

JULY 1963

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*Life  
and*

# HEALTH

THE NATIONAL HEALTH JOURNAL



**SOME MAY HEAR AGAIN**

By J. V. SHEPPARD

**MEDICAL CARE IN DISASTER**

By JOYCE W. HOPP, R.N.







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New Taste  
to*

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SALADS**

*with  
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# Life and HEALTH

THE NATIONAL HEALTH JOURNAL

## FEATURE ARTICLES

SOME MAY HEAR AGAIN	J. V. Sheppard	8
A FRESH SALAD EVERY DAY	Bessie Crane Anderson, R.N.	10
SMALLPOX MEANS BIG TROUBLE	Burton H. Fern, M.D.	12
SURVIVAL IN DISASTER	Joyce W. Hopp, R.N.	14
SHE ALSO SERVES	Ramona Downs	16
LOVE—VITAL INGREDIENT OF HEALTH	M. Carol Hetzell	17
WHAT X-RAY TELLS YOUR DOCTOR	James H. Nelson, M.D.	18

## FOR HOMEMAKERS

THE FAMILY PHYSICIAN	20
YOUR CHILD'S HEALTH	22
THE FAMILY FIRESIDE ("Keep Children Busy")	24
NUTRIENTS IN LEMONS AND ORANGES	25
HOME NURSING ("Medicated Baths")	28
RELAX, PLEASE	29
COOKOUTS	29
THE DIETITIAN SAYS ("Salads")	30
CHILDREN'S PRAYERS	32
BEES AND BITES	33
WATCH THAT POWER MOWER	33
RECIPE OF THE MONTH	34
SUMMER VEGETABLES	34

## MENTAL HYGIENE

KEYS TO HAPPINESS ("Self-inventory")	13
THE GOLDEN AGE ("Convinced?")	26

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COUGH TOO MUCH?  
SHORT OF BREATH?



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**Don't take chances . . . see your doctor.** You may have a Respiratory Disease. Chronic RD afflicts at least 12 million Americans today. Don't take chances with its most common symptoms—chronic cough and shortness of breath. Your local Christmas Seal organization and the National Tuberculosis Association say: **See Your Doctor.**



## LETTERS to the Editor

### BEACON LIGHTS

DEAR EDITOR:

I think LIFE AND HEALTH magazine is excellent. You make the laws of mind and body so plain that healthful living is simple.

Although I am 89 years of age, you still guide me through the laws of mind and body—like beacon lights along the shores of life.

MARY A. RIEDY

Coopersburg, Pennsylvania

### OUR JULY COVER



Color Transparency by Eric Sanford

Beautiful as a typical Winslow Homer seascape, our cover picture catches a moment during the eternal conflict between land and sea. With a mighty wave the angry sea slaps at the bulwark of rugged rocks. The rocks look strong and impregnable, the sea weak and ineffective.

But as if taking strength from the old proverb, "The constant dropping of water will wear away a stone," the relentless sea continuously dashes its liquid strength against the rocky shore, and inch by inch it wins the age-old war between two forces of nature.

We may think our health is impregnable, like these hard, rocky shores. We feel good, strong. We think our indulgences such as smoking, drinking, and other unwise health habits are not going to harm us. Finally these habits we call insignificant begin to show the effect of erosion on our health.

Nature's rocky coast has no power to stop the ceaseless pounding of the waves, but we can control our health habits. Wisdom suggests that we do something about it now. Why wait until it is too late? ▲

### FROM DOCTOR

DEAR EDITOR:

A little over a year ago my surgeon, Dr. C. E. Nelson, sent me a year's subscription to LIFE AND HEALTH.

May I say this past year of reading your magazine has given me a great deal of knowledge about illness. Because of the two articles about aching back and the exercise prescribed ["Low Back Pain," Mary Catherine Noble, R.N., R.P.T., June, July; "Oh, My Aching Back," J. Wayne McFarland, M.D., July, 1962] I'm getting stronger by the day.

I, too, have passed these magazines on to help someone else.

My husband and I are happy to renew the subscription at this time.

MR. AND MRS. EARL REYNOLDS  
Whittier, California

### MY DOCTOR'S OFFICE

DEAR EDITOR:

Enclosed is check for \$5.50 for a subscription to LIFE AND HEALTH.

I have been reading your magazine in my doctor's office, and as I will soon be dismissed I want to continue reading it.

MRS. HULDA CLARK  
Steelville, Missouri

### SOON AS POSSIBLE

DEAR EDITOR:

Will you please change my address as soon as possible so that I will not miss a month of this invaluable magazine. It has been most helpful in many ways.

With thanks,  
MRS. DOROTHY E. STONEHOUSE  
Covina, California

### NEW SUBSCRIBER

DEAR EDITOR:

I want to tell you how much I enjoy reading the health magazines that I have been receiving for several months. They are wonderful.

GLORIA E. PORTER  
Columbus, Ohio

### FAMILY ENJOYS

DEAR EDITOR:

I really enjoy LIFE AND HEALTH magazine from cover to cover. It is the best I've ever read. My husband and little girl enjoy it too.

MRS. NORMA BUCKHOLTZ  
Lonaconing, Maryland ▲





## PROFILES of Our Contributors



**Burton H. Fern, M.D.** ("Smallpox Means Big Trouble," page 12), was born in Newark, New Jersey, and lived there until 1942, when he entered Harvard University. Next came a tour in the Navy during World War II, and medical school at New York University. After internship and pediatric residency he was called into the Air Force to serve as a medical officer during the Korean war. In 1953 he opened an office to practice pediatrics in Stratford, Connecticut.

Two years later, while attending a case of polio, Dr. Fern was stricken himself. Both his arms and legs are now completely paralyzed, and he sleeps in a portable iron lung. He can breathe without the respirator only if he "frog-breathes"—pushes air into his lungs with tongue and throat muscles.

His day is a busy one. His wife, Mary, gives him breakfast before she dashes off to teach English at the local high school. Soon, with the help of an attendant who is supplied by the March of Dimes, the doctor is up in his wheel chair. He works in a specially equipped, pine-paneled study donated by friends and patients. He turns pages and presses typewriter keys with a mouth stick in place of his hands.

Since his polio he has done research, taught interns and nurses, and lectured to women's clubs, but his main work is writing medical articles. Besides writing for magazines, he writes a weekly newspaper column called "Inside You and Yours."

No shut-in, Dr. Fern gets around to lectures, medical meetings, conferences, and parties. Sitting in his wheel chair in a specially equipped Volkswagen Microbus (also a gift of kind patients), he is a familiar sight hurrying to a meeting or lecture. Frog-breathing lets him leave the respirator at home.

**James H. Nelson, M.D.** ("What X-rays Tell Your Doctor," page 18), is an associate in radiology at the Washington Sanitarium and Hospital, Washington, D.C. He is the second son of missionary parents to India. He was born in Mussoorie, a hill station in the Himalaya Mountains.

Much of his early education was at home, with his mother as teacher. Returning to the U.S. at the age of 14, he spent the next several years in southern California, where he took the medical course at Loma Linda University, completing it in 1946. He spent two years of Army service in Korea and Japan.

He joined the staff of the New England Sanitarium, near Boston, Massachusetts, after his Army service. There he met a senior student in nursing, Adele Kershaw, whom he married. Less than a year after they were married the Nelsons were in Malaya, at the Penang Mission Hospital. Their first child, Arlinda, was born in Bangkok, Thailand, where Dr. Nelson's older brother is a surgeon.



Upon his return to the U.S., Dr. Nelson took a three-year radiology residency at White Memorial Hospital in Los Angeles, California.

The Nelsons' three children—Arlinda, 8; Cheryllyn, 5; and Kevin, 2—are his main hobby. When time permits, he also enjoys photography, a hi-fi system, gardening, and the activities of a lapidary.

He drives a Renault Dauphine three and a half miles to work from suburban Adelphi. He eats dinner at home because, he says, "I married the world's best cook" (still he has no overweight problems). The Nelsons like Chinese food, a taste developed in the Orient.



**M. Carol Hetzell** ("Love—Vital Ingredient of Health," page 17), editor of the monthly public relations journal *Tell*, is a writer for the Bureau of Public Relations of the General Conference of Sev-



enth-day Adventists. "Here is where I really began to write, and I've been writing ever since," she says. Besides articles, her writing assignments include technical booklets, news releases, and motion-picture film scripts. She says that script writing is demanding and presents a great challenge, because "feeling and action must be all wrapped up with the most effective techniques of production. Imagination becomes a vital, inescapable must."

Miss Hetzell hails from the Garden State, New Jersey. She is a graduate of Columbia Union College, Washington, D.C., where she worked in the College Press to earn most of her expenses. "I've had printer's ink in my veins ever since," she says. After graduation from college she worked as a copy editor for the Review and Herald Publishing Association.

Miss Hetzell has a lively interest in many subjects. People who know her are not surprised to find her with her head deep in the business end of her car, hands covered with grease. They are no less surprised to find her seated in soft reflection at the console of her organ. Best of all, she loves to "get next to the soil," as she tries to transform the stubborn Maryland earth around her home into a garden spot. "I inherited this love of the good earth from my father, who was a farmer—the best," she says. "I wish I had inherited a little more of his skill."

Among her hobbies, which she insists on enjoying rather than riding, are painting, photography, birding, music, and collecting musical instruments. Insatiable curiosity has taken her into every State in the Union, except Rhode Island, and around the world. ▲

### Don't Miss "SALLY'S SYMPTOMS"

By Marian Sprague Strickland, M.D.

Coming in the August, 1963, issue of  
LIFE AND HEALTH



Your Doctor Prescribes



# Honey for Your Health

## IN FOOD AND MEDICINE

**C**ONTINUING our bold crusade in behalf of the lowly honeybee this month, we should like to extol some of nature's richest virtues—found in honey. It is both a delicious food flavoring and a natural restorer of body energy, so that in essence it has almost medicinal value.

Life itself can be sustained by honey. Because of its content of fructose, or fruit sugar, which is used by the body to repair cell structure, and its supply of vitamins and minerals, it can actually aid in preventing degeneration of the body. Bernarr Macfadden attributes his ability to jump from an airplane in a parachute drop at 80 years of age to the reparative value of honey. Noted physicians such as Sir Arbuthnot Lane of London have praised honey for its restoring power in cell and energy replacement.

**Quick Lift.** Because of its glucose content, honey is quickly absorbed by the upper intestinal tract and goes directly to brain and muscle, where it is converted to glycogen and used to dispel fatigue. Glucose has a mysterious power to carry oxygen to the body cell, replacing the lactic acid that activity produces.

If you would like a quick lift, try a little orange juice with honey, or honey in water or milk, or just a teaspoonful of honey. The sweet natural sugar will soon make your brain brighter and your muscles less tired. In place of a coffee break, try a honey lift.

Champion athletes have made use of honey for years to give them the extra surge of power and stamina needed to accomplish great feats of endurance.

Sir Edmund Hillary, the first person to scale Mount Everest in the high Himalayan Mountains, was a New Zealand beekeeper who used his own product generously. He attributes his success to the use of honey on his arduous climb. "It was honey that did it," he said.

Jim Londos, world's heavyweight wrestler in the thirties, was only five feet eight inches tall. He ate healthfully, including plenty of honey.

In 1951 when Philip H. Rising of Rotherham swam Lake Windermere—10½ miles in 8 hours—he was fed throughout on honey and sandwiches.

English Channel swimmers have depended on honey to sustain them for

the chilling 20-mile stretch between France and England.

**For Your Heart.** Honey has been advocated for heart patients by Dr. G. N. W. Thomas of Edinburgh, who wrote in the *Lancet* that honey had a marked effect in reviving and strengthening heart action in patients failing from heart disease.

**Induces Soothing Sleep.** Honey has a quieting effect—certainly far cheaper than sleeping pills. Last year, the people of the United States spent more than \$236 million on tranquilizers, sedatives, and hypnotics in the form of barbiturates for sleep and sedation. Much less was spent on honey, which with warm milk at bedtime can be quieting.

**For Your Stomach.** Although sugar and milk may produce fermentation in the stomach and resulting gas, honey and milk, as recommended in

H. ARMSTRONG ROBERTS





the Bible, is readily digested and causes no indigestion. People with a weak stomach and poor digestion cannot tolerate sugar, but they can eat honey with impunity.

An average sample of honey is 17 per cent water, 39 per cent levulose (fructose), 34 per cent dextrose (glucose), and 1 per cent sucrose, plus varying amounts of vitamins and minerals. Ordinarily white sugar is

ton—especially iron, copper, and manganese; potassium, sodium, phosphorus. Iron is important for its relationship to hemoglobin, the oxygen-carrying part of the red blood cell. Because of this iron content, honey is valuable to the patient suffering from anemia.

**Babies Thrive on Honey.** Because of the delicate flavor of honey, it is well tolerated by babies. It can help them retain calcium, and build strong bones and sound teeth. Diabetics can tolerate honey where table sugar might be deadly (the sugar in honey is already broken down and predigested by the bee, and is readily absorbed and utilized by the body). For the same reason it makes an excellent sweetener for baby's milk formula: Milk does not contain adequate amounts of iron. Iron-rich honey makes a valuable adjunct as well as palatable addition to baby's formula.

**Allergies Benefit by Vitamins.** Six vitamins have been isolated from honey by scientists at the University of Minnesota. They are primarily the B-complex vitamins and vitamin C, which is known to help alleviate some allergies and help prevent the common cold. Interestingly, few people are allergic to honey, and asthmatics and hay-fever victims are frequently advised by their physicians to sip cough mixtures containing honey.

One Hollywood restaurant that we enjoy has adopted the honey-on-the-table idea. In the Aware Inn, Jim Baker, the owner, has placed honey in a plastic squeeze bottle on each table. It is used to sweeten a slice of 100 per cent whole-wheat bread, which he serves with pride and gusto. The gourmets who frequent his restaurant are health-minded movie and television stars and others interested in good health. They enjoy honey over fruit, dairy dishes, in hot drinks, and on his good old-fashioned brown bread. In a drip-proof bottle it is almost as easy to handle as sugar, and just as economical, for a little honey goes a long way. For satisfying sweetness, honey is hard to beat. Solomon wrote in Proverbs 24:13, 14: "My son, eat thou honey, because it is good; and the honeycomb, which is sweet to thy taste: so shall the knowledge of wisdom be unto thy soul."

**Economical.** Honey is an inexpensive food. The most expensive honey is about 90 cents a pound, and most brands can be purchased for 50 cents

a pound in ten-pound lots. If the patient is on a low-fat program, honey is an excellent substitute for solid-fat spreads.

Oddly enough, honey can even be reducing, for one pound of honey yields only 1,400 calories.

For real eating enjoyment, honey is heavenly. It can be used on fruit, bread, and cereal to your heart's content without fear of hardening of the arteries or any other detrimental effect on the body.

While we are singing the praises of the little honeybee and her super-sweet product, we want you to join us in a tribute. A taste treat fit for a king, a sweet fragrance wafting from meadow blossoms, a gift from millions of little workers laboring that you might enjoy sweetness. In no other way can you capture the sunshine of summer, the fragrance of flowers, the sweetness of nectar—distilled, filtered, processed, and digested—brought to your table in the purest form, than in a touch of honey to your slice of bread, your orange slice with coconut, your lemon for cough syrup, your piping hot oatmeal or any dessert of your choosing.

