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THE NATIONAL HEALTH JOURNAL

FEATURES

FOR HAPPY FEET	J. DeWitt Fox, M.D.	6
WILL THERE BE NURSES?	Myrle Tabler, R.N.	8
YOUR CLOTHES	Beulah France, R.N.	10
STROKES	Dunbar W. Smith, M.D.	11
TO SALT OR NOT TO SALT	Albert E. Hirst, M.D.	12
BREAST-FEEDING	Ernestine Schindler, R.N.	14
RELIABLE RHUBARB	Judith Savoy	16
WHEN AN ULCER NEEDS SURGERY	C. A. Domz, M.D.	18

FOR HOMEMAKERS

FAMILY DOCTOR, "Live So As to Be Healthy"	20
MOTHER'S COUNSELOR, "Potpourri"	22
GUIDE FOR THE BLIND	22
RECIPE OF THE MONTH, Harvest Cup	23
PATTERNS	Icelyn Jobson 23
FAMILY FIRESIDE, "Guidance, Not Force"	24
RICE RECIPES	25
HOME NURSING, "Heating Compresses—1"	28
WISE HEALTH COUNSEL	Ernest Lloyd 29
DIETITIAN SAYS, "Introducing Baby to Solid Food"	30
HOUSEHOLD HEALTH, "The Best for Your Family"	32
HOW IS YOUR APPETITE?	Keith W. Sehnert, M.D. 33

MENTAL HYGIENE

ENCOURAGE MENTAL PATIENTS Chet Jackson and Irene Wair	7
KEYS TO HAPPINESS, "Felicity—a By-product"	13
GOLDEN AGE, "Your Memory"	26

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**Don't let
cancer
scare you
to death.**

If there's one thing we must make you aware of it's this:

When discovered early, most cancers are curable. 1,500,000 Americans who are cured of cancer are proof.

No one on record, however, has ever been cured of cancer by worrying about it.

If you suspect you have cancer, do the smart thing; make an appointment with your doctor.

American Cancer Society
Fight cancer with a checkup and a check.



READ SINCE 1940

DEAR EDITOR:

We enjoy your LIFE AND HEALTH journal. I have been a reader since 1940, and I have enjoyed it always and all my grandchildren do also.

I am 74 years old now, and have learned many good things out of it. I have been married 50 years this December, and still enjoy my good LIFE AND HEALTH. All the recipes are wonderful. I hope I do not have to miss a copy.

Thanks to all you friends.
MRS. FRITZ C. STAUFFER
Coupland, Texas

OUR MAY COVER



Color Transparency by David Muench
From H. Armstrong Roberts

This month our cover shows a scene from the Western United States deserts. It was taken along the Apache Trail in southern Arizona. The tall saguaro cactus is silhouetted against the light of the setting sun. We do not see the thorns that grow along the ascending trunks and branches nor the long spikes on that spindly ocotillo at their base. No doubt the ground is littered with spiny sections of jumping cholla and other cactuses, but they are mercifully hidden from view by darkness. Only beauty is there.

The receding range of mountains beyond the dark foreground adds the dimension of depth, and the golden aura of the sun, caused by the particles of desert dust in the air, adds to the loveliness of the scene.

Apparently our viewpoint makes all the difference as to whether we see drabness, ugliness, and harshness, or the beauty that is there. People who pass through the desert may see only the heat and thorns, but those who live there learn to love it for its grandeur and varied interest. ▲

NEIGHBOR'S "LIFE AND HEALTH"

DEAR EDITOR:

I would like to subscribe for your magazine LIFE AND HEALTH, the national health journal. Please begin with the February issue, if possible, or preferably the January issue also. I am enclosing my check to cover the subscription.

I did not know there was such a magazine until yesterday. The postman in error put the February issue in my mailbox instead of the neighbor's mailbox in the next block. I looked through the magazine and read some of the articles. I think it is a wonderful magazine; have not seen anything like it. I called the neighbor and told her I had it, but owing to ice and snow I told her I would see that she got it today, if I had to deliver it in person.

The postman stopped at my door this morning, so I handed it to him to deliver on down the street. I would like to receive the February issue, and if you have any of the January issues, please send both and begin the subscription with the January, 1971, issue.

MRS. MATTIE BELLE MARRS
Hutchinson, Kansas

CANADIAN OPINION

DEAR EDITOR:

For many years we have been subscribers to LIFE AND HEALTH, and we appreciate the many good articles it has contained.

Thank you for your recent policy of giving us the beautiful cover pictures unspoiled by lettering.

As a teacher for many years, I hope you will maintain your conservative format and not yield to the pressures of the age for modern art. . . .

M. M. RABUKA ▲
Armstrong, British Columbia, Canada

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PROFILES

of Our Contributors



Dunbar W. Smith, M.D. ("Strokes," page 11), is medical secretary for the Trans-Africa Division of Seventh-day Adventists, Salisbury, Rhodesia.

Dr. Smith was born in Dunbar, Nebraska. He began his elementary school-work in Lincoln, and finished eighth grade in western Nebraska. He completed high school at Greater New York Academy, New York City, and graduated from the ministerial course at La Sierra College, Arlington, California, in 1932 with a B.S. degree.

He graduated from Loma Linda University School of Medicine in 1949 and earned a diploma in tropical medicine and hygiene from London University School of Tropical Medicine, and a Master's degree in public health and administrative medicine from Columbia University in New York. He was president of his eighth-grade, high-school, junior-college, and medical-school graduating classes and was editor of his college paper.

Ordained to the ministry in 1939, Dr. Smith pastored churches in southern California, Colorado, Nebraska, and New York, and overseas in India, Ceylon, and Burma.

After graduating from medical school, he practiced medicine and surgery in California, Burma, India, Michigan, and New York. He served as medical superintendent of Giffard Memorial Hospital in Nuzvid, India; of Surat Mission Hospital, also in India; of Battle Creek Sanitarium, Battle Creek, Michigan; and of Bates Memorial Hospital, New York City. He has served as deputy health commissioner for Nassau County, New York.

Dr. Smith comes of a medical family. His three brothers, son, nephew, and uncle (one of the early graduates of Loma Linda medical school), six first cousins, nine second cousins, and many other relatives are medical doctors. His

brother-in-law is a dentist. His wife, two daughters-in-law, sister, six sisters-in-law, and a niece are nurses.

His main hobbies are photography and travelogue presentations (he has more than thirty) illustrated with color slides, of the British Isles, Europe, Egypt, Bible lands, and India.

Dr. Smith is married to the former Kathryn Johnson, and they have two sons—Dunbar Wesley, manager of a department store in Providence, Rhode Island; and John Wallace, a captain in the Army Medical Corps stationed in Vietnam—and a grandson.

