

Life and

HEALTH

THE NATIONAL HEALTH JOURNAL

TUBERCULOSIS

Paul Dudley White

A DOCTOR'S DAY

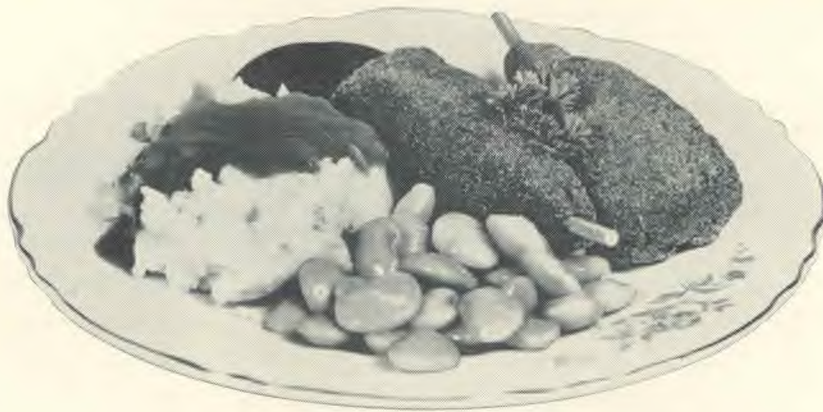
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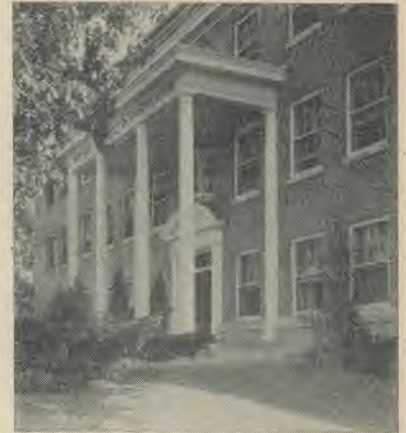
Florida Sanitarium
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Medical Institutions Affiliated With

LIFE and HEALTH

Around the circle of the world stretches a chain of medical institutions dedicated to the task of healing the sick and teaching the principles of healthful living. On this page are shown a few of the principal institutions of the chain—generally known as sanitariums—in the United States. To the sanitariums in this country come annually 335,000 persons—some as hospital cases, others as outpatients—for medical care.

WRITE FOR INFORMATION



Takoma Hospital
Greenville, Tennessee



Hinsdale Sanitarium, Hinsdale, Illinois



Glendale Sanitarium, Glendale, California



Paradise Valley Sanitarium, National City, California



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LETTERS TO THE EDITOR

BEIRUT READER

DEAR EDITOR:

LIFE & HEALTH is still my favorite magazine. After we have read it, we pass it on to the music teacher of our little girl, Susan, or sometimes leave it in the waiting room at the dentist's office. We are happy to share it with others.

Congratulations on a work well done.

MRS. MILTON McCULLOCH

Beirut, Lebanon

GIFT SUBSCRIPTION

DEAR EDITOR:

A friend of mine gave me as a gift your wonderful magazine, and I have enjoyed it so very much that this Christmas I am giving three of my friends

THE DECEMBER COVER



Color Photo, Mike Roberts, From Shostal

The beautiful, almost breath-taking picture on the cover this month reminds me of the tender ministrations of a loving mother for her sleeping child. There are times when mothers can be stern, when correction is necessary, or even seem to border on roughness when chastisement is administered, at least to the child receiving the punishment. But at heart and always, even under duress, the over-all pattern of her life is marked with loving-kindness, sympathy, and self-sacrifice.

Nature too, although usually tranquil, can be rough. The earthquake, storm at sea, tornado, hailstorm, and raging floods represent nature in the rough destroying what she built, tearing up what she grew. But on our cover she is in a tender mood. Quietly she tiptoes and bends over a dormant, cold earth and silently covers her slumbering child with a blanket of soft, white snow.

Thus Mother Nature protects the earth from chilling winter winds and in the same action transforms the drab landscape into a picture of thrilling beauty, as caught by the photographer at Lake Arrowhead, California.

your good magazine, LIFE & HEALTH. I am sure they will get much good and happiness from it.

I might add that my friend will renew my own subscription again this year.

MARY E. BILDERBACK

A REAL MAGAZINE

DEAR EDITOR:

You surely have made a real magazine of LIFE & HEALTH. I read it from cover to cover. The paper is certainly attractive and full of interesting material.

MRS. DELLA SORESENSEN

Singapore, Malaya

THREE YEARS

DEAR EDITOR:

For some unknown reason my wife's beloved LIFE & HEALTH was discontinued quite some time ago. Please start sending her LIFE & HEALTH for three years.

PAUL KALUSTYAN-CORNELL

San Rafael, California

CANNOT CHOOSE

DEAR EDITOR:

Honestly, if I had to make a choice of the article in LIFE & HEALTH that appealed to me most, I couldn't. I read everything in the magazine, and thrill at each page.

LEE M. BARGER

Glendale, California

UNCOMPROMISING

DEAR EDITOR:

Just a line to let you know how much I enjoy your magazine. Also a word of appreciation to the doctors who write those uncompromising articles on alcohol and tobacco.

FRANK KRIZO

Port Angeles, Washington

I LEND IT

DEAR EDITOR:

I am enclosing my check for a subscription to LIFE & HEALTH. I get more pleasure and good out of your magazine than any other paper I take, and I lend it to others who like good reading.

MRS. MARY E. THWING

Putney, Vermont

DAILY LIVING

DEAR EDITOR:

Your magazine is wonderful. I certainly don't want to miss an issue. I don't have much time for reading, and although we take many magazines for the household, it is LIFE & HEALTH I read and take with me in the car, so that if I have a few minutes to wait somewhere, I have my magazine. I get much to benefit my family and daily living.

RUTH THOMPSON

Coldwater, Michigan

LIFE & HEALTH

March of Medicine

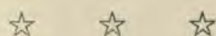


Milk and Fruit Juice

Milk has been successfully combined with fruit juice by some Dutch scientists, the United States Department of Agriculture reports. In their new milk drink, which combines acid fruit juices to make a colorful pasteurized drink, the scientists were able to pasteurize the food and keep it for several months.

The secret to the combination is the substance pectin, which enables the milk to combine with the fruit acids. Pectin is used by every housewife when she makes jam or jelly, and its action in the milk and fruit combination is similar to the jellymaking result. The pectin throws a protective coat over the homogenized milk molecules.

Among the food flavorings that have been combined with milk are black currant juice, lemon, orange, and apple. This drink has been favorably received in Holland, and experimental work is being carried on at the Institute of Research on Storage and Processing of Horticultural Produce at Wageningen University.



Heart Stoppage in Surgery

If your heart happened to stop during surgery today you would have a much better chance to recover than you would have had five years ago, say Drs. Bernard D. Briggs, David B. Sheldon, and Henry K. Beecher of the anesthesia department of the Massachusetts General Hospital, Boston.

This improvement is largely due to new emergency technics in preventing cardiac arrest, the major single cause of operating-room death.

Cardiac arrest has increased, but so has its quick diagnosis and treatment, so that your chances are much improved over yesteryear.

We have more cases, say the doctors, because we are operating on more aged and very ill patients.

The treatment consists of promptly opening the chest wall and massaging the heart by hand, artificial respiration with oxygen, and the use of medicines.

The incidence of cardiac arrest in patients with poor physical condition was thirty times greater than in patients in good condition, the doctors report in the *Journal of the American Medical Association*. Heart disease, present in 60

of the patients whose hearts stopped, was five times greater in the cardiac arrest group than in the general surgical population of the hospital.



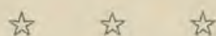
Blindness Increase

A total of 27,500 Americans became blind during 1955, according to an exhibit by the National Society for the Prevention of Blindness at the eighth annual American Academy of General Practice Scientific Assembly in Washington, D.C.

The increase in blindness is due to an increase in cases of retrolental fibroplasia, a leading cause of blindness in infants. Unknown in 1940, the disease appears to be related to prolonged high oxygen concentrations often given to premature children. An overdose of oxygen affects the development of rapidly growing retinal blood vessels, can distort the retina's vascular growth and cause alterations in

the retina and vitreous, which may mean partial or complete blindness. Newly established procedures are helping to eliminate the disease.

Lately blindness due to infections and injuries, particularly among children, has dropped substantially. More than a third of all blindness reported in 1950 was due to glaucoma and cataracts, two eye diseases for which the underlying causes have not yet been discovered. Both are seen almost exclusively in older people.



Antibiotics—\$260,000,000 Annually

Twelve years ago only thirty-two pounds of penicillin were available. Last year, 1955, 2 million pounds of antibiotics were manufactured. Antibiotics totaled more than a quarter of a billion dollars in sales.

The antibiotic industry in the United States is growing at the rate of more than \$20,000,000 a year—an indication of their widespread use in the changing picture of hospital and medical care. When you go to the hospital today you have every chance of being up and about twice as soon as you would have just a few years ago. Antibiotics have made safe routine complicated surgery that was considered too risky to try a few years ago.

Antibiotics have speeded recovery in all kinds of surgery, and provided a cure for some illnesses that were considered beyond hope.

Next Month

YOUR HEART

BY PAUL DUDLEY WHITE, M.D.

The heart and all other parts of the body are closely interrelated.

POLIO TODAY

BY HART E. VAN RIPER, M.D.

Modern medical research has brought about an optimistic polio picture.

ELEANOR ROOSEVELT

BY J. DEWITT FOX, M.D.

Eleanor Roosevelt lives a full rewarding life. Read her secrets of good health.

REGULAR FEATURES

GOLDEN AGE

CHILDREN'S PAGE

MOTHER'S COUNSELOR

The Editor Prescribes for

Christmas Sore Throat



WHAT would Christmas be without candy?

Every year millions of pounds of sweet yummys sparkle from under Christmas trees. Father and Mother lavish love via the candy box. Grandma and Grandpa show affection with suckers and lollipops. The kiddies are literally snowed under with goodies.

Candy makes Christmas. What would a Christmas tree be without pretty peppermint canes, a jar of hard candies, or a bottle of soft raspberry centers? How would we get along without the big five-pound box of chocolates to offer visiting friends? We must have some tongue-tickling candy—for all this makes Christmas merrier.

Sadly enough, once the candy has disappeared, the Christmas tree lights are dimmed, and the holiday is past, a strange thing happens. All round the land doctors' offices overflow with patients suffering from sinusitis, tonsillitis, pharyngitis, and just plain old-fashioned sore throat. Ask your doctor if he hasn't noticed this after-Christmas increase in patients.

So common has it become in some areas that doctors are calling it the Christmas sore throat. According to nose-and-throat specialists this illness is frequently the aftermath of an unbridled sweet tooth. Your dentist will tell you his practice also booms after a holiday feast of succulent sweets, for a sweet tooth often becomes a bad tooth.

You may wonder, "How can candy cause a sore throat?" Perhaps a gentle warning will save you some days off work and the kiddies a serious case of tonsillitis. Here's how it happens: In your throat and respiratory tract are millions of bacteria. They live in delicate balance with your resistance, causing you no trouble so long as your own bodily defenses keep them in check.

Unfortunately, these bacteria enjoy candy even better than you do. Candy may tickle your palate, but it is real

fodder for their reproduction factory. When a high concentration of sugar is present in your throat, bacteria multiply rapidly. Soon they outstrip your bodily defenses. Then infection sets in—sore throat, sinusitis, pharyngitis, bronchitis, coughs, colds, and the sniffles.

Nasal sinuses, the crypts of the tonsils, and the bronchial tubes provide nice warm places for bacteria to grow.



If you also feed them royally with Christmas candy they multiply without restriction.

Candy can also cause vitamin deficiencies, which lower your resistance to infection, especially sore throat. The reason is that your body requires vitamin B complex to burn sugar. Actually, when you eat concentrated sweets or starches you should take extra B-complex vitamins to help your body burn the sugar. Most of us can't be bothered about such things at Christmastime; we're too busy having fun.

All the while you are not taking extra B-complex vitamins your body is having to give up its reserves of B-vitamin stores in order to burn your candy. The extra vitamin has to come from somewhere. If you haven't eaten it in your food or in capsule form, your body borrows from your reserves. Once the reserves are depleted, a vitamin deficiency follows, bringing with it lowered bodily resistance, and the gate is open for throat infection. The bac-

teria invade in hordes, setting you afire with fever, headache, and that woebegone feeling we call "the virus," or a sore throat. What a way to start the new year—in bed with a sore throat!

Let's make New Year's Day a happy holiday this year. Let's dodge those sore throats, the flu, and the New Year blues. Let's save the kiddies from sieges of tonsillitis and runny noses. Here's how you can do it:

Seven Tips to Avoid Sore Throat

1. *Eat your Christmas candy sparingly, wisely.* Preferably, eat it only at mealtime as dessert, never between meals, because when eaten alone it gives an extra-high concentration of sugar in the mouth, which really gives bacteria a heyday.

2. *After eating your sweet,* wash your mouth out with water. Drink a big glass of water to dilute the sugar in your mouth as well as in your blood stream. High blood sugar, you know, is conducive to diabetes.

3. *If you must overindulge,* take extra B-complex vitamins that your doctor recommends. (Don't buy vitamins on your own; you are likely to buy low potency, and not get your money's worth.)

4. *Drink extra water* during the holidays. Viruses hate water. You can drown bacteria in water, too. A well-hydrated body is one of nature's first defenses against virus infection. Ten to twelve glasses isn't too much.

5. *If you want sweets with built-in vitamins,* try dried fruits—soft golden apricots, peaches, raisins, figs, prunes, dates. They keep your sweet tooth happy and help keep you healthy.

6. *Sleep a bit extra.* Most folk lose sleep during the holidays, when actually it should be a time to catch up on rest. Loss of sleep is one of the quickest ways to lower your resistance to infection.

7. *Don't let sweets cut your appetite* for good body-building foods. Too often kiddies who eat a lot of sweets lose their appetites, fail to drink their milk, and refuse their vegetables and fruit. They become run down and anemic during midwinter, when we should be guarding their diet carefully to ward off wintertime infection.

We don't want to be a Christmas wet blanket. But we hope these tips will make your Christmas merrier and your new year happier and healthier.

Yours for better health,

J. Hewitt Fox, M.D.

PROFILES of Our Contributors



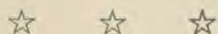
Paul Dudley White, M.D. ("Your Heart," page 26), heart consultant to President Eisenhower, is one of the leading authorities on heart disease in the United States. His article reveals some of the findings of his long experience as a professor of medicine at Harvard Medical School and physician in charge of the Cardiac Laboratory and Clinics at the Massachusetts General Hospital for many years.

He was born in Roxbury, Massachusetts, and educated in the Roxbury Latin School and at Harvard University. He has been a student all his life. At one time he was a Harvard traveling fellow in London, and early became interested in research, practice, and teaching in the field of heart disease.

He is author of the classic book *Heart Disease*, now in its fourth edition. Dr. White's writings are referred to by physicians around the world. He is a former chairman of the committee on cardiovascular disease of the National Research Council, executive director of the National Advisory Heart Council, and president of the International Society of Cardiology.

LIFE AND HEALTH was honored as publisher of one of Dr. White's first articles outside scientific journals. Most of his writing has been for the profession, in heart journals, especially the *American Heart Journal*, and *Circulation*. He is a past president of the American Heart Association.

Dr. White has two children, and lives in Belmont, Massachusetts. He enjoys daily bicycling, working outdoors. He is an extensive traveler, and has made many trips to Europe, Hawaii, and other distant points. His latest adventure was to run an electrocardiogram on a whale, and he has just returned from extensive tours of Russia, the Scandinavian countries, and Europe.



Helen L. Toner, B.D. ("What Trouble Does to Us," page 22), is a Tucson, Arizona, Methodist minister. She wrote this article while recuperating from heart surgery after a six-year bout with rheu-



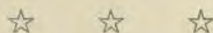
matic fever. Her interest in the problem of people under pressure began in student days at Grove City College, in Pennsylvania.

During three years of graduate study at Drew Theological Seminary (where she added a B.D. degree to her B.A.) she decided to take further work in the psychiatric field. She served for three months in the chaplain's department of Elgin (Illinois) State Hospital, where she did supervised clinical study.

Since ordination in 1937 she has served parishes in Lynbrook, Long Island; Tucson, Higley, and Gilbert, Arizona; and Chatsworth, California.

Vacation time has usually found her taking graduate work (at Union Theological Seminary, Columbia University; Garrett Bible Institute; and University of Southern California) or teaching in a youth camp.

She was born in Shinglehouse, Pennsylvania, and now makes her home in Tucson, Arizona, where her last three books were written: *Little Prayers for Personal Poise*, *The Quest for Personal Poise*, and *Discovering the Unshakeable*.



M. Carol Hetzell, who writes in this issue on the culture of dates in the United States ("Miracle of the Desert," page 24), is a native of New Jersey. She claims she has started seedlings of the hardy date palm even in that undesertlike State. "It's really quite simple," she says, "provided you are sitting next to a potted plant whilst munching on some of the delicious fruit. You simply press the sticky seed down into the soil, and—presto—in a short time a green shoot pops up." She hastens to add, however, "I haven't had much luck with seeing any fruit appear from all this hard labor!"

Miss Hetzell is a graduate of Washington Missionary College, on the outskirts of Washington, D.C. It was there, while earning a large part of her expenses as a proofreader at the College Press, that she acquired her first love for words—printed words—and she has been pursuing them ever since.

Currently assistant director of public relations at the world headquarters of the Seventh-day Adventist Church, Miss Hetzell has ample opportunity to keep words busy. Besides serving as editor of the monthly public relations journal *Tell*, she writes a regular column for the *Signs of the Times* and keeps a fairly

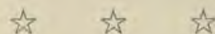


steady flow of articles going to other periodicals, both religious and secular.

Photography holds a large slice of her interest, with emphasis on black-and-white prints, which she handles in her own darkroom. "There's an art to enlarging a good print and a satisfaction that simply doesn't come in 'canned' commercial products," she explains.