*Yours for honey and health,*

*J. DeWitt Fox, M.D.*

## *The Startling Facts*

*About Medical Research*

**Rx J. DE WITT FOX, M.D.**

**MEDICAL RESEARCH** supported by Government grants amounts to only 0.7 per cent of the Government budget for defense, roads, public lands, space exploration, and other expenditures.

More than twice this amount often is allocated for one aircraft firm for space and missile research.

Medical research is credited with saving 2,230,132 lives since 1944. In 1959, these rescued people paid \$720,000,000 in taxes to the Federal treasury.

The human suffering and pain that has been saved is far more valuable than all the dollars saved or paid to the treasury.



A. DEVANEY

primarily sucrose, a complex sugar requiring digestion for its breakdown in the body before it can be absorbed and used by the body for energy. The late Speaker of the House Sam Rayburn once told me, "Honey is my favorite food because the bee has already done the work by digesting it."

**Iron for Anemia.** Each drop of nectar sipped by the honeybee contains minerals, enzymes, vitamins, and even protein and sugars. Dr. H. A. Schuette of the University of Wisconsin states that honey contains practically all the minerals comprising the human skele-



With modern instruments for testing the hearing, technicians can evaluate closely the degree of hearing remaining.



A. DEVANEY

## *Some May Hear Again*

By J. V. SHEPPARD

**T**HE first thing I did when I came home from the hospital after my fenestration ear operation was to put a record on the hi-fi set. I could hear voices much better than before the operation, and was eager to learn whether music would come through to me more clearly. I was not disappointed, for I could hear the rich bass tones I had been deaf to for a long time.

It is three years since I had a fenestration operation, yet I still say to myself several times a day, "How wonderful it is to hear again." The whole world of sound—even power mowers and barking dogs—is sweet music to my ears, for it assures me that I can hear.

The disease that caused my deafness is known as otosclerosis. In this disorder, bone grows where it has no business to grow, and it blocks out sound waves. Nobody knows what causes this growth. We do know that it occurs more often in women than in men, that it causes deafness in about 8 per cent of the white race, striking at some million and a half people in the United States alone.

The disease tends to run in families, but it often skips a generation. It has been called an affliction of

young people, because more than half of the cases start in patients who are between sixteen and thirty in age. In three cases out of four, deafness occurs in both ears and to about the same degree.

The symptoms in my own case were typical—a roaring, whistling sound in both ears and gradual loss of hearing, especially for low-pitched sound. The rate at which the disease progresses varies from person to person, but as a rule it goes along at a steady pace until middle age, when often it becomes inactive.

In hearing, sound waves from the air strike the eardrum, causing it to vibrate. The motion is passed along to a chain of three tiny odd-shaped bones linked to the back of the eardrum. One of these bones resembles a stirrup, from which it takes its Latin name *stapes*. Its base fits into an oval window that opens into a fluid-filled labyrinth of many twists and turns.

When sound waves reach the stapes, it rocks back and forth in the window and sets the fluid of the inner chamber in motion. (A small opening called the round window in another part of the labyrinth allows the fluid to oscillate freely.) Tiny hairlike nerve fibers lining the walls of the inner chamber translate the motions of the fluid into sensations of sound. In



otosclerosis, a growth of spongy bone surrounds the base of the stapes and overgrows the window so that sound waves cannot enter.

In the early 1900's, surgeons thought of correcting this condition by making a new window, or fenestra, into the fluid-filled labyrinth, but these early attempts often were frustrated by germs. In 1938, Dr. Julius Lampert proved that a fenestration could be done successfully if absolutely sterile technique was used. (In recent years, antibiotics have almost completely ruled out postoperative infection.)

Fenestration surgery requires a high degree of skill and precision. The working parts of the ear consist of an assembly of minute bones, bulbs, tubes, and chambers. A slip of the surgeon's hand or a miscalculation might ruin the arrangement.

With the aid of a dental burr, the surgeon must make an opening about the diameter of a kitchen match through the bony wall of the labyrinth.

One surgeon explains the precision of the operation this way: The window must have about the diameter of a 0.01-carat diamond. A diamond cutter working with such a small gem would allow himself a 10 per cent margin of error. Such an error in fenestration surgery would mean failure.

The invention of a special microscope for use in surgery, making it possible for the surgeon to see precisely what he is doing, added greatly to the success of the fenestration operation, a latter-day marvel.

Although it is still not known how to cure otosclerosis, it is now possible to correct the deafness it causes. Referring to a case he saw in the days before fenestration, one doctor said, "I well remember the despondency I experienced when I told a

young woman with otosclerosis that I could do nothing for her. I remember her brave attempt to suppress the tears of disappointment at the prospect of an increasingly silent world. Faced with such a young woman today, we should have much better hopes of being able to help her. If anyone doubts the value of this operation, I can only suggest that he visit a well-conducted fenestration follow-up clinic and ask the patients what they think about it."

Fenestration is an almost-painless operation, but it does have one bad side effect—dizziness with nausea. This effect is easy to understand when we recall that the inner ear shelters not only the nerve endings for hearing but also the sense organs that tell us what position we are in. Fenestration causes such a disturbance of the patient's equilibrium that for the next three days he feels as if he is being tossed on a stormy sea. Antimotion-sickness medicine controls the nausea to some extent. The sensation of dizziness gradually dies down, but usually it is three weeks before the patient gets his sea legs back and can resume normal activity.

The operation does not interfere in any way with ability to drive a car, but airplane travel is out unless you are willing to endure the vertigo brought on by pressure change. I find that even sneezing, belching, or bending makes me dizzy. Occasional dizziness is a minor inconvenience compared to improved hearing. What patient would hesitate?

I wore a hearing aid for five years, and I would be the first to say that it is a marvelous invention, but it cannot substitute for a normal ear any more than a crutch can take the place of a leg. I can hear as well without an aid as I could hear with one before the operation; and this is true in most patients.

My hearing will never be completely normal, because sound waves come to me over a detour rather than by way of nature's pathway. I cannot hear voices at a distance, nor

can I hear people with soft voices, but I have what the doctors call practical, serviceable hearing.

Any moderately deaf patient who has an intact eardrum and sound hearing nerves has better than four chances in five to get a good result from a fenestration. Patients with a more advanced degree of deafness have about a 50-50 chance. When there is advanced degeneration of the nerves of hearing fenestration will do no good; there is no point in opening a path for sound waves if the nerves are too damaged to record the sound. (To page 23)



EWING GALLOWAY

The middle and inner parts of the ear are intricately and marvelously fashioned. New ear operations can restore hearing in a great many of the people whose delicate ear mechanism has been thrown off balance.





H. A. ROBERTS

**A** FRESH salad every day" is a good slogan. It is difficult to observe in the winter months, when fresh fruits and vegetables come long distances, and therefore lose their freshness or are too expensive to buy. A family food freezer can partially answer this need. Quick freezing or even quick drying of fresh garden vegetables, gathered in the peak season, helps capture some of the minerals and vitamins needed. Even the rich color may be caught and preserved. It takes extra thought and planning to provide and store the vitamins and minerals you need for the frozen days of winter ahead.

Probably many LIFE AND HEALTH readers live in temperate climates where fresh fruits and vegetables are not a winter problem. Some may live where winter gardens are popular. By carefully spaced planting seasons, greens, carrots, and many other root vegetables may be picked fresh from the garden the year round. You are fortunate indeed to have a garden that survives the cold season of the year and always be able to have some fresh vegetables for the picking.

Unless you are where you can enjoy the fun of raising a vegetable garden and picking your own home-grown fruits from your own fruit trees, you have a thrill to look forward to. Your dream of a country home, be the place ever so small and humble, is worth making plans for. Until this dream materializes, content yourself with the best the grocery store can offer. Select rich colors and firm, crisp, naturally sweet produce. The best is none too good for your family.

The freedom of country life is relaxing and beneficial. In the country you can plant extra seed and share the increase with your neighbor. This is real

pleasure. You may eat fresh salads to your heart's delight. God is indeed generous.

If you cannot have a garden outside, plan to grow some green edibles inside the house. A winter window garden can include parsley, chives, bean sprouts, tiny green onions. Before the frost appears or even afterward (parsley stands the frost well) lift parsley or other plants from the garden soil with a shovel, leaving some damp earth still clinging to them. Try not to disturb the deeply growing long roots. They need plenty of space to do well inside the house. A milk pail is ideal for size. It will hold several parsley plants. Allow for good drainage in the pail bottom. If you treat these plants just right, you probably will have fresh parsley and chives for your New Year's dinner.

Do try seed sprouting for winter salads, chow mein, or chop suey. It is easy to grow your own sprouts on your kitchen drainboard. Once you have tried it, you will wish to grow them often. You may have fresh, crisp sprouts for added vitamins all year for little expense and work. Why not try it? Mung beans, alfalfa seeds, radish seeds, and soybeans grow fast. Mung beans can be bought at most health-food stores or at grocery stores. One-fourth cup of dry mung beans produces about a quart of bean sprouts. Under proper conditions they are ready in about five days. Here is one easy way to grow them:

To make a seed sprouter, make holes in the bottom of a plastic food container with a red-hot ice pick or nail held with pliers. The holes allow for water drainage.

Lay a small piece of gauze in the bottom of the container over the holes to hold the small seeds.



**A salad full of crisp greens, delicious fresh vegetables, or bright fresh fruit provides you valuable health insurance.**

# A Fresh Salad Every Day

**By BESSIE CRANE ANDERSON, R.N.**

Place the seeds on top of the gauze and carefully lower the container into lukewarm water to remain overnight, allowing the seeds to soak to maximum size. In the morning lift the container out and let the water drain off. Cover the top of the container with a moist, slightly warm terry cloth.

Gently flush the seeds with tepid water three times a day and just before going to bed. Keep at room temperature. You should have some fine bean sprouts for your chow mein dishes and salads.

There are many salad greens on the market—head lettuce, Chinese lettuce, romaine lettuce, Swiss chard, spinach, beet tops, endive, parsley, water cress, and various herbs and vegetables to choose from for flavor and vital food value.

You will notice that the vegetable salads I have included in the following recipes are mostly crisp, fresh vegetables that add vitamins A and C to your diet in varying amounts. Garnish generously with parsley sprigs to add vitamins A and C. We would

like them to be mostly fresh from your garden. Most people like fresh vegetable salads. Green salads are an old stand-by.

To begin our salad recipes, here is a good one:

## Combination Salad

- 1 garlic bud cut in two
- 1 quart lettuce pieces broken by hand
- 2 red, ripe beefsteak tomatoes cut in 1-inch cubes
- 1 large cucumber, peeled and cubed
- ½ cup sliced red radishes
- 2 green onions, tops and all, chopped (optional)

Rub a salad bowl with the garlic. Place in the bowl crisp lettuce broken into fairly large pieces. Add the tomatoes. Combine all ingredients, toss, and serve plain or with this salad dressing:

- 1 tablespoon fresh lemon juice
- 2 tablespoons olive oil
- A sprinkle of salt

For some menus you may prefer to use cucumbers cut in sticks or slices. Cucumber is delicious dipped in carrot mayonnaise flavored with fresh or frozen dillweed. To make the carrot-dill mayonnaise, grate a large juicy, sweet, crisp, mild-flavored carrot or two, using a wire grater. Press out the juice through a fine sieve into a bowl and proceed with this recipe.

## Carrot-Dill Mayonnaise

- ¼ cup fresh carrot juice
- 1 generous tablespoon Soyamel milk powder, fortified if you like
- Safflower or corn oil to thicken
- 1 tablespoon dillweed, minced fresh, frozen, or dry (young flower heads or leaves preferably fresh from the garden)
- A sprinkle of salt

Pour the carrot juice into the blender and start it buzzing. Add the Soyamel, and let it continue whirling for a while. Add the oil in a small steady stream until the mixture thickens like mayonnaise. Remove from the blender and stir in the dill. If you use dry or ground dillseed, less may be used. Add salt and let stand to marinate. This mayonnaise is golden yellow and naturally sweet. The dill gives it a tangy taste you will reach for. You may enjoy a little added lemon juice. Try it first without.

## Cucumber Wheels

- 1 or 2 medium-sized crisp, fresh cucumbers
- 4 tablespoons minced parsley
- Carrot cream or soy mayonnaise
- ½ small can soy Cream Chee, pimento flavored (Worthington brand or your favorite)
- Salt to taste
- Radish roses

Peel the cucumbers with a potato peeler and cut into half-inch slices. Mix the soy Cream Chee with carrot cream or soy mayonnaise for good spreading consistency, season to taste, and spread on both sides of the cucumber slices. Dip each side into the minced parsley. Place the sliced cucumbers on a previously prepared salad platter lined with crisp lettuce leaves or other garden greens. Beautify this cucumber salad, rich in vitamins from the parsley and fresh carrot-juice mayonnaise, with red radish roses. Vegetable-wheat crackers will augment this fresh salad. (To page 34)



**Modern vaccination must be maintained to prevent smallpox from cropping up again and gaining a foothold in today's world.**

# SMALLPOX Means Big Trouble

**R BURTON H. FERN, M.D.**

**I**N 1947 a gleaming airliner glided gracefully into New York City bringing a cargo of death and disaster in the form of a sick gentleman wearing a soggy suit. His head throbbed and every bone ached; everything looked hazy to his tired eyes. He was truly ill.

At the airport, tender-hearted officials whisked him through immigration and customs. No one checked his vaccination record. The next day he broke out in a rash that the doctors at Willard Parker Hospital called chickenpox. When his condition became critical, the diagnosis was changed, and New Yorkers learned that smallpox had come to town. Dark clouds gathered as scattered cases

of smallpox cropped up—a woman who had talked with the man, a driver who had delivered a package to him, a friend of the woman, who eventually died.

The people panicked when they discovered that old vaccinations did not guarantee smallpox protection. They stampeded to hospital and health authorities demanding protection. Panic changed to terror when vaccine supplies threatened to run short. Despite difficulties 5 million New Yorkers were vaccinated within two weeks, and the epidemic was stamped out. About a dozen people came down with fatal smallpox.

If smallpox should come to your town, would you and your family be protected? Or would you all panic in terror? Why don't Americans come down with smallpox more often? What is smallpox like?

Smallpox resembles an exaggerated chickenpox. First the patient feels sick, and then a blistery rash breaks out. Eventually the blisters ooze and crust over. This supercharged chickenpox often kills.

It is easy to catch smallpox. Expectant mothers can pass the virus to their unborn babies, healthy infants can pick up the germ at birth, every smallpox victim can pass on the disease before he feels the least bit sick, even healthy people can carry the virus. You don't have to catch smallpox from someone else. When shaken, infected blankets and bedclothes may catapult millions of viruses into the air, where they may travel for blocks floating free or on the backs of insects. When partially immune victims come down with mild smallpox, which looks like chickenpox, they may be left at home and the vicious virus spreads around the neighborhood.