He conducted a series of more than fifty health lectures at the New York Center in New York City. He has conducted nearly sixty smokers' withdrawal clinics and been featured on a National Broadcasting Company hookup during prime time and on other television and radio programs.

☆ ☆ ☆



Myrle Tabler, R.N., B.S., M.A. ("Will There Be Nurses?" page 8), is a psychiatric head nurse in Madison Hospital, Madison, Tennessee.

Mrs. Tabler is a native Nebraskan, daughter of a farmer. Her early childhood memories are of the untrammelled freedom of the rolling countryside, the tiny sandhill lakes nestled among the hills, and the weirdly beautiful coyote chorus at night.

She studied in Nebraska State Normal College and taught elementary school in Nebraska, but gave up teaching for marriage, home, and family. Two daughters and three sons were born to the Tablers. "Being a wife and mother of five kept me busy," she says. "I wanted the children to be strong and healthy, so I read everything I could on healthful living. It paid off, for we never had any serious illness."

After the death of her husband in 1945, Mrs. Tabler decided to enter the nursing profession. She received a diploma from Madison Hospital school of nursing and a Bachelor of Science degree

in nursing from Columbia Union College, Washington, D.C. Both of these colleges chose her to represent them in *Who's Who in American Colleges and Universities*. She was a full-time nurse at Washington Sanitarium and Hospital for some years and a certified Red Cross nurse who regularly worked in the blood-mobile.

Although she had already written articles, short stories, and poems for publication, she wanted to study under experienced teachers, and chose Syracuse University for graduate study. She received a Master's degree in journalism there in 1970.

Mrs. Tabler enjoys family reunions, birding, hiking, traveling, sewing, and cooking. Bible study is a part of every day's activity and blessing.

☆ ☆ ☆

Beulah France, R.N., F.A.P.H.A., F.R.S.H. ("Your Clothes," page 10), is a prolific nurse-writer.

Mrs. France was born on a farm near Mark Twain's country home in Redding, Connecticut. She graduated from St. Luke's Hospital in New York City as the first nurse ever to receive 100 per cent in every final examination given there by



the medical and surgical staff. From St. Luke's she took special studies at Columbia University, and for five years was a supervisor of nurses for the Metropolitan Life Insurance Company in New York.

She married one of her Columbia University professors, Harry Clinton France, a teacher of speech. Professor France gave up teaching shortly after their marriage and began lecturing on financial matters, and he became a leading speaker and writer on the subject. His advice is sought by many people.

Among Mrs. France's first writing assignments was an article for *Good Housekeeping*. Her articles have appeared

(To page 34)



H. M. LAMBERT

Properly cared-for feet can be an asset to the entire body, promoting health and happiness.

For Happy Feet

ALTHOUGH many an adult cringes at the sight of a teenage hippie walking barefoot on the street, he may secretly wish he could slip off his shoes and relax his feet behind the nearest desk.

During the second world war the soldiers coming in injured from the battlefield had as their first request, "Take off my boots." Their feet were their first concern when comfort was possible and relaxation was desired.

Look into any living room of an evening, and you will find the man of the house with his shoes off, resting on a divan, and his wife trotting around in slippers.

Frankly, I think the Japanese have a thing or two when it comes to leisure and the comfort of happy feet.

At the doorway they slip out of their shoes and step into soft slippers, thus avoiding tracking dirt into the house and ensuring quiet and leisurely foot comfort to the guest or the occupant of the home.

Your foot is a fascinating bit of anatomy. It is composed of 28 little bones held together by some 112 ligaments and activated by 20 muscles through a network of myriad nerves, veins, and arteries. This intricate mechanism makes it possible for you to walk, march, twirl, kick, and shuffle. With each step the tiny bones of one foot take the brunt of your weight.

As we grow older and a bit overweight, it is little wonder that our feet begin to hurt us. Prolonged standing and walking by policemen,

barbers, and salespeople make foot care and foot wear important to their livelihood.

The foot you stand on is a marvel of functional design. It is fashioned like an arched bridge, which supports great weight. Everyday care to keep the bridge of the foot in good order is vital to foot comfort. The bones of the foot are divided into three groups—14 phalanges (toes), five metatarsals (center of the bridge), and seven bones make up the tarsus (heel and ankle). These bones are so formed as to make six arches—the transverse arch, the anterior metatarsal arch, two longitudinal arches, and the inner and outer arches.

So-called flatfoot is caused by weak or fallen arches. This deformity allows the weight of the body to pass

directly to the delicate nerves and blood vessels on the bottom of the foot. No wonder the flat-footed person has painful feet.

Overweight tends to break down the arches, placing an extra burden on the ball of the foot and causing aching and painful feet.

Walking is a complex motion of the body in which the back-of-the-leg muscles pull up against gravity, the weight of the body is transferred forward, and the other leg must swing forward to accept the weight. This complicated movement involves the entire body, and for this reason it provides good exercise in muscle stretching and activity as well as balance and grace.

Your foot is designed to allow you to walk upright in a way that no other animal can quite imitate; indeed, the foot has made it possible for man to master the earth, and, yes, a foot was the first thing to touch the moon—when Neal Armstrong took his giant step for mankind.

Surely divine forethought is evident in the making of man. We can see numerous advantages in being able to function in an upright position. The flexible human foot makes this possible.

The feet were meant for walking, and at the rate of 18,000 steps a day the average person walks 70,000 miles in his lifetime of 70 years. If you are an average man of 165 pounds, your feet carry 1,600 tons daily. Each mile subjects your feet to 80 tons of weight. Is it any wonder we come to the end of a hard day groaning, "Oh, my aching feet!"

Shoes must fit if feet are to feel fit. Corns, bunions, hammer toes, and neuromas are often the result of ill-fitting shoes. Here are a few tips for you on buying the right shoes:

1. Insist that the salesman measure your foot while you are sitting and standing.
2. See to it that the shoe uppers are soft and pliable.
3. Choose a shoe with a broad toe and fairly narrow heel.
4. Judge the shank of the shoe as to its flexibility by bending the shoe. It should bend at the sole, not at the shank.
5. Make sure the shoe fits snugly at the heel but leaves ample room for extension of the toes.
6. The woman who wears high-heeled shoes should buy three pairs with three different heel heights and

rotate wearing them. If you follow this rule, your calf muscles will stay limber and your feet will be comfortable in both high heels and flat heels.

7. Once you find shoes that fit, stay with the brand, the width, and the salesman who fits you appropriately.

Baby your feet. Since your feet have to take you wherever you go, better take good care of them if you are to get there.

At bedtime take a nice hot foot bath. Sit on the edge of the tub, soak your feet for 10 minutes in warm water, and increase the heat until they are rosy red. Then duck them under the cold water tap, and back in the hot. A contrast bath like this for 20 minutes flushes the blood from your feet, improves the circulation, and relaxes you all over. It might even cure your headache.