"Actually, I think one reason why I get so busy about taking pictures," Miss Hetzell says, "is that subconsciously I'm trying to capture a bit of the out-of-doors and bring it inside with me. I begrudge every minute that I'm shut away from the clean, sweet freedom of woods and hills."

Beset with an oversize bump of curiosity about what's in this world of ours, Miss Hetzell has pretty thoroughly covered the United States in her travels, and this summer added a healthy slice of Europe to her album of acquaintance. "I really have no plans for visiting the Sahara, however," she adds, "even if they do grow dates there. Give me the temperate zone any day! I like my grass green."



Caroline Eells Keeler (Homemaker Hints, page 38) for many years has conducted the woman's page for LIFE AND HEALTH. She first opened her eyes in the cold Adirondack region of New York State. As a small freckle-faced girl she loved to read, and actually loved school, arithmetic and all, but admits she did dislike grammar.

Mrs. Keeler attended the Canton, New York, high school and graduated from the secretarial course of Lancaster Junior College, in Massachusetts. After graduation she went to Nashville, Tennessee, where she was secretary to a magazine editor, and enjoyed using all the big words editors revel in.

She is the mother of a son and a daughter, and lives with her farmer husband on a delightful farm in the beautiful Finger Lakes region of New York State.


Mrs. Keeler collects pictures for her home, makes scrapbooks, tries new recipes, grows new flowers, sews patchwork quilts, crochets, and enjoys making new friends. She and her husband are fond of lending a helping hand where needed, and keep busy with community projects. They find it quite a challenge keeping up with their grandsons, who also live on the farm with the Keelers.



Dr. W. LLOYD KEMP, above, made a night call that rescued Judge Arthur E. Moore, his wife, son Eugene "Bud," and daughter Mary (now Mrs. Denison), right, from death by monoxide poisoning in their home.



All in a Doctor's Day

 J. DeWITT FOX, M.D.

Doctors sacrifice themselves daily in order that others may live.

TODAY'S doctor has been the butt of many an adverse magazine article. Stories have appeared to make him out a fee splitter, a gouger, a crook, a bill padder; a money-mad, coldhearted, impersonal healer. He isn't available. He won't take night calls. He isn't interested in his patients. So the articles go. It is high time for a story or two on the doctor's real nature. Such articles as "Why Some Doctors Belong in Jail" should be balanced with stories on why some doctors belong in heaven. Here is one such story.

It was a cold winter night in the quiet suburban town of Birmingham, Michigan, just outside Detroit. After a busy day with office patients, hospital rounds, and late evening house calls, Dr. W. Lloyd Kemp turned in about midnight. Dog-tired from his heavy routine, he soon was sleeping soundly—only to be awakened at 2:00 A.M. by the telephone.

A woman on the line spoke in a thick slurring voice as if she had been drinking.

"Yes, this is Dr. Kemp," he assured her. "What seems to be the trouble?"

"I don't know, Doctor, but I feel dizzy, sick to my stomach, and woozy in the head."

Normally a physician might tell the patient to go back to bed and sleep it off, figuring that the patient was suffering from too much to drink.

But Dr. Kemp knew the woman and her family, and realized that they did not drink to excess. Sensing trouble, he said, "I'll be over in a few minutes."

He later told me, "If ever there was a night I would have loved to say, 'Oh, just take a couple of aspirins, and I'll see you at the office in the morning,' it was that night."

Jumping into his clothes, he warmed up his car and sped to the house of this patient. On arriving, he



PHOTOS, COURTESY OF THE AUTHOR

DR. ARTHUR LEE FOLEY II, left, performed a tracheotomy and made a 160-mile dash that saved the life of a little baby girl, Mary Jane Gryniewicz, joyfully held here by her deeply grateful mother, Mrs. Gryniewicz.

rang the bell. No response. He knocked. No answer. He tried the door. It was open. Entering the house, he saw an appalling scene.

Staggering down the hall toward him trying to reach the front door was the father, a prominent jurist in the area. He directed the doctor upstairs. There he was shocked to find the mother, with whom he had talked just fifteen minutes before, lying face down on the floor at the entrance of her son's bedroom, unconscious.

He went to an adjoining bedroom to call the fire department. While he was dialing the telephone the twelve-year-old daughter staggered out of her bedroom and fell before him unconscious. A few seconds later he heard a thud in the bathroom. It was the ten-year-old boy.

He noted that each of the patients had an odd cherry-red complexion and each acted as if he was having trouble breathing. There was a strange odor in the house.

In a matter of minutes the entire family were in ambulances speeding toward Detroit's Henry Ford Hospital, where oxygen masks were placed over their faces and they were revived. Not until they were out of danger did the doctor go home to bed. At the breakfast table Dr. Kemp handed his wife the morning newspaper with the headline "Four Saved From Monoxide Poisoning."

"But for the grace of God I might have murdered four persons last night. Had I rolled over and gone back to sleep, this headline would have read 'Four People Die of Carbon Monoxide Poisoning,'" he told her.

In telling the story to his wife Dr. Kemp said, "The mother came home late last night, drove the car into the garage, and was called to the telephone. She left the car running. The garage is attached to the

house, and the exhaust soon filled the house, poisoning the entire family."

I heard Dr. Kemp give a commencement address to the graduating interns and residents of Henry Ford Hospital, where he trained in pediatrics years ago. In his talk he suggested the true spirit of a doctor toward his patients.

"Be forthright and honest in your relationships," he said.

"Treat the patient as you would like to be treated if you were the patient.

"Treat your patient as a human being, not a disease. Remember that a large part of your job in addition to healing is to promote his happiness and well-being, to allay his anxieties.

"A patient is more than a headache, a broken leg."

Speaking of the motivation of men to take up the study of medicine, he said, "One person will seek medical knowledge in terms of financial profit. That is fallacious. There are many other fields where one can make more money more easily, with less anxiety and perhaps have more fun. . . .

"Another person will turn to medicine because of the position the physician holds—a position of esteem, affection, and respect.

"Another person will go down the long, difficult road of training because of an earnest desire to be helpful to his fellow man. I think the satisfaction that comes out of the grinding experience of study can best be found through the consciousness that you are important, essential, and helpful.

"Is the physician of today as revered as the physician of two generations ago? From time to time we are alerted to the menace of socialized or state-controlled medicine. One cannot think of the government invading the sphere of the church. And isn't medicine a ministry?"



The first successful aortic homograft on a coronary heart patient was done on William Parslow. This is the patient a year after operation.

Thus is laid down the self-sacrificing spirit that is being instilled into the heart of the graduating doctor today. Medicine is more than money to a doctor. It is his life, his heart, his soul. The deep satisfaction that comes from seeing a patient return from the brink of death to a happy and healthful life is far greater compensation to a doctor than the check that pays for the service.

Dr. Kemp recently enjoyed the satisfaction of seeing the young girl in this story married to a young law student at the University of Michigan. The genuine pleasure he experienced was so far above the paltry satisfaction of the ten-dollar check he received for his lifesaving night call that it pales into insignificance.

If a doctor fails to make a house call, his name may be spread over the headlines of his local newspaper in the morning. Yet stories of hundreds of house calls and lives saved each day across the nation pass unnoticed. Take this one, which I found buried deep in the second section of my local paper.

One morning about two years ago William Parslow, a driver for Ira Wilson & Sons in Detroit, failed to bring the usual four quarts of milk to our door. The night before he had been rushed to the hospital with severe chest pain.

"It felt like someone was standing on my chest, and the pain was excruciating," he later told me.

Doctors worked most of the night on him because he went into acute pulmonary edema. He could not get his breath, and felt as if he was drowning. His heart, unable to keep up the heavy pull, began to fail. Fluid was collecting in his lungs. Doctors put him in an oxygen tent, and rotated putting tourniquets

around his arms and legs to give his heart a rest by keeping the blood from returning to it. By morning his heart began to catch up, his breathing was easier. After weeks of bed rest in the hospital and at home Mr. Parslow was allowed up again. He even returned to his company to do light office work.

But he had a second coronary episode. This time while in the hospital he began having strange numb feelings in his legs, and the doctors found a huge pulsating mass in his abdomen the size of a grapefruit, which they diagnosed as an aneurysm, a ballooning of the aorta in a weakened spot. This mass bounced against his back and his abdomen with each heartbeat. It grew larger every day.

Until about five years ago physicians could offer aneurysm patients nothing but a warning to await the fateful day when the aneurysm should burst and they die of hemorrhage. But the new blood-vessel surgery changed the picture of this formerly one hundred per cent fatal disease. Today it is possible to resect the aorta, remove the diseased part with its bulging area, and replace it with an aorta from another person who recently died.

One of the pioneers in performing this delicate type of surgery, was called in on consultation to examine Mr. Parslow. In spite of the fact that the patient had suffered a heart attack previously the doctors thought they could save him. They told him of his second serious malady—the aneurysm—and asked whether he was willing to gamble on an operation that might save his life. He said he was.

Special X-ray pictures were taken after a dye was injected into the aorta above the aneurysm. They confirmed the diagnosis the doctors had made clinically with their hands and stethoscopes. It also localized the area of the bulge in the aorta.

A few days later, after all preparations were made

for blood transfusions and the patient was in the best possible condition, he was wheeled into the gleaming green operating theater. After the anesthetic was administered, the bright operating room lights were focused on his abdomen. Sterile drapes were placed.

Then the surgeon stepped up and made a bold incision from the tip of the breast bone to the pubic bone—the entire length of the abdomen. Retractors were placed to pull the abdominal muscles to one side. The small intestines were placed in a plastic bag, and kept warm on the abdomen of the patient during the operation. The peritoneum, or lining over the aorta, was opened, and the huge blood vessel and pulsating aneurysm were exposed. Clamps were placed across the upper aorta just below the arteries that go to the kidneys. Other clamps were placed across the arteries that go to the legs. The large Y-shaped aorta was then removed, and a new one just the same size was fashioned to fit the area resected. The new aorta is called a homograft (*homo* means “same species”), and is simply the aorta of a recently deceased patient. It has been sterilized and lyophilized. It serves as a framework on which new cells grow to form an aorta.

Although the actual resection and suturing of the aorta took only two and one-half hours, the entire operation was nearly five hours long. At the end of the procedure the patient's legs were pink and warm. He had good circulation in his extremities, proving that the graft was working well. Of course it was touch and go immediately after his operation. The long strenuous hours on the operating table and the general shock of the ordeal were factors the patient had to overcome.

A few weeks later Mr. Parslow, a man who had three strikes against him—two heart attacks and an abdominal aneurysm—and who might have been “out,” made a home run. I saw him in the hospital lobby a year after his operation, as active as any other man of his age and as happy over going back to work as a young boy.

He is a living testimony to surgical triumph. He, too, believes that his surgeon belongs in heaven—not in jail! He is truly a medical museum piece, the world's first man ever to have an aorta removed and a new one put in its place after suffering a heart attack.

Just another day's surgery for this doctor. By performing homografting of the aorta or other large arteries vascular surgeons have saved dozens of patients doomed to die from diseased arteries. This story never made the headlines. It received no news announcement on the radio. Silent, unsung surgeons across the land perform feats of equal skill routinely day by day.

In January, 1955, Dr. Arthur Lee Foley II of Rogers City, Michigan, kept a three-month-old baby alive during a 160-mile dash to a Bay City hospital, a news story ran.

It seems that little Mary Jane Gryniewicz was admitted to the Rogers City Hospital on January 24, 1955, with a temperature of 105.4° F., and a diagnosis was made of acute tracheobronchitis with pneumonia. The little patient failed to respond to treatment. Her breathing became progressively more labored in spite of oxygen, antibiotics, and other attempts to establish

a good airway from her throat to her windpipe and lungs.

At two thirty the next morning Dr. Foley rushed to the hospital because the baby's breathing was too poor to be maintained even in an oxygen tent. Her throat began to close off. She was turning blue from lack of oxygen. Dr. Foley operated immediately to unplug the baby's throat. He did an emergency tracheotomy in the patient's room. There was no time to move her to the operating room.

After the operation the baby's obstruction was relieved. She began to breathe more freely. But at this point Dr. Foley discovered that there was no tracheotomy tube small enough to fit the baby's windpipe. Quickly he called Dr. Hugh Cook, an ear-nose-and-throat specialist of Bay City, Michigan. “Yes, I have a No. 1 tracheotomy tube that should fit,” Dr. Cook assured him. “If you can get the child here, I'll meet you at the hospital.”

Dr. Foley had to use a makeshift rubber tube in the baby's trachea. It kept filling with mucus. He saw that the only way to safely transport the baby was for him personally to go along on the trip to Bay City to keep the tracheotomy open and the mucus cleared out of the throat.

A few minutes later the telephone rang at the Foley residence, and Mrs. Foley was routed out of bed on a freezing January morning. “We have a sick baby who must go to Bay City immediately. You'll have to drive.”

Mrs. Foley came right to the hospital. She sat by herself in the front seat (Turn to page 29)



PHOTO, COURTESY OF THE AUTHOR

OPERATING ROOM scene, typical of thousands of surgical operations performed behind the scenes each year, where doctors save many lives.

‡ Are We Forgetting ‡

TUBERCULOSIS?

R HUBERT O. SWARTOUT, M.D., Dr. P.H.

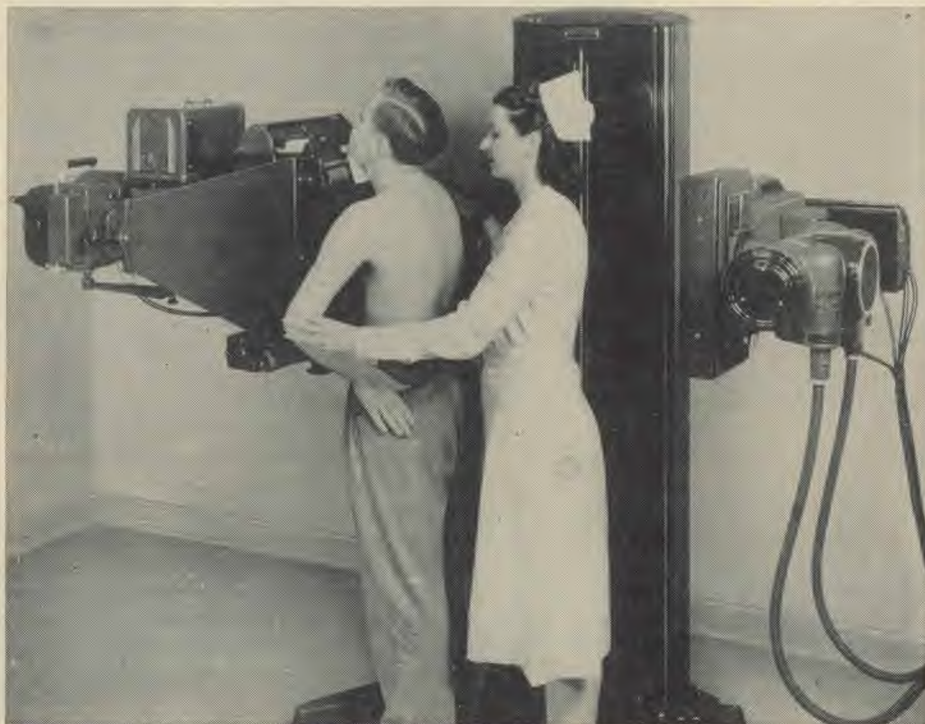
EACH January we hear about the March of Dimes, when we are urged to contribute money to promote the work of the National Foundation for Infantile Paralysis. With the call for further study in the use of poliomyelitis vaccine, and the prospect of giving continued care to tens of thousands of polio victims, these funds are surely needed.

And each year Christmas seals are sold to collect funds for use in the fight against tuberculosis. According to the difference in publicity given these two fundraising campaigns, it may seem that the polio problem outweighs the tuberculosis problem. This is far from the truth. Tuberculosis is still our greatest communicable-disease problem.

There are some special characteristics of polio that

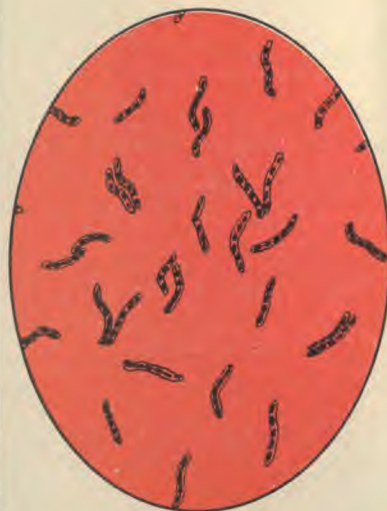
Let's not allow newer campaigns to make
us forget the important Christmas seals.

probably account for its unusually prominent place in our thinking. It strikes suddenly. It is often impossible to tell where the infection comes from, so that the chance of avoiding exposure is small. When it strikes, there is always the chance that it will cripple the victim or take his life. The crippling it produces is often easily seen.



PHOTO, COURTESY OF GENERAL ELECTRIC COMPANY, X-RAY DEPT.

HAVE a chest X-ray whether you think you have tuberculosis or not. X-ray discovers many new cases.



Although polio differs markedly from tuberculosis, there are several features of the two diseases that make the comparison interesting. Such a comparison may give us a better basis for judging the gravity of the tuberculosis problem. The aim is not to make us think more lightly about polio, but to keep us from thinking too lightly about tuberculosis.

Both diseases may prove fatal, though a larger percentage of polio victims recover than do tuberculosis patients. With polio, if death is to come at all it usually comes within a few days or weeks. In the long run, tuberculosis is the more deadly. In fact, until very recent years, there were more deaths from tuberculosis each year than there were reported cases of polio. It is a rare polio epidemic that is severe enough to bring death to as many as 10 per cent of its victims. With all the lifesaving possibilities in new remedies and surgical procedures, tuberculosis *deaths* run a close second to polio *cases*. Reported cases of tuberculosis greatly outnumber the reported cases of polio.