The victim starts to feel sick ten to fourteen days after he catches smallpox. At first his skin blushes, but this flush soon fades. He feels as cold as an Eskimo, and his temperature reaches a tropical high. A pounding headache tortures his weak, worn-out body. He may even fall to the floor with eyes rolled back and mouth frothing. Every muscle hurts, every bone aches, until restless and sleepless he sinks into delirium.

After three or four days, tiny red blotches break out on the victim's face and forearms. In the center



EWING GALLOWAY

Vaccination has reduced smallpox death, disfigurement, and despair to a rarity. Who wants the black days back?



of each spot a hard raised "mosquito bite" pops out. The rash spreads to the upper arms, trunk, and legs, skipping the creases under the arms and around the groin. The edge of the hard swollen "mosquito bite" softens as fluid seeps around it. The fluid filters toward the center, changing each "mosquito bite" into a blister. Tiny partitions inside the blister divide it into grapefruitlike sections. In the middle, where these partitions join, each blister is indented. The patient may feel better and his fever will drop while the rash is breaking out.

At the end of a week, when tender blisters fill with yellowish pus, fever and misery return worse than before. A few days later the red blotches fade, and the round pus-filled blisters dry and crust over into brownish scabs with bluish centers. He starts to feel better again. The scabs soon fall off, and by the end of two to four weeks his skin should be clear except for temporary discoloration or permanent scarring. Sometimes the crusts are so tightly glued to the thick skin on the palms of the hands and the soles of the feet that the doctor has to use electro-surgery to remove the scabs.

The weaker the germ or the stronger your immunity, the milder your smallpox. If you are well protected by a recent vaccination, you may break out in only a few blotches. You may not break out at all. Even so, the germs that hardly make you sick are as vicious as ever; they can still overpower and kill anyone who isn't protected.

Weak immunity from an old vaccination won't check the germs so well. You'll feel sick, and you'll break out in the typical rash. You can pass fatal smallpox to your unvaccinated friends.

The smallpox virus sometimes turns out to be meek and mild. Through a whole epidemic no one dies and even unvaccinated victims hardly get sick. Doctors call this mild smallpox *alastrim*. *Alastrim* may really be a completely different disease that merely resembles smallpox.

Severe smallpox may take several shapes. On the face the blisters may be crowded into one another, blood may stain the blotchy "mosquito bites" before blisters form, or the round blisters may bulge with blood. When any of these symptoms appear, the patient may become deathly ill and die. If the patient lives, the tightly packed blisters leave hundreds of tiny pitted scars. Milder rashes do not leave scars.

Bleeding is a bad omen in smallpox. There is internal bleeding as well as external bleeding, and many patients do not survive long enough for blisters to form.

Smallpox blisters break out almost anywhere, even inside the mouth, in the eyes, along the vocal cords. They may damage vision and cause blindness. The infected vocal cords may swell, cutting off air until suffocation takes place. Lower down the air passages, bronchitis and pneumonia usually develop, complicating the illness.

On the skin, bacteria may change ordinary smallpox blisters into impetigo, boils, or abscesses. Internally, the infection may poison heart, liver, kidneys, or any vital organ. Complications can set in. A weakened heart may fail as the blisters (To page 21)



By

HARRY M. TIPPETT, M.A., Litt.D.

## *Self-Inventory*

IN THIS feverish generation, which seeks a place in the sun by trying to land on the moon, it is regrettable that some of the energy and urge is not devoted to exploring the causes of human tension. We have done a wonderful job of labeling our physiological and biological components and classifying their functions. Psychiatry has investigated our rationalizations, moods, and mental aberrations, and has come up with some convincing conclusions. But Burns's oft-quoted wish that we might see ourselves as others see us is still unfulfilled, for I think the Scottish bard was thinking about our spiritual selves more than our behavior, manners, or choice of necktie.

Honest self-evaluation would be a safety valve for a lot of tensions that plague some people. Many who are fairly honest in their dealings with other people conceive a distorted image of themselves. They inflate their limitations and deprecate their virtues, or minimize their vices and too highly esteem their worth.

There are thousands of people who have exceptional talents they are afraid to admit to themselves. Others have abilities that are dwarfed because they are not exercised. A release of these gifts for the world to enjoy would deliver many people fenced in by unwarranted reticence. Disgusted with the brash assertiveness of those who overplay their talents, they shrink from identifying themselves with them, and the potential service of their abilities to their community lies imprisoned with the tensions they create by not being exercised.

One of our modern writers who lived many years with the Gurkhas of Nepal avers that though reputed for ferocity in warfare they are delightful people to live with because they are basically honest with themselves and others. They are Spartanlike in assuming blame for their ineptitudes, and they erect no barricade of alibis for their failures. May their tribe increase. Their proverbial candor could be an example to those having a conflict because they present a false image of themselves.

Montaigne wrote: "It is not only for an exterior show or ostentation that our soul must play her part, but inwardly within ourselves, where no eyes shine but our own."

Respect for oneself is a great possession, but it means standing back to look at ourselves as we really are, making the needed adjustment, supplying inadequacies if we must, and repudiating our pretensions. ▲





U.S. ARMY PHOTO

**G**ET a doctor quick! We've got to get to the hospital right away!" Words common enough to every reader of this article, for doctors and hospitals are part of our everyday lives, an important part. They are always there when we need them.

A disaster can change any picture suddenly. We are warned by the Government and taught by experience that in a major disaster medical services are in short supply or lacking. A major disaster can deny you access to doctor, nurse, hospital, clinic, drugstore, grocery store, normal water, sewerage, fuel, and power service. All such services are important to the health of your family, yet you might have to get along for some time without any of them.

Would you know what to do?

A person does not automatically act rationally when disaster occurs. During the Korean incident, it was estimated that only 15 per cent of the people were able to respond quickly and intelligently during disaster. One must have a plan before disaster occurs, and practice that plan so that there is memory in the muscles as well as in the mind to respond to the need and give help.

# Survival in DISASTER

By **JOYCE W. HOPP, R.N., M.P.H.**

**Let's bring out the old adage: A stitch in time saves nine. Nine lives, that is.**

Because of the fear disaster raises in their hearts, many refuse to believe it can happen to them. They prefer to deny that it can occur, and are unwilling to learn what to do. Experience shows that those who are prepared, who have a plan in advance and practice that plan, are better able to survive and give help to others.

After a disaster there is temporary loss of emotional control. A person may be apathetic, separating himself from the events occurring around him. He may temporarily show signs of weakness, trem-

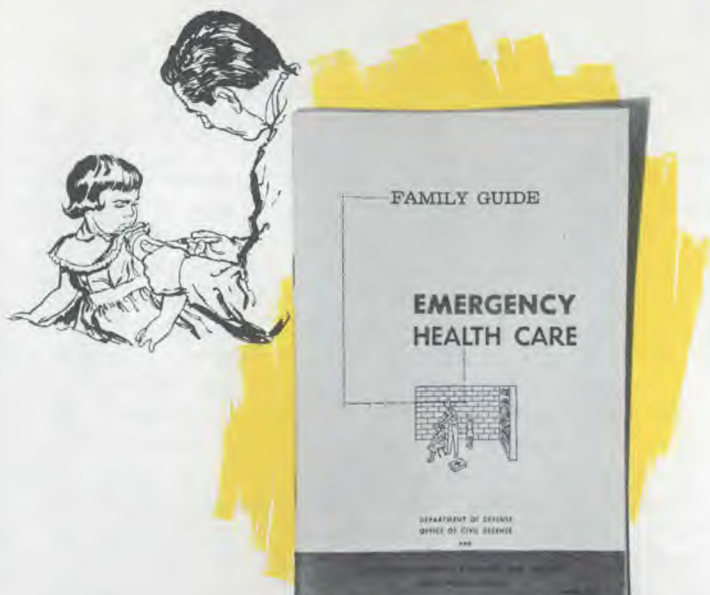
PHOTO BY BLAND



WORCESTER TELEGRAM







A booklet published by the Office of Civil Defense to preserve many lives.

bling, nausea, vomiting, uncontrollable crying, and excessive sweating. His thinking is confused and nervous. He may react by talking rapidly, joking, and showing too much confidence in meeting the situation. Panic, which fortunately is uncommon in a large disaster, results in unreasoning attempts to escape the situation.

Loss of emotional control is only temporary, and people recover in a few hours or a few days. These reactions are not signs of illness; they are normal in disaster. Knowing this fact will help you understand yourself and others in disaster.

Both the Office of Civil Defense and the American Medical Association recognized some time ago the probability that in an emergency, casualties would far exceed the number to whom the physician could provide direct care. They recommended that "the general public receive training and become proficient in the application of first-aid and self-aid procedures."

The United States Public Health Service undertook to develop the Medical Self-help Training Program. This training course consisting of twelve lessons contains the basic information a person needs in order to preserve life and health in a national emergency.

Underlying the Medical Self-help Training concept is the philosophy that knowledge replaces fear. A person who knows what to do when faced with disaster acts rationally and effectively. One who is unlearned reacts blindly and ineffectually.

Intensive research was conducted by various experts in medicine and science to determine what a person needs to know to survive disaster. The textbook for the training course, *The Family Guide-Emergency Health Care*, is based on this research.

In no way is the handbook intended as a substitute for professional medical care. It is intended only to help in maintaining health and alleviating suffering during a period of national emergency when professional care and normal service are not available.

The handbook covers a wide range of health topics. In addition to topics ordinarily found in a first-aid course, there is information on emergency care of people suffering from chronic disease such as diabetes. Even toothache and earache are not overlooked. Of special importance is the section on emergency childbirth, for in disaster many pregnant women deliver immediately, whether they are due or not. Improper care given at such a time can cost the life of mother and child.

The illness associated with nuclear attack and fallout, dreaded by many people, is radiation sickness. You cannot see, taste, or feel the radiation that causes it, and so this illness is mysterious and strange. Actually, radiation sickness is not new and unfamiliar in medicine, though it is a new hazard in our modern-day warfare.

If you take advantage of the fallout-shelter program and heed the warnings, you should be able to avoid the kind of exposure that is dangerous.

Symptoms of radiation sickness are lack of appetite, nausea, vomiting, fatigue, drowsiness, extreme weakness, headache, sore mouth, bleeding gums, diarrhea. Not everyone with these symptoms has radiation sickness. These physical conditions can come from plain anxiety or tension.

It is important to know that radiation sickness is not contagious. In treating radiation sickness, you deal with each symptom—giving aspirin for the headache, motion-sickness tablets for nausea, and encouraging the patient to take liquids as soon as possible to make up for the liquids lost through vomiting and diarrhea.

Another major problem in a nuclear attack is burns. First-aid care for burns has changed in the past ten years. Protection from air and possible infection is provided by covering the burn with a sterile dressing, then bandaging to hold the dressing in place. Wash the area around the burn carefully with soap and water. Never use ointments or salves on burns. Dressings should be dry. As with other injuries, always treat for shock.

Space does not permit a description of each of the areas of information contained in this new course. They are covered in the same concise manner as the two just described, with illustrations where necessary. A filmstrip aids the instructor to present each area with clarity.

The Medical Self-help Training Course is taught in communities under the direction of the local physician. He may not be the actual instructor, but it is always under his guidance. Each State is responsible for organizing these courses through its civil defense office and health department. Many States have provided additional training for Red Cross first-aid instructors, and these people are busy teaching the new course.

For information in your area, telephone, write to, or call on one of the following agencies:

1. The local civil defense office.
2. The city or county health department.
3. The local chapter of the American Red Cross.

At least one member of every family should take this course or the courses taught (To page 27)



# She Also Serves

By **RAMONA DOWNS**

**H**OW would you feel if you were losing your sight?" Dressed in a neat cotton house dress, each strand of her white hair neatly in place, the questioner turned toward me and smiled.

I was visiting Mrs. Martha Tasker in her cozy California living room, which was decorated with brightly colored pillows. Impressed with the courage of this woman handicapped by blindness when she was seventeen years old, who has lived a life of service to others, I came to find out for myself the secret of her success—to discover exactly how she did it.

Five years after Martha lost her sight she was married to William Tasker. She has done most of her own housework, cooking, sewing, letter writing, and caring for their daughter Elnora, who is now a nurse.

Mrs. Tasker is always searching for ways to work for her Saviour and bring happiness to others. Each fall she sells greeting cards and small gifts, the profits to be used for missionary projects. A faithful member of the Dorcas Society, she makes quilts and rugs for the needy.

She also makes them as gifts for friends and missionaries going out to the ends of the earth.

She has taught rugmaking at Braille clubs, is now teaching the art at La Sierra elementary school.

Sitting at her side, I turned her question back to her. "How did you feel when you became blind?"

"Before I lost my sight I planned to be an artist. I had high hopes of earning my living by painting," she said. "When I was seventeen, these dreams were shattered. In a few short months I was blind. I was upset and full of self-pity. I am a person who likes to have everything neat. I wondered why this affliction could not have fallen on someone untidy and lazy. Why couldn't it have fallen on someone who would never exert himself?"

At first Martha was fearful of being a disgrace to her family and friends. She thought that no one would want to associate with a blind person.

"As time passed," she said, "I began to realize that my affliction and resulting depression were affecting everyone around me. My whole family was suffering. I determined to make my affliction my own and no one else's. I discovered that my attitude toward my handicap was far more important than the handicap itself."

To her surprise, she found that her family and friends were proud of her. A niece who lived with the family while attending Emmanuel Missionary College, in Berrien Springs, Michigan, bragged to her friends about the talents of her blind aunt.

I asked how she learned to do many things without being able to see.

"Right after I lost my sight," she explained, "I found myself making my usual plans for activities. Then I would think, 'I can't carry them out because I can't see.' But then I would say, 'How do I know I can't unless I try?' I discovered that I could do many things. Each time a difficult task came my way I applied my motto: Keep on trying; never give up."

Mrs. Tasker discovered first that she could cook. I was interested in how she got the right ingredients and amounts in her recipes.

(To page 31)



TOWNSEND

Mrs. Armenta Zadina, a Christian Record worker, here proofreads a metal Braille plate before releasing it to the printer.



# Love—



A. DEVANEY

## Vital Ingredient of Health

By M. CAROL HETZELL

**A**CROSS my back-yard fence there lives a collie. Perhaps "lives" is too strong a word. Actually he simply survives, and I do not know for sure how much longer he will succeed in doing that. He grows thinner by the day, and his once-lovely coat is becoming sparse.

Most of the time he runs or ambles over a set course that stretches from one side of the yard to the other. This maneuver has one inevitable pause in it. As he passes the gate leading to the house he stops and looks at the kitchen door. Sometimes his tail wags hopefully two or three times. Then it droops, and he resumes his orbit.

Rain, snow, or sunshine, the collie is there, pacing, waiting. Sometimes at night he lifts an anguished howl at the emptiness that surrounds him. Occasionally someone comes into the yard, and the lonely creature hurries over and looks up expectantly. But he is ignored. If the yard is to be used, the dog is moved to the cellar.

He does not lack food, for the woman of the house makes sure to set out a dish of food and water each day. But he does lack something equally essential—love. Without love no life is whole—not even a dog's life.