After a tub bath, dry your feet on a Turkish towel, patting gently. Rub them with a fragrant body lotion or foot cream. Dry them well to avoid athlete's foot, which is a fungus infection. A foot fungus loves moisture, so keep your feet warm and dry during the day with clean socks every morning.

Never trim your toenails with a razor, especially if you are prone to diabetes or poor circulation. A cut invites infection, and it could cost you a toe or a leg. Always cut toenails square across to avoid ingrown toenails, which are painful and a source of infection.

To the ladies I say (although it probably will not do much good to mention it), "Always get shoes with wide toes and enough length to let your feet breathe between the toes." Such shoes are the best known prevention for corns and bunions.

If overweight is your problem, causing aching feet, do not blame your feet, but blame your appetite. Get that elbow used to pushing you away from the table, and you will have happier feet.

At night take off your shoes as soon as possible and elevate your feet by lying on the floor and putting them in a chair.

Walk in comfortable shoes all day, every day. Your feet deserve the best.

Yours for happy feet,

J. deWitt Fox, M.D.



H. ARMSTRONG ROBERTS

Encourage Mental Patients

By CHET JACKSON and IRENE WAIR

MENTAL-HOSPITAL workers are involved with humanity and its needs. We gave ourselves to this involvement when we began working at Central State Psychiatric Hospital, Nashville, Tennessee.

Remotivation (another word for *encouragement*) is but one method we may use to give ourselves to this task and thereby fulfill in part our varied responsibilities.

How do we give ourselves? We sing with patients who have forgotten song. We are quiet with our silent patients so as not to overwhelm them with much talking. We hold the hand of or sit quietly beside patients who cry in despair.

We walk the shaded grounds with patients who have forgotten trees. We touch the hand of patients who have forgotten human touch. We give patients medicine, knowing that the best medicine is to be ourselves with those who have forgotten the meaning of self.

We mop floors alongside patients who have forgotten the comfort of having a meaningful job to do and the warm fellowship that comes of working toward a common goal with other people. We play ball, go bowling, and play games with patients who have lost the joy of living. We smile and laugh with patients, not at them.

We help sew a dress, iron a shirt, shave, comb hair, find decent clothing, for patients who have forgotten pride in their appearance, not forgetting to encourage their initiative for their well-being. We help patients climb their high mountains, knowing that as we help them we are climbing higher ourselves. We work a piece of clay, paint a picture, or make a vase with patients. ▲

This article was used with the permission of Chet Jackson, editor of the house organ "Spotlighting Remotivation" of Central State Psychiatric Hospital, Nashville, Tennessee.

Will There Be Nurses?

By **MYRLE TABLER, R.N.**

YOU are sitting watching television. An earnest young man appears on the light screen. "Are you a registered nurse?" he asks you. "If you are and are not working right now, we need you to teach in our nursing schools. Lack of a degree is no problem. There are scholarship funds available." His voice is urgent as he drives his point home: "If we do not have more nursing instructors, there just won't be any nurses!" This screen presentation is sponsored by a State nurses' association.

Somehow you cannot imagine a world without nurses to care for you and your family if you become ill. You may be concerned enough to look up some statistics. Those you find tend to be reassuring. In the United States there are 1,200,000 registered nurses and 1,200 schools of nursing. Thousands of young men and women enter nursing schools every year, and thousands more who are serving the health needs of the people will continue to do so. Today more nurses hold baccalaureate and Master's degrees than ever before. A few have doctorate degrees.

There will be nurses if you need them. There always have been, haven't there? Since the dawn of history nurses have cared for the sick, wounded, newborn, aged, and dying. Ancient Egypt had its temple clinics where

the sick came for healing, with nurses to care for them. Nurses are mentioned in the Bible. The apostle Paul compares his care for his church members "as a nurse cherisheth her children" (1 Thessalonians 2:7).

Somewhere around the year 250 B.C. King Asoka, one of the great rulers of Northern India, built about twenty hospitals. The attendants, called nurses, were put through a training period, and they had guiding rules for their work and conduct. We infer that they were above average in intelligence and morals. Here are some of their rules:

"The nurse must be clever, devoted to the patient, pure in body and mind; must know how to compound drugs, to cook food, be skillful in making and cleaning beds, lifting patients and bathing them; should be ready, patient, and skillful, never unwilling to do anything that is ordered."

How is that for a job description?

We would like to report that nursing continued to hold to these



H. W. LAMBERT

**Can new lifesaving, timesaving machinery and
the roles of aides and technicians eliminate nurses?**

high standards down through the years, but the truth is that nursing degenerated until about the seventeenth century A.D. During that era we have "the dark period of nursing," in which it was forgotten that a refined woman could be a nurse. Charles Dickens wrote several books protesting the evils of his day and depicting nurses as immoral drunkards.

In the nineteenth century nursing began to improve. This era saw the coming of Florence Nightingale, who did much in her lifetime to bring nursing up to the high plane of service for humanity where it belongs. In the United States this century also produced Clara Barton, who headed the American Red Cross; and Dorothea Dix, who did much to alleviate the suffering of the mentally ill. Other great nursing leaders emerged to bring nursing up to full professional status. In 1896 the American Nurse's Association was formed, and it continues to elevate the standards of the service.

Nursing has changed rapidly through the years, especially since the second world war. Since then many functions formerly done by doctors have been performed by nurses. On the other hand, nurses are relieved of many tasks by nurse's aides, technicians, and machines.

Such rapid developments left the profession a little breathless. It asked, Can machines and less-educated personnel take the place of professional nurses?

Leland R. Bennett, writing in *Nursing Outlook* for January, 1970, under the title "This I Believe—That Nursing May Become Extinct," lists some startling changes. Some of them are machines that record a patient's blood pressure, temperature, pulse, and respiration and send the report to a central receiving station; machines that vend prepackaged medicine ordered by the doctor at specified times to the patient in his room; machines that vend lotion and give a soothing back rub with humanlike hands. We have machines that monitor the hearts of cardiac patients so that the technician-specialist can catch any irregularity immediately, notify the doctor, and begin lifesaving measures. In addition to machines, inhalation therapists, physical therapists, and other therapists now perform functions formerly done by nurses.

In spite of all this change, there is no indication that nurses will not be needed. One issue alone of the *American Journal of Nursing* (February, 1970) lists 453 advertisements—some of which are full-page—wooing registered nurses to their institutions for positions as staff nurses, instructors, and nurse administrators. Some inducements offered are patient-centered care, education, research, and garden apartments with swimming pools.

If nurses have relinquished some of their duties and if there are more nurses today than before, why are there nurse shortages? Reasons fall into two categories: population growth and expanding health programs

involving nurses, which call for more nurses all the time.