Both diseases are crippling, though in different ways. Half the cases of polio result in some degree of paralysis, and in more than half the cases with paralysis there is such a good degree of recovery that no permanent crippling or deformity results. Even when crippling does result, the person concerned is usually able to return to some form of useful activity within a few months from the onset of the disease.

On the other hand, a victim of tuberculosis is rarely able to return to normal activity within six months; and he is likely to be disabled for a year or two, if not longer. In tuberculosis the persistence of some degree of permanent disability is much more common than in polio. The reason that we are not conscious of the greater crippling effect of tuberculosis is that a crippled lung does not show, whereas a crippled leg does.

Both diseases are infectious, polio being caused by a virus and tuberculosis by an organism of the mycobacterium class. Neither disease is highly contagious. In either case, infection may come from a person carrying the infecting agent without being made ill by it. In polio the infection often comes from apparently healthy carriers of the virus. It is practically impossible to detect a polio carrier.

In tuberculosis, the disease often develops among those intimately associated with a tubercular person. Examination of the members of the victim's household or other close associates usually brings to light the source of the infection.

Good health habits and good sanitation have not proved of value in preventing polio. On the other hand cleanliness, good nutrition, sound health habits, and good housing provide a large degree of protection against tuberculosis.

Medical scientists have been working a long time to perfect vaccines against both diseases. To date the most hopeful vaccine against polio is the well-known Salk vaccine.

The only vaccine that has done any good in preventing tuberculosis is little known to lay people in the United States, but doctors know it as BCG. It seems to give children and young people a degree of resistance against tuberculosis, especially if they are likely to be frequently exposed (Turn to page 35)

PHILOSOPHY OF LIFE



THE SOURCE OF PEACE

By H. M. TIPPETT

In April, 1861, an inscription beginning "Glory to God in the highest" was being inscribed above the pulpit of the South Congregational church, in Boston. Edward Everett Hale, author of the patriotic classic *The Man Without a Country*, was its pastor.

Sparks from the friction between the North and the South suddenly flamed into the tragic War Between the States, and the young men of old South church began marching off to war and the women began making service kits and bandages. For years nobody had the heart to complete the unfinished inscription.

Came the happy day when hostilities ceased. A painter was employed to add the remaining words to the panel above the pulpit: "And on earth peace, good will toward men." Instead of roaring cannon and martial drums, the song of the Bethlehem angels was heard once more. For four years heartache and fear, grief and disillusionment, had held sway over even the most sanguine of the war's supporters. Now the old certainties reappeared and asserted themselves. The eternal things that keep the human spirit ever reaching up had been only temporarily obscured. And it is ever so.

Men and institutions and ideologies change. God never changes. The Christmas anthem over the hills of Judea was not a burst of pious sentiment from which to make wall mottoes at Yuletide. It was the solemn pronouncement of the One who is the author of peace—that tranquillity of mind and heart which buoys up the believing heart in every conflict and adverse situation. The peace of which the angels sang is much more profound than what is conceived by "the Christmas spirit." The joyous carols, the illuminated trees, the gaily wrapped gifts, are only symbols of the good cheer and kindness we fain would feel throughout the year. Yet, alas, it is evanescent. The Christmas trees are no sooner in the garbage trucks on their way to the city incinerator than men are at it again, shouldering each other out of the way, short-cutting their way to coveted goals in wealth, position, or social preference.

The "good will" of God found highest expression in His free gift to the world of a Saviour, and it is only in acceptance of Christ's perfect life for our imperfect life, of His wisdom for our confusion, of His pattern of practice for our example, that any of us can enter into and demonstrate the meaning of "peace on earth." Moral conduct, social ethics, conformity to the civil code, spontaneous acts of charity—these are excellent, but peace comes only to a heart at rest in the assurance of God's favor through personal acceptance of His perfect gift to men. Any substitute for that faith, including the panaceas offered by a growing list of books promoting peace through self-hypnosis and whatnot, must surely fail.



EWING GALLOWAY

CITY LIVING that limits sunshine may be expected to promote rickets.

AMONG the best of nature's healing agencies the cheapest and most universally available is sunshine. Yet, partly through our failure to utilize this source of health, there occurs in the United States more commonly than in any other country the deficiency disease rickets. Accurate surveys among young children in our larger cities show that in just about one half of the infants from three to six months some evidence of this disease can be seen, sometimes in a mild form, sometimes in a severe.

Rickets is essentially a disease of infancy and early childhood, especially from six months to two years—that period of most rapid bone growth. Some children are almost certain to develop rickets unless the parents use adequate protective measures. Residence

RICKETS

R. LESTER H. LONERGAN, M.D.

Rickets is most common during the time the bones of children grow most rapidly.

in southern California and other sunny locations does not in itself prevent rickets.

Fortunately the more severe forms of rickets are far less common today than a few years ago. An investigation made in New Haven revealed rickets in either moderate or marked severity in practically a fourth of all eighteen-month-old infants examined. It is much more common among babies artificially fed than among those fortunate ones who are breast fed. Italian and colored children are especially susceptible to rickets. Likewise, premature infants and twins show such an extreme susceptibility that often in them the disease will develop to a moderate or severe degree unless proper preventive measures are taken.

What is rickets, and what is its cause?

Rickets is a deficiency disease in which the bones are improperly calcified and become weakened because of a lack of vitamin D. It is the minerals calcium and phosphorus that mainly impart rigidity to the bones. Ordinarily these minerals are absorbed from the food and deposited in the bones as calcium phosphate. If they are not available from the food in sufficient amount, the bones will be soft. The diet of the average child usually contains a reasonable amount of both minerals. Another factor far more frequently deficient is vitamin D. It increases the absorption of these minerals from the intestine and controls their deposit in the bones. If vitamin D is not present, no matter how generous the supply of calcium and phosphorus in the food, the body cannot use them and rickets will result.

The primary source of vitamin D is the ultraviolet portion of sunlight. When these rays strike the skin, active vitamin D is formed and carried by the blood stream to the places where it is needed.

The body's need of sunlight is the reason that rickets is a disease of sunless areas, of winter months when warm sunshine is less available, of smoky industrial cities where these healing rays are largely filtered out by smog before they can reach the earth. In the tropics, where children are commonly exposed to the vital rays of the sun, rickets practically does not exist.

Because of the lack of mineral in the bones, they become softened and deformed, especially those that bear the weight of the body. Curvature of the spine and nodular swellings at the growing ends of the long bones, notably at the wrists, knees, and ankles, result. Bowed legs or knock-knees frequently occur. The enlargement of bones of the skull gives the child a characteristic square-headed appearance. The breast bone is pushed forward, forming the so-called pigeon breast. Along the front ends of the ribs are little nodular enlargements. Since their form suggests a string of beads, they are called the rachitic rosary.

In rickets there may be a long delay in the eruption of the teeth. At the end of the first year, instead of the usual six or eight, there may be none or only one or two. The child's muscles may appear weak and flabby. Instead of the incessant activity so characteristic of a healthy child, he may be content to sit almost motionless for an hour at a time. The muscles of the abdomen being weak, a protruding abdomen results. Because of these serious effects on muscles and bones, walking is greatly delayed and growth may be inhibited.

How early in life does rickets appear? Upon proper treatment, are its effects entirely overcome?

Rickets rarely appears in infants less than two months old, because it takes about that amount of time to develop to a point where it can be recognized. Its frequency is markedly increased in the third month, reaching its highest incidence from the fourth to about the eighteenth month, then declining during the next two years. Although the active form of the disease usually appears before the fifth year, a few late cases appear long after that age.

Rickets does not kill. True, it may produce crippling deformities. Whether these deformities will disappear depends on the severity of the disease, especially on when it occurred in relation to the process of growth. The milder the disease and the earlier it is controlled, the better the chance that the deformities will completely disappear.

Drs. Elliott and Park say, "In infants, because of their large measure of incompleting growth and consequent capacity for change, the most marked deformities may disappear. When rickets persists into the third and fourth years, deformities are usually permanent, as indeed they are apt to be when they develop during adolescence. Deformities of the legs and pelvis are more apt to persist than those in other parts of the body because of continued strain of weight bearing."

Of all the permanent results, the most serious is deformity of the pelvis in women, for it interferes with childbirth. When you think what it will mean at childbirth, you know that you cannot do too much to give your children strong, healthy bones.

How much vitamin D is usually required for complete protection? What foods will best supply it?

It is generally recognized that normal babies require from four hundred to eight hundred units of vitamin D daily. Preventive treatment should be given both breast-fed and artificially fed infants, and continued at least through early childhood. Vitamin D in excessively high daily dosage is dangerous. Apparently God intended us to get most of our supply of vitamin D from sunshine, for it is sparsely scattered through most foods—less perhaps than any other well-known vitamin. Although green plants form most of our vitamins, they contain only minute traces of vitamin D, if any.

In foods of animal origin, such as egg yolk and butter, vitamin D is present in somewhat larger amounts. Even these sources are so variable from season to season that they cannot be depended on to protect against rickets. One egg may furnish anywhere from eleven to eighty units of vitamin D; one average square of butter, from four to fifteen units. The safe procedure is to consider ordinary foods practically devoid of vitamin D, and supply it from other sources. An average diet, which would include one egg, three tablespoons of butter, and a pint of milk daily, would supply possibly as much as 160 units of vitamin D, or about one third of the total requirements. If the butter and egg were poor in this vitamin D, such a diet would furnish only about 40 units instead of 160 (one tenth of the requirement).

Some brands of milk are advertised as containing vitamin D. Can they be depended on to protect against rickets?

Read the label! The United States Government is your protector, for it has decreed that products must be analyzed on the label of every package.

If the milk contains as much as 400 units to the quart, the usual amount fed to normal full-term infants will protect the great majority. To be certain of being on the safe side, it would be wise to supplement with some other vitamin D preparation during the first few months.


(Turn to page 37)



A PROPER sun lamp may replace the sun's rays during winter months.

Constipation

CIVILIZATION'S DISEASE

 KEITH W. SEHNERT, M.D.

A better diet and relaxation should relieve constipation for many patients.

THE primitive Eskimo language had no word for constipation. The condition was unknown to them, according to the Arctic explorer Vilhjalmur Stefansson. They did, however, develop constipation after they began to eat the white man's food and live in the white man's way. Constipation is a disease of civilization. Our eating and living habits have created a condition that was never meant to be.

Modern man lives more and more on highly concentrated foods such as white flour, granulated sugar, eggs, and lean meat. With food so lacking in bulk, the colon fills up slowly and is slow to empty.

Day after day in my office I see people who eat so

little bulk that an adequate daily bowel movement can hardly be expected. Yet these people expect a normal movement every day. If it is not forthcoming they purge themselves with every conceivable laxative carried in the neighborhood drugstore.

Tension and strain are enemies of natural body functions. They cause muscle tightness and spasm all over the body, including the bowel. This often leads to constipation. Patients may have normal bowel movements while on vacation or over a weekend, but when they return to the tension of regular work constipation reappears.

In spite of millions of water coolers and fountains in the United States, many people never drink enough water. Insufficient water and liquid intake makes the bowel contents sluggish and favors constipation.

M. E. Rehfuess, in his book on digestive disturbances, says that constipation can be divided into three medical types—atonic, spastic, and rectal.

The atonic type of constipation is characterized by a relaxed state of the muscles of the colon. It usually results from the excessive use of laxatives and enemas. By causing continued overstimulation of the bowel, these self-medications finally cause a weakness and relaxation of the muscles of the bowel.

The spastic type is the most common constipation. It is present in about 90 per cent of the cases seen in the doctor's office. Because of nervous tension the muscles of the colon become excessively tight, and constipation gradually results.

The rectal type of constipation occurs when the rectum, the last portion of the colon, becomes over-stretched and empties poorly. (Turn to page 33)



A. DEVANEY

REFINED foods and tensions of modern living often cause constipation.



CENTENARIAN CLUB

*Show me a man who has lived beyond his span,
And I'll show you a man who has lived for man.*



MRS. ELLA EVANS HUGHES

Ninety-two years ago on June 25, Mrs. Ella Evans Hughes was born in Richburg, Allegheny County, New York State. When Mrs. Hughes was three years old her parents took the family to live in Missouri. In those days the Government set aside land on each side of a new railroad as public land. The railroad builder was at liberty to sell the land and establish schools with the proceeds. Mr. Evans and his brother bought a large tract of this land for their families.

In 1869 the family moved into the town of Hamilton, Missouri. Mrs. Hughes remembers that they went to church regularly. Her first recollection is of a time in church when the meetinghouse was so crowded that the seats were all taken. The ushers took the children to the platform. She has a vivid memory picture of sitting on the edge of that platform with her feet hanging down.

Mrs. Hughes was a rather delicate child, and her mother learned how to plan her clothing and diet so as to build up her health to the highest degree. Her mother subscribed to the *Pacific Health Journal*, which later changed its name to *Life and Health*. She gained so much benefit from it that she lent it to her neighbors.

(Turn to page 39)

DADDY

A Small Edition of God

By PAUL C. HEUBACH

TWO boys were discussing the devil one day, and one said, "Do you believe there is a real devil?"

"No," replied the other, "he's just like Santa Claus—he's your daddy."

The little fellow's statement "He's just like Santa Claus—he's your daddy" portrays many adults' concept of God as well. If you analyze the prayers of many men and women, you will find that they are not much more than letters to Santa Claus. When Santa doesn't show up with the desired gift the response is "Oh, well, I guess there is no Santa Claus anyway." When God doesn't seem to grant our petitions we are likely to say, "I guess there is no God."

When we think of the "daddy" part of the story, we are introduced to a most important consideration. To most children, Daddy is a small edition of God. Concepts of God from childhood to adulthood are gained more from what parents are than from what they teach.

A little girl came home from school early one afternoon and decided to surprise Mother and clean the house all by herself. She worked hard for several hours, and was dusting the last chair when Mother came home.

Now, her mother was a perfectionist, also was not feeling well that day, and having had a difficult time at the office, she was irritable. When she came into the room, instead of greeting the little girl with words of appreciation and love, she looked around, and noticing that some dust was left in one corner and on one or two of the rungs under a chair she blurted out, "How many times must I tell you to get the corners and dust under the chairs? Will you never learn?" With that she went into the bathroom, leaving a crushed little daughter.

On another occasion the little girl decided to cook supper and have everything ready when Mother came home. Among other things she decided to make biscuits. She followed the recipe on the box, and made fairly good biscuits for the first time. In the process, however, she spilled things and, of course, didn't think to put everything away.



EWING GALLOWAY

BE TRULY sympathetic with your child's viewpoint for his best good.

When Mother came home, her first words were "My, what a mess you have made!" She didn't even notice the biscuits.

This child came to think, "Nothing I ever do is just right! What's the use!"

Is it any wonder that years later this same little girl sat in her minister's office and said, "You know, Pastor, I don't see any use in trying to be a Christian. I can never measure up to God's ideals. I try hard, but I always fail."

These words were but an echo of her thinking years before. Nothing she ever did was quite right for her mother. So she felt that nothing could be quite right for God. Such concepts have a definite bearing on mental health. To have a healthy mind one must have a healthy attitude toward God, and this attitude to a larger degree than many realize is determined by parents.

Some years ago a study was made of the factors involved in loss of faith in God. By several case studies from a mental hospital the author showed how loss of religious faith reflects a personal sense of rejection by parents and others. Loss of faith in oneself and others is projected to a loss of faith in God. He concluded that the pastor need not use argument to restore faith. Loss of religious faith is an emotional loss that needs to be restored by understanding and acceptance in a supportive relationship.

A student makes the observation that religious and ethical values become effective through personal

Your child will build his conception of God from his daily impressions of his parents.

identification, not when imposed by creed. A person's religious faith has its roots in the relationships he forms early in life, the most important of which is the parent-child relationship.

In discussing the commandment "Honour thy father and thy mother" one author wrote: "Parents are entitled to a degree of love and respect which is due to no other person. God Himself, who has placed upon them a responsibility for the souls committed to their charge, has ordained that during the earlier years of life, parents shall stand in the place of God to their children."

If parents' lives are to help explain God to their children, there are some significant questions fathers ought to ask themselves.

If my children when they are older serve God as they now obey me, will I be satisfied? If my children's future attitude toward God is their present attitude toward me, how about it?

You see a group of boys playing. A father comes along, and you hear one little fellow say, "Here comes Dad; let's get going." Another father approaches a group, and you hear in an altogether different tone of voice, "That's my dad. Hi, Dad!" What a world of difference in the attitudes of the two!

On one occasion two teen-age boys were discussing plans for the weekend. One asked the other to go hiking with him. The boy replied, "No, I'm going with Dad to the mountains for a couple of days."

"Who is going with you?"

"Oh, no one; just Dad and I."

"I'd hate to have to spend two days with my dad alone," said the first.

"Oh, but you just don't know my dad."

The chances are that when these two boys grow up they will have similar attitudes toward God.

If our children's attitude is temporarily "anti" in their desire for independence, do we have the patience to realize that it is part of the process of growing up, and still show a loving attitude? Are we able to love them unflinchingly for what they are now rather than for what they are to become? Do we try to inspire them to better things? That is God's way of dealing with us. Do we deal with our youngsters' errors as God deals with ours? forgiveness unto seventy times seven?

Here are ten rules for fathers on building their children's future as taken from the *Temple Baptist Messenger*:

"1. He makes himself responsible for his child's behavior.

2. He shares in his child's activities.

3. He makes his child feel secure.

4. He has his child's complete confidence.

5. He is never blinded to his child's faults by his love. He knows he serves his child's interest best by recognizing and correcting weakness.

6. He is always available to help solve youthful problems.

7. He does not demand filial devotion, he wins it.

8. He recognizes and accepts as largely his the responsibility for his child's mental and spiritual development.

9. He contributes to making the home his child's haven.

10. He strives to be the man his child thinks he is."

A true knowledge of God in parents and the transmission of concept to children by means of a wholesome relationship—of fellowship and understanding—is one of the most important contributions to mental, physical, and spiritual health.

We need to take our business of being fathers more seriously and spend more time with our children.

