Captain Blood was glad to take shelter on his *Repose* when that tour of duty was over. Meantime, the hospital ship was moved up and down the Korean coast, to be as close as possible to the front. Having Pusan as her main port, she ran a shuttle between Pusan and Japan, during which patients received treatment on board. At Inchon the 15,000-ton vessel crept 30 miles through dangerously shallow water to take aboard 750 wounded UN troops and carry them out before they could be trapped by a surprise Chinese offensive.

Capt. Edwin Coyl, M.C., former officer in command of the U.S.S. *Repose* during its Korean missions, says, "Hospital ships have proved, beyond doubt, their great value in modern warfare. As up-to-date floating hospitals, they stand ready at all times to treat casualties in large numbers." Captain Coyl, now executive officer of the Bethesda Naval Hospital, recently received the Bronze Medal for his outstanding service aboard the *Repose*.

Fortunately the *Repose* was able to return many a man to duty in short order, her services being identical with those of many a stateside naval hospital and the care standardized as it is in shore hospitals. A casualty landing on board the U.S.S. *Repose* receives the specialized care he would have in any modern hospital at home. The only difference, his is a floating rest haven. Although some of the waters are stormy, many times his convalescence is speeded by the gentle

rolling of the sea, which has a strangely relaxing and soporific effect on the nerves, as all seamen know.

Besides her up-to-date surgical, X-ray, and laboratory facilities, the *Repose* has modern treatment facilities, including whirlpool baths, infrared lamps, diathermy, and, for the comfort of patients, a bedside light and a five-station radio dial within easy reach of the bunk.

As one might expect, the ship is kept immaculately clean with continual mopping of promenade decks and interior halls and decks. Fresh, cool air is afforded each bunk, for 95 per cent of the ship is delightfully air conditioned. Ambulatory patients have free run of the sun deck during the day, which sends many a boy home with a rich mahogany tan such as his city sidewalk never offered.

The chow is admirably nourishing, hot, and satisfying. Served from immaculate stainless-steel mobile steam tables, the menu includes most state-side dishes except milk, which has been a problem to obtain in the Orient. Canned, frozen, and rehomogenized milk must suffice.

Good hot food is one of the best morale builders the ship has, agrees both Comdr. Ralph Volk, chief of medicine, and Comdr. Joseph M. Hanner, chief of surgery. But no medical or surgical skill is omitted in bringing the wounded boy back to health as quickly as possible. Many of the ward officers were young doctors who had had several years of specialist training before entering the Navy, and were able to give expert care to many complicated bullet-wound cases.

Nor is the spiritual health of the patient overlooked. Tonight we had a boy suffering a fatal skin disease, for which no cure is known to medical science. Nevertheless he had 24-hour special nursing care, oxygen, intravenous fluids; and when medical science proved futile the patient's spiritual adviser was at his bedside to offer encouragement and comfort. Catholic and Protestant services are held in the medical library each day and on Sunday. Books on both popular and medical subjects are available in a well-stocked general and medical library.

Tonight as we steam toward San Diego we have aboard a crew of 220 men and officers, a complement of medical corpsmen of 150, 30 doctors, 3 dentists, and 30 nurses, some of whom have not seen home shores for seventeen months. The reserve Navy nurses who were recalled to active duty have given valiant service to their patients. I asked one if it was tough over there in Korea. "Oh, maybe," she said, "but

all that matters now is that we are going home."

Rejoicing with her are the patients, most of whom feel pretty lucky to be alive, shot up as they are. For example, there is Marine Lt. Mike Spark, twenty-four, of 30 East 55th Street, New York, propped up in bed with his left leg in a heavy cast.

"What happened to you, Spark?" I asked.

"Sniper got me," said Spark, pointing to his leg where a bullet had lodged in the bone, shattering it to bits and carrying away large chunks of bone with it. "I was just getting ready to go down a hill in Korea after we had pretty well cleaned the enemy out, when I felt a sizzling hot bullet bang against my leg and send me rolling down the hill toward the enemy. Luckily my men grabbed me and hauled me back to the aid station. In



a few hours I was here on the *Repose* getting this cast on my leg."

Mike's story didn't sound too spectacular, but it represents the indomitable spirit of the Marine Corps, which has the greatest fighting strength in the world.

"How did you feel when you got hit?" I asked him.

"Mad, to think those guys got me just as we were ready to advance," Spark replied.

He was angry only that he had to let his men down and come back.

Across the hall in another officer ward bed, Navy pilot Lt. Harold Joseph Zenner, thirty, of 844 C Avenue, Coronado, California, sat silent, dark glasses protecting his bloodshot eyes.

"What happened?" I asked. And that question was like lighting the fuse of enthusiasm in a Navy flyer's heart.

"Well, it all happened so suddenly I hardly knew what hit me. I was dive bombing on a rail point when a small-arms bullet splattered my windshield. Pretty soon I felt something sticking my face like a thousand ants biting at once. I brushed my face with my hand, and saw blood on my fingers. I looked into the mirror. My face was really smeared up. Just like a piece of

hamburger. Blood everywhere. Then I was really scared."

"What did you do?" I asked.

"I finished my mission, then zoomed out toward the sea to find my Navy carrier, the *Essex*. But I knew I couldn't reach her, so I radioed her sister ship, the *Valley Forge*, and they said I could land on her. Next thing I knew I had a wire hooked under my plane, and I was lifted from the cockpit and carried down to the doctor on board. He said, 'This is one for an eye specialist.'"

"In a few hours I was flown down to Pusan to the *Repose*. Seventeen fragments of metal were found in my face after more than a dozen different X-ray pictures. The eye doctor took me into the operating room and removed all the fragments but one, which had lodged in the center of my eyeball. Next day he operated. He cut the lower muscles of my eye, opened the eye socket, and slipped in a magnet. Afterward he said X-rays showed that the fragment had been dislodged, and all was okay."

Zenner was resting easily. Though he had lost all vision from his right eye after the operation, he was now regaining some of it.

And so it goes, the "Angel of the Orient," bringing home her battle-bruised boys, each with his own story to tell, but each proud of his hospital afloat. Army dogfaces, Marine leathernecks, Air Force flyboys, Navy swabbies, were all in the same wards—each of course proud of his own branch of the service, and willing to fight to prove it. One day the Navy corpsmen had to break up a pitched fist fight between an Army lad and a Marine. Both had casts on and were so sick they shouldn't even have thought of getting out of bed. Yet there they were in the middle of the deck swinging crutches at each other and throwing fists and pillows around, each claiming that his service was the best. But each was proud to fight for a common cause—democracy—and sure that his battle wounds were all part of the game.

As these boys of yours and mine come home in the sheltered protection of the U.S.S. *Repose*, let us all thank God for the "Ship With a Heart" and for its excellent care of the health and welfare of our fighting men. God bless America, and God bless the doctors and nurses who fight to save, not take, the life God alone can give.

Tonight as you kneel beside your bed breathe a prayer for the eternal safety of our angels of mercy—the hospitals afloat—and may you sleep in the same calm as the heroes aboard the U.S.S. *Repose*!

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