As most people realize, the United States population is expanding. Because of scientific advances and improved nutrition more babies survive and more people live longer.

Although it is still true that most nurses are employed in hospitals, an increasing number of them are moving out into the community with their health skills. The trend is to reserve hospital beds for the acutely ill and for surgical patients who need short-term intensive care. Patients who need long-term care are moved into nursing homes and rehabilitation centers. There are more and more treatment centers for alcoholics and drug addicts, day-care centers, and halfway houses for the mentally ill.

The role of the modern nurse includes preventive as well as restorative care, and so we have nurses employed in home-health agencies, health centers, and family clinics.

Health services are being expanded to reach the people who used to be neglected—Blacks, Puerto Ricans, white people in city ghettos, Indians, and Mexicans in the West and Southwest. Included also in the formerly neglected groups are cancer and stroke patients, for whom it was formerly thought that nothing could be done. Now we have new ways of helping them. Also children and adults with mental deficiency can be treated and trained to have happier and more meaningful lives. Nursing is moving out into these areas of service.

What about machines, therapists, and technicians as against the work of the nurse in giving bedside care?

Machines are lifesaving, timesaving aids in the care of the sick, but they can never take the place of the nurse with her vast potential for thinking and caring. Can a machine comfort the parents of a dying child? Can it offer reassurance to a frightened preoperative patient? Can it consider the whole person as to physical, mental, and spiritual needs?

Special therapists and technicians render valuable service, and they are needed on the health team, but neither can replace nurses.

The nurse of tomorrow will be better educated in the physical, biological, and social sciences. He or she will give skilled bedside care that a person with less understanding through education is not prepared to give. He or she will make observations and assess the nursing needs of the sick, the newborn, and the aged. He or she will select, train, and guide auxiliary personnel; will cooperate with the doctor and other members of the health team. He or she will be health teacher and researcher at the bedside, in the classroom, or out in the community. In the future recipients of health care will receive better patient-centered nursing care than was possible in the past. That is, if there are enough nurses.

If you are one of the estimated 500,000 (To page 29)

Your Clothes

By BEULAH FRANCE, R.N.



MY MOTHER, barely out of her teens, was widowed and left with a baby to support. She had no preparation for anything but to be a Southern belle.

Rudely and ruthlessly thrust upon her own resources, she suffered no one knows what. Still this utterly unready young widow made good. She secured and successfully held for more than thirty years an excellent position that kept her daily in the public eye until her death, which was as shockingly sudden as her husband's.

Good grooming on little time was necessary for her to maintain. Here are a few of her success secrets. We can all benefit by them.

Dress conservatively. To be truly attractive never try to attract attention.

Be neat. Stained clothing need not cost cleaning bills if you keep a good dry cleaner on hand and use it before the spot sets. If you have a hair dryer play it on the place you have cleaned to prevent rings. A grease spot will yield to a special powder that brushes off afterward. Have everything you wear immaculate, whether it shows or not.

Never put on clothing that needs pressing. A folding ironing board and iron can be used for most garments. Other clean, stored articles rid themselves of telltale wrinkles when hung where breezes blow.

If you have plans for tomorrow, make all possible arrangements tonight. Are your shoes polished? Are

their heels straight? Have the tips been reinforced recently so as not to scuff?

See that your stockings are run free. You can wear the sheerest hose for months without trouble if you put protectors of nylon or cotton over your toes. Wash these each night with your stockings.

Seamless hose have been voted favorites because seams will twist. In a bargain basement buy a pair of inexpensive cotton or rayon gloves. Wear them when you put stockings on so that your fingernails will not catch and pull threads.

Incidentally, here is a hand tip for you. Buy bargain basement gloves of heavy cotton. They are often eschewed because of brilliant shades. Wear them to protect your hands while dusting. You will need no dust cloth. You can easily fit your gloved fingers into crevices and corners. Such gloves will protect your manicure, and the bright colors will boost your morale while you are performing an irksome task. Wash the gloves after each use.

Try to get up early enough so that you need not dress in a hurry. Before going out make sure you look your best, then think of other matters. The really poised woman forgets her appearance in the knowledge that she is properly dressed and well groomed.

Today's woman prides herself on being feminine. Study modern fashion trends and see how womanly they are. Most men prefer women's appearance to be different from theirs.

Here is a hat secret: Find a place that sells sample hats. It may not be known among your friends, but you can have a hat supply at very little cost if you trace down and buy from such an outlet. For a fraction of the exclusive milliner's (To page 31)

J. BYRON LOGAN

Sweet womanliness, good taste, cleanliness, and humble Christian grace identify the well-dressed woman. Clothing should be carefully chosen and cared for. Personal grooming reveals character.



H. M. LAMBERT

STROKES

▲ **DUNBAR W. SMITH, M.D.**

WHEN in olden times a person became paralyzed and unable to speak, it was said he had been stricken by the gods; hence it has come down to us that we say someone had a stroke.

An able administrator friend of mine in his fifties complained to his wife of a headache, and he told her he would lie down for a while. When she went in to see how he was she found him unconscious, breathing heavily, and flushed of face. As she tried to arouse him he vomited forcibly. Discovering that he was paralyzed on one side and unable to speak, she called the doctor.

The physician carefully examined the patient, and by thrusting a long needle between the bones of the back into the spinal canal he was able to draw off some fluid. The fluid, ordinarily clear as crystal, was red with blood. The doctor's diagnosis was cerebral hemorrhage (bleeding in the brain). Everything that medical science could do under the circumstances was done, but the man lived only a few days.

Many people suffer strokes. Strokes are the third cause of death in the United States, having moved from seventh place since 1900. Evidence of stroke is found in 25 per cent of the autopsies done in America.

Cerebrovascular (brain blood vessel) accident, as a stroke is called by physicians, is the most common brain disease. It is estimated that at least 1,800,000 living Americans have had a cerebrovascular accident and that an additional 1,200,000 have had small strokes.

There are three main types of strokes. The most common is cerebral thrombosis (66 per cent). The second is caused by hemorrhage—bleeding (29 per cent). The third is embolism (5 per cent).

Cerebral thrombosis usually occurs after age 60. A thrombus is a stationary clot that forms in a blood vessel. This type of stroke begins slowly, often during sleep. It is related to arteriosclerosis and elevated blood cholesterol. It usually involves a blood vessel on the right side of the brain, and it affects the arm before the leg.

Cerebral hemorrhage most commonly involves the vital basal ganglia (gray matter embedded with the thalamus) in the depth of the brain, and usually it is associated with alarming manifestations. There may be complete and early paralysis on one side of the body, with loss of feeling on that side and speech disturbance. The onset is sudden, often occurring after a big dinner or after some unusual activity. What (To page 23)

To Salt or Not to Salt



IN MEDIEVAL England salt was a luxury to be found only on the tables of the wealthy. Even today it is scarce in many parts of the world. Camel caravans make long treks across the Sahara Desert to supply it to remote communities. It is used generously in the diet of people in most civilized countries, but it is little used by people in most primitive societies. It may be no coincidence that high blood pressure is common in the technologically advanced countries but rare among the less-developed societies of the world.