Recently I read the parable of the Prodigal Father. It was written by Blake Godfrey for the Father and Son League. I quote it here because I believe it contains a lesson for all fathers.

"A certain man had two sons, and the younger of them said to his father:

"Father, give me the portion of thy time, and thy attention, and thy companionship, and thy counsel and guidance which falleth to me.' And he divided unto them his living in that he paid the boy's bills, and sent him to a select preparatory (Turn to page 31)



EVA LUOMA

THE wants of children are of importance to them, and should be to you.



A. DEVANEY

A HEALTHY person may make himself ill by constant worry and tension.

she could tap whenever she needed it. Her courage and resourcefulness fell on my friend and me like a refreshing rainfall.

Earlier that afternoon we called on a friend with a fractured arm. We found her wallowing in self-pity because her only son had received an overseas assignment with the Air Force.

What explains the difference in people's reactions to adverse circumstances? Is it a matter of training?

I asked these questions of a psychiatrist for whom I prepared observations of patient behavior for a graduate research project. We reviewed the case history of a college girl who had a nervous breakdown. We were impressed that the pressures in her life were no greater than in the lives of many of us.

The doctor's response was this: "Of course some people are hit harder than others by a disappointment, because each experience has a different meaning to different people. Failure or frustration may be interpreted as rejection by one person, as punishment by another, and as personal inadequacy by still another. Our attitudes depend largely on what our early experiences were. The people who are defeated by frustrating events are usually lacking in a certain 'inner plus' that other people have."

I asked whether he meant emotional stability, and he replied, "Well, yes, partly that. But I was thinking of something more than just a neutral state of emotional balance. I am thinking of a kind of aggressive inner strength that the man on the street might call

What Trouble Does to Us

By HELEN L. TONER, B.D.

IT'S surprising the hard knocks some people take and still carry on!" My companion shook her head as we left the hospital room of Elise, a friend whose courage was astounding. She had spent months in an iron lung as a polio victim, and was now learning to control the muscles of her abdomen so that she could sit up without being propped or held upright.

A young widow, she had left her son in the care of her mother. The mother herself had been ordered to take several weeks' bed rest. We went to cheer Elise and offer our help, but we came away knowing that no one would ever need to pick up the pieces of her life.

There was a quiet sureness about her, as if she had an inexhaustible supply of strength and poise that

grit. My mother used to call it backbone. I don't believe people are born with it. They have to cultivate it."

In the years since that conversation I have thought of it many times. As a minister of small-town parishes I have seen people under pressure at close range. My own invalidism as the result of a defective heart valve brought me face to face with physical frustration, financial insecurity, and shattered plans.

The years of hospitalization are behind me, but they are recent enough that I can recall vividly the weight of discouragement that rested on me at times, and the intense outside pressures bearing on some of my fellow patients.

Working with deeply troubled people and wrestling with my own difficulties have brought me one unshakable conviction: No one can afford not to insure him-

The way you look at your problems is an index to the way you manage life.

self against the destructive responses that the mind can make under pressure.

The person who fails to plan for his future is unrealistic and improvident. He leaves himself and possibly others unnecessarily vulnerable to financial burdens that emergencies can bring. The person who does nothing to insure himself against the emotional burdens that adversity brings is not only improvident but is courting tragedy.

Let us notice some of the common ways in which people respond to frustrating events.

A young man whose application to West Point was rejected felt a deep disappointment, but managed to pull himself together. Manfully he reassured himself that he had met the jarring experience and was untouched by it. But before long the people who were closely associated with him noticed a loss of enthusiasm and a growing lethargy. Five years later he was a much less happy and less interesting person. He gave up the clear-cut goals and purposes that once had lent zest to his existence.

Why? Because consciously or unconsciously he did not want to be bruised again. He listened to the inner suggestion: "Don't aim so high, and you won't get batted down." This kind of person is a drifter.

After a crippling accident a girl began to picture herself as the victim of a series of bad breaks and managed to disclaim all responsibility for her own unhappiness. She developed a kind of convenient amnesia about all the good things that came her way. Dramatizing every disappointment, she soon had people avoiding her, which added to her feeling of injustice. Let us call her a "victim."

A man had been asthmatic from childhood. He lost his wife; and shortly afterward his brother, who was his moral support, moved across the continent. The double blow started bitterness in him, and he developed an inner rage. His asthmatic seizures increased, and he grew gruff and unpleasant toward his associates. Perhaps the term "the enraged" describes him.

Many more examples of poor adjustment to misfortune could be given. Some

people are shattered by financial reverses, disappointment, repudiation, family conflict, invalidism, and bereavement.

Can you insure against personality injury under pressure? Before adversity strikes set about developing "inner plus." "Inner plus"—spiritual power, adjustability, a sound philosophy of life—is a quality that must be consciously built up, just as money in the bank has to be accumulated.

Emotional weakness, like lack of muscle tone, results from failure to use body resources and to exercise control.

Some years ago a friend sat in my study and expressed her discouragement: "I don't believe my attitude toward my husband's death is better than it was a year ago. I'm ashamed of myself and the energy I spend brooding."

As we talked it became evident to both of us that she had done very little in the past year to add to her inner strength. Like a lot of people, she counted on automatic improvement in her emotions without making an effort to increase her morale. The half-truth that time heals all things lulled her into waiting, when she should have been working her way toward new attitudes.

She was still interested in her appearance, and continued the physical exercises by which she kept her figure trim. She had neglected the "exercises" that help reduce anxiety, gloom, and despair. If she had filled her days with useful service for others or had assumed additional responsibilities, she would have regained her mental health more rapidly.

She had visited several local service clubs, but had failed to take a vibrant interest in their activities. She lived only three blocks from the church she had attended all her life. But after her husband's death she no longer attended services.

She often refused requests (Turn to page 37)



FINNEY, FROM MONKMEYER

THE convalescent is sometimes able to regain his health by fostering a bright, happy outlook.



Miracle of the DESERT

By M. CAROL HETZELL

WHO would have dreamed at the turn of the century that the parched, sand-blown deserts of southwestern United States would one day produce a multimillion-dollar industry; that rolling dunes would yield to lovely acres breathing the enchantment of Arabia? Yet this is the story of the Coachella Valley of California, home of the world's fastest-growing date industry.

Early in 1891 a young research worker in the Bureau of Plant Industry of the U.S. Department of Agriculture caught "date fever." He became fired with the desire to see the cultivation of dates attempted in the United States. He promptly set himself the task of learning everything he could about dates. His studies led him into numerous foreign languages and eventually, with the consent of the Government, into the homelands of the date palm. This man was Dr. Walter T. Swingle, later known as the parent of America's commercial date industry.

Dr. Swingle learned that of all fruit-bearing trees the date palm is most unique. For example, there are female date palms and male date palms. Yet, unlike other plants of this type, the flowers of the female palm are not pollinated via the ambitious migrations of bees or other insects. Nor do the gentle breezes perform any expert service on behalf of Mother Nature. It remains for man to clamber aloft among the spiny leaves and shake the pollen from the male blossoms amid the blooms of the female. This service has

been so performed for nearly four thousand years!

Legend has it that at one time Mohammed felt called upon to denounce this practice of artificial impregnation. He stated that it was "unnatural," and in the future would be unlawful for his followers to carry out in his date gardens.

The people loyally abstained, albeit with considerable misgivings. In the fall there was no date crop. The date growers held an indignation meeting, the outcome of which was a little heart-to-heart talk with their prophet. Mohammed then released this statement:

"You are weak in spiritual knowledge, but are worldly wise; therefore in the future I will confine myself to the government of your spiritual welfare,



PHOTOS, COURTESY OF MRS. WALTER T. SWINGLE

DATE growers use offshoots from the palms to start new trees. Date seeds reproduce unreliably.

**Not only is the date a delectable fruit
but it contains excellent food values.**

and let you manage the affairs of this world to suit yourselves."

The next year's crop returned to its previous good yield.

In considering the propagation of the palm Dr. Swingle found that the seeds do not necessarily produce an adult tree of the same qualities as the parent plant. Seeds from the same palm can produce plants of widely different quality. For this reason, coupled with the fact that it is impossible for the grower planting by seed to tell for as much as eight years whether he has planted a male or a female tree, commercial gardeners prefer to enlarge their groves through the planting of offshoots rather than seeds.

These offshoots, or suckers, are cut from around the base of the female palm when they are three to five years old. They are carefully trimmed, wrapped in burlap to protect them from temperature changes during the delicate period immediately following this operation, and planted in thoroughly soaked desert earth about thirty-three feet apart. Given proper care, the young offshoots will produce their first blossom in two or three years. Some varieties, however, require a longer period before bearing.

Dr. Swingle succeeded in bringing the first offshoots to the States in 1900. Aware of his strong interest in this branch of agriculture and the knowledge he had amassed, the Department of Agriculture sent him to North Africa to select, purchase, and ship back offshoots from the magnificent commercial date groves he had seen there on a previous trip.

The doctor met with excellent success until he came to the final stage of his assignment—the shipment. He had selected, purchased, and prepared the precious offshoots, placing them in tubs to keep them moist. Then at the last minute he learned that all the camels in the vicinity had been seized by the French Government. His cargo was virtually stranded.

A government official came to his rescue by sending out boys mounted on fast ponies to search for any camels that might have been overlooked. The boys finally came upon an unseized caravan, remedied the situation, and in short order the shoots were loaded and on their way.

At the port another difficulty arose. The steamer officials looked dubiously at the tubs holding the shoots. Foul weather could set the tubs loose, ruining other cargo and perhaps even endangering lives. They refused to take the risk.

Swingle met this obstacle by wiring to Paris and securing sphagnum moss. In this moist medium he wrapped the offshoots, tying twenty to a bundle. Ship officials were satisfied, and Swingle was more than satisfied when his precious cargo arrived in the States



BROWN paper bags cover the date clusters for protection of the fruit.

in excellent condition. The first big hurdle had been cleared. It was possible to transport the offshoots. This shipment was planted in Arizona, with the cooperation of the University of Arizona. It was the first large introduction of date offshoots of standard named varieties, and July 25, 1900, the day they were planted, could well be considered the birthday of the American commercial date industry.

Others followed in the footsteps of Dr. Swingle in bringing first-class offshoots of many varieties to this country—Thomas H. Kearney, Barbour Lathrop, Dr. L. Trabut, and Dr. David G. Fairchild, who eventually became head of the U.S. Department of Agriculture's Office of Foreign Plant Introduction. Dr. Fairchild's continued interest in the work of Dr. Swingle resulted in the largest representation of fine varieties of dates in the United States that is to be found in any single date-growing region of the world.


Nearly one hundred varieties of date palms have been grown in the United States. Sixteen have proved successful here commercially. The leading variety is the Deglet Noor of the Coachella Valley, in California. This came originally from Algeria, and yields two hundred to three hundred pounds of dates per palm. The next most important commercial variety is the Khadrawy, from Iraq.

In 1907 the site of the date experimentation was shifted from Arizona to the Coachella and Imperial valleys of California, particularly at Indio, California. This area, by virtue of its soil and ardent climate, now holds the title of being the heart of the U.S. date-growing industry.

Here where the intense

(Turn to page 40)

Your Heart

 **PAUL DUDLEY WHITE, M.D.**

Heart consultant to President Dwight D. Eisenhower

THE heart is a strong, tough muscle able to endure great physical strain for many years with little injury. A rough estimate of what the average adult heart can do in work accomplished in one hour is 3,600 foot-pounds. The heart is not a delicate organ, as are the brain and the liver. It has been too much feared and coddled simply because it does happen to be the most vital organ. Not only is it the most efficient muscle in the body but it is very well protected in the thoracic cage. In a healthy person it tires much less readily than the skeletal muscles, and it is only rarely injured in accident.

It is practically impossible for a person in good training to exhaust a healthy heart even by grueling effort. Nervous exhaustion, muscular fatigue, and collapse come first and so protect the heart, although their symptoms are often wrongly attributed to heart strain.

Athlete's heart is mostly a myth. There are undoubtedly rare exceptions of persons endowed with heart muscle or neuromuscular mechanism by inheritance or perhaps by a poor start in fetal life or earliest infancy that may not be able to withstand the strain of severe athletic sports. It may be that marathon racing, grueling cycle contests, four-mile boat races, and hard skiing at high altitudes carried on for years hurt the hearts of the persons doing them. Average sports such as baseball, golf, and tennis, and even the hard, competitive games of football, hockey, and basketball, do not hurt the heart, with very rare exceptions.

Injury produced in accidents rarely hurts the heart. Even crushing injuries of the chest, including milder steering-wheel injuries, rarely damage the heart. This is because the heart, hanging from the blood vessels, is freely movable, and slips back and forth with ease.

Battle or air-raid injuries frequently cause actual perforation or penetration of the heart, but even in such cases many lives are saved by emergency surgery.

The usual normal range of heart rate is 50 to 90 beats a minute. Even 40 at complete rest and 100 or more when excited are not abnormal rates. As a matter of fact, a heart can get along well for years at a rate as low as 30 and as high as 120 to 150 if it is in a reasonably healthy state otherwise. At rates of 20 or



H. M. LAMBERT

YOUR heart is one of the most efficient organs in your entire body.

below or more than 200 there is likely to be trouble unless the condition is only temporary.

There is much unnecessary fear of low blood pressure. Many persons come to me complaining that their pressure is only 100, 105, or 110. If they are otherwise healthy, I always reassure them. The lower the blood pressure within reason (down as far as 90 in an adult) the less strain on the heart and arteries and the longer the life. This fact has been determined by life insurance studies in the past thirty years. Insurance companies once hesitated to accept the low-blood-pressure candidates, but now they are eager to accept them.

A general alarm about the increase of heart disease was stirred up recently. Unwise publicity causes much cardiac neurosis. It is true that the diagnosis is made more frequently than it used to be, but that may partly be explained by three simple facts:

1. There is a tendency in medical diagnosis to

lump under heart disease various conditions that used to be otherwise labeled. What was once called Bright's disease is now recognized as chiefly heart strain and failure, with resulting albumin in the urine, caused by high blood pressure.

2. There is a higher accuracy in diagnosis. Many cases once erroneously called acute indigestion are recognized as being coronary thrombosis.

3. More persons are surviving the hazards of early life—particularly infantile dysentery, diphtheria, tuberculosis, and typhoid fever—to reach middle life or beyond, in which heart disease is naturally more prevalent. Perhaps our faulty modern way of life with almost complete neglect of the ordinary simple rules of health may add its toll of heart victims.

Heart disease is not one disease such as typhoid fever, any more than disease of the brain is one disease. If we break the expression down into simple terms it becomes much less mysterious and terrifying. There are heart defects present at birth; acute and chronic rheumatic hearts; bacterial endocarditis (formerly the most fatal of all, but now curable in 80 per cent of the cases); hearts affected by high blood pressure; pulmonary heart disease; hearts badly supplied with blood or with muscle actually damaged or destroyed because of hardening of the arteries; hearts damaged by syphilis (becoming rarer); hearts exhausted by many years of thyroid poisoning (a thing of the past in civilization); and many, many lesser causes of abnormal conditions of the heart.

Defects in the heart and large blood vessels found at birth are not frequent. They are the most complicated kind of heart trouble, because of the many possible defects and their combinations.

Some defects are serious, especially those associated with a blue skin. The majority of defects in those who survive the first few days or weeks of life can allow active long lives, though more than average care should be taken to avoid strain and infection.

Much recent advance has been made in our knowledge and treatment of congenital heart disease. We know now that virus infections such as German measles in the first, second, or third month of pregnancy may result in deformities of the heart and other parts of the body. Surgical treatment of defects present at birth has advanced greatly, so that the condition causing a "blue" baby is largely curable in children and young adults.

The second important type of heart disease—in some parts of the world the most common of all—which makes up about a third of all cases, is rheumatic heart disease. The precise cause of it is still unknown. It starts as an acute inflammatory process involving the heart muscle, usually also the heart lining and valves, and often the outer sac of the heart. It is usually set off

by a streptococcus infection, generally of the upper-respiratory tract.

It is rare in the real tropics. It is frequently seen in certain families because of some inherited susceptibility and it crops out in crowded living areas. It may be immediately fatal, but usually allows recovery, with some degree of permanent heart damage. The prospects for recovery depend on the severity and duration of the acute illness, the tendency to recur, and the amount of permanent valvular deformity and muscle damage.

Some persons have lived long and active lives in spite of rheumatic heart disease. Important advances in knowledge and treatment of rheumatic fever and rheumatic heart disease have been made. The use of penicillin at the onset of acute streptococcus infections, particularly of the throat, may protect the patient against rheumatic fever. Treatment with cortisone, a hormone, has proved promising to cut short the rheumatic fever process when very severe, though in most cases it is not necessary, aspirin sufficing.

Much more study is needed before we can draw conclusions.

The great physician Sir William Osler once said,
(Turn to page 31)



EVA LUOMA

GIVE the worn heart rest, and it often can work on for a long time.





The Family Physician

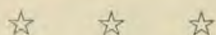
We do not diagnose or treat disease by mail, but answer general health questions. Enclose stamped, addressed envelope. Address: Family Physician, LIFE & HEALTH, Washington 12, D.C.

Reducing

I have always had a good appetite, even as a child. At forty I am getting stout. When I follow a diet I lose weight slowly, and am hungry and weak. I do the work for a family of five, so need my strength. What do you suggest?

An important principle in reducing is to keep in mind that the protein portion of the diet should be maintained at essentially the same level as when a full diet is eaten. If this is done, there will be very little tendency to feel weak and exhausted.

Use plenty of low-calorie foods such as lettuce, celery, and fruit at mealtime when you feel particularly hungry. Hunger is most marked in the beginning of a lighter diet.



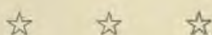
Hives

A friend of mine has had a severe case of hives for a year. He is uncomfortable most of the time, and sometimes almost wild. They come in big welts all over his body. Could you advise anything in the way of diet or other means that might help?

The presence of hives, which are part of the general state of allergy, usually indicates that a person is sensitive to some material he comes in contact with. The most common source of trouble is some food that has been eaten. External contact with substances one is sensitive to also will cause hives.