The importance of this ingredient for living has been demonstrated in studies made of orphaned babies. Given the best of care under scientifically sterile methods but denied the warmth of a mother's love, otherwise healthy babies have fared poorly. Fed

on schedule, bathed, and diapered mechanically at appropriate intervals, provided with adequate warmth and air, the tiny bits of humanity still lacked something to round out their feeling of well-being, something busy nurses facing a battery of small and needful cribs were unable to supply.

Close observation disclosed that such babies, deprived of the tenderness and comfort of mother arms, developed psychological problems.

Their problems were resolved when volunteers spent time in the nursery, not to care particularly for the babies' physical wants, but to take one baby at a time and simply hold him, talk softly to him, and give him the tenderness a mother ordinarily gives her infant. Little warped personalities began to turn into small balls of sunshine. The secret was a vital ingredient not found in bottles. It was the magic formula called love.

A small boy not quite in his teens was enrolled in an exclusive boarding school. "Only the best for my son," the father declared. But the boy did not do well. He did not get on with his schoolmates. He failed to show proper interest in his classes. He was, in fact, a real trial to the school. Finally the administrator wrote the father recommending that he arrange for the boy to see a psychiatrist.

The psychiatrist was not long in discovering his patient's trouble. Though the boy was given all that money could provide, he lacked the feeling of security derived from the knowledge

(To page 23)





RENI PHOTOS

# What

**O**N NOVEMBER 8, 1895, Wilhelm Konrad Roentgen, an obscure German physicist, gave to the world a new kind of ray—the X-ray. Named in his honor, Roentgen rays have done more to revolutionize the practice of medicine than any other single scientific contribution. Refinement and development of this momentous discovery have contributed to the almost unbelievable progress of medical science. This tool contributes important basic information to every branch of the healing art. Mankind is helped by information given through X-ray from the moment of birth (on occasion even before birth) throughout his span of life.

On July 2, 1881, James A. Garfield, President of the United States, was shot in the back by a psychotic assassin. The details of the President's medical care are incredible when measured by modern standards. Shortly after the shooting, a prominent Washington, D.C., surgeon probed the bullet wound with his little finger in an effort to locate the missile. During the next several weeks, repeated needless and vigorous explorations of the now-infected wound

only further complicated the dying President's condition.

In their desperation, the President's physicians called on Alexander Graham Bell, the famous American inventor. Mr. Bell was summoned because he had recently devised what he called a bullet detector. The metal-detecting device failed to locate the bullet. (Mr. Bell claimed that failure was caused by the fact that the metallic springs of the President's bed were not removed before the procedure was carried out.)

Persistent probing with unprotected fingers and nonsterile instruments continued, and President Garfield died from an overwhelming infection eleven weeks after the shooting.

Our twentieth President would doubtless have been more fortunate had he lived after Mr. Roentgen gave his discovery—X-ray—to the world. This simple, painless procedure would have told President Garfield's doctors that the bullet had fractured the first lumbar vertebra and was lodged near the pancreas, rather than some ten inches away in the pelvis as his doctors presumed. Today the immense diagnostic value of



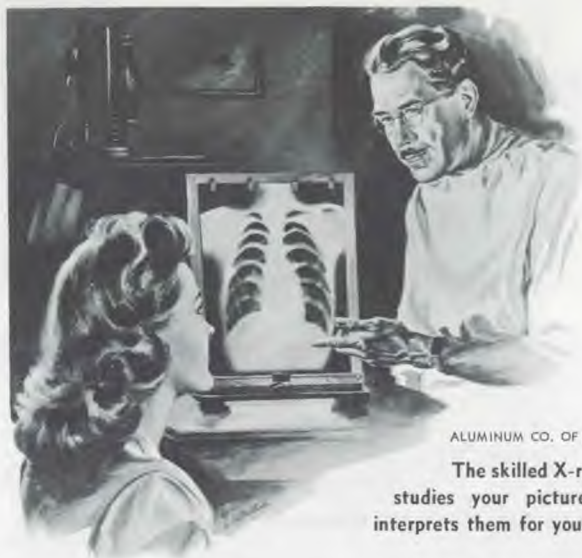
THREE LIONS

The fluoroscope gives the "live" X-ray picture.



**△ JAMES H. NELSON, M.D.**

**Roentgen rays save many lives when their  
see-through eyes discover hidden disease.**



ALUMINUM CO. OF AMERICA

**The skilled X-ray man  
studies your pictures and  
interprets them for your good.**

**X-ray**

## Tells Your DOCTOR

X-ray is often overlooked because it has become commonplace.

Eighteen-month-old Timmy was brought to the emergency room late one evening with a peculiar wheeze his mother noticed after a choking spell. He had been eating a raw carrot. The physical examination revealed nothing unusual except the slight wheeze. A chest X-ray was ordered. To the busy emergency-room crew the film suggested no abnormality, and the child was released.

The next morning, to the radiologist the film indicated a sinister change. An almost invisible air block in one lung suggested obstruction of a bronchus.

Timmy was returned to the hospital, where further films and fluoroscopy confirmed a foreign body blocking a main air passage. Surgery, with a bronchoscopic tube used, revealed the presence of a chunk of carrot lodged in the main bronchus of the left lung. The surgeon removed the foreign body, and Timmy had no further trouble. Timmy's doctors were quickly able to determine the cause and location of his trouble by X-ray help.

During a drunken fracas on a suburban highway a young Maryland man was shot through the left

arm and chest. He was brought to the hospital, where first aid was given and X-rays were obtained immediately. The films revealed that a bullet had lodged in the heart muscle. Immediate surgery was successful in removing the bullet and repairing the heart defect. The patient made a quick recovery.

In effect, preliminary painless, bloodless surgery was accomplished by the Roentgen ray, which provided an accurate diagnosis. The injured man's doctor knew beforehand what to expect and where to find the bullet. Without X-rays in a case of this kind, surgeons are sailing uncharted seas, not knowing what to expect or in which direction to go.

Significant symptoms are often clarified and localized by X-rays. Bleeding into the urine can come from any one of several causes. A doctor friend of mine had an interesting case of this type. The urinary tract was examined by an iodine solution placed in the patient's arm vein. As the kidneys removed the iodine from the blood, the urinary system was clearly outlined. Failure to find a tumor, stone, or birth defect suggested a bladder infection. This diagnosis was later confirmed by cystoscopic examination, and the risks of an unnecessary (To page 32)



# 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.



## Tooth and Eye Complications

*Because of marked overbite, my teeth are wearing away. My lower teeth are almost half gone. I was told about a bite raiser that would correct this condition, and the dentist said I should be able to keep my teeth another five to ten years. He also said this defect in the way my teeth meet can cause partial deafness. I hate to spend \$185 for a bite raiser and then have to have my teeth extracted soon.*

*Everything blurs when held at a normal distance. I hesitate getting my eyes checked in case they go on changing rapidly for some time. Is this a common occurrence at middle age?*

It is unfortunate that you have the problem of marked overbite come up late in life. If it had been taken care of when you were young, work of a beneficial type could have been accomplished without too much difficulty and expense.

We hesitate to express an opinion as to the value of the bite raiser, for the dentist who is looking after your teeth probably understands better just how it will work and how the several important areas of the jaw would be brought into apposition.

Although expense is involved, we think that a reasonable degree of investment is good in matters of this kind. It is important that the bite be preserved. Ultimately it may be necessary to have den-

tures made, a procedure that also involves uncertainty, for it may be necessary for several to be made before a perfectly fitting set is accomplished.

You are at an age in life when significant changes are likely to take place in the eyes. Often in the middle forties a person's eyes experience permanent change that calls for glasses. They may last for a year or two, for the changing period often involves several years.

If such a change came suddenly and was permanent, we could say that a single fitting for glasses would be enough; but this is not true. We can cite cases in which it has been necessary for people about the age of 45 to have three or four changes a year or two apart. Then they go for a long period of time, perhaps 15 years, without the need of change. In such cases individual variations that no one can predict play a part.

If the vision is imperfect, we think the expense of fitting glasses is legitimate and should be undertaken, even though in a few years it will necessarily have to be repeated. Good eyesight is a precious possession.

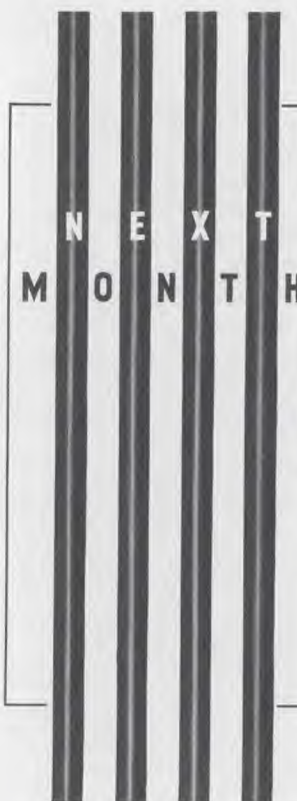


## Burst Capillaries

*I have several discolorations on my leg and have been told they are burst capillaries. Can you recommend any foods that are conducive to strengthening such vessels?*

There are various causes of discoloration on the legs. Quite often a cluster of very small capillaries gives the appearance of a mass of redness or blueness.

We doubt that any food choice will materially change clustering color arising from a mass of capillaries. Bodily changes that have occurred over a long period of time cannot be changed by eating certain foods for a short time. If blood vessels are to be influenced by diet, it must be by careful selection of foods over a long period of time. ▲



### TREATMENT FOR BURNS

BY JOHN R. FORD, M.D.

Disaster strikes often today, and it may be as fire. Be prepared to care for burn victims.

### SALLY'S SYMPTOMS

BY M. S. STRICKLAND, M.D.

Learn about childhood sickness so that when your little boy or girl has symptoms of illness you will be prepared.

### APPENDICITIS

BY KEITH W. SEHNERT, M.D.

If you have a lot to learn about appendicitis, here's your chance to get up to date.

### REGULAR FEATURES

GOLDEN AGE

HOME NURSING

KEYS TO HAPPINESS



## SMALLPOX

(From page 13)

on the skin fill with pus. When the poison permeates the kidneys, nephritis may lead to many abnormalities in the urine and blood.

Severe smallpox should not be hard to tell from chickenpox, if you think of smallpox. But smallpox has gone the way of the penny postal card and the American buffalo. Even the best American doctors rarely consider smallpox when they're confronted with a rash.

Chickenpox is different. It's mild, and the rash breaks out early. The blisters in chickenpox are shallow, nonpartitioned, and nonindented. Although smallpox breaks out mainly on the arms and legs, chickenpox sticks mostly to the trunk. Chickenpox rarely covers the palms and soles the way smallpox does. The smallpox rash is uniform, but the chickenpox victim shows a motley mixture of blotches, blisters, and crusts at one time. Most important, victims of severe smallpox never show a vaccination scar; severe chickenpox victims usually have been vaccinated at least once.

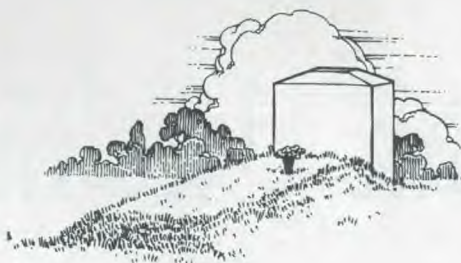
Special tests can clear up any doubt. Your doctor can find the virus by injecting blister fluid into special animals or test tubes. Or he can vaccinate you. During smallpox the vaccination won't make even a faint red spot.

There is no cure for smallpox. The milder cases recover, but severe smallpox lengthens mortality lists. The doctor and nurse can only make the patient comfortable and keep him well nourished. A light airy room with odor-killing devices to kill the strong smell of smallpox will help make the patient feel better. If the patient is too sick to eat, he may have to be fed through a needle in his vein or a tube into the stomach. Extra fluid is important because so much oozes from broken blisters.

Penicillin and other antibiotics help prevent complicating infections, as do antiseptic mouth rinses, eyewashes, and skin ointments. Special baths and dressings keep the skin clean and free from bacteria.

Isolation is important because smallpox travels fast. Everything in the room becomes contaminated with the deadly virus. Bedding, books, toys, and clothing must all be sterilized or burned so long as one virus-laden crust remains on the victim. The last scab may hang on from four to six weeks.

Anyone who has been near the victim may spread the virus, and so all contacts are isolated and watched. If they don't come down with smallpox within three weeks, you know they are virus free. Ultraviolet light and special antiseptic mists can help sterilize the air in the smallpox sickroom.



### YET A LITTLE WHILE

By ALICE POWELL

Baby Dear,

I had to say good-by before  
I scarce had said hello.  
My eager arms were waiting for you,  
Ready, held just so;  
My listening ears were tuned to hear  
Your slightest whimper low.

But hungry arms will ne'er again  
Your tiny form fold round,  
And straining ears no more will hear  
Those lovely baby sounds,  
And all I'll ever have of you  
Is just an earthen mound.

Until that day when Jesus comes  
In all His majesty,  
When all the graves will open wide—  
Ah, then, O glory be,  
God's angel will fly swiftly forth  
And bring you back to me!

Quarantine is a flimsy shield. Only vaccination can clothe you with protective armor. Back in the days when cows were milked by women, dairymaids who had had cowpox never caught smallpox. When Dr. Edward Jenner inoculated cowpox into the arms of several patients, they all became immune to the smallpox germs ravaging England. One cowpox blister shielded them from the epidemic. Calling on the Latin word for cowpox, *vaccinia*, doctors christened the inoculation "vaccination."

Except for minor refinement, vaccination has changed little over the years, although the virus isn't quite the same as cowpox any more.

Vaccination need not even break your skin. After placing a drop of vaccine on a sterilized area, the doctor merely needs to press or gently scratch with a blunt needle to help the virus gain a foothold.

A first vaccination takes three weeks to pass from blotch to blister to scab. At its peak, about ten days after vaccination, a tender red area surrounds a large blister. Nearby lymph nodes swell painfully, and temperature may soar for a few days. When the scab falls off, the primary take is finished.

If you have been vaccinated before, you can expect a faster and milder reaction. During the accelerated reaction, a tiny blotch and minute blister leave a miniature scab, which falls off within two weeks. Both a primary take and an accelerated reaction produce smallpox immunity, which lasts five to ten years.

Sometimes the vaccination does not take, and no blotch, blister, or scab forms. This no-take does not mean you are immune; it simply means the vaccination did not work. You're as unprotected as ever. The vaccination must be repeated until you get a reaction.

An allergic, reddened hive for a few days after vaccination may look like a reaction. But so long as no blister forms, it is still a no-take. These allergic no-takes are confusingly called immune reactions. Like a no-take, an immune reaction gives no protection. American soldiers died of smallpox in Korea because somebody mistakenly assumed their immune reactions and no-takes meant immunity.

Some people oppose vaccination, claiming that brain infection frequently follows it. After 5 million vaccinations during the New York City epidemic, no one developed brain infection.

There are some people who should not be vaccinated. An oozing vaccination can infect and sweep across any open rash with disastrous and sometimes fatal results. To prevent this, it is best to vaccinate no one in a family where any child has eczema.