There is nothing that improves the taste of food as salt does. In fact, salted food tastes so good that the average American adult eats from five to fifteen grams (one to three level teaspoonfuls) of it a day. It is obvious that most people eat more salt than is needed, for the body requirement is less than two grams a day, or about one-third teaspoonful.

Salt, known chemically as sodium chloride, is an essential element in the diet. Neither man nor animal can live without salt. Carnivorous animals generally get enough salt in the meat they eat, whereas herbivorous animals often have to travel long distances in search of salt.

How does the body handle salt? When it is taken with food it is absorbed in the intestinal tract and enters the blood stream. Gradually it migrates with fluid into the surrounding tissue spaces. Surprisingly, distribution of salt is not uniform in the body, for very little is found in the cells. Most of the salt eaten is thrown off by the kidneys, but appreciable amounts may be thrown off through the skin by sweating, particularly in people who do vigorous physical work in a hot environment. For people in occupations requiring such work it is sometimes necessary to add a small amount of salt to the drinking water to avoid cramps in the legs, known as miner's cramps because such symptoms were first described in workers in hot mines.

Salt is essential for functioning in a number of different organs. It provides the rhythmic action of the heart, it helps preserve the delicate acid-base balance of the blood, and it helps maintain the blood volume. One of the effects of salt and its sodium component in particular is that it holds fluid within the blood and tissues. Normally salt in the blood stream is maintained at a uniform level by the kidneys, and when more salt is taken in than the body needs the excess is thrown off.

There is considerable evidence that an excessive amount of salt in the diet may be a cause of an elevated blood pressure (known medically as hypertension). Geographic studies reveal significant differences in salt intake, which are correlated with hypertension.

In Japan the remarkably high intake of salt by the people in the northern provinces—ranging from 15 to 30 grams per day—is associated with a high incidence of elevated blood pressure. Inasmuch as high blood pressure is often a cause of bleeding in the brain, it may not be just a matter of chance that apoplexy (stroke) is more frequent in Japan than in most other countries. An in-

take of 30 grams of salt per day requires the kidneys to excrete more than half a ton of salt in a lifetime! That is enough salt to affect the health.

Similarly, a study of two groups of Polynesian natives on the Cook Islands in the South Pacific revealed that natives who habitually add salt to their diet have higher blood pressure than those who do not add salt. It seems that the factor common to all the primitive races in which high blood pressure is rare is a low salt intake—less than 2 grams a day.

A foremost investigator of the effect of habitual salt intake is Dr. Lewis Dahl of Brookhaven National Laboratory, who surveyed more than one thousand people in the United States as to their use of salt.

Dr. Dahl found that high blood pressure is least common in those who eat their food without adding salt, intermediate in frequency in those who salt their food after tasting, and most frequent in those who salt their food before tasting.

In another study Dr. Dahl compared the salt intake of 1,346 adults, dividing them into three groups according to whether their salt intake was low, average, or high. High blood pressure occurred in only 1 per cent of those with low salt intake, in 6.8 per cent of those with average intake, but in 10.5 per cent of those with high intake.

Other investigators have found that greater amounts of salt are excreted in the urine of patients with high blood pressure, thus providing laboratory support for the belief that salt intake and hypertension are related.

A possible explanation for the high intake of salt in people with high blood pressure is that such people have been shown to have impaired ability to taste salt.

A healthy person is able to excrete a considerable amount of dietary salt, but this ability is markedly reduced in the patient whose heart is beginning to fail. Accumulation in the body of fluid containing salt is one of the chief reasons for swelling of the ankles and shortness of breath in patients with congestive heart failure. In some communities the drinking water contains so much sodium that the physician may advise a patient with heart failure to drink only distilled water.

Recently a patient whose slight inclination to heart failure was well controlled by a low salt diet suddenly developed severe ankle swelling and shortness of breath. His physician, puzzled by the abrupt onset of symptoms, asked, "What do you use to flavor your food?"

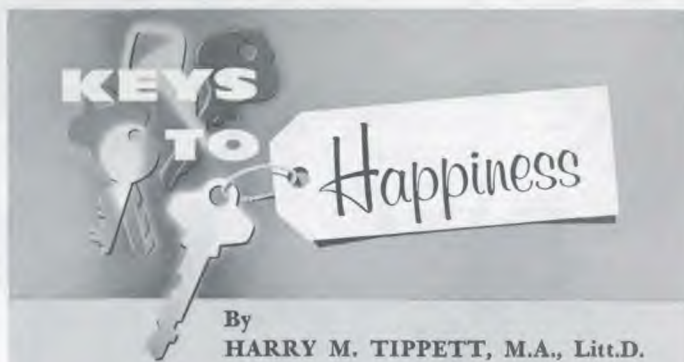
The man replied, "Since I'm not allowed to eat salt, I've been using soy sauce on my food."

Unknowingly, he had chosen flavoring with a high salt content. Fortunately, the physician was able to provide effective treatment to help get rid of the excess salt.

Not everyone who eats a high salt diet responds by developing high blood pressure. There are marked individual differences in susceptibility to hypertension.

People with hypertension have been found to have an increase in the concentration of sodium in the walls of their blood vessels. Such accumulations of sodium with associated fluid may make the vessel stiffer and thicker, thus increasing the resistance to the flow of blood. Salt may raise blood pressure also by increasing the contractility of the vessel wall in response to the adrenal hormone epinephrine.

It is advisable for everyone to avoid excessive amounts of salt, particularly those who have heart or kidney disease. For those who are overweight, salt (To page 25)



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

Felicity— a By-product

HOW many times must it be said that happiness is elusive when we seek it as a goal? The pursuit of it, guaranteed by our Declaration of Independence as an inalienable right, is, as a matter of fact, part of its realization. It is not like reaching a plateau, where, after much toil and struggle, we cry, "Happiness at last!" Indeed, many find life's greatest joy in the struggle itself. Carlyle sagely said, "Blessed is he who has found his work." The athlete can tell you that the fun of a race is not wholly in winning the award but in the preparation for and the running of the race itself.

Often on reaching some coveted attainment we find our greatest continuing satisfaction in recalling the inception of our project, the solution of its problems, the overcoming of its obstacles, the endless rehearsals or trial runs, and the stimulus of competition. We look back and write in our diaries, "Happy, happy days." Our contentment and bliss are by-products of our total involvement along the way to our objectives.