A careful study should be made of the diet, with close observation as to what food is eaten before violent attacks. The omission of these foods from the diet for a time should be accompanied by marked relief. They

may be restored in small amounts in the diet later. Milk, eggs, and wheat are the most common offending foods. If one of these should be omitted, it must be kept in mind that foods containing even small portions of it may cause trouble.



Weak Heart

My heart is not strong. Are there any foods that might help it? I tire also when I work.

Wheat germ, rich in vitamins and minerals, is a fine tonic food for a person who is simply not strong but on the whole healthy. When fresh it is very valuable. It may be eaten as a breakfast cereal, raw with milk, or cooked without destroying its value. Some enjoy it cooked with oats. Many keep it on hand and add a tablespoon to each cup of white flour in their

Love

By EDNA LARSEN

Love is a beauty found deep in dark forests;
Love is a peace seen within a still pool.
Love is a vigor as strong as the north wind;
Love is a gentleness, tender and cool.

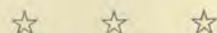
Love is a power, a wonder, a glory;
Love is a serving, with no thought of wealth.
Love is a giving, a taking, a sharing;
Love holds one's neighbor as dear as one's self.

Love the most lovely, the truest, most holy;
Love the sublimest, to last for all time;
Love is the Saviour most kingly, made lowly—
Giving up His life for yours and for mine.

baking. This makes the baked goods approximately whole grain in food value and yet delicate in texture.

Honey and dried fruit for quickly available energy calories should be helpful. Before doing strenuous tasks, take one half to a cup of raisins. They reduce fatigue.

Physicians often limit salt for those with definite heart trouble. You might ask your family physician whether he feels it would benefit you.



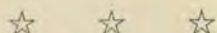
Alcoholic Poisoning

What is alcoholic poisoning? I don't hear of many people who drink having it. What causes it in some who drink and not in others? What are the symptoms?

Alcohol is a poison, not a food; but it can be burned up in the body, and to this extent appears to be as a food.

Some persons are more susceptible than others to the effect of alcohol. Some have great tolerance, so that they can drink as much as a pint or a quart of whisky a day without actually being drunk. Others become drunk on taking only an ounce or two.

Some impure alcohols contain poisons that are rather drastic in their effect. Muscle weakness, sometimes blindness, stomach distress, vomiting, and numbness may be observed.



Lung Cancer Chances

One half of the cases of lung cancer, if diagnosed early, have a 50 per cent chance of living five years after operation.

All in a Doctor's Day

(Continued from page 13)

and aptly drove the car through a heavy snowstorm that at times made the road visibility practically zero. Dr. Foley sat in the back with the baby on his lap and drew out the mucus with a catheter as the baby's mother sat beside him holding a flashlight beamed on the opening in the baby's neck.

The remainder of the night the four drove through the snow. At 8:00 A.M., when they arrived at Bay City, a police escort whisked them to Bay City's Mercy Hospital.

The baby was practically dead when they arrived. Dr. Hugh Cook immediately inserted the tracheotomy tube of the correct size, and Dr. Chapin, a pediatrician, took over and revived the baby. As soon as she was



breathing easily and had regained a more normal color, Dr. and Mrs. Foley started the 160-mile trek home.

"Just another day's work in the life of a family doctor," according to Dr. Foley.

But the Bay City physicians said that Dr. Foley's prompt action and careful attention during the long pre-dawn dash to the hospital saved the child's life. To the baby's parents it was pure heroism. They feel sure such doctors belong in heaven—not in jail!

Nearly all doctors love their patients and their profession too much to make it a sordid money-grabbing business. Most doctors wish they didn't ever have to send bills or ask for payment of a long-overdue bill. They would prefer to practice medicine and give of themselves when you are sick.

But they also have children to feed, a home to maintain, and many expenses that the average person does not have.

Speaking of expenses, fully 50 per cent of what most doctors take in goes for overhead of the office. After taxes, this may mean that only 30 to 40 per cent of a doctor's gross income ever goes home.

It is a pity the more thrilling reports of medicine cannot replace some of the unfavorable stories that occupy the headlines.

Not all doctors are selfish. Look at Dr. Jonas E. Salk, discoverer of the

Salk vaccine for poliomyelitis. His name is synonymous with sacrifice. His years of research and study, his life, and his knowledge were freely given that millions of kiddies might be protected from the polio plague. He could easily have become a multimillionaire overnight by giving his secret to a pharmaceutical company that would have paid him royalty on each dose.

Dr. Elmer Hess, president of the American Medical Association, succinctly remarked, "A doctor is not worthy of the name if he doesn't believe in God and have a love and devotion for his patient above the call of cash." In a recent article entitled "Do Doctors Charge Too Much?" he wrote:

"There is no greater reward in our profession than the knowledge that God has entrusted us with the physical care of His people. The Almighty has reserved for Himself the power to create life, but He has assigned to a few of us the responsibility of keeping in good repair the bodies in which this life is sustained.

"Once I was called to care for an elderly lady who had an inoperable cancer. All we could do was make her as comfortable as possible. One morning she called me to her bedside and

asked whether I would pray with her.

"I knelt by her bed and said the prayers while she made the responses. When I finished I ordered the nurses on each shift to take a few minutes to say prayers with the dying woman. To my amazement this sweet old lady, who lived for about six weeks, never again asked for sedatives to ease her great pain. When I asked her about this one day, she replied, 'Dr. Hess, I want my mind clear when these dear women pray with me.'

"Most physicians accept their trust with humility. They realize that the healing art is not a right which one assumes but a privilege which is bestowed."

The doctor who goes into medicine for money alone is cheating himself as well as his patients. Happiness is the goal of everyone—physician and patient alike. It cannot be purchased with dollars; it comes as a by-product of giving yourself to another. No doubt Christ, the Great Physician, was the ideal of happiness. He gave the most that all might live. He left an example to all doctors that medicine is a ministry of healing.

Fortunately most doctors follow in His footsteps today. They love their patients. They give of themselves each day that others might live.

ARE YOUR TROUBLES CAUSED BY A CALCIUM DEFICIENCY?

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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.



Breast Care

How should a nursing mother care for her breasts? Should she sterilize the nipples? wash them with soap and water? wash them with plain water? oil them?

A nursing mother should keep her breasts clean with soap and water, particularly before nursing.

To keep the nipples soft and pliable, the application of oil after nursing is often helpful. It should be rubbed in thoroughly but gently, and washed away just before the next nursing.



Nontalking Child

We have a little grandson who will soon be four years old. He is well and healthy and seems to understand everything, but he doesn't talk. All he says is "Mom" and "Dad," and those words not very plainly. What do you suggest?

Some entirely normal children are slow in learning to talk. I have known children as old as your little grandson, or older, who did not talk at the usual time, but finally talked well.

One mistake is to show anxiety about the apparently retarded condition. A great effort is made over and over again to get the child to talk. He is continually being urged to say words. Remarks may be made frequently by anybody and everybody about his inadequacy. It may be discussed before the child with all the friends and neighbors. Every new person may add his effort to get some kind of response from the little fellow.

He gets such a lot of attention that he is made to feel that he is something very special. It even becomes a

sort of game. Why should he give up the advantage he has over his elders? Or he may be an entirely different sort of child—timid, emotionally insecure—and all the concern adds to his confusion.

By all means the thing to do is let him alone. Forget about it. Pay no attention to it. Treat him like a normal child. Some fine day he may surprise you by beginning to talk.

Of course, if he doesn't he will need special medical and psychological study. But remember that the psychological effect of older people's attitudes is potent in preventing a child from expressing himself normally.



Late Bed-wetting

Our eleven-year-old boy still wets the bed. Could you advise us how we could help him overcome this habit?

The best way to deal with bed-wetting is to accept it as something that needs the most sympathetic understanding and encouragement as far as the lad is concerned.

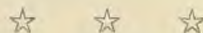


A bed-wetting child is usually a sensitive and often unusually bright child. When he is chided, scolded, and urged he is all the more likely to wet the bed. He develops a feeling of inferiority and shame, which increases his nervous tension and sensitivity.

Do everything to avoid such a reaction on his part. Tell him you know he can't help it, that some of these days he will get over it, and not to worry about it. Tell him that there are many other children who are late in developing bladder control during heavy sleep, that you know he'll do the best he can.

A short (five minutes only), very warm leg bath with your son sitting in the tub with water just over his legs immediately before going to bed often helps. A handful of raisins at bedtime may prevent the drop in blood sugar some bed-wetters have during a long interval without food.

Just relaxing yourself will help the situation a lot and be wonderful for the boy's developing nervous system and personality.



Red Cross Helps Veterans

Through a staff of more than 21,000 volunteers who served each month during the year the Red Cross brought its hospital services to 176 veterans' hospitals. The service time given by these volunteers totaled 2,200,000 hours.

Each month of last year thousands of veterans and their dependents received assistance from Red Cross Home Service workers. At VA offices each month the Red Cross helped approximately 15,000 veterans and the beneficiaries of deceased veterans with applications for Government benefits.

Daddy, A Small Edition of God

(Continued from page 21)

school and to dancing schools and to college; and tried to believe that he was doing his full duty. . . .

"And not many days after, the father gathered all his interests and aspirations and ambitions, and took his journey into a far country, into a land of stocks and bonds and securities, and other things that do not interest a boy, and there he wasted his precious opportunities of being a chum to his own son.

"And when he had spent the very best of his life and had gained money, but had failed to find satisfaction, there arose a mighty famine in his heart, and he began to be in want of sympathy and real companionship. And he went and joined himself to

Faith is a higher faculty than reason.—Bailly.

one of the clubs of that country, and they elected him chairman of the house committee, and president of the club, and sent him to the legislature. And he fain would have satisfied himself with the husks that other men did eat, and no man gave unto him any real friendship.

"And when he came to himself, he said: 'How many men of my acquaintance have boys whom they understand and who understand them, who talk about their boys and associate with their boys and seem perfectly happy in the comradeship of their sons, and I perish with heart-hunger? I will arise and go to my son, and say unto him: "Son, I have sinned against heaven and in thy sight, and am no more worthy to be called thy father. Make me as one of thy acquaintances."'

"And he arose and came to his son. But while he was yet afar off his son saw him and was moved with astonishment, and instead of running and falling on his neck, he drew back and was ill at ease. And the father said unto him: 'Son, I have sinned against heaven and in thy sight. I have not done my duty by thee, and I am not worthy to be called thy father. Forgive me now and let me be thy chum.'

"But the son said: 'Not so. I wish it were possible, but it is too late. There was a time when I wanted to know things, when I wanted companionship and advice and counsel, but you were too busy. I got the information, and I got the companionship, but I got the wrong kind, and

now, alas! I am wrecked in soul and body, and there is nothing you can do for me.'"

Father, we can fill a place in the lives of our children that no one else can. It is not enough to pay the bills. We must set aside for our children time—time to romp and play, time to counsel and advise, time to admonish and discipline, time to love and be loved.

How about a New Year's present for your children—an hour or two set aside for them each week, more if you can possibly allow it? It will be the best investment of your life, yielding present rewards of love and confidence as well as maturation dividends of secure, happy young people.

To the extent that we love and honor our heavenly Father so will our children all their lives.



Your Heart

(Continued from page 27)

"If the doctor knows syphilis, he knows medicine." Heart disease caused by syphilis, though rare today, is a disease that this eminent doctor had to diagnose frequently. When syphilis hits the heart it usually affects the great artery, or aorta, leaving the heart and the aortic heart valve strained. Infection may dig its way into the walls of the artery and heart valves, and lie dormant many years. Eventually, scarring and contraction of the valves take place and destruction of the wall of the aorta may produce an outpouching sac, called an aneurysm. Such a weakened artery wall may rupture and cause sudden death. Also backflow of blood through a weakened aortic valve puts an added strain on the left side of the heart.

Another effect of syphilis is the closing of the tiny coronary arteries that supply the heart muscle with blood. This condition may produce heart attacks and death.

To prevent syphilis of the heart, advances must be made to eradicate syphilis itself. The avoidance of promiscuous sexual intercourse, immediate prophylaxis after exposure, and early recognition and treatment of the disease have reduced syphilis of the heart. Today in most areas of the world it constitutes only 2 or 3 per cent of all heart disease, and in some communities well under 1 per cent.

Don't miss the second and last article of this series, to appear in the January *Life and Health*. In it Dr. Paul Dudley White will give you more facts about your heart and explode many popular fallacies about heart disease.



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The Golden Age

By OWEN S. PARRETT, M.D.



This page is dedicated to all our Golden Age readers who are still young at heart. It is designed to improve and encourage active hobbies, good diet, and outdoor exercise.

TRANQUILIZERS

STEP with me into my office to meet a detail man. His job is to introduce new medicines to doctors. I say to him, "What have you today that's new?" Out come his samples and literature, and he exclaims, "This is really it, Doctor. Just the thing you've been waiting for." Then follows a recital of all the wonderful things this new drug will do. The newborn need no longer cry from distress or anger, and Grandpa can remain sunny and wear a smile all the while, for if he feels bad he won't know it. This past week for the first time one of these many salesmen provided a picture of a baby happy and serene from this wonder drug. From a twilight-sleep birth to a narcotized death we should keep happy.

The other day I met a friend who is a practical nurse. She had been called to nurse a mother just out of the hospital with her new baby. She wanted to know what effect phenobarbital would have on a newborn baby. She had been ordered to give the baby a small dose of this drug if she thought it was crying too much. She has three children of her own, and feared what the drug might do to the new baby.

Truly wonders never cease in this age. Now we are to have our dispositions tailor made or changed on prescription. Granted that a lot of people need something done about their dispositions, whoever would have thought we could by-pass the old rules of life and head for the drug-store if some member of the family is a little hard to get on with? We might even persuade the mothers-in-law to take something now and then or have the doctor telephone the druggist when husband or wife gets a bit out of hand. Will wonders never cease?

Of course, I told this nurse what I thought of phenobarbital for crying babies. If they have colic, change the formula; if there is a pin sticking them, look for it; but if it is just one of those lusty cries to ex-

pand their growing chests, don't cheat them out of this healthy pastime.

I almost forget that I am supposed to write about adults and for those who wear hard tops rather than flat tops.

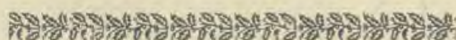
As we get a bit older, somewhat like the car that has gone past its seventy-five thousand miles, we are likely to develop a few annoying symptoms even though we may avoid a breakdown. If our habits of life have been good, the squeaks and rattles are less, and come later if at all. Yesterday I took a test for a driver's license. I was given a set of forty rules for driving. I made two errors out of a possible forty. Since I was allowed three errors, I came through all right. Check forty rules for good health against your daily practice. If you score only two errors you should make it well past the three score and ten mark.

I like disease prevention. I try to live it, and I talk it to all my patients. It's much easier to cure patients before they get sick than afterward. If you wait until after they get sick, you lose a lot more of them even when you do your best, and we doctors don't like to lose patients.

With these new drugs it looks as if patients may get sick and no one need know it except the doctor, who will be expected to keep them happy and in good spirits.

This brings up the age-old question: "Is it ever possible to get something for nothing?" Some men who go to Las Vegas or patronize the race track say Yes, but others who patronize the same places tell you quite the opposite—that they get nothing for something.

The late David Starr Jordan, speaking of the craze to take some kind of



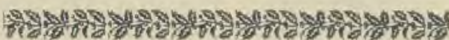
My Feathered Friends

By ESTHER BRASIER ZALABAK

My little friends are missing.
I guess they've gone away
From the field and tree and meadow
Where they sang so blithe and gay.

My feathered friends are robin,
Meadow lark, phoebe, wren,
And bobolink and oriole—
And they'll come back again.

And today I saw some juncos
And heard a chickadee.
They're staying, and God cares for them
Just as He does for me.



drug to make one feel good, whether morphine, heroin, or just plain coffee and tea, stressed the fact that it is futile to try to be happy through drug-taking when the basis for happiness does not exist.

Barnum may have told the truth when he said that the American people like to be humbugged. The late Charles Mayo referring to this same weakness quipped that "a fool and his money are soon parted, and I guess it's best that way." We are told that in the past twelve months Americans exchanged one hundred million dollars for tranquilizing drugs.

It's not easy to fool a banker, but it has been done. No one, however sharp, has yet fooled old Dame Nature. She will keep accounts with you and even the score, though you may not always trace it out to the cause. Speaking of the teeth someone has remarked, "Be true to your teeth, and they will not be false to you." The same applies to the entire body.

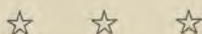
Someone may say, "What about serious depression or overwhelming nerve tension?" There may be times when such a drug may be used as an emergency measure, although this is open to question. But to depend on such drugs to take the place of a proper health program can prove not only a short cut to relief from annoying symptoms but a short cut to trouble of a more serious nature.

A few days ago I met a salesman who, strangely enough, decried the tendency to take drugs for relief from overwork or nervous tension. He had known of a receptionist in a doctor's office who began taking some samples left the doctor for nervous tension, and ended up in a hospital heavily jaundiced and with a nervous breakdown.

Let's dig a little deeper into the problem to see just how it works. No one can deny that we have come into a new day so far as life on this old planet goes. The days are too short, so we have daylight saving to give us an extra hour. When we get through we seem to have less time than ever. We buy our wives every gadget known to make her work easy and soon over, only to find a note when we get home: "Sorry but I had to go to town. You'll find some cooked food in the refrigerator." A bit late, we hurry to heat it and hurry to eat it, tightening up a little on nerves not too elastic and on a colon already spastic.

Someone has compared our lives to being tied to the tail of a comet with no relief in sight. What can be done? Will the more than a hundred mil-

lion dollars we spend each year for "happiness" drugs solve our problem or will they simply add to the problem? If we are to survive we must somehow find the answer. Next month I shall continue with this problem in an effort to help solve it; for unless we do something about it, most certainly it will do something about us and to us.



Constipation

(Continued from page 18)

This condition may develop in persons who habitually disregard the normal reflex desire to empty the rectum when it is full.