After vaccination or a bout with smallpox, your system manufactures antibodies to kill the virus. These antibodies circulate in the part of your blood serum called gamma globulin. Although smallpox itself confers lifelong immunity, vaccination antibodies wear out after a number of years.

After a recent vaccination, the gamma globulin in your blood serum is loaded with smallpox antibodies. This gamma globulin can be used to protect nonvaccinated people exposed to smallpox. Gamma globulin may not prevent the illness, but it makes it mild. If you have been vaccinated before, you need only a booster vaccination when smallpox threatens.

Public health laws protect the millions of Americans who never renew worn-out vaccinations. They are enforcing the law declaring that no one can enter the country without showing proof of a recent vaccination, even American citizens returning home from abroad.

This law should protect us all. But one slip-up such as happened in New York in 1947 can open the way to sickness and panic. A vaccination within the last ten years can ensure protection. With proper protection, smallpox should not mean big trouble. ▲



# Your Child's Health



Fathers and mothers, send your questions about your children to: The Children's Physician, LIFE AND HEALTH, Washington 12, D.C., enclosing stamped, addressed envelope for reply.

By ROBERT F. CHINNOCK, M.D., Professor of Pediatrics, Loma Linda University School of Medicine, Los Angeles, California

## Excessive Hair

*My daughter has excessive hair on her legs. I am wondering whether anything can be done about it.*

A heavy growth of hair on girls' arms, legs, abdomen, and face is more of a problem than when it occurs on boys. In most cases it is the result of a family predisposition, not of any significant abnormality in the child.

Heavy hair growth without accompanying physical abnormalities is normal. If on examination by a physician other findings are noted, the abnormal hair growth is worthy of further investigation.

There is no specific treatment that removes excessive hair, but at times removal of the hair by a qualified person is helpful from a cosmetic standpoint.

☆ ☆ ☆

## Cerebral Palsy

*I have been told that my child has cerebral palsy. Is this malady something he will outgrow?*

The broad definition of cerebral palsy refers to any muscle deficiency that is the result of brain damage. The brain damage may have been caused by problems present before, during, or after birth. Occasionally, auto accidents and inflammation of the brain and its coverings produce damage that leads to tightness of muscles and poor coordination.

When skin, bone, or other body tissue is injured, new cells grow to replace those damaged or injured. Brain cells are different from the cells of the rest of the body in that once they are destroyed the destruction is permanent and new cells do not grow.

Because destruction of brain cells is permanent, treatment for cerebral palsy consists of educating new muscles and areas of the brain to take over and re-

place the original muscles and nerve tissue not able to perform satisfactorily.

There are many causes and types of cerebral palsy. The mild varieties usually are quite easily treated and offer a good outlook. The more severe forms, which are associated with significant brain damage, may respond very slowly if at all.

Today there are many facilities available for treating children with cerebral palsy. A tremendous advance has been made in this field, and there is much hope, whereas a generation ago almost nothing could be done.

☆ ☆ ☆

## Nighttime Bottle

*How can I train my child not to want a bottle during the night?*

Weaning a child from taking a bottle to bed or wanting one during the night is difficult. Many mothers give their child a bottle when they put him to bed. The bottle becomes a method of going to sleep, and without it he has difficulty settling down for the night.

It would be better if the mother held the child in her arms until he finished the bottle and then put him to bed for the night. Thus he would learn to go to sleep without the bottle as a pacifier. Then discontinuing bottle feeding is much easier for him.

For months many children wake up during the night for feedings. Most in-

fants at 14 months are ready to be weaned from the bottle and go directly to cup or glass drinking.

When the time comes to wean the child from the bottle, put smaller amounts of milk in it than usual. Perhaps replace it with water, and gradually have less and less for the child to take, and soon it is not worth asking for.

When the nighttime bottle is discontinued, the child may cry for a few minutes, or even for several hours. If crying does not disturb other members of the household, or the neighbors, it is well for him to learn to go without the bottle even at the expense of a period of crying. Even though the crying is long the first night, it will be less the second and even less the third and fourth.

☆ ☆ ☆

## Sunburn

*What can I do to prevent my child from getting sunburn?*

Burns of the skin may be caused by chemicals, heat, electricity, and sun. Sometimes parents forget that severe sunburn can occur on a cloudy or foggy day as easily as in bright sunlight. It is not direct sunlight, but ultra-violet radiation from the sun, that produces skin burns.

Because the skin of babies is far more susceptible to burns than the skin of older children, exposure to the sun that would produce only mild redness in an adult may produce severe burn in a young child.

It is well to remember that infants do not tan upon repeated exposure to the sun. They do not have the protection an older child gets from repeated exposure.

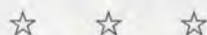
The first time, it is wise to expose a child for only one or two minutes, then gradually increase the exposure time as his skin tolerates the sun. Usually in-





creasing the exposure by one or two minutes a day is satisfactory.

Some children are more likely to sunburn than others. For those who burn readily, exercise care to expose them to the sun for only a short time. The various sunburn lotions are helpful at times to prevent sunburn or allay pain. ▲



## LOVE

(From page 17)

of being loved. His father had been too occupied with business affairs and establishing a second marriage to give his son what he needed most—a little bit of himself.

In Washington, D.C., there is a home for children who have no parents. It is called Junior Village. Here provision is made for some degree of that vital ingredient for living. Young people from nearby colleges and churches volunteer a certain amount of time each week, spending that time playing with the children. They give a little bit of themselves, and somehow the days at Junior Village are happier because the small citizens of the village have evidence that someone cares for them. They acquire a feeling of contentment that smoothes the bumps of everyday living.

While making rounds with a pediatrician one day I listened to the doctor extol the virtues of a certain nurse at a hospital we were to visit. She did not say why this nurse was good, she simply said she was one of the best in the business.

While we were at the hospital I took particular notice of the nurses and how they went about their tasks. After we finished the rounds and were back in the car, I asked whether such-and-such a nurse was the one she had referred to on our way to the hospital.

"Why, yes, she is," the doctor responded. "How did you guess?"

"She loved the babies," I replied simply.

Her love was evident in the way she handled them. There was an extra gentleness that put the little ones at ease, a tenderness that was more than careful nursing.

Young or old, the human heart never outgrows the need for love. In an age when the life span has stretched beyond its threescore years and ten, often the aging person faces a vast emptiness that dulls the eye and slows the step. Once again, warmth, shelter, and food are not enough. They can be provided with machinelike efficiency, but they provide only for the shell of the person.

In decades past, when homes were large and families lived for generations on one spot, the aged knew within the

old homestead a security that today has vanished. The mellow years were serene for the elderly. They approached journey's end in the bosom of the family.

Today's cement-cliff dwellers are hard pressed to find room for their own brood, let alone to share shelter with their aging sires. Many must resort to the modern retirement or nursing home.

At home or away, the wellspring of living must be kept flowing with evidence that someone cares. In infant or octogenarian, love is still the vital ingredient that must not be denied.

So important did Christ consider love that in His last commands to His disciples He twice urged: "This is my commandment, That ye love one another, as I have loved you."

Truly, the world turns on love, else it stumbles. ▲



## SOME MAY HEAR AGAIN

(From page 9)

Today fenestration is one of the safest of operations. Although many thousand fenestrations have been performed, there have been no deaths attributed to it and few cases of serious infection. Facial paralysis has occurred in a few cases when an inept surgeon has cut the facial nerve that runs through the ear.

In the past eight years a new procedure called stapes mobilization gradually taking the place of fenestration has become the most frequently performed operation on the ear. At least five thousand mobilizations are performed yearly in the U.S.

Originated in the late 1800's, the method was abandoned because of many failures. In 1952, Dr. Samuel Rosen, head of the Stapes Mobilization Clinic, Mount Sinai Hospital, New York City, revived and improved the procedure.

We have already seen that in otosclerosis a tiny bone called the stapes is unable to move because of bony or fibrous growth binding it to the walls of the oval window. Dr. Rosen found that in patients where the stapes was not too firmly frozen he could free it by a gentle rocking motion. New techniques and instruments

developed by Dr. Rosen and others make it possible to help even patients with an advanced degree of otosclerosis.

As in the fenestration operation, the surgical microscope has helped spell the difference between success and failure in the stapes mobilization operation. Unless the surgeon can clearly see what he is doing, he may fracture the stapes, which is only about an eighth of an inch high, or about as long as the head of a match.

Stapes mobilization is done under a local anesthetic, and the patient's hearing is tested right in the operating room, for usually he begins to hear better as soon as the stapes is freed.

Most patients experience some dizziness during the operation and for a few hours afterward, but are able to go home within twenty-four hours and take up their normal activity. Where extensive cutting and prying is required to free the stapes, dizziness may be more severe, sometimes lasting two or three weeks.

What are the chances of mobilization's turning out successfully? Because the operation is relatively new, the results are still coming in. The experience of Dr. Victor Goodhill, department of otolaryngology, University of Southern California School of Medicine, is fairly typical.

He analyzed 500 such operations and found that 52 per cent were successful, 24 per cent got significant hearing gain, and 24 per cent were failures.

The percentage of success has been steadily rising, and it promises to keep rising as new techniques are developed. So far, the chance of success is not so high as in fenestration, but if the first attempt at mobilization fails, a second operation done a few months later often turns out well.

Unfortunately, in a fair percentage of cases the stapes becomes frozen again after the operation. Because surgery does nothing to stop the disease itself, it is not surprising that in some patients the deafness recurs. When this happens, the mobilization can be repeated or a fenestration can be tried.

Almost any patient whose hearing has been improved by a hearing aid is a good candidate for mobilization. Even some patients who have such profound hearing loss that they are unable to use an aid may regain enough hearing after mobilization to benefit from an aid.

Talk to any surgeon who does fenestration or mobilization, and you will sense how enthusiastic he is about the miracles that can be performed with these two procedures. His face lights up with a smile as he looks at a postoperative chart showing how a patient's hearing has shot up from the depths of silence to the world of sound.

From my own experience I can say that his enthusiasm is exceeded only by that of the patient. ▲



# The Family Fireside

Send your questions on family problems to: The Family Fireside, LIFE & HEALTH, Washington 12, D.C. Enclose stamped, addressed envelope for reply.



By HAROLD SHRYOCK, M.D.

Professor of Anatomy  
Loma Linda University School of Medicine

## KEEP CHILDREN BUSY

**I**F YOU run the wind out of a boy you won't have much trouble with him." So says Cal Farley, president of Boys Ranch, in Amarillo, Texas. With this remark Mr. Farley touches on a vital principle in the training of children. As grandmother used to say, "Satan has mischief for idle hands to do."

Busy children are happy children. A child craves activity and thrives on it. The child who complains, "I don't have anything to do," is either not feeling well or is about to find some activity.

It is the search for activity that brings many a child into difficulty, simply because he is not able to tell the difference between activities that are wholesome and activities that lead in the wrong direction. This is where the parents' responsibility comes into the picture—parents must direct the child into activities that are good for him.

Keeping a child busy consists of more than forcing him to do work around the home. Making him do dishes and mow the lawn is only part of the program. There should also be creative activities—recreational outlets, hobbies, and social occasions—varying with the age of the child. Some activities should be for the child alone, and some should include all members of the family.

### A Bored Four-Year-Old

*My little four-year-old boy, our only child, is lonely and bored. He goes around the house saying, "Mommy, tell me something to do." We live in a cold climate, and he cannot play outdoors very much. What can I do to make life more interesting for him?*

My sympathies go out to your little boy. Being the only child in a lonely house is not fun. With intelligent planning, you can improve the situation materially.



### FOR A RAINY DAY

By GRACE V. WATKINS

Now when the soft andante rain  
Is nourishment for growing grain,  
For grass, for every tree and flower,  
Be glad for this wide-singing shower  
And let the rain of kindness fall  
Upon your heart, that every tall  
Bright tree of love uplifting there  
May be more radiant and fair,  
With leaves of joy, hope-lighted song,  
To help another heart grow strong.

I would advise that you direct your planning along three lines: Make your little boy feel that he is needed in your home, provide him with interesting ways to spend his spare time, and arrange for him to have some companionship with children his age.

Making him feel needed requires that you give him total responsibility for certain duties about the home. Make a careful choice of chores he must do. Starting with one or two, add gradually to the list of things that depend on him for doing. Do not come to his rescue in these matters except at first as he needs an explanation of what the chore requires. Do not overload him with duties, but set the stage for him to get the idea that smooth operation of the home depends on him as much as it does on mother and dad. As soon as he comes to understand that he is needed, his present feel-

ing that he is a nuisance will disappear.

Every child needs to play part of the time. The fact that you have no other children makes it difficult for your little boy to find enough new play activities to make life interesting. It is not more toys that he needs but more coaching on interesting things to do.

I suggest that you write to the editors of such periodicals as *Parents' Magazine* and *Better Homes and Gardens* and ask for reprints of articles or for pamphlets on play activities for isolated children. One recent article described wastepaper basketball, making a toy parachute, pasting up a dream house, making puppets out of common material, sculpturing toys that float, making wonders from old junk, and building a cardboard fort. Also, there are books on this subject.

In providing own-age companionship for your boy, I suggest that you take him faithfully each week to your church's kindergarten. Also, if there is a day kindergarten in your community in which there are children of his age, arrange to enroll him there. From time to time allow him to visit in other homes where there are children. Possibly it would be worth while for you to become a baby-sitter to the extent of bringing some other child into your home, either for a few hours each day or on a live-in plan. Your local welfare department will doubtless cooperate in helping you to work out such an arrangement.

### Hates Doing Dishes

*Should we force our teen-age daughter to do the tasks in the home she dislikes to do? She says she hates to wash dishes, and refuses to do so.*

The wording of your question suggests that an unfortunate relationship has developed between you and your daughter. Something is surely wrong when a teen-



age daughter refuses to do what her parents ask her to do.

It must be that the daughter's share of the household duties has been cast in the light of punishment or penance that she must fulfill in order to continue in your good graces. It must be that she is thinking of her home as "their home" rather than "our home."

The atmosphere of a home should be such that all members share its responsibilities and duties as well as its privileges.

I suggest that instead of requiring your daughter to do certain undesirable chores you specify, you offer her a sort of partnership in the home's program of providing meals. Let her have a share in the planning as well as in the routine work of the kitchen and dining room.



Perhaps you can work out a schedule for her to prepare the evening meals on certain days of the week. If her school program permits, let her have the total responsibility of these meals, including doing the dishes afterward. Let her make the choice of food for the meals she prepares.

Or you may work out an agreement by which you will do the dishes after the meals she prepares and she will do the dishes after the meals you prepare. This plan not only will help her to adopt a different attitude toward her share in maintaining your home but will give her valuable preparation for her own home of the future.

It may well be that the time has come in your daughter's life when she should be encouraged to develop some activities outside the home.

It will broaden her perspective to do some work outside the home—baby-sitting in certain responsible homes in your community or helping to care for an invalid.

If she is artistic she may develop a small business by making pieces of handiwork to be sold in a variety shop.

If by such means she earns a few dollars a week, the money can be used for buying her clothes. What is important is that she will take a new view of her personal responsibilities. If things do not go well in such enterprises, she will have to blame herself rather than her mother.