Then again, happiness occasionally breaks upon us unannounced like a spring day. In his deeply perceptive book *Reflections* Harold E. Kohn writes: "One of life's strangest paradoxes is that many of our most coveted goals are reached by not striving for them, but by aiming at something else altogether." For example, moved by an altruistic impulse and an opportunity to rescue a damsel in distress, a young man will obey his instincts to help, with a detachment from any personal concern, only to discover in the experience the greatest romance of his life. We have a big word for it now—serendipity, joy from an unsuspected source.

Some strive too hard for felicity, and it eludes them. In religion, for instance, they are grim and "righteous overmuch." Every trivial task becomes a harassing challenge. Like the Pharisees of old, they miss the joy of loving service by disproportionate emphasis on meticulous requirements.

It is almost anticlimax to make the trite observation that the best cure for depression, misery, or misfortune is to try to make someone else happy. We repeat it here only because it is true. ▲

By ERNESTINE SCHINDLER, R.N.

BREAST-FEEDING— a Break for Baby

FOR a while it was termed old-fashioned to breast-feed a child, and artificial feeding was deemed safe and convenient. Some girls unconsciously rejected breast-feeding through lack of social approval. The fact remains that the protein of human breast milk is best suited to the gastric needs of the newborn.

Combining disapproval with the entrance of modern mothers into the career world, it became natural for women to choose artificial feeding. It became fashionable for women to concentrate on a slender figure. Breast-feeding was reported to spoil the contour of the breasts. In reality, a healthy woman not only hastens healing of the uterus but actually becomes more beautiful from performing this normal function.

Nurses in many hospitals added a discouraging element, for they professed to be short of time to help mothers and infants accomplish successful breast-feeding and made no effort to help the ones who were trying. Many women give up because of hospital discouragement. Some obstetricians have adopted the attitude that the patient knows what she wants to do. The result is that the full responsibility depends on the attitude of the parents.

Preparation for breast-feeding should be started in the early months of pregnancy. The expectant mother may show her desire by simply saying, "Doctor, I want to nurse my baby. Will you help me?" At the first examination the obstetrician can determine whether conditions appear to be favorable. If there are no contraindications, the woman will be instructed about the care of her breasts before her baby is born. Some of her instructions will be:

1. Wear an adequate brassiere with an uplifting effect having no compression of the nipples.
2. Handle the breasts in a gentle manner.
3. Cleanse the nipples daily with mild soap and water, with other care as the doctor may advise.
4. Observe the nipples closely for accumulation of a secretion, which may or may not be profuse enough to stain the clothing. This secretion, a forerunner of breast milk, is normal, but unless it is carefully removed from

the nipples daily it may cause them to be sore when the baby starts nursing.

The mother should inquire whether the obstetrician will supervise the care of the baby after birth. Some obstetricians do and some do not. If he suggests that she choose a pediatrician, the parents should consult a recognized doctor who specializes in baby care. This is valuable to parents and pediatrician, for they can discuss many points of successful breast-feeding, and establish a good patient-doctor relationship.

Public health agencies are stressing breast-feeding to help babies become more secure and to adjust more readily to the family group. Even fathers are encouraged to attend classes of instruction. Public attitudes toward breast-feeding are slowly changing, but full cooperation must be given by the mother. For her, breast-feeding—

1. Is less physical work, for the milk is already prepared and of the correct temperature.
2. Is cheaper and more easily available.
3. Allows time to express her love for her baby.
4. Gives her the satisfaction that she is fulfilling her obligation to her child.
5. Hastens the return of the uterus to its normal condition, thereby decreasing the period of vaginal discharge.
6. Prevents worry over whether the baby is taking the prescribed amount at a feeding.
7. Aids recovery, because she must relax regularly during the feeding period.

The infant gets a great deal more benefit from breast-feeding than from artificial feeding. Even a combination of breast milk and supplementary formula promotes a happier and healthier state of behavior. Often an obstetrical nurse will say that she can tell at a glance which babies in a hospital nursery are breast-fed simply by the appearance of the babies in their bassinets.

The baby's period at breast—

1. Gives him a feeling of warmth and love, which conveys security and safety.
2. Provides the best and easiest nourishment to digest—natural human protein, which contains not only food elements in proper proportion but also needed vitamins and minerals.
3. Increases his resistance against disease, for certain immune properties contained in human milk provide added protection.
4. Prevents overfeeding to some degree, prohibiting the mother from trying to force him to consume more than he needs. If the baby is not receiving adequate nourishment, he will display symptoms such as failure to gain weight and crying too soon after feeding.

After delivery, the breasts normally remain soft until the milk comes in on the third or fourth day. The fact that there is no fullness before this time does not indicate that she need not nurse her baby regularly after the first twelve hours. She should begin as soon as the child is brought to her, for her breasts contain the premilk secretion, known as colostrum. This substance is especially suited to the baby's bodily needs, giving the proper amount of nourishment, fluid, and laxative. Early nursing periods accustom the baby to the nipple, and his sucking stimulates the glandular tissue of the breasts to secrete more milk. Until the milk starts to flow, the first nursing periods should never exceed three minutes, and five minutes is usually adequate for a few days. Longer periods usually promote sore nipples. After establishment of the milk, it takes a baby ten to twenty minutes to empty the breasts.

The milk supply is seldom established under two weeks, so a new mother should not become discouraged if the baby does not nurse well at first. Sometimes the hospital offers a supplemental feeding to him after nursing. The baby may become a bit lazy at breast because of this, but the hospital stay is so short that this practice can be tolerated for two or three days. After dismissal, the mother can get down to business.

One of the most important acts is for the mother to make sure that her breasts are emptied at each feeding. Because the baby's sucking is a powerful stimulant to the mammary glands, it is unwise to omit a feeding during the first three or four weeks. After that time in conjunction with the doctor's suggestions she may enjoy an occasional vacation. If the infant does not receive enough from one breast, both may be offered at a feeding, alternating the breast that is nursed first.

Individual differences prohibit outlining any set of rules for successful nursing. The interval between feedings, offering one or both breasts, length of nursing period, a complementary or supplementary formula, must be left to the judgment of the physician. Much depends on baby's reactions. The mother's job is to cooperate.

She must maintain an adequate food and drink intake to be able to nourish her child, but the accomplishment is easy if she has been careful to eat properly during pregnancy. She must drink more milk than usual during lactation. The rule of thumb for milk intake, according to Dr. Benjamin Spock, is that she drink as much milk as the baby drinks, plus some for her own needs. Usually a nursing mother's appetite increases as she needs more nourishment, but it should not indicate that she gain pounds of weight.