The treatment of constipation is often difficult, and the help of your family doctor may be needed. The best treatment is always prevention.

1. *An adequate diet* is of first importance in preventing constipation. Eat foods high in roughage content, such as fruits, salad greens, and vegetables. Your dietary intake should also include whole-wheat products, protein foods, eggs, and all dairy products.

2. *Drink six to eight glasses of water* a day.

3. *Your regular daily exercise* is vitally important.

4. *Observe regular hours* for sleeping, eating, and eliminating. This promotes general health and helps prevent constipation.

5. *Take time each day* for a leisurely regular bowel movement. This habit cannot be overstressed. Hurred elimination is a bad bowel habit.

If your constipation does not clear up by the simple methods mentioned, your family doctor may suggest medicines. You may need bulk laxatives, which swell when they come in contact with water, to give necessary bulk to the bowel contents. Salts, mineral oils, magnesias, and enemas may be indicated—but only as your doctor prescribes. Self-medication usually leads to more trouble.

Constipation is the product of our modern times. To correct or prevent it you must maintain an adequate diet featuring necessary bulk and liquids; minimize the tensions of modern life and keep the bowel from becoming spastic; exercise enough to keep all body muscles in good shape; avoid self-medication, because it usually does more harm than good; and seek the help of your family doctor in outlining a good program of treatment.

It is better to prevent constipation before it becomes a problem.

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Wings of Health

By MADGE HAINES MORRILL, M.A.

CHRISTMAS ROUND THE WORLD

EXCITEMENT was in the air as people began to crowd into the schoolhouse on Thursday evening. Invitations had been sent out asking everyone to come and take a trip "Round the World at Christmastime." As friends and neighbors came into the room they were surprised to see a platform and curtains set up across one end. The spice of fir boughs filled the air, and a mellow glow from paper-covered lights added to the festive atmosphere.

When it was time for the program to begin, the room was quiet and everyone was watching the platform. Slowly the curtains parted, and revealed the entire children's choir ready to sing. They sang several carols, and the curtain closed.

Allen stepped in front of the audience and said, "Tonight we wish to take you on a trip to visit other countries so that you may see the different customs that are observed at Christmas. First we will go to Denmark."

A boy and a girl dressed in the colorful costumes of Denmark sat at a table. They were eating something from two bowls. In the center of the table was a brightly wrapped gift, and on each end of the table was a large basket filled with gifts and food.

The girl spoke, "This is Christmas porridge, and isn't it delicious. I watched Mother make it, and she put sugar, eggs, butter, and spice into rice."

"I hope I can find the lucky almond," the boy said.

For a few moments there was much eating and many smiles. The girl finally cried out, "I've found it, I've found the lucky almond." She took a small nut from the bottom of her bowl. "This means that I will get the present." She picked up the gift parcel from the middle of the table. When she opened it she found a little basket filled with cookies. She ex-



Christmas Cheer

By RICHARD F. RIDEOUT

I get the grandest feeling at Christmastime each year,

And it always draws me closer to the ones I hold most dear.

I can't describe this feeling, and it comes upon me slow,

But it colors all my outlook with a rosy sort of glow.

Folk seem to be more cheerful, and the things they do and say

Fill my heart with joy and laughter that stay with me all day.

I love the firelight circle, where we come to know the worth

Of the hearth fire and the heart fire of our dearest ones on earth.

I love the smell of fir tree and the glint of tinsel bright,

With the star shine on the snowflakes in the velvet of the night.

I think the Christmas season is the nicest of the year.

So to you—The season's greetings and the best of Christmas cheer!



claimed with delight, "Good, now I can take this with us when we pass out the baskets. I'll give each child I meet one of these cookies."

The two children stood up, each taking a basket on his arm. "It is time to give presents to the poor children who will have no other gifts. We like this part of Christmas best—giving to the poor."

Again the platform curtain closed. "This time we travel to Czechoslovakia," Allen said as the curtains opened.

A group of six children dressed in the gay costumes of that country were running around on the platform and jabbering at each other. Some were shaking their fists as if they might be ready to fight. "I don't like you any more. I won't play with you any more. It was all your fault." "No, it wasn't my fault!"

Very quietly in the distance there began to sound the chimes of church bells ringing out carols.

The children stopped their quarreling and listened. "Those are the Christmas bells," the oldest child said. "We must be friends now—remember the custom of our country. Christmas means the ending of all quarrels. Everyone must be friends with everyone else. This is the time for peace on earth." They nodded their heads, stepped close together, and shook hands. Putting their arms around each other they hummed softly the melody that the bells were playing.

The curtains closed.

"This time we'll travel to the Netherlands," Allen said.

A group of children in Dutch costume walked out onto the platform. Their wooden shoes made loud noises as they walked. Each child carried a wooden shoe in each hand, and in the shoes were hay and carrots.

The children chatted with one another. "We don't want to think of ourselves at Christmastime. We like to remember other people. These presents are for the white horse that will ride through town. We'll leave the shoes by our door tonight, and when the white horse comes riding by he will find the hay and the carrots."

Carefully the children placed the wooden shoes in front of the door, and skipped merrily away. One little girl turned and remarked, "We think there will be gifts in our shoes in the morning, and we can share them with our neighbors who are poor."

Again the curtains closed.

"This time we travel far, far away to China," Allen said as the curtains opened.

The audience saw a parade of children dressed in bright Chinese clothes. Each child carried a Chinese lantern. The children were singing carols, and a boy played a mandolin. When the music stopped, one of the boys said, "We like to sing for our friends and neighbors. We want to make them happy with our music. We will go to many homes and sing to the people. We want to make everyone happy and cheerful at this time of year."

The children turned and marched slowly back across the platform singing their carols as they went.

The curtains closed again.

"Now we shall go to the Philippines," said Allen.

The curtains opened. This time a group of children dressed in thin, gay costumes wore garlands of flowers around their necks. The girls wore wreaths of flowers in their hair. Each child had a bunch of flowers or a palm branch. All were skipping along waving their flowers and singing.

One of the girls spoke for the rest. "In the Philippines we like to be happy at this time of year. We meet our friends and go walking down the streets singing to everyone we meet. It makes us happy as we try to help others to be happy."

The children skipped off the platform, singing and waving their flowers and palm branches.

From a corner of the platform came the sound of Christmas music, and quickly the platform filled with children dressed in costumes from the different countries—Denmark, Czechoslovakia, the Netherlands, China, and the Philippines. They sang a carol together.

Allen stepped forward and said, "At this time of year the children round the world want to bring you greetings of peace and good will toward men. May you all have love and kind feelings toward your friends and toward your other friends who live far away. When the whole world loves one another we will have peace and good will everywhere. Good night, friends."

The audience showed by their applause that they had enjoyed the Christmas program.



Nerves and Skin Disorders

Believe it or not, 2,100 different disorders of the skin have been described by dermatologists. These scientists estimate that 80 per cent or more of skin diseases are related directly or indirectly to the nerves.

Tuberculosis

(Continued from page 15)

to infection or live in crowded quarters in poverty-stricken communities. Poorly housed and poorly fed children, student nurses, and young doctors who have to care for tuberculosis patients should be protected by the vaccine. At present, however, a safe and effective vaccine against polio seems to be much nearer attainment than a vaccine against tuberculosis.

Special types of equipment are needed in caring for patients with severe polio. The type most widely publicized is the iron lung. A special type of hospital called a sanatorium is of the greatest value in caring for tuberculosis patients. There are enough iron lungs available to care



for all patients who really need them. But for a long time there were not enough sanatorium beds, and the majority of such institutions had long waiting lists. Recently, this condition changed for the better. The fight against tuberculosis succeeded in reducing the number of cases and deaths to the extent that many a tuberculosis sanatorium has empty beds and no patients waiting to fill them. Fortunately, these institutions can well be used for other purposes, and even more fortunately it will seldom be necessary to build new sanatoriums.

Tuberculosis is still our greatest killer and disabler among infectious diseases. Although we do not have a very effective vaccine against it, we do know much about prevention of infection. We also know a great deal about treating people with tuberculosis, so that the chance of cure is now good. The remarkable progress in fighting the great white plague during the present century need not stop or slow up. And progress will not stop if we persist with the weapons we now have.

We must not forget tuberculosis, even to the extent of failing to realize how it compares with other infections, even polio.

Christmas is a time of thanksgiving, good cheer, and happiness. Help share your good fortune the Christmas seal way.

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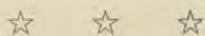
Pasteurization

Must milk for cottage cheese and cream be pasteurized?

Milk used for cottage cheese should be pasteurized, for often in making cottage cheese enzymes are used in place of heat. In fact, sour milk is not boiled and thus not sterilized when used in making cottage cheese. The temperature is kept low.

All dairy products, in fact all animal products, should be pasteurized or sterilized. The serious disease brucellosis (undulant fever) may be contracted by using unpasteurized butter, milk, ice cream, cottage cheese, other rich cheese, or unheated cream.

It is now known that the germ that causes brucellosis will pass through unbroken skin so that by even handling infected food products one could contract the disease.



Food Values

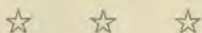
What is the main food value in carrots, parsley, and tomatoes?

One carrot may supply more than the daily requirement of vitamin A. An average carrot contains 6,000 units of vitamin A, and the daily requirement is 5,000 units. It is said the vegetable form of vitamin A is not too easily used by the body, so of course a little extra may be taken daily. The average carrot has 21 calories.

One tablespoonful of parsley has one calorie, 290 units of vitamin A, and 7 milligrams of vitamin C (ascorbic acid). The daily requirement for vitamin C is about 70 milligrams.

The tomato is a nicely balanced vegetable, for it contains worth-while amounts of vitamins A, B, and C.

If you grow your tomatoes you can increase the vitamin content of your crop toward the end of the season by trimming away the leaves to get the most possible sunshine on the tomatoes. One medium tomato has 30 calories. It supplies 1,640 units of vitamin A, 35 milligrams of vitamin C, and .08 milligrams of vitamin B₁ (thiamine). It is easy to see why it is a good plan to put up as many as 200 quarts of tomatoes in glass jars for family use. A good food rule is to eat tomatoes in some way each day.



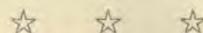
Brewer's Yeast

I have been using brewer's yeast in large amounts (three heaping tablespoons daily) for its protein content, and I enjoy it. I should like to know whether it is acid or alkaline, and its caloric content. I have read things for and against its use. How does it rate?

Brewer's yeast is rich in protein, has high content of several known vitamins, and contains other vitamins that are still under study. It contains worth-while amounts of minerals. It is highly alkaline in reaction. There are 22 calories in a level tablespoonful.



You can see that brewer's yeast is valuable in composition. Many with heart conditions, nerve disorders, and weakened constitutions have been benefited by its use. Brewer's yeast is rich in nucleic acid, and it has been reported that it may increase blood pressure. It has been said also that in some types of kidney disorder it is best to avoid its use. It is recommended that a little brewer's yeast be added to flour in making bread for the family. In general it is worth while and a fine food for almost everyone.



Christmas Cleanup

If you remove pitch stains and needles immediately, your Christmas tree will give you no rug worries, promises the National Institute of Rug Cleaning.

Tree needles can stain a carpet. Walking on them may break them up and grind them into the pile. So it's best to pick them up when they fall. If you're in no hurry you can gather them one by one, but a good carpet sweeper will flick up needles in an instant.

Where small spots of pitch have dropped on a rug or carpet, use a safe nonflammable, nontoxic dry cleaning fluid to remove them. Apply the solvent in small quantities with an eye dropper directly on the stained area. With clean white unstarched terry cloth or cleansing tissue, blot the spot. You may also rub the spot lightly, but be sure to start at the outside of the stain and work in.

If the rug has a rubberized back, use an absolute minimum of solvent. Solvents can damage rubber.

Do not use carbon tetrachloride, for this solvent is highly poisonous.

Rickets

(Continued from page 17)

Fortified milk alone probably would not supply enough vitamin D for Italian or colored babies. Certainly all premature babies would require more vitamin D than they could obtain from fortified milk alone, at least during the first year.

What are the most frequently used sources of vitamin D?

Cod liver oil has long been a popular source of vitamin D. It is relatively inexpensive and supplies both vitamins A and D. The usual procedure is to begin with a half teaspoonful daily at the third week, gradually increasing the size of the dose during the next three weeks, until the infant is getting the full dose of two teaspoonfuls daily. This is continued through early childhood, preferably through the sixth year. Other potent fish-liver oils are available. They can be given in drops.

The most potent form of vitamin D is viosterol, prepared by the irradiation of ergosterol from plants with ultraviolet light. It is usually put up in vegetable oil such as corn or sesame oil. The protective dose for the average infant is only five drops. Another advantage of this type of vitamin D is that it is tasteless. It can be dropped directly into the mouth or floated on orange juice. The attempt to mix viosterol in oil with the baby's feeding is generally considered unwise, because some of the oil may stick to the sides of the bottle and be lost.

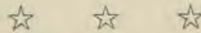
Can exposure to sunlight provide adequate protection against rickets?

The absence of rickets in the tropics is a pretty good answer to that question. But simply to live in an area of sunny climate is not enough. There must be adequate exposure of the skin to the vital ultraviolet rays. This point is well illustrated by Dr. Borsooks' investigations in two Pacific Coast cities—Portland, Oregon, which has less than 2,200 hours of sunshine each year, and San Diego, which is better off by 38 per cent, with more than 3,000 hours. Five-year-old children from all social classes were studied in both cities. "In Portland 95 per cent, in San Diego 73 per cent of the children had four or more signs of rickets. We must conclude, then, that with our present mode of life even abundant sunshine as in San Diego does not furnish adequate protection against rickets."

When sunshine alone is depended on for protection, there is this difficulty: Except on clear days in the summer, little of the vital ultraviolet portion of

the sun's rays actually penetrates the dust, fog, and smoke surrounding most of our large cities. The child may be bundled up so completely for protection against the cold that very little skin surface is exposed to the sun. During summer months, sunshine will give adequate protection if the exposure time is gradually increased up to several hours a day. Then the child can be scantily clad and kept outdoors a large portion of each day. All young children should be placed outdoors on all suitable occasions and should be allowed to profit by skyshine even when direct sunshine is not available.

Recognizing the value of sunlight as one of nature's most healing agents, we can benefit from its life-giving powers.



What Trouble Does to Us

(Continued from page 23)

for volunteer service because she had a large house and garden to care for. Ordinarily household tasks and gardening are antidotes for gloom. But they can be so tied up with self-interest that they only provide an opportunity for brooding over troubles.

As she later discovered, she was not a weak character. She had been using all the inner reserve of strength she possessed to defeat her loneliness, without doing any of the obvious, out-reaching things that everyone has to do to build up and replenish spent inner resources. With sympathetic guidance she regained her confidence and mental tone.

Most people who find that life has lost its zest after great trouble have much in common with this woman. The years have brought me conviction that the majority of us who feel ourselves whipped by some circumstance, or who are whipped without recognizing it, will find in ourselves as much resiliency as this woman discovered. We need primarily to follow the simple pattern that restored her happiness: (1) to examine our own response to the thing that has happened to us, seeking the help of a counselor if necessary, (2) to look about for ways of dwarfing our own distress by lightening someone else's, (3) to find a place of worship where we may be regularly reminded of the Love that undergirds life and gives it purpose. What trouble does to us is not determined by the strength of the *outside* pressures but by the strength of our *inside* braces!

Simply knowing about your inner fortifications will help you to find joy in solving your difficulties.



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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.

Here Comes December! In a white ermine robe and with a sprig of holly in her hair, December arrives. There are sleigh bells jingling, and Christmas carols are sweetly calling attention to a manger in Bethlehem. There's so much excitement in December—mysterious packages, whispered secrets, the rustle of Christmas wrappings, little green trees decorated with tinsel and toys. The prettiest decoration for a little green tree is a mantle of soft white snow.

There is something in me that hates to see the waste of little trees. They took a long time in growing, only to be discarded on the village dump, forlorn and sad. I like the living Christmas tree idea that uses a tree you can later plant. I love trees. Almost every picture in our home has trees in it, and we have plenty of them on our little place. How good God was to make trees!

The whiteness of December makes me think of a certain July day last summer when I paused by a little house in a village in this Finger Lakes region to drink in the beauty about me. This little house is on a long narrow lot, and the present owner has gone "all out" to make it attractive. On this particular day the lilies had taken over, tall and lovely like a bevy of princesses. The place was like a fairyland, and I half expected to see gnomes or elves painting the roses red. Oh, the fragrance let loose upon the air by these lilies. I asked my friend whether they were regal lilies, but she told me they were madonna lilies.

If you are thinking of Christmas gifts—and who isn't?—consider giving a growing gift, something of beauty that will always remind the recipient of you. Pick up your nursery catalog and see how many of these lovely gifts you can find listed and pictured in all their tantalizing enchantment.

I yearn when I look at these cata-

logs. For instance, how would you like—

A clump of tall slender white birch trees.

A crimson king maple,
An English walnut tree,
Or a filbert tree?

Some fancy-leaved caladiums,
Giant decorative dahlia bulbs,
A glorious gladiolus collection,
Amaryllis bulbs?

Regal, Rubrum, Gold Band, Crimson Beauty, Enchantment—just to name a few of the lilies?

A phlox collection,
A bleeding heart,
Lilies of the valley?

The roses are breath-taking in their beauty. There is White Dawn, a hardy everblooming white climber; Gold Rush, also a climber; Peace, Tiffany, Mirandy, Helen Traubel, Mojave, President Hoover, Eclipse. Among the floribundas are Vogue, Jiminy Cricket, Fashion, and Pinocchio.

For the practical growing gift, you could give blueberry bushes, strawberry plants, raspberry, or blackberry bushes, and fruit trees.

As for gifts, there are any number of appropriate and useful gifts

to be found in linen departments, hardware, pottery, dish sections of department stores or any small local store. Many lovely things are found in the stationery stores.