## Even Young People Get Tired

*My daughter, a senior in high school, is losing interest in her studies. She has always been a top student in her classes, but lately she is getting poor grades. She is a talented girl and participates in several of the musical organizations at school, being an artist on the violin, piano, and organ. I am determined that she go on to college, but with her recent poor grades she will not qualify. How can I help her get over her laziness?*

I believe your daughter is not lazy, but tired. With a full load of studies in high school, participation in several musical clubs, and the social activities that go along with being a senior, she probably has taxed her supply of energy beyond reasonable limit. She must have had to spend many hours of practice during previous years to become skilled in the playing of three musical instruments.

No doubt in your zeal to keep her out of mischief by keeping her busy you have required her to overdo. Now she is paying the price for burning the candle of her vital energies too fast.

What she needs is a vacation or some other opportunity for time to catch up with her accomplishments. Perhaps she should work a year at some interesting employment of her own choosing before she starts college. ▲



## Nutrients in Lemons and Oranges

(I) Glenn H. Joseph et al. and (II) John J. Birdsall et al. *J. Am. Dietet.* A. 38: 552-559 (1961).

"A study was conducted to define more accurately the nutritional components of three California fruits—lemons, Valencia oranges, and navel oranges—over two growing seasons. The results confirm certain published data and establish that these fruits can contribute, in addition to ascorbic acid, important amounts of many other nutrients."—J. J. BIRDSALL.

This report is important because the values represent a substantial portion of the fruit that goes to market. This is the first time that so many constituents have been studied in such a sample and is the first time the juice, the peeled fruit, and the peeling have been studied in the same fruits on such a large scale.

In Part I of the article Dr. Joseph, of the Sunkist research department staff, tells how the fruits were collected and handled in order to make them a good representation of fruit on the market. In Part II, Dr. Birdsall and his associates, of the Wisconsin Alumni Research Foundation, give the results of the analyses and their interpretation of the data.

Samples of fruit, by variety, were taken during the two seasons from eight major growing areas in relation to the volume

of production of those areas. Valencia oranges were sampled early in August, Eureka lemons in late July, and navel oranges in February, dates coinciding with the crest of shipment for each of these fruits, according to Dr. Joseph.

Findings of Dr. Birdsall's report:

**Vitamins.** Ascorbic acid (vitamin C) was present in the lemons and both varieties of oranges in quantities of great nutritional significance. This was true for peeled fruit and juice. The juice from navel oranges contained about 15 milligrams per 100 grams (3½ ounces), more total ascorbic acid than the juice from lemons or Valencia oranges.

Other vitamins in the peeled fruits and the juices were in sufficient quantity to make small to moderate contributions to dietary needs. For example, 2 to 8 per cent of the daily allowance for thiamine, riboflavin, and niacin were found in a 3½-ounce portion of juice or peeled fruit of the oranges. The lemons contained somewhat less of these vitamins. Only the oranges contained small amounts of beta-carotene (provitamin A).

**Minerals.** The amounts of calcium and iron in 3½ ounces of the peeled fruit of both the oranges and lemons would furnish approximately 5 per cent of the recommended allowance for a normal man. About 21½ per cent of the phosphorus allowance would be furnished. The sodium content of all these fruits was low. In contrast, potassium was high. Spectrographic analysis showed many other minerals that may be of nutritional value in trace amounts.

For certain nutrients (i.e., calcium, biotin, niacin, and pantothenic acid) the amounts in the peeled fruit significantly exceeded those in the juice. In general, the peel of all fruits studied contained higher levels of most nutrients than the juice or the peeled fruit. ▲




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Missionaries to Mars?  
Rest for God's People  
Bible Predestination  
Here's Your Answer



# The Golden Age

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.



By OWEN S. PARRETT, M.D.

## CONVINCED?

Some years ago in the famous Battle Creek Sanitarium a health banquet was served. Present as the after-dinner speaker was a famous judge. During his speech he said:

"Ladies and gentlemen, many years ago I came to this institution for the first time. I had heard of its fame as a good place for one to regain health and vigor and learn the best way to live in order to maintain that health. No ham and eggs for breakfast, no coffee or tea, and for dinner no steaks. It was so different and new to me that I was not sure I would like it, but thought I would stay out my time as planned. When the time came to leave, I had to admit I felt none the worse and actually much better, but I was quite willing to return to my old diet at home, which was more to my liking. I was merely convinced.

"Year by year I found myself returning to get a pickup that I felt helped me physically, but on returning home I went back to my old diet. However, it began to dawn on me that if the program at Battle Creek did me so much good, I should carry it out at home. I was convicted.

"I made up my mind that I would carry out the program at home and feel better the year round. I was converted.

"The effect was good, but I was not quite so happy with the new diet at home. However, after some years of the new diet I came to like it better than the old, and today I can say I really love it. Now I believe I am sanctified."

It was the leader and staff of this same Battle Creek Sanitarium that changed the American breakfast from ham and eggs and coffee, now a considered factor in hardened arteries and coronary attacks, to cornflakes, grapefruit, and a glass of orange juice.

"Bringing up father" is no easy task. We don't change easily. It is unpleasant to have even a doctor suggest that we change our eating and living habits.

When forced by illness or circumstances to make such a change, we may do so with a long face and a sigh.

Recently a man came to my office limping from a stroke. He was certainly not happy, and he showed it in his manner and facial expression.

"Why should it happen to me?" he asked bitterly.

We carefully examined him and closely scrutinized his habits. I felt sorry for him, and was eager to see what we could accomplish.

Because strokes may result from either hemorrhage in the brain or a blood clot in the brain, clotting time is important. This patient showed blood-clotting time of two and a half minutes, which is so fast that it might predispose to either coronary heart attacks or strokes, both coming from blood clots—the one in the heart and the other in the brain.



### DANDELION

By JANE MERCHANT

I meant to chide  
This shameless, bold  
Trespasser crowned  
With brazen gold;

But it today  
Presents, instead,  
A reverend, hoary  
Silver head,

Which I, unless  
I quite reject  
My good upbringing,  
Must respect.

The blood pressure was 140/96, so I thought that hemorrhage was not a part of the picture.

When I told the man what he was to do if he wanted to prevent another stroke, his face was sober. If he refused the program, he had simply wasted his money and my time. It was no coffee or tea, no tobacco, no meat, and even eggs and all animal fats must be eliminated. He had been eating but little fruit and no vegetables. He had been eating two eggs a day, with bacon twice a week, two cups of coffee daily, and meat once daily. Now it was to be juices (at least three glasses daily), much fruit, vegetables, and salads. Little or no sugar or white bread, no refined cereals, and of course no bacon.

He decided to go along on the new diet. One can hardly afford to die nowadays, with a first-class funeral costing a thousand dollars. It's cheaper to live.

What happened on the new program? The history I pulled from the files is lying before me as I write.

Three weeks later: clotting time, 5½ minutes. One month later: clotting time, 6 minutes. One month later: clotting time, 7½ minutes. Then 5½ weeks later: clotting time, 9 minutes.

No Dicumerol, no anticoagulants of any kind. When these are used it becomes necessary to have repeated tests made lest the blood clotting become so slow that patients bleed spontaneously and endanger their life.

I have never seen this simple diet program fail to raise the clotting time to a safe level. And no frequently repeated lab tests are needed.

A former President of the United States, I am told, takes anticoagulants regularly to prevent a possible repeat of a coronary attack. I sent an outline of my program to this good man, and received a courteous reply from his private physician assuring me that he was getting



the best advice from two universities, and thanking me for my interest. I predict that someday (for science moves slowly, so slowly that until this President had his coronary anyone who would have put a heart case on a diet would have been considered a quack) anticoagulants will in most cases, except in emergency, be largely displaced by dietary measures. Of course it's easier to take a pill than to diet, and it is more acceptable to many people.

Well, what has happened to the man with the stroke? He smiled the last time he came to the office, the first smile I had seen from him. He likes to see the improvement in blood-clotting time.

The sad part of this whole matter is that if we had started him on his new program even a short time before his stroke he probably would not be crippled today.

It is such experiences as this that have spurred me on to continued practice and the extra effort to write a book based largely on prevention, or *Keeping Fit*. Whether we like it or not, we are our brother's keeper, and every person who becomes helpless costs someone time, money, or both. Our taxes are rapidly mounting to take care of people who would not have been sick had they planned a course of keeping well.

We need not make a lot of hard work out of keeping well. It is indeed very simple. Someone recently asked me how I managed to keep two office girls busy besides other activities (we do run a straight five days with no time out except weekends, and these may be busy days). I replied that I tried to feed and treat myself as most people would a cow or a horse.

The increasing diseases in animals, fish, and fowl, which suffer from many disorders that can be transmitted to humans, and the cholesterol factors have convinced me that only nonanimal foods are safe. I like soy milk. Eggs I certainly do not need. Nowadays our clever cooks and food factories are turning out meatlike dishes resembling wieners, hamburgers, and even white meat of chicken, with no flesh foods but equal in food value. You do not need to eat these meatlike dishes, but they make it easy to make the change.

Heredity plays a part in longevity, and my having had a mother who passed the century mark may have helped my blood cholesterol to register 132, but I believe that I could spoil the hereditary picture by the conventional American diet. It is fun to live unimpaired and not have to drag your feet because of either a stroke or some chronic disease. I am convinced, convicted, and converted, like the judge at the banquet.

I urge my friends to join up and plan to keep well. The price is not high, nor is the way difficult. ▲

## SURVIVAL IN DISASTER

(From page 15)

in Red Cross first aid or home nursing. Preparation is the key to survival in a major disaster.

### Basic Medical and First-Aid Supplies

1. Antiseptic solution
  2. Aspirin tablets (5 grain)
  3. Baking soda
  4. Cough mixture
  5. Diarrhea medication
  6. Ear drops
  7. Laxative
  8. Motion-sickness tablets
  9. Nose drops (water soluble)
  10. Petroleum jelly
  11. Rubbing alcohol
  12. Smelling salts
  13. Table salt
  14. Toothache remedy
  15. First-aid handbook
  16. Supplies for emergency childbirth (if necessary)
  17. Adhesive-tape roll (2" wide)
  18. Applicators, sterile, cotton-tipped
  19. Bandage, sterile roll (2" wide)
  20. Bandage, sterile roll (4" wide)
  21. Bandages, triangular (37" x 37" x 52")
  22. Cotton, sterile, absorbent
  23. Dressings, sterile (4" x 4")
  24. Hot water and enema bag (combination with syringe attachment)
  25. Medicine dropper
  26. Safety pins
  27. Sanitary napkins
  28. Soap
  29. Scissors
  30. Splints, wooden (18" long)
  31. Thermometer, clinical
  32. Tweezers
  33. Water-purification materials
- The Family Guide-Emergency Health Care*, Office of Civil Defense, pp. 59, 60. ▲



## Drive Safely

*What Would You Have Done?* is the name of a booklet that poses a challenge to every reader.

True-to-life sketches illustrate emergencies that drivers must be prepared to face—loss of brakes, blowout in traffic, blinding by oncoming lights, slippery curves, an accident ahead. The booklet gives the specific 1-2-3 steps to save lives in these all-too-common situations—to replace panic with knowledge.

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# Home Nursing



By MARY CATHERINE NOBLE, R.N., R.P.T.

## MEDICATED BATHS

**I**N LATE spring and early summer we all enjoy the fresh air and sunshine outdoors. It is exciting to investigate the growing things in garden and woods. For some people it is not only exciting but unfortunate, for they encounter substances to which they are allergic.

Sensitivity of the body to certain substances may be shown in many ways—sneezing, hay fever, asthma, rash, blistering, skin breakdown with weeping.

Several different kinds of medicated baths have proved beneficial to people with skin irritations. The physician recommends the kind of treatment he thinks will best help the condition. Not all skin irritations respond to bathing; some are best kept dry.

**Basic Rules.** Keep certain basic rules in mind:

1. The temperature of a medicated bath is always neutral because water warmer than the skin increases itching and discomfort. This means that the temperature of the water is 94° to 98° F.

2. The bath is usually continued for 10 to 20 minutes.

3. The water must come well up over the patient. Fill the tub sufficiently that the water comes up to the patient's neck. The average tub holds about 30 gallons of water. This content estimation gives a basis for deciding how much medication to add to the water.

4. Pat the skin dry after the bath, being careful not to rub, for rubbing increases irritation. Usually the medicated bath solution is not rinsed off but left on the skin to help clear up the irritation.

**Alkaline Bath.** For an alkaline bath, add one pound of bicarbonate of soda to a full tub of water. Stir well to dissolve the soda. Follow the basic rules mentioned as to time, temperature, and drying. This bath is useful in drug reactions, eczema, itching, and hives.

**Starch Baths.** There are two types of starch bath. In one, 16 ounces of dry

starch (a fine, smooth laundry starch) is added to the water, the bath is given for the prescribed time, and the patient is patted dry as suggested under general principles. For dry, scaly skin, the starch is first mixed to a paste in a little cool water, added to a container of boiling water, boiled until clear, added to the bath water, and the bath is given in the usual manner.

**Combination Baths.** Sometimes a com-

bination alkaline bath is indicated. For this bath, use 8 ounces of bicarbonate of soda and 8 ounces of dry starch. This bath is effective for an irritated skin.

**Oatmeal Bath.** Oatmeal is also used for bathing irritated skin. A colloidal oatmeal called Aveeno is much easier to use than ordinary oatmeal. If Aveeno is not available, cook 2 cups of oatmeal until well done, place it in a muslin bag, and squeeze it into the bath water. The muslin bag is also recommended when using Aveeno, and the same amount of Aveeno is used—2 cups. In either case, rinse the muslin bag thoroughly after using.

In giving the oatmeal, or Aveeno, bath, stir the bath water occasionally in order that the oatmeal, or Aveeno, does not settle to the bottom of the tub but remains suspended. Make certain that the solution covers all involved parts of the body. Squeeze the bag over areas that cannot be submerged.

Since oatmeal, or Aveeno, makes the tub slippery, take special care in getting in and out of the bath to prevent falling.

**Commercial Preparations.** There are on the market substances that may be added to a neutral tub bath for skin irritations, and your physician may recommend one of them. One called Almay tar (oil of cade) is effective for itching skin. Use 2 to 4 tablespoonfuls to a full tub of water.

Another effective substance is Alpha-Keri. A water dispersible oil, it is a boon to people with dry, itchy skin. Add 1 or 2 tablespoonfuls to a tub of water.

Remember these important principles:

1. Bath temperature—neutral (94° to 98° F.).

2. Time of bath—10 to 20 minutes.

3. The tub should be well filled.

4. The skin should be patted dry, not rubbed.

5. Different baths are useful for different conditions. Consult your physician. ▲



## FIDELITY

By HELEN VIRDEN

It is true, and I admit the bias,  
I stay here because I like it here.  
Prejudiced by lilacs leaning over a gate  
In April;  
Inclined to prismed snow on fence rows  
As much as maples bright with autumn.

I have a bent toward Iowa people  
Stubborn with truth,  
Even when truth is out of season;  
Who cling to age-tried premises,  
Yet quick to break a virgin field,  
With wisdom to know the difference.