The mother should consider

her general state of health in relation to breast-feeding. If she is healthy, has a desire to nurse her baby, and eats adequately, she has a fine chance for success. She must keep in a happy frame of mind, avoiding worry and fatigue. The family must help her live a balanced life—giving equal emphasis to physical, mental, and emotional health; security; some time for self-expression; and congenial companionship. Herein lies the challenge to the father, for he can well assist in helping his wife. He can avoid situations that will upset her emotionally, perform some of the heavy household chores, plan an evening of fun, and be a good companion. Such balance of living will benefit his life as well as his wife's and child's. They all will be happy.

The economy of breast-feeding is seldom mentioned, but it does need emphasis. In this era of commercialized infant care, the cost of having a child not only depletes the family purse but sometimes imposes hardship and denial. Breast-feeding greatly decreases the cost in time as well as money. Artificial feeding requires a wealth of equipment in containers and sterilizing equipment plus the daily supply of ingredients for the formula. A nursing mother could well buy a new dress or a permanent wave with money spent for such essentials. Add to this the hours of time she must spend weekly in sterilizing bottles, mixing and cooking formula, and warming the milk. Think of the time she could utilize in resting or improving her appearance. *(To page 32)*



H. M. LAMBERT

*Mother's milk is convenient
and contains needed elements for baby.*

WHEN after a long winter the first robins return and farmers get ready for spring planting, you can walk into a rhubarb patch and see green shoots poking through the ground. It is not long before the leaves emerge from the soil with their red stalks.

By the time the farmers finish their spring planting the rhubarb is ready for the first pulling. Housewives bake rhubarb pies, and freeze or can a few pints of rhubarb sauce or jam.

At the end of May fresh rhubarb is abundant in the supermarkets. It grows plentifully all during the warm season. The first stalks go to seed early, but young shoots continue to grow as long as the stalks are pulled.

Rhubarb stalks contain vitamins A and C and generous amounts of iron. Besides being a healthful food, rhubarb has a fresh and tangy flavor. With a little ingenuity you can make delightful rhubarb desserts that please your family.

You can use rhubarb in almost any baked dish that calls for apples; thus rhubarb is a money saver during the summer months when apples are expensive.

Use fresh rhubarb generously during the spring and early summer, for it acts as a cleanser to the system. Our great-grandparents used it as a tonic after the long months of winter eating. Rhubarb is still used for medical purposes.

Rhubarb has been called a wholesome appetizer, and it acts as a laxative and a tonic. It has been used with success for headache, gall-bladder trouble, liver ailments, and general sluggishness.

Rhubarb can be grown so easily that it almost takes care of itself. I have a friend who raises rhubarb in a corner of his city lot. If you have a few feet of land and some rich soil, you can try your hand at growing this healthful plant.

In the spring obtain a plant or two from a farmer if your neighborhood nursery does not carry rhubarb. After you plant the rhubarb, all you have to do is weed it now and then to keep it from being choked out. The



Reliable Rhubarb

By JUDITH SAVOY

stalks are ready for pulling when they are about a foot high, before the leaves get large and tough. Even in the first year you probably will get enough rhubarb for a few pies. By the end of summer your plant has a large root. In the spring divide the root for extra plants in your patch.

Last year my father got so busy with his strawberries that he let all his rhubarb go to seed early. One day in late August he noticed that some of the stalks had bent over to the ground and new plants were growing. In the middle of September he had fresh rhubarb pies again.

When you are harvesting rhubarb, grasp the stalk near the bottom to prevent breakage. After pulling a bunch of rhubarb, cut off the leaf and the stalk where it is whitish and tough. Never use the leaves for eating, nor leave them where children might munch on them, for they are poisonous. If you do not use all the rhubarb, refrigerate it whole until you cook it.

You can wash the stems and serve them as is to your children or cut them into inch-long pieces to be made into sauce, drinks, jam, or other dishes.

To make easy rhubarb sauce place the pieces in a saucepan with a little water, cover, bring to a boil, and cook on low heat until tender. Stir occasionally to prevent sticking, and add a little water if there are signs of burning. Sweeten to taste with a little brown sugar or honey, and you have a sauce that can be used on hot breakfast cereal, in place of strawberries for shortcake, as a topping on pudding or ice cream, as a spread on hot toast, on pancakes instead of syrup, or on bran muffins before baking. My children like rhubarb sauce on peanut-butter sandwiches. It is a favorite.

The only way I have not seen rhubarb used is in a fresh salad, but it may be so used with success.

If your family is not accustomed to eating rhubarb, give it to them gradually by adding a little cooked rhubarb sauce to a can of applesauce. If you put the sauce in your blender until it is smooth, it will have the texture of applesauce. Or make a large batch of rhubarb sauce, run it in your blender, and add a can of crushed pineapple or a quart of frozen strawberries. I have never seen strawberry lovers pass up this dish.

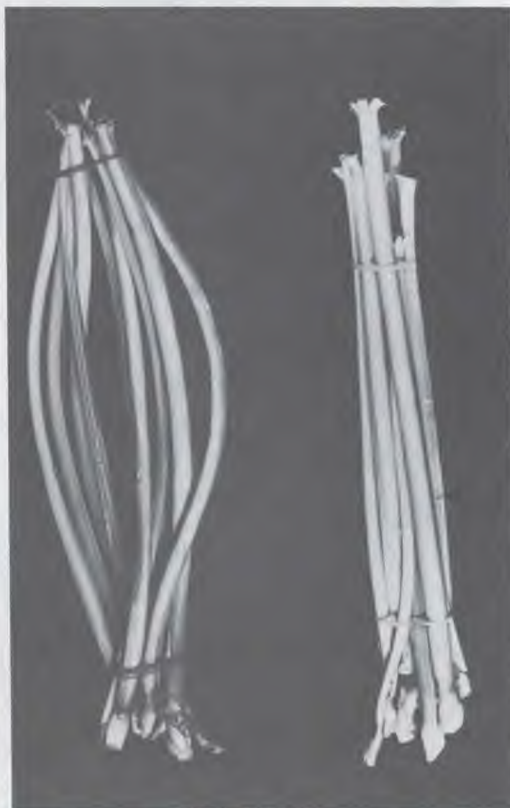
Make a juice extender in your blender by putting in a cup of water with one-and-one-half cups of cut rhubarb. Blend on high speed for 30 seconds, and scoop off

the pulp that rises to the top. Sweeten to taste and add to orange juice or grape juice. It makes leftover juice go farther and adds a refreshing tang to the flavor of any juice.

In the recipes that follow, I have included my family's favorite rhubarb blender drink. I serve it once or twice a week in the summer, varying it a little each time, and they never get tired of it.

I include rhubarb recipes I have collected through the years. After experimenting with these recipes and with some of your baked-apple recipes, you probably will add several to your recipe collection.

During the summer months stock up on rhubarb, and serve a variety of dishes with a smile of satisfaction. You will know they are well chosen.



If it is wrapped in plastic and is refrigerated, rhubarb will resist wilting after it is picked.