For a teacher of little folk a set of lovely nature pictures mounted on colorful construction paper found in stationery stores would be enjoyed. Pictures of birds, flowers, animals, children, and peoples of the world may be mounted with a scrap of flannel for use on flannelgraph boards. Bible pictures help in teaching a lesson, and there are so many other beautiful pictures that help fasten the story in the child's mind.

A scrapbook of farm, animal, and bird pictures would please little folk. Our two little grandsons like nothing better at bedtime than to look through a scrapbook and comment on the pictures. I made myself what I call my Beauty Book—pictures of homes, fields, meadows, mountains, flowers, and trees that particularly appealed to me, and I often sit down and steep my soul in a bit of beauty for relaxation. The children enjoy Grandma's Beauty Book too.

For a little girl the game of "Setting the Table" would be interesting. I cut out luscious-looking dishes from home magazines and paste them on heavy paper. A good rainy day game for the girls is to set the table for a doll party. Teaches them food values too.

This is the time of year to make delicious breads at home. There are rolls, twists, and braids using nuts, dried fruits, and candied fruits.

If you want a holiday touch to your soufflé, add some chopped pimento or chopped stuffed olives.

For a Christmas salad, toss diced Numete, chopped celery, and a bit of chopped onion with some chopped stuffed olives or ripe olives. Moisten with mayonnaise and serve on a lettuce leaf.

The Practical Joker

By IDA LOWRY SINCLAIR

Fate sent me a case of measles
The birthday I was ten;
With chickenpox for a Christmas gift
As I was twelve. And then
Fate quite forgot me.
But I trusted her too soon,
For she presented me with mumps
Upon my honeymoon.

Centenarian Club

(Continued from page 19)

Most people meeting Mrs. Hughes ask her the secret of a long life. She says she has no special formula to give them. "But," she says, "I am a great sleeper. People often ask, 'Can you sleep at night?' I say, 'All I want is a place to lie down, and I can sleep always.'" Her ability to sleep is no accident. "I have to work in order to sleep. I am housekeeper here," she said, and her house is immaculate indeed. She either works in the garden or takes a walk every day to keep fit.

When she was eighteen she went to the State Normal, or Teachers College, in Kirksville, Missouri, where she graduated and received her teaching certificate. She said she never wanted to teach. In the first place, she didn't think she knew enough to teach others. Besides, she never wanted to punish the boys, as she had seen teachers do when she was in school.

After teaching one year she decided that was not for her, and studied to become a Bible instructor. But the shortage of teachers was so acute that she was persuaded to try again. She worked so hard, though, that her health suffered, and she had to stay at home for three years.

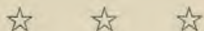
Next, a Western college asked her to join its faculty, and there, in Walla Walla, Washington, she renewed her friendship with Cassius Hughes, the dean of men, and they were married within the year. She had first met him when she was ten. From that day on fifteen-year-old Cassius Hughes admired Ella Evans. She was his ideal for many years, and finally he won her as his bride, a slender girl with twinkling blue eyes, who now at ninety-two is a most attractive woman with beautiful white hair.

Their marriage marked the beginning of forty years in educational work—and Mrs. Hughes had very little discipline trouble in all that time. They had two children of their own—a son and a daughter. Professor and Mrs. Hughes spent a happy lifetime establishing industrial schools where the students could work to help pay for their tuition. They directed schools in Keene, Texas; Avondale, Australia; Huntsville, Alabama; Mandeville, Jamaica; Angwin, California; and Battleford, Canada. Professor Hughes passed away in 1921.

"Five years ago I broke my hip, and can't walk as well as I did," said Mrs. Hughes; but she crossed the floor with a light, buoyant step. She is often called upon to lecture and

tell the story of her interesting life.

Her happiness can perhaps be explained by her philosophy of life, contained in her glowing words: "We have a wonderful God, a heavenly Father who takes care of us in spite of all our mistakes."



Drive Safely

Activities, a sheet published by the International Temperance Association, said that President Dwight D. Eisenhower designated Thursday, December 1, 1955, as Safe-Driving Day. In turn he asked each State governor to proclaim the day and to appoint S-D Day directors. The governors asked officials of each community to proclaim S-D Day locally and appoint local directors.

The objective of S-D Day, which includes an intensive ten-day lead-up and a ten-day follow-up campaign, was to "demonstrate that traffic accidents can be reduced materially when all drivers and pedestrians fulfill their moral and civic responsibilities."

President Eisenhower's appeal set in motion the massive campaign to implant the watchword of S-D Day, "Make Every Day S-D Day," in the public mind. All media and scores of organizations were mobilized to acquaint every person with the importance of safe driving—every day.

The help of business, industry, civic and service groups, and church organizations was requested to aid in the gigantic effort to make our highways safe for travelers. Publicity materials, promotional gadgets, and eye-catching devices were spread everywhere. Continuous announcements were planned for radio stations and TV programs.

This is a program with which we can cooperate fully and in a special way. One important aspect of highway safety cannot be too greatly stressed—elimination of drunken drivers from the highway.

The National Safety Council acknowledges that at least 24 per cent of all accidents are alcohol involved. Special studies indicate that this is less than half the real story. More than half of the highway toll comes as the result of drink.

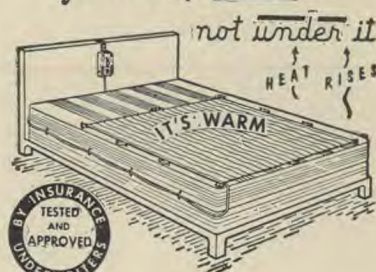
This new campaign for S-D Day affords the temperance forces a wonderful opportunity to strike the liquor forces on one of their weakest spots, and make an effective effort on behalf of temperate living.

President Eisenhower is urging safe driving again this year. With your aid and mine he will save many lives.

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Miracle of the Desert

(Continued from page 25)

heat of the desert presents the proper climate for date growing, irrigation provides the right amount of water just where it is needed—at the base of the palm. Long, shallow irrigation ditches are maintained between the rows of trees, and these are filled every ten days. In one year enough water is sent down these ditches to cover each acre ten to twenty feet deep.

Yet another problem faced the industry before it was ready to compete with the Old World on the date market: how to ripen the fruit most efficiently. The answer was found in a suitcase!

Dr. Swingle had been visiting the Indio date garden in the fall of 1910. As he headed back to Washington, D.C., he packed a quantity of Deglet Noor dates in his suitcase. These were not yet ripe, but were at the stage

he considered best for picking if they were to be ripened artificially. Upon opening his suitcase in his Washington office, he found that the dates had ripened perfectly en route. The humidity of their enclosure had been just what the doctor ordered.

Today dates are ripened in what are called maturation rooms, which are maintained at uniform temperature and humidity. This process is preferred to the use of gas, which frequently spoils the flavor of the fruit.

Aiding also in the even development of the fruit on the tree is the brown-paper-bag treatment. One who visits the groves in the fall of the year, when the dates are maturing, may be amazed at the sight of what appears to be numerous bottomless brown sacks suspended from the stately palms. These, however, serve a multipurpose. Wrapped around the great clusters of dates, they repel the ravages of birds, who evidently suffer from sweet tooth.

They discourage insect visitation. They perform the much-needed service of an umbrella in case of rain, for precipitant moisture is highly detrimental to successful maturation, causing cracking or fungus formation.

Not all the dates in a cluster ripen at one time. Rather, they must be picked individually as they ripen. They are right for picking when they are in the latter part of what is known as the khalal stage, or when turning from intense red or yellow to the golden or brown hue. This differs somewhat with the variety.

Methods of picking in the date gardens depend largely on the height of the palms. For some of the very tall trees mobile elevators are used. These run between the rows of palms with pickers high up on the top platform and extended catwalks, where they can easily reach the fruit. Some growers build platforms for each tree. Other pickers ascend the palm by ladder, sling a safety-belt arrangement over the base of one of the great leaves, and lean out under the date cluster with feet braced against the spiny trunk of the tree. As the buckets are filled they are lowered to helpers waiting on the ground.

Ripening, sorting, and packing done, the date is ready to travel to the consumer. And a luscious, energy-packed morsel it is. Three or four dates contain around 100 calories. A breakdown of one cup of dates appears as follows:

calories	505
carbohydrate	134.2 gm.
calcium	128 mg.
phosphorus	107 mg.
vitamin A	100 I.U.
iron	3.7 mg.
protein	3.9 gm.
fat	1.1 gm.
thiamin	.16 mg.
riboflavin	.17 mg.
niacin	3.9 mg.

It is not surprising that in some Arab areas the date comprises the principal part of the diet. Many natives consume several pounds of dates each day of their lives, and they are among the healthiest of human beings. As a rule the fruit is consumed in its natural state. However, a very popular method of eating dates is to replace the seed with unsalted butter. Others prefer their dates with milk, either fresh or sour.

Some Oriental countries use a date filling of roasted and ground locusts or grasshoppers! The Occidental palate, however, leans more to the walnut filling. Soft dates fried slowly in butter seem to have a strong appeal even to Americans.

Omelets, stews, soups, syrups, pancakes—the variety of fascinating Arab date dishes seems endless. American

NEW BOOKS



SOYBEAN BOOK

Everyone interested in good eating can learn much from the new book *Soybeans for Health, Longevity, and Economy*, by Philip S. Chen, Ph.D., professor of chemistry at Atlantic Union College, South Lancaster, Massachusetts.

Dr. Chen in simple language discusses the soybean, its interesting ingredients, and its advantages as a low-cost, highly nutritious food product, especially in the form of soy flour.

The advantages of soy flour in breadmaking are that it prolongs mixing time tolerance, inhibits staling, and retards moisture loss. In sweet dough it yields a product of a richer and more uniform appearance. A browner crust and an improved crumb are the happy result.

In doughnuts the use of 6 to 7 per cent of full-fat soy flour decreases fat absorption during frying.

When soy flour is used, quick-frozen pies and other pastries keep better in frozen storage. Pies made with soy flour show very little rancidity even after a year's storage, which is not true of those made entirely of ordinary flour, Dr. Chen states.

Interesting comparisons of the food

variants of common foods with soy flour and soybeans are shown in the illustrations.



100 GRAMS OF MINERALS



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missionaries find date preserves to be quite delectable.

Instructions for one kind of jam are as follows: Replace date seeds with walnut meats. Boil down some syrup—date or otherwise—and add sesame seeds to the syrup to suit the taste and a little rose water to lend enchantment. When this syrup has thickened, add the nut-filled dates and bring again to a boil. Pour immediately into jars, and cover.

American chefs have concocted scores of tasty recipes with the use of dates. Try some of these for a new taste sensation, and remember, you are dining on the same fruit that tickled the dainty palate of Cleopatra!

Oatmeal Nut Bread

- 2 eggs
- 1 cup sugar
- 2 cups buttermilk
- $\frac{3}{4}$ cup dark molasses
- 3 cups flour
- 1 teaspoon salt
- 1 teaspoon Fleischmann's baking powder
- 2 teaspoons baking soda
- $1\frac{1}{2}$ cups quick rolled oats, uncooked
- $1\frac{1}{2}$ cups chopped nut meats
- $1\frac{1}{2}$ cups chopped dates

Beat eggs until light. Add sugar gradually, beating well. Stir in buttermilk and molasses. Sift together flour, salt, baking powder, and baking soda, and add to liquid mixture. Add oats, nuts, and dates. Stir enough to combine, and bake in two $8\frac{1}{2}$ " x $4\frac{1}{2}$ " bread pans, which have been buttered and lined with wax paper and then buttered again over the paper. Baking time: 55 to 60 minutes in preheated 350-degree oven.

Sour Cream Drops

- 50 dates
- $\frac{1}{2}$ cup chopped walnuts
- $\frac{1}{4}$ cup butter or margarine
- $\frac{1}{2}$ teaspoon vanilla
- $\frac{3}{4}$ cup light or medium brown sugar
- 1 egg
- $1\frac{1}{2}$ cups flour
- $\frac{1}{2}$ teaspoon salt
- $\frac{1}{2}$ teaspoon soda
- $\frac{1}{2}$ cup thick sour cream

Stuff dates with chopped nuts. Sift dry ingredients together three times. Cream fat and vanilla thoroughly. Add brown sugar slowly. Add eggs. Blend in well. Add sifted dry ingredients in three parts, alternating with the sour cream. Be sure the batter is not overbeaten. Add stuffed dates. Gently lift each batter-covered date onto a baking sheet. Allow sufficient space between cookies for increase in size. Bake at 400 degrees about 10 minutes. Cool. Ice top of cookies with butterscotch icing.

Date Nut Bars

- 5 eggs, separated
- 1 cup sugar
- 1 cup flour
- 1 cup chopped dates
- 1 cup chopped nuts

Beat egg yolks until light. Add sugar and beat until creamy. Sift flour, add

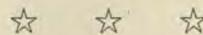
chopped dates and chopped nuts. Mix well so that all are well coated and separate. Add flour mixture to egg and sugar. Beat egg whites until stiff but not dry, and add to mixture. Pour into shallow pan (greased and floured) and bake 30 minutes at 325 degrees. Cool and cut into bars $1\frac{1}{2}$ " by 3" and roll in powdered sugar.



Centenarian

The oldest appendectomy patient in history was watched carefully in a hospital at Warracknabeal, Australia, where the operation was performed. His name is John Clancy, and although he is one hundred years old, no one in the institution is concerned about his ability to recover.

Instead, nurses and interns are keeping an extra sharp eye on him lest he sneak out for a bit of fun with his cronies. He has already given hospital employees the slip once, and they want him to stay put until the wound from the operation is fully healed.



Lift Your Own Face

Face lifting, once exclusive to plastic surgeons, has recently come under the do-it-yourself vogue. According to Dr. Adolph M. Brown, the inventor of an apparatus called "a prosthetic device for facial rhytoidosis," a face-conscious person can do a face-lifting job in front of his own mirror at home. He can eliminate unwanted wrinkles and lines without an operation.

The simple device consists of very small oval cloth tabs that are cemented to the skin. One is placed on each side of the face just in front of the ears at the hairline. Onto these are hooked metal hairpinlike pieces. Between each of these metal members, behind the head, stretches a four-strand rubber elastic. It pulls up the skin, smoothing away wrinkles just as a surgeon would permanently do with a plastic operation. The tabs and elastic and metal pieces can be hidden by combing the hair back.

However, do not pull so tightly as to eliminate the folds of skin between cheek and nose. The Beverly Hills plastic surgeon, Dr. Brown, reports excellent results, with "smooth and youthful contours" of the face.

The apparatus can be worn comfortably for as long as forty-eight hours and then removed and reapplied. Nail polish remover will remove the adhesive. And the adhesive is not likely to cause allergic reactions, according to Dr. Brown.

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Travel



NATURE'S GREATEST MASTERPIECE

By FLORINE S. HOLLENBECK

ARIZONA can boast one of the greatest sights in the world—the Grand Canyon of the Colorado. This immense phenomenon of nature is eighteen miles wide and more than a mile deep at its widest, deepest point. Throughout its 217-mile tortuous course, the Colorado River flows its turbulent, muddy way down the awesome canyon.

The vast abyss may be viewed from either the North Rim, 5,700 feet above the canyon floor, or from the more easily accessible by rail or road South Rim, 4,500 feet above the canyon floor. Near the rim an excellent variety of accommodations are available for the tourist, from a fine hotel to modern motels, cabins, and lodges.

The magnificent spectacle of the canyon is one of the most glorious sights in the world. Its size is incomprehensible, its subtle and indescribable coloring constantly changing in shade and mood. Many wish to view its stupendous size from below, and make their way to the canyon floor by means of saddle trips. This service is available on the North Rim and South Rim. The tourist may cross from one rim to the other by way of the suspension bridge over the river at the bottom of the canyon, ending at Phantom Ranch.

Although Grand Canyon may be visited at any time of year, May and October are acclaimed the best months. An excellent highway coming from Cameron to the southeast on the edge of the Painted Desert runs along the South Rim. It has many vantage points from which excellent views of the vast chasm may be enjoyed.

The canyon is never twice the same. Seen at midday, its walls look flat and characterless—a great yawning abyss of dull color and stupendous size. In

the forenoon or afternoon the colors are deepened, the richness of the varied tones probably being the most striking at those times, except at sunrise or sunset, when they are at their matchless best.

The most satisfying manner of seeing the canyon is to select a vantage point and sit by the hour in the

Holy Calm

By INEZ BRASIER

I never see the sun
Go down behind the hill,
I never see its flame
Paint the murmuring rill,
I never trace the lines
Of reaching shadows dim,
Nor hear the last low note
Of vesper sparrow hymn,
But that across my heart
There falls God's healing balm,
And in the quiet hours
I know His holy calm.

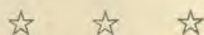
one place. You will be enthralled by the changing kaleidoscope of color fleeting across those marvelous walls. A great temple will gleam vermilion, turn to maroon, to deep blue, and to purple as the sun slides into the west.

No words can describe the immensity and colorings of the Grand Canyon. It is useless to try. The drop from the South Rim is more sheer than from the North Rim. It falls straight down thousands of feet to an overhanging halfway shelf that forms the walls of the narrow gorge through

which the Colorado flows. Only at rare intervals can snatches of the river, a mile below, be seen from the rim—slow moving and sluggish, except where it makes whirlpools and rapids.

At sunset all the glory of the fiery opal bursts in a display of splendor upon the canvas of a desert sky. Its magnificent colors, caught and held by the rich hues of the canyon walls, are reflected back in a symphony of beauty nowhere else to be found.

Man may harness the Colorado, may force it to bend to his will; he may transmit its power hundreds of miles to light his cities and propel his machinery. But, after all, his most carefully engineered achievements pale into insignificance when compared with the living, glowing masterpiece of the Divine—the Grand Canyon.



YOUR BABY'S SECRET LIFE

By RUTH BOYER SCOTT

YOUR baby has a secret life. He has feelings he can't tell you about; he has ideas he can't put into words. The U.S. Children's Bureau has pooled the findings of men and women who spend their lives studying children. You may send 20 cents for the booklet *Healthy Personality for Your Child* to the Government Printing Office, Superintendent of Documents, Washington 25, D.C.