Fixed as a prairie star,  
As constant as a springtime hill,  
I stay here because I like it here.



## Relax, Please

By BEATRICE S. STOUT

THERE is a driving force behind too many people today. The tumult of a noisy world makes it difficult for people to heed the inner warning that they must slow down. The nub of the matter is that people have become too busy. "Split timing" sets the tempo in this modern world.

If you run an engine too fast and it jumps the track, you cannot blithely assume that you can get it back on without effort. Neither can you ignore the basic fact that when your reserve of nervous energy is depleted, nature presents the bill. It is easy to lower tensions before they reach the explosion point, but not afterward. It makes sense to recognize warning signals and before the day of reckoning make some changes in a too-hectic life.

A national government keeps up its reserve force before a time of danger. The man or woman who wakes up to the fact that he is using up his reserve of nervous energy must change from a tear-down to a build-up program.

Large sums are spent in the advertising world on the assumption that if you tell something often enough it makes an impression. Would it not be a good idea to try this technique on yourself? Remind yourself often to relax.

At the coffee break skip the coffee, find a chair, sit down, close your eyes, and let go of every muscle. Become so relaxed that you feel as if you could sink through the chair. When you have been working at top speed it is not easy to do this, but with practice it is possible. These few minutes of complete relaxation give your nerves refreshment.

At the red light do not fuss at the moment's delay. Recognize such hair-triggered emotion as a danger signal. A recent magazine carried an article by a woman who found herself losing patience at every red light. On a particular occasion the driver in front of her stalled her engine just as the light was turning green. As usual this woman started fuming at the delay. A car drove up beside her with the radio playing "Count Your Blessings." She got the message. She learned to turn her mind from irritating incidents of every day by building up a new set of values.

Happiness is made up of infinitesimals. Find new joys in life. How long has it been since you walked in the beauty of the morning sun? Drawn inspiration from the symphony of the birds?

Nature's tranquilizers are of greater value in reducing tension than the doctor's medicine. On a beautiful blue-and-gold day, take to the hills. There is delight in the world of nature—in the rustle of red and yellow leaves of autumn beneath your feet, in the stark beauty of

leaf-stripped trees outlined against fleecy clouds. What is more exhilarating than a walk in the cold air of winter? Coming home at night, look at the setting sun making long shadows across the land, and you will lose the tight feeling you built up during the day. Exercise brings appreciation of rest, and satisfying sleep builds up depleted nervous energy.

Why not postpone your funeral by learning to relax? Sound a reveille for freedom from tension. ▲



## Cookouts

For a safe, clean picnic, try the cook-out type, consisting of foods eaten as soon as cooked, and fresh vegetables and fruit that need only washing to be safe, says the *Illinois Health Messenger*.

Always keep children away from the grill, but especially when you are starting the fire. Use one of the many commercial charcoal starters on the market. Never use gasoline, lighter fluid, or kerosene.

Avoid burns to your fingers by using heavy or insulated mittens. You can prevent flareups by using aluminum foil to catch drippings. Skewers and long-shafted tools should have insulated handles. Always pick up skewers with the point down so that hot grease does not drip on your fingers or hand. When you have finished with the grill, do not leave hot coals, because a strong wind may ignite them or a child could stumble into and overturn the grill. If using water to put out the fire, be careful not to scald yourself. Sand is recommended for putting out these fires.

Never use a charcoal grill indoors unless there is equipment for piping carbon monoxide fumes away from the burning charcoal and outside. Incidentally, burning charcoal gives off nearly pure carbon monoxide. Do not be lulled into a sense of false security by the deceptively innocent appearance of gray charcoal ashes still hot enough for cooking. A sudden rain threatening a back yard cookout has triggered tragedy when the portable grill was taken indoors to complete the cooking.

Even the small indoor barbecue used for hors d'oeuvres, the hibachi, can give off great amounts of carbon monoxide, and the danger increases with the length of time it is used and with lack of ventilation. Modern houses are likely to keep in carbon monoxide because of insulation and tight construction. Some people are more susceptible to carbon monoxide poisoning than others. In general, smaller persons, children, and the elderly succumb most easily to carbon monoxide. ▲

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# The Dietitian Says



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By LYDIA M. SONNENBERG

## SALADS AT THEIR BEST

### Fundamentals of Salad Making

1. Composition. Choose contrasting textures, colors, forms, and flavors when selecting vegetables, fruits, and greens for salads. Make salads pretty as a picture.

Plan the salad as part of the nutritional balance of the meal.

2. Fresh, cold, crisp ingredients. Use peak-of-the-season vegetables and full-flavored fruits. Keep washed salad greens cold and crisp until ready for use. Prepare salad as close to serving time as possible. Serve on chilled plates or bowls.

3. Variety. Year-round fresh vegetables and fruits make possible an endless variety of salads. Make it a point to select various salad greens and combine several in the same salad. Choose dark-colored greens frequently.

4. Retain identity of the ingredients. Be generous when you slice or chunk salad ingredients. Fair-sized pieces make your salad more interesting, more beautiful, and reflect nature's abundance. For prettier and fresher greens, break or tear by hand into bite-size pieces rather than cut with a knife.

5. Toss ingredients lightly. Use a light touch in tossing a salad. Be careful not to bruise or crush. A salad fork and spoon do the trick best. With salad fork in left hand, spoon in right hand, in a rolling motion go to the bottom of the bowl with the spoon as you come up and over with the fork.

6. The dressing. Choose the right dressing to enhance the salad flavors. Tangy oil herb dressings go nicely with greens or for marinating vegetables. Cooked salad dressing or mayonnaise is a natural for potato, egg, or molded salad. Zippy sour-cream dressings add interest and flavor to fruit salads. Use a minimum of dressing. Besides adding calories, too much dressing makes a limp, leaky salad. For greens, add dressing at the last minute.

7. The casual look. Keep your salad and its trimmings simple, casual, but not

careless looking. Avoid a worked-over appearance.

8. Service. Serve salads from a large bowl or a deep platter or arrange them on individual plates or in little salad bowls. When using a plate, select one large enough to frame the salad. If the dressing was not added to the salad before it was brought to the table, pass it in an attractive server to be spooned on.

### Simple Salad Dressings

1. Use just a sprinkle of salt, plain or seasoned.

2. Sprinkle lemon juice lightly.

3. Sprinkle on lemon juice, an equal amount of oil, salt, and other seasonings.

4. Lemon juice, a little water, honey. Shake together in a bottle.

5. A few grains of salt, a sprinkle of sugar, a squeeze or two of lemon or lime.

6. Sour cream, lemon juice, and salt.

7. Cream cheese softened with a little lemon juice. Alternate with other fruit juices.

8. Yogurt and lemon juice or butter-milk and lemon juice. A sprinkle of salt.

9. Fruit juice, lemon juice, and honey.

10. Cottage cheese, mashed avocado, a bit of onion, a sprinkle of lemon juice, and salt.

11. Add minced vegetables having a definite flavor or vegetable salt or vegetable powder to oil dressing or mayon-

naise. Also herbs. Try dillweed in an oil dressing.

12. Add chopped hard-cooked egg, olive, and pimento to mayonnaise.

13. Add rolled nut meats or nut butter to mayonnaise or cooked salad dressing.

14. Grated orange rind, lemon rind, and coconut may be added.

### Helpful Ideas

1. To remove perfect sections from citrus fruit: Peel fruit closely. Cut in and out around each section close to the membrane and lift out the section.

2. Have salad tools on hand: Well-seasoned salad bowl; versatile salad-maker for grating, shredding, stringing, and so on; scissors for halving grapes, cutting up dates, mincing parsley, cutting up chives; different-sized shredders for cabbage, carrots, and cucumbers; cutting board; and strong, sharp chef's knife.

3. Save time by cutting several stalks of celery at one time. For attractive slices, cut on bias.

4. Toss in extra tidbits for flavor and variety—crisp croutons, artichoke hearts, sliced olives, radish rounds, green-pepper rings, and so on.

5. Cool boiled eggs promptly in cold water in order to stop the cooking process and make shelling easier.

6. Quick ways to peel tomatoes: Run back of knife over skin of tomato to loosen it, or plunge tomatoes in boiling water, or twirl tomato over flame to loosen skin. Don't leave the tomatoes in boiling water or over the flame long enough to cook them.

7. Drain excess water from salad greens on paper towels or shake or whirl them in a wire salad basket.

8. To loosen a molded salad, run tip of knife between salad and pan first. Dip mold just to rim in warm water for a few seconds. Place platter on top of mold, hold tightly, and invert quickly. If mold is not in center of plate, push to correct position with spatula. ▲

### New Shoes

By GRACE V. WATKINS

She puts hers on with smile as bright  
As any star's gold-shining light,  
Then, sparkling like that little star,  
Shows everyone how nice they are.

But he's concerned with how he will  
Escape the fellows' gibes until  
These specimens of shiny leather  
Are dimmed by time and wear and weather.



## SHE ALSO SERVES

(From page 16)

"I guess I learned how by just going ahead and trying. Now I can put a brimful pumpkin pie into the oven without spilling a drop. In my kitchen I have a place for every item. For herbs or other articles in boxes of equal size I place a rubber band and various markers on the boxes. To measure, I fill a cup or spoon and allow it to run over. For flavorings I use a medicine dropper. I have my recipes in my head. I have worked out basic recipes that for variety I alter as the occasion requires."

Mrs. Tasker makes beautiful quilts. Someone cuts and sorts the pieces for her, but she sews them together.

"How do you thread your needle?" I asked.



"At first I had a piece of felt tacked to the wall to hold needles, with a pocket for thread. In the morning my husband would run the thread through all the eyes. I would pull out as much as I needed on one needle and cut it off. When that was gone I would pull out thread for the next needle. Now I use a needle threader.

"A few years after my husband and I were married he bought me a typewriter and gave me lessons. I promised God that if He would help me learn to type I would dedicate the typewriter to Him for missionary work. I have written hundreds of missionary letters.

"My hardest task was to learn Braille. For a long time I felt no need of it, because my family read to me. When we moved to Washington, D.C., I met a blind woman who told me how much Braille had helped her with spelling and sentence construction. My own spelling was poor because I had not seen words for many years. When I found some value in learning Braille, I was eager to begin. I have always been willing to tackle any job, no matter how difficult, if I thought there was a real need.

"Braille was hard for me because my fingers were calloused from my method of cooking. I have to feel where the burners are on the stove, and if they are already hot I burn my fingers. The calluses spoiled the sensitive finger ends. I have never developed speed in reading, for I was not young when I began; but I greatly enjoy reading to myself."

"How many books do you have in Braille?"

"The only books I own are the Bible. They were given to me when I was on the radio program Welcome Travelers years ago. Each Braille book is about the size of a *Saturday Evening Post*, and the books comprising the Bible take up six feet of shelf room. It took me two years to read them through. I borrow books from Braille libraries. I have read all the books in the Conflict of the Ages Series once and *The Great Controversy* and *The Ministry of Healing* three times each. I also use the talking-book machine."

As I sat beside Mrs. Tasker I was impressed by her expression of peace. She did not learn to rely on God's will for her life without effort. For many years she prayed for her sight to be restored. During the trying days after her baby was born, when the situation called for eyesight, she wept and prayed for God to heal her.

"One morning after my family had gone to school," she said, "I was having my private devotions and pleading with God to restore my vision. As I knelt beside my chair I was filled with calm. A voice seemed to say, 'Don't ask any more to be healed; it is not God's will.' After that morning I felt at peace with God. I don't believe I ever again asked for healing.

"My life has been interesting and useful to some extent, but I don't take the credit. My husband has been a great help to me. I could never have made it without him. I am grateful also to my other relatives and a host of friends."

Mrs. Tasker told me that the theme of her life is expressed by this verse from the Bible:

"Be not conformed to this world: but be ye transformed by the renewing of your mind, that ye may prove what is that good, and acceptable, and perfect, will of God."

"Before I lost my sight, my future was bound to this world. Perhaps if I had not become blind I would have been 'conformed to this world.' As I became reconciled to the will of God by renewing my mind, I became transformed. I am still striving to know the 'good, and acceptable, and perfect, will of God.' I know my heavenly Father has a plan for my life. I took many rough, narrow, dark detours, but I am convinced I will reach the goal." ▲



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## X-RAY

(From page 19)

operation were avoided with the help of the seeing-eye X-ray tool.

Sudden pain in the abdomen or back suggests such things as gallstones, intestinal obstruction, twisting of a cyst, a stone in the kidney tube (ureter), inflammation of the pancreas, ulcer of the stomach, and many other ills. Often physical examination and a careful history suggest the offending organ or system and indicate which X-rays should be taken.

Cramping abdominal pain was the chief complaint of 87-year-old Mrs. Blank, who was transferred to the hospital from a local nursing home. As in many elderly people, the symptoms and history were not too informative.

Three X-ray views of the abdomen were taken with the patient in different positions. They demonstrated blockage of the small bowel. A faint outlining of air in the liver ducts suggested the passage of a gallstone, but careful examination of the films did not show a stone.

A small rubber tube was passed into the stomach, and barium meal (a substance opaque to X-rays) was introduced. It demonstrated the presence of a large gallstone, which was obstructing the small bowel. Lack of calcium in the stone prevented its being seen on the plain films. Armed with this information, the surgeon knew the nature of her illness, the cause of her obstruction and pain, and was able to correct the situation. Mrs. Blank made a quick recovery.

X-rays that seem only routine may give information of great importance, prevent prolonged hospitalization, and save lives.

It is estimated that nearly 2 million Americans have ulcer of the stomach or duodenum. For detection of these ulcers, doctors rely almost entirely on X-ray evidence. Finding a small ulcer in an obscure corner of the stomach or correctly identifying a large ulcer requires much training and experience. Ulcers can be present without symptoms of great significance. Annual routine examination of the upper intestinal tract by barium-meal X-ray study is advised for people in positions of great responsibility or under continual business pressure.

After the patient drinks the barium meal, the food pipe, stomach, duodenum, and first portion of the small intestine are carefully observed by fluoroscopy. The radiologist looks for abnormal passage, thickening of tissue, delayed emptying, and ulcer defects. A follow-up film demonstrates the progression of the meal through the digestive tract.

In many cases symptoms of disease in stomach, duodenum, colon, and gall bladder are identical. Often after a careful history and physical examination no

abnormality is found. The doctor then requests an X-ray series of the alimentary canal from the stomach and onward, which usually includes barium-meal gall bladder examination and enema.

Slight distress in the abdomen, food intolerance, and other vague symptoms can result from disease of any portion of the digestive tract, including the gall bladder. For this reason, your physician may advise study of the entire tract—stomach, gall bladder, and colon—when only the upper abdomen suggests abnormality. By such careful examination, gallstones are sometimes found in patients who have not had typical gall bladder symptoms.

Then again, irritated mucosal lining of the duodenum, called duodenitis, may be found in many patients who thought they had gall bladder disease.

A job-promotion examination for Mr. Smith requested a barium-meal X-ray. He had vague indigestion and slight loss of appetite, but at no time had he noticed sharp pain or distress. Fluoroscopy and

films of the stomach demonstrated the presence of an unsuspected ulcer. Repeat examination after Mr. Smith spent two weeks on a strict medical program indicated improvement, and at six weeks the ulcer had healed. Yearly or semi-annual examination should be routine for Mr. Smith.