You can learn to read your baby's secret life. "He has a way of telling. He uses his whole body, all of him, all of his behavior, everything, to let you know," the Children's Bureau tells you. Your study of him, your sympathy, teaches you this secret language. But you will find life with him easier if you read these cues. They are like a light turned on in a dark room. "His eagerness and persistence and his continuous searching will tell you his needs," these experts say.

You can see it vividly when a newborn baby tries to nurse. His wobbly head bobs this way and that, his rosebud mouth works as he nuzzles your breast for the nipple. How marvelous, you think, that a newborn baby knows what he wants.

How can you tell when you have met his needs? "His great peace and contentment when he has what he needs will tell you," say the experts. "His restlessness when he is not getting what he needs is a sign language you can read."

Look at the newborn baby again. Did you ever see a more peaceful face than that of the dry, just-fed baby? It tells you that you have met his needs,

have understood his secret language.

What if you've fed the new baby and he is crying or tossing and fretting? Is an air bubble making his tummy hurt? Not quite enough breast milk to fill him? A formula that isn't a comfortable substitute for the breast milk he would prefer? You're up against a harder problem now. His language says, "Mother, I need you to do something for me." You have to find out what. The miracle is that most young mothers are geniuses at finding out.

When the secret language is too baffling they get good help from their



family doctor, pediatrician, or visiting nurse.

But the Children's Bureau gives you this important insight: Beyond the need for milk, vitamins, and dry diapers, babies have a tremendous personality need. Hospitals that gave babies all the proper physical care learned that they still didn't thrive. They had a personality need that someone—Mother or nurse—must fill.

Here is the personality need: "A feeling that his world is all right, a sense of trust from being in it." Your baby is in a new place. He has left his safe, dark, warm world. Young mothers know how he feels when they remember how strange they felt at being a bride, at living in a new place with a new husband.

Your baby has more to learn as a new person than you had as a bride. The Bureau tells you: "He, too, is new to him. He cannot even be certain what he can do. Will his body serve him? Is it faithful and reliable, or tricky so that he always has to be on the lookout?"

Suppose you put your baby into a highchair before he shows he's ready by sitting up alone in his crib. He bangs his head, or his back aches because it isn't strong enough for the weight of his body and head. You've hurt more than his body, which can stand quite a bit of punishment. You've hurt his personality, his deep need to trust his world. If you frequently push him beyond his body

strength, he may develop a tendency to cry in elevators when he's older, cry when he first goes to school. You've taught him the lesson that his body is tricky.

The Children's Bureau says, "Just like the rest of us, if he can feel that the New is trustworthy, then he can relax. He doesn't have to be jittery—either fighting all the time because this world is an enemy or frightened all the time because he cannot trust the world."

Don't rear a scared boy or girl. Don't rear a jittery boy or girl. Instead, help them grow with happy personalities. The Bureau suggests, "Your love carries this sure feeling, 'Everything is O.K.' You don't have to make any special point of it. All the kindly attentions that are so easy to give to babies bear the message."

Here are a few pleasant attentions:

1. Your smiles give him confidence. How delightedly he wriggles as he smiles back at you.

2. Your appreciation helps. You make up happy little songs as you carry him to his bath: "Johnny's a good boy. Daddy loves him. Mommy loves him. Everybody loves Johnny." He doesn't know your words, but he understands appreciation.

3. The warm holding when you nurse him. If he's a bottle baby, the equal warmth of your holding him. Day in and day out your baby needs you to hold and love him while he takes his bottle.

4. Your willingness to comfort your baby when he cries, to change him when he is wet, helps his personality. What is par in the changing business? It differs a little with babies. Perhaps twelve to fifteen changes in the wash every day are typical. A nurse who cares for newly operated babies changes them about twenty-four times in the twenty-four hours. She gives her operated babies unending love and attention in order to almost eliminate the need for pain-killing medicine. The well baby doesn't need that many changes. If your baby has a tender skin that gets a rash easily, he needs more changing than the baby with a less tender skin.

5. Let him do things for himself. "The reaching out for toys, the trying to crawl, the first standing up tell him that his body is a friend," the Children's Bureau says.

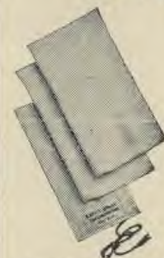
You're not spoiling him; instead, you're giving him a happy personality, if you "comfort him, when he wants you to. When he asks for your helping hand, accept the fact that he does and give it to him. This will not make him soft; it will give him the courage to grow."



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ARE YOU REALLY SICK?

By SUE THOMPSON GOULD, M.D.

ARE you really sick, or do you only think you are? Of course you never actually ask a patient that question. But the doctor must never altogether forget it in his dual role of physician and counselor. Not all ailments respond to surgery and medicine, no, not even to the magic of the wonder drugs. The practice of medicine obligates the physician to make a sympathetic, persevering effort to treat patients whose main trouble is an abnormal habit of thinking.

The doctor, especially the surgeon, must earnestly ponder the question "Are you sick, or do you only think you are?" to arrive at the correct diagnosis. At the Mayo Clinic the records of 235 patients were studied six years after the diagnosis of chronic nervous exhaustion was made. The diagnosis proved 94 per cent accurate, yet 289 separate operations had been performed on 200 of the group.

The whole personality of the patient must be appraised by the doctor. His business, social, and home life must be studied for evidence of dissatisfaction. Failure to adjust to environment may be revealed by a disturbance in some part of the personality, and it may be manifested as apparent bodily ailments. They may imitate any disease.

As a disturbance of the emotions they may be manifested in anxiety, obsession, phobia, depression, and other moods. If there is no outlet, no escape for the emotional energy produced, the patient may develop ailments in which his "organic voice speaks," and in which his emotional

tensions are disposed of. With extreme emotional tension there may be sighing respiration, a feeling of oppression in the chest, or a "talking out" regarding the worry, which at least removes some of the load from the patient's chest.

Many people, to use the old phrase, are forever doctoring. When you ask such a person what is wrong, he complains fearfully, "My doctor can't find out." You ask him where he hurts. Says he, "Sometimes one place, sometimes another."

Perhaps he has responsibilities that are too heavy for him. Perhaps he takes the world's cares as his. Abraham Lincoln is said to have had periods of depression when he sensed his responsibilities too keenly. Charles Darwin, accomplishing the work of many men in many avenues, was always doctoring. For what? No organic trouble could be found.

Can it be that apprehension does cause illness for which no physical lesion can be discerned? Can it be that certain scientists, psychologists, and others study themselves as well as their specialty too seriously? Do they perhaps forget that the human body possesses much resiliency and can compensate for minor ills and aches? That one need not despair?

It is evident that mental causes become replaced by physical and biochemical causes, by reflex or allergic causes. Different personality types are associated with certain diseases.

Consider the personality traits connected with asthma, one of the graver diseases without definite organic basis. Some scientists distinguish various types of persons among asthmatics. Others emphasize such sets of charac-

ter traits as neatness and punctuality, obstinacy and ambition, irritability and optimism.

In the asthmatic there is a generally known relation between mind and breath, also between emotions and respiration. Some think that the mental factor is secondary in asthma, and that the disease is therefore not decreased by psychotherapy. Others think that the mental is the primary reason for the asthmatic attack, with the symptoms as the manifestations of anxiety and nervous irritability. They believe that the asthma symptoms serve as a protest, an evasion, or an escape.

A study of the mind versus allergy or other physical defect shows the following groups of symptoms that may be called allergic, or lacking an organic basis.

Symptoms related to the digestive system:

1. Nausea may be present without apparent physical cause.

2. Loss of appetite may be a symptom. The malnourished may be emotionally as well as physically starved. Fatigue may be caused by an emotional conflict using up the patient's energy.

3. Symptoms referable to the abdomen—indigestion, heartburn, constipation, and even vomiting—may be the result of nervousness, fatigue, and anxiety.

4. Obesity, in many cases, appears to be the result of eating in order to satisfy personal maladjustments.

Symptoms related to the circulatory system:

1. Heart neurosis and heart pain may be present where there is no organic heart defect. The patient considers the heart the seat of the emotions, and fixes it as the location of his anxiety. He associates the heart with sudden death. Ask the tense patient whether he has had a nervous breakdown. He may insert "heart trouble" in his history if the word heart is so much as mentioned. His symptoms may include some of the physical indications of organic heart trouble such as fatigue, sighing respiration, nervousness, sleeplessness, flushes, and irritability.

2. High blood pressure may have a neurotic or mind basis. There may be seen a condition in which the symptoms of high blood pressure disappear but the blood pressure remains constant.

Symptoms related to the respiratory system:

1. We have already mentioned respiratory system symptoms, especially bronchial asthma. Night attacks may be preceded by an anxiety dream.

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Of fifty cases of bronchial asthma studied in one clinical survey, thirty-seven apparently had an emotional component in the attacks. Thirty of the cases showed other neurotic traits.

2. Even too frequent colds and spells of sore throat may be due to being baffled in one's desires. The doctor must use insight into the unconscious demands of the patient on those around him, and try to detect in what ways his wishes are being thwarted.

3. Fear of tuberculosis or other diseases may be acute in the patient whose demand for affection has been frustrated.

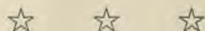
Symptoms related to the nervous system:

1. Insomnia is generally of neurotic basis, unless it is due to pain or organic disease.

2. Headache is often associated with emotional stress, of a conscious or unconscious variety.

3. Itching and dizziness may be caused by dissatisfaction with the environment. The patient really wants to strike, shake, or punish another person, but instead becomes a martyr, taking punishment on himself.

Because about two thirds of the illness encountered in general medical practice is essentially nervous and mental in origin, it behooves both the doctor and the patient to think deeply in their search for a neurotic factor as well as a physical defect. It behooves both to consider faithfully the question "Are you really sick, or do you only think you are?"



Prepaid Group Vision Care

A sharp increase in prepaid group vision-care programs for industrial employees and their families is predicted by the American Optometric Association.

A new statistical report on coverage cost, and usage of group vision-care programs has just been published by the association. It shows that 38 million Americans who need vision care are not getting it.

Many who are covered by prepaid plans fail to seek and use the vision care for which they have paid, according to the study. This is thought to be due to inaccessibility of some labor health centers, restricted choice of doctor, and a reputation for inferior service in cut-rate plans.

"The American Optometric Association seeks neither to encourage nor discourage prepaid vision-care plans, but to assure adequate optometric service when group plans are adopted, said Dr. F. A. Koetting, St. Louis,

chairman of the association's committee on social and health care trends.

"Optometrists, according to widespread studies, perform 75 per cent of all vision examinations in the United States, compared to 25 per cent by ophthalmologists and other physicians. It is imperative, then, for us to assist in the planning and operation when group health programs, usually medical, are expanded to cover vision care."

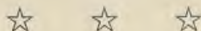
The report shows that 42 per cent of all Americans have normal vision, requiring no correction; 30 per cent are receiving adequate care; 5 per cent have uncorrectable vision problems; 10 per cent are wearing lenses unsuited to their present needs; and 13 per cent have vision problems that have been totally neglected.

The typical wearer of glasses has his eyes examined once every thirty-four months, according to surveys covering thousands of persons who have had three or more examinations. The association recommends a yearly examination for children and the interval between adult examinations to be no greater than twenty-four months. One out of every eight patients examined by optometrists is dismissed with the report that he needs no correction or that his present glasses are satisfactory.

The association found wide variation in costs, and reported a survey in one large Midwestern city showing an average of \$27.70 for complete vision care with single vision lenses, \$38.90 with bifocals, and \$44 with trifocals.

The report summarizes the findings from more than fifty sources in addition to the association's own surveys. Its purpose, according to Dr. Koetting, is to provide answers to the questions most frequently asked by public agencies, insurance companies, employers, labor unions, and others interested in prepaid vision-care programs.

Copies of the report are available from the American Optometric Association, 4030 Chouteau Avenue, St. Louis 10, Missouri, at 50 cents each.



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FIRST AID FOR CUTS AND BURNS

By DOROTHY DEMING, R.N.

MOTHER, I've cut myself!"

Mrs. Brewster looked up quickly from her sewing. How often she heard one of the children shout these words! They could mean anything from a bramble scratch to a deep gash from a knife or broken glass. Bobby came running in, holding a soiled handkerchief around his thumb.

"It's bleeding, but it doesn't hurt—much."

His mother knew that she must not show excitement. "Let's see, Bobby. Take away the handkerchief. I'm glad you didn't cry." She led him to the bathroom, and washed her own hands.

The cut was on the side of Bobby's thumb—short and shallow—and the blood was beginning to clot.

"I cut it on the chain of my bike."

"Well, it looks perfectly clean, and it has bled freely, so I will put a little merthiolate on it, let it dry, and cover it with a bandage to keep it clean. Next time don't put your soiled hankie over a cut. Just let it bleed, and come for the dressing. Sit here and steady your hand on the wash-bowl. There! Stings? That's quite all right. I'll put the bandage on as soon as it is dry, and we will both wash our hands."

Mrs. Brewster demonstrated several fundamental principles in giving first aid to scratches, cuts, and scraped skin surfaces.

1. Keep calm.
2. Determine the extent of the injury. Notice how much the wound is bleeding and whether it is clean.
3. Make the injured person comfortable. Have him lie down if the injury is serious, if he is frightened or in pain. Keep him warm.
4. Do as little as possible for a small clean cut. Keep soiled clothing, hands, and water away from it. A little bleeding washes away germs, and blood soon clots under a bandage.

5. If there is a good deal of bleeding, an absolutely clean, freshly laundered handkerchief, towel, or sterile compress (obtainable from drugstores individually packed) should be pressed firmly down over the cut and held there while the person lies still, with the injured part raised on a pillow or a rolled coat.

Continued bleeding requires the care of a doctor. If the blood flows fast, get the nearest doctor at once. Often it is best to rush the injured person to him, especially a child.

Don't let the patient get excited. Keep him warm, lying down, and give water freely, but no stimulants.

6. If there is dirt in the wound, it may be soaked out gently in warm water. If it is deeply embedded, a doctor's care is needed. If the injury was made by an article in contact with the ground, contaminated by garden soil or animals, or has resulted from handling fireworks, seek a doctor's advice.

The germs of lockjaw (tetanus) are easily carried into cuts, punctures, splinter wounds, or even light scratches. Don't take chances. Don't delay asking the doctor about this.

Burns and Scalds

Burns are another all-too-frequent occurrence in the home. They are the most common accidents among chil-



dren. Slight burns from any cause, if the skin is not broken, may be covered lightly with any bland ointment such as cold cream, petrolatum, or any regular burn ointment.

A deeper burn with blistering should be lightly covered with a sterile compress on which the ointment, or a paste made by mixing baking soda and water, is spread. Do not break the blister.

Burns severe enough to destroy the skin, form big blisters, or cover more than a few inches in area require prompt medical care, as do burns of the face regardless of their size. When the burns are extensive, here is first aid until the doctor arrives:

1. Keep the patient warm, lying down, and quiet. (This is important.)
2. Remove all clothing, but do not attempt to remove clothing that is sticking to the burned area. Cut around it.

3. Cover all the burned area with strips of sheeting or other white cloth (never use absorbent cotton) that have been soaked in warm tap water and to which 3 tablespoons of baking soda for each quart of water have been added. Epsom salts or table salt may be used if baking soda is not at hand. Keep the strips wet and covered with a blanket.

4. Give water, hot coffee, or tea freely.

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M.D.R.—Minimum Daily Requirement.

*—Minimum Daily Requirement not established.
**—Need in human nutrition not established.

Remember:

Prevent accidents by keeping sharp instruments, matches, poisons, and hot liquids out of reach of children. Teach the right use of tools, and observe precautions about fire hazards in the home.

Check the extent of an injury before moving the victim. Keep him warm and quiet. Keep calm, but act fast. In severe bleeding, deep or widespread burns, or unconsciousness, get the nearest doctor.

Every break in the skin is an open door to germs. Treat even a pinprick.

Winter Meditation

By WINNIFRED J. MOTT

Sunset comes too early, and dawn is always late.
Frost gleams on the window, on the roof and gate.
Laden trees are bowing, bowing very low,
Reconciled to bearing their heavy burden—snow.
Often hard to cope with, yet of all the year
Winter makes the home scene seem most fair
and dear.

Time when golden beacons shining in the night
Guide to home and dear ones, love, and warmth,
and light.

Brain Tells Time

The many connections of nerve circuits within the brain help you to know the time of day and whether the season is autumn or winter. This is known as being oriented in time or space.

Drs. E. A. Spiegel, H. T. Wycis, C. W. Orchinik, and H. Freed of Temple University School of Medicine and Hospital, Philadelphia, studied thirty patients who underwent a special brain operation called thalamotomy. This is an operation that cuts part of the thalamus, the structure in the brain that serves as a relay station for sensations of heat, cold, and pain, and has some fibers for coordination. It is a relay center between the central part of the brain and the thinking part of the brain.

In the thirty patients undergoing this operation, none was confused as to time or place preoperatively. After the operation, however, nineteen patients were unable to tell the date or season of the year.

The time confusion lasted only a few days or weeks, and in one case, six months. This, together with the fact that not all patients were confused as to time, led the doctors to think that there are multiple brain circuits accounting for time orientation rather than single nerve centers in the thalamus.

UNEQUALLED!

Human vitamin needs vary from person to person depending on age, sex and physical occupation. In fact, our physical needs are not constant. They vary depending on the season of the year, the state of our health, and even on our physical, mental and nervous attitudes.

Recognizing the strong role vitamins and minerals play in human welfare, scientists have been striving for increasingly better *balanced*, more *complete* and more *potent* formulas which would also provide liver and stomach concentrates, the intrinsic factor, bone marrow and green grass benefits. The task has been to create a small tablet complete enough to provide vitamin-mineral protection for all the needs of the average, healthy man or woman at any time, *regardless of physical or mental stress*. More and more, abnormal conditions attributed to inadequate nutrition are being corrected by higher vitamin-mineral potencies.

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