Early cases of tuberculosis, occasionally lung cancer, and other diseases are picked up by the miniature film chest X-ray examinations sponsored by local health authorities.

Some areas of the body tend to be blind. They do not readily give up their secrets, even to X-ray. Small tumors of the colon may be difficult to detect, because tightly twisting portions of bowel may hide them. Often special techniques are required to reveal these villains. Using differing types of barium, changing the strength of the X-ray beam, varying the position of the patient, and using barium and air mixtures are some of the tricks employed by the radiologist to discover hidden disease.

A thirty-year-old mother of four noted a change in bowel habit over two months' time. A thorough physical examination failed to reveal the nature of her trouble. A barium study of her colon suggested the diagnosis. An air-contrast examination confirmed a ball-shaped tumor attached to the bowel by a narrow stem. Her symptoms were caused by mild intermittent obstruction of the colon. At surgery her tumor was removed, and the tissue examination showed that cancerous changes were present but had not yet spread to the colon itself. This young mother can now look forward to good health for years to come. X-ray saved another life.

One of the most frequent X-ray requests is for study of bone, usually after an accident. Although many fractures are obvious, some are almost invisible. Even to the trained eye of the radiologist the fracture line may not be visible, but on occasion telltale signs strongly suggest a serious break.

Eleven-year-old Mary Blue fell from a swing in a neighbor's yard. Her elbow was painful, slightly swollen, and somewhat stiff. X-rays showed no fracture but did show a sign of fracture—small deposits of fat about the joint were displaced. A repeat examination was ordered in ten days.

The follow-up film clearly showed that Mary had indeed sustained a fracture of the radius, a forearm bone, near the elbow. Because she was treated for a fracture after her injury, healing was already under way by the time her diagnosis was confirmed.

Without the aid of X-ray, a common broken bone of elderly people—hip fracture—would be difficult to treat. A small difference in location of the break de-



## Children's Prayers

By LOUISE PRICE BELL

**P**RAYER time should be as regular as bedtime for youngsters. The children may say the prayers beside their cribs and beds or they may skip downstairs and interrupt mother's mending or father's reading to say them at their knees.

"Now I lay me" is traditionally popular, but many parents change the ending to a cheerful, happy note. Many children say:

"Now I lay me down to sleep;

I pray thee, Lord, my soul to keep.

Thy love stay with me all the night,

And wake me with the morning light."

Be sure that there is no rough-and-tumble play just before prayer time. It is best to have prayers said the very last thing before the children hop into bed, for the spiritual memory lingers as they drop off to sleep. ▲



mands an entirely different method of treatment. Whether a portion of the bone is to be removed and replaced with a doorknob type of artificial hip or the fracture repaired by use of a special nail is determined before surgery by means of X-rays. At surgery, X-ray is an important part of the hip-pinning procedure.

One of the unusual types of pneumonia is caused by a germ known as staphylococcus. This lung infection usually is seen in infants and young children. Early treatment with a specific medicine is effective in arresting its progress and permitting a cure.

Fortunately, staph pneumonia has characteristic X-ray findings, which if detected on early films leads to prompt use of a specific antibiotic. The hospital stay is shortened and complications are reduced by information from these miracle rays.

Careful evaluation of the information on X-ray film calls for patience, experience, and close study. Your doctor gets this service from a trained and experienced physician, the radiologist.

After the usual four-year medical course the radiologist takes a year of internship, then three or four years of intensive training in the use of X-ray and other sources of radiant energy. Nearly five thousand radiologists are certified by the American Board of Radiology in the United States. ▲



## Bees and Bites

The *Illinois Health Messenger* says: Bees buzzing as they go about their work are unmindful of you unless you interfere with their business. Then you may get stung. Never treat insect stings lightly. First-aid measures work if the sting produces only swelling, but if more acute symptoms develop, consult your physician. The symptoms after the first sting you receive serve as a guideline. Later stings in sensitive people produce more violent reactions, and your physician may advise special precautions.

Reaction to stings varies from itching to severe respiratory difficulty, cramps, swelling beyond recognition, shock, loss of consciousness, and even death. The reaction may come within minutes or be delayed for half an hour or more. Generally, the more rapid the appearance of symptoms the more severe the reaction.

When a honeybee stings you once, he cannot sting again. His stinger possesses recurved hooklets at its end. It costs him his life, for the entire stinger is ripped from his abdomen when he regains flight. To avoid squeezing venom from the stinger, do not pull it out of your

skin with your fingers. It is best to scrape out the stinger carefully and quickly with a sterilized needle, knife blade, or a clean fingernail.

Wasps, bumblebees, yellow jackets, and hornets can sting repeatedly, and will on provocation. Stay clear of a wasp or a bee nest if you see one. If you notice several wasps or bumblebees crawl under leaves, avoid the spot. Their nest is probably located there, and they actively resent housebreakers.

If a bee or wasp flies around you, ignore it and move away slowly. Sudden

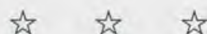
dle them or are bitten by them may become infected.

If a fox, skunk, or any other animal that normally shies away from people makes friendly overtures to you, get away from it fast. It probably has rabies, and it will bite you if it can get close enough. Discovering a den of baby skunks may give you a thrill, but limit your enjoyment to that of a spectator and leave them alone. The great reservoir of rabies in wildlife lies in skunks, and any baby skunk could develop rabies. Bats are notorious for harboring rabies.

Skunks are not the only suspect wild animals. Others could have toxoplasmosis, which may produce a disease of the central nervous system, particularly in children. It can also produce a disease of the eye (chorioretinitis) that may be accompanied by brain damage.

If you come across a sick bird, keep your distance. It may be suffering from ornithosis, which produces a serious, pneumonialike illness in man.

Play it safe, and resist the lure of wildlife in personal contact. ▲



## THE GATES OF ORION

By A. JOHN GRAHAM

Like Adam we stand in the brambles  
And stare at Eden's gate,  
Knee-deep in wreckage and shambles,  
Knee-deep in carnage and hate.

Throw open the gates of Orion,  
Open them wide, I say.  
The Saviour Himself descending  
Shall pass that fiery way.

Down through the gates of Orion,  
Down through the flaming gap,  
Down dash the armies of Zion,  
Crashing the star-clad map.

All ye who stand in the briers,  
All ye who sweat for bread,  
Thrill with the vision of fires,  
Hearken and lift up your head.

From reeling globe and trembling peak,  
From sinking isle and briny deep,  
From mountain den and ancient grave,  
We'll shout our joy, "He's come; He'll save!"

motion from air currents stirs up the insects and aggravates them into attack.

The yellow jacket is notoriously short tempered and easily irritated. He accounts for most insect stings. He is a close cousin to the hornet, having black and yellow stripes; and both belong to the wasp family. Yellow jackets build their nests in the ground, and some species suspend large, globular, paperlike nests from buildings or tree limbs.

Hornets build gray paper nests about the size of a football under roofs or suspended from a limb. Keep your distance from such a nest or you will be the loser.

If you are camping out this summer—getting close to nature—be careful of chance acquaintances in wildlife, or you may take home more than pleasant memories. Wild animals are afflicted with a variety of diseases, and people who han-

## Watch That Power Mower

A truly sun-induced activity is grass cutting. If the power behind the mower is you, your big concerns are overexposure to the sun or overexertion, both easily avoided. If you use a power-driven lawn mower, consider that the whirling blade will cut into anything with which it comes in contact, including you.

A national estimate reveals that about 75,000 power-mower accidents occur each year, and more than half of the injuries involve feet and hands. Never start a mower with one or both feet under it; and always remember to cut from side to side on any incline.

About a third of the accidents involve different parts of the body when stones or bits of metal are thrown by the mower blades. This accident often happens to the innocent bystander. Rake the lawn first, and then make sure there are no close spectators when you mow.

Do not refuel while the motor is hot, do not refuel in a garage or an enclosed space, and do store the gas in an approved safety can. Work on the mower only when the spark plug is taken out. Do not run with a power mower and do not let it pull you. Wait until the grass is dry, because mowing wet grass is not only inefficient but dangerous for your footing. Never leave a mower running unattended, and always remember that the blade spins several seconds after the engine stops.

These are all common-sense reminders to have respect for a power mower. ▲



## SALAD EVERY DAY

(From page 11)

### Beet-and-Carrot Salad

Select crisp, sweet, juicy, mild-flavored carrots and beets for this raw salad. You probably will want to use a medium-sized carrot for each person served. Half as many beets as carrots are sufficient. Line a salad plate with lettuce or any other crisp garden greens you desire. Over these grate the carrot into mounds. Top each mound with grated fresh beets, and garnish with parsley sprigs. This is a beautiful, colorful salad, rich in vitamins. If you top it with golden carrot cream mayonnaise, you add vitamins, but you also add calories.

### Beet-and-Tomato Salad

4 small, tender, crisp, sweet, juicy beets  
4 mild, tender, solid beefsteak tomatoes  
Parsley sprigs  
Soy mayonnaise or carrot-dill mayonnaise, optional

Grate the beets just before serving on a salad plate lined with greens of your choice. (Lettuce is always good. Cabbage may be substituted in the winter. Shred it onto the plate if used.) With a wire grater, grate the peeled beets into a mound. Leave it loose as it falls onto the salad plate. Halve three tomatoes and border the salad with the halves. Cut the remaining tomato into a petal-like design for the center of the salad plate. Place parsley sprigs beside each tomato half and in center on top of mayonnaise. This salad is as delicious as it is attractive.

You may use the beets in this salad raw or cooked (lemon added). Use only mild, crisp, juicy, naturally sweet beets, or you will be disappointed. Keep the beets in the refrigerator to crisp.

### Jelled Tomato Salad

1 20-ounce can stewed tomatoes. Add chopped celery and onion or celery salt and onion salt to taste  
1 tablespoon agar granules

Drain the tomatoes well. To the juice add enough water to make one cupful to melt the agar granules. Place the drained tomatoes and seasoning in four medium-sized oven-glass custard cups. After the agar has melted in the juice on the stove, pour it onto the tomatoes equally and chill until firm. Turn onto a salad plate lined with crisp lettuce. Garnish with parsley or other greens. You can always use a spot of carrot cream or carrot-dill mayonnaise on top to dress it up. Slices of lemon-cucumber relish make a tasteful garnish. The agar jells quickly in refrigerator trays. Do not freeze.

Because cooked tomatoes are a rich source of vitamins and mineral salts, keep a case of whole tomatoes in the storeroom. Tomato paste is an economical form in which to preserve them for winter use.

### Winter Green Salad

1 small package choice frozen greens  
1/4 solid head crisp, sweet cabbage or carrots  
Red radishes or other garnish

More than likely during the summer when your garden is at its best you freeze many kinds of fresh greens along with your other vegetables, to use in the winter months. For the foregoing recipe, choose a package that has a high-green color. It may be lamb's-quarters, Swiss chard, one of the several kinds of spinach, or beet tops. Immediately before serving time, shred the cabbage or grate the carrots onto a large salad platter. Wipe off the edges of the platter. Shred the frozen, slightly thawed greens onto the top of the grated cabbage in a mound. Use with or without dressing. Garnish with radish roses or other colorful vegetables. You may add a sprinkle of lemon and olive oil and a dash of garlic or onion salt. The frozen uncooked greens provide a good source of summer freshness in the winter. ▲



## Boating Accidents

Two thirds of the deaths in recreational boating accidents in 1961 involved a fault of the operator, according to the 1962 edition of *Accident Facts*, statistical yearbook of the National Safety Council.

Half of these accidents involved recklessness, improper loading, and unseaworthy craft. Of all recreational boating deaths only 4 per cent involved an inex-

## Recipe of the Month

Anyone who has tasted sweet potato pie down South will appreciate this sweet potato recipe we give here, for it is made somewhat like the toothsome dish concocted by our hospitable Southern compatriots. This recipe is selected from *Homemakers' Cookbook and Guide to Nutrition* (Review and Herald Publishing Association, Washington 12, D.C.).

### Sweet Potato-Orange Casserole

Sweet potatoes, 6 large  
Brown sugar, 1/2 cup  
Butter, 1/4 cup  
Oranges, 2  
Orange juice, 3/4 cup  
Strained honey, 1/4 cup  
Fine bread crumbs, 1/2 cup  
Brown sugar, 1/4 cup  
Butter, 1 tablespoon

Boil sweet potatoes until almost tender. Peel and slice. Arrange a layer in a greased casserole. Sprinkle with brown sugar and dot with butter. Cover with a layer of thinly sliced oranges. Repeat the layers until all ingredients are used. Over all pour the orange juice and honey. Cover top with bread crumbs mixed with brown sugar. Dot with butter. Cover casserole and bake in moderate oven one hour. Remove cover for last 15 minutes to crisp the top. Approximate yield: 8 servings. ▲

perienced operator. In accidents where the operator was at fault, about 60 per cent had more than 100 hours' boating experience. Nearly 40 per cent had more than 500 hours' experience.

Other operator errors included improper seating, disregard of weather or water conditions, and no proper lookout. Contributing factors not the operator's fault included the fault of someone else, weather or water condition, mechanical faults, and structural faults. ▲



## Summer Vegetables

### Lemon-Parslied Carrots

(4 servings)

In saucepan, combine 1 tablespoon chopped parsley, 1 teaspoon grated lemon peel, 1 tablespoon fresh lemon juice, 1 tablespoon sugar or honey, dash salt, and 2 tablespoons butter or margarine. Bring to boil; add 1 pound sliced cooked carrots and heat thoroughly.

### Marinated Tomatoes and Onion Rings

(6 to 8 servings)

Combine 3/4 cup salad oil, 2 teaspoons grated lemon peel, 3 tablespoons fresh lemon juice, 1 teaspoon salt, and 1/2 teaspoon dried oregano. Pour mixture over 3 large thickly sliced tomatoes and 1 small thinly sliced onion. Cover and refrigerate for several hours. Serve drained slices of tomato and onion topped with dollops of commercial sour cream. Sprinkle with paprika and garnish with parsley. Serve as salad, appetizer, or vegetable.

### Chilled Asparagus Lemonette

(6 to 8 servings)

Combine one medium finely chopped onion, 1/4 cup water, 1/8 teaspoon garlic salt, 1/2 teaspoon dried salad herbs, 2 tablespoons fresh lemon juice, 2 tablespoons salad oil, and 3/4 teaspoon salt. Pour over 2 pounds cooked fresh asparagus stalks. Cover and refrigerate for several hours. Drain and serve on crisp salad greens garnished with pimiento strips.

### Garden Vegetable Trio

(4 Servings)

Melt 2 tablespoons butter or margarine in saucepan. Add 2 tablespoons water, 3 cups diagonally sliced celery, 1 large sliced onion, and 1 large sliced green pepper. Cover and simmer until vegetables are crisp tender. Combine 1 teaspoon grated lemon peel, 1 tablespoon fresh lemon juice, 1/4 teaspoon caraway seed, and 1 teaspoon sugar or honey. Add to vegetables and toss lightly. ▲





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