Short-cut Jam

- 2 pounds rhubarb
- ¼ cup lemon juice
- ¾ cup water
- 5½ cups sugar
- ½ bottle fruit pectin

Cut rhubarb into pieces about ½ inch long. Add lemon juice and water. Bring to a boil, cover, and simmer 7 to 10 minutes or until rhubarb is soft. Measure 3 cups cooked rhubarb and juice into a large saucepan, add sugar, and mix well. Bring to a rolling boil and boil hard 1 minute, stirring constantly. Remove from heat and stir in fruit pectin immediately. Skim off foam with a wooden spoon. Stir for about 5 minutes to cool jam, and skim again. Pour into glasses and cover with a thin layer of paraffin. Makes about 8 jelly glasses.

Rhubarb Patties

- 1 cup cooked rhubarb
- 1 cup leftover cooked cereal
- 1 egg
- 1 teaspoon salt

Mix all ingredients. If mixture is too thin, add bread crumbs or cracker crumbs to take up wetness. Take a spoonful at a time and roll in flour, place in frying pan, brown both sides. Serve hot. For breakfast serve the patties with maple syrup or honey. For dinner serve with mayonnaise. Variation: Add chopped nuts to mixture instead of bread crumbs when taking up wetness.

Long-Method Jam

- 7 pounds rhubarb
- 2 cans crushed pineapple
- 7 pounds sugar

(To page 21)

MOST patients with peptic ulcer learn to live with it. They learn to enjoy a bland diet, with the natural flavors of food undistorted by condiments and artificial flavoring. Such patients keep on hand a supply of antacid liquid or tablets for use at the first sign of an ulcer flare-up. The truly successful patient is the one who does not have to live with his ulcer, because he has sensibly changed his mode of living so that the ulcer no longer tends to recur. Lucky indeed is the man who can so live free from stress. Most ulcer patients have to maintain a lifelong vigil against recurrence.

In a few ulcer patients medical management fails, and a major complication develops that requires surgical treatment. Estimates vary from one medical center to another, but about 15 per cent of ulcer patients eventually come to surgery.

Four complications of peptic ulcer call for surgical treatment. They are:

1. An ulcer that perforates creates an urgent, life-threatening crisis. In patients having a perforated ulcer the ulcer has burrowed more and more deeply into the wall of the stom-

ach or duodenum until all the layers of the wall have been eaten through and a hole is made. Through this hole gastric acid and enzymes pour into the abdominal cavity, cascading over the surface of the intestines and scorching the membrane lining of the abdomen (peritoneum).

This is not a quiet, mysterious affair. It is an explosion. The patient feels as if he had been stabbed or assaulted ("kicked by a mule," one patient said). The pain is sudden, violent, unbearable. The person seldom is able to stay on his feet. He crumples into a flexed position, and his abdomen becomes hard and rigid.

A few experimental studies have shown that such perforations can be managed successfully by decompressing the stomach. A nasogastric tube is passed through the nose into the stomach, with suction applied continuously for several days. However, by far the safest method for dealing with this catastrophe is immediate operation. The surgeon opens the abdomen and stitches shut the hole in the duodenum or stomach. Often he puts a small patch of fatty material over the hole and places a rubber tube near the stomach to drain the irritating fluids out of the abdominal cavity.

If the patient is in what is called



This is the third article in a series of three articles on peptic ulcer.

When an Ulcer Needs **SURGE**



H. M. LAMBERT

reasonably good health when the perforation occurs, most often healing is prompt and recovery is the rule. Within the next few weeks he and his surgeon must decide whether medical treatment for the ulcer shall be tried adequately for the first time, medical treatment shall continue, or surgical treatment of the ulcer is wise.

2. A second major complication that may occur with peptic ulcer is hemorrhage. Bleeding from a peptic ulcer usually is first shown by passage of a black stool. Typically the stool is not simply dark brown but jet black and tarry in consistency.

Loss of blood leads to dizziness, and it is not rare for the patient to faint as a result of bleeding from an ulcer. Such bleeding often is painless.

If the ulcer has bored a hole into a large artery, blood may pump into the intestinal tract at a fearsome rate, and transfusions are required to bring the patient out of shock. If the leak is small, it will seal itself after the loss of only one or two pints of blood. When bleeding continues despite repeated transfusions, immediate surgery to tie off the bleeding blood vessel is necessary.

What if the bleeding stops? Should the ulcer be treated surgically? The answer to this difficult question was many years in the making, because physicians and surgeons alike are reluctant to advise an operation for someone who is recovering satisfactorily from a serious complication. However, a rule of thumb has been developed that is used in many medical centers. It is that major bleeding (requiring transfusion) in an ulcer patient past age 50 calls for prompt surgery. Generally, a patient less than 50 years old is not operated on until he bleeds a second time. The reason is that younger patients have more-elastic arteries and a better chance of sealing the leaking vessel spontaneously.

3. The third major complication of peptic ulcer that can be resolved only by surgery is obstruction. Stoppage usually results from repeated episodes of ulceration and healing, with multiple scars around the lower end of the stomach finally shutting off the pyloric canal. Then the stomach can no longer empty itself.

When this happens the stomach

dilates and the patient begins to vomit. After a while he notices that he is vomiting food that he ate one, two, or even three days earlier. This condition is known as retention vomiting. As a result of such obstruction the stomach may stretch to twice normal size, and may contain a gallon of undigested food.

Before surgery such a stomach must be decompressed and allowed to shrink to normal size so that it will be surgically manageable. For this purpose a plastic tube is passed into the stomach and suction is applied for several days.

4. The fourth and trickiest indication for gastric surgery is intractability (not cured by medical treatment). Some ulcers treated with diet and medication for years gradually become resistant to treatment. Eventually even the most intensive dieting and energetic use of potent antacids and antisecretory medicines fail to relieve the constant pain. Such a patient must look to the surgeon for a way out. The problem is for the doctor to decide when the patient has had adequate medical treatment.

Sometimes a patient is referred for surgical treatment because his ulcer seems intractable, but close questioning (or questioning of his wife) reveals a different story. It comes out that the patient in reality has been careless about diet, has forgotten to take his medication, and has failed to deal with stress in realistic fashion. To such patients the surgeon will say No tactfully and suggest that intensive medical therapy be given a fair chance.

However, if both the patient and his physician have conscientiously tried vigorous medical treatment for many weeks or months and the ulcer will not heal, the surgeon has no choice but to offer an operation for the relief of this chronically painful condition.

The operation of choice varies from surgeon to surgeon. For a long time gastric resection (removal of all or part of the stomach) was the standard form of surgical treatment. The lower half of the stomach, known as the antrum, contains the cells that release triggering hormones leading to acid secretion. Removal of this section of (To page 32)

RY

C. A. DOMZ, M.D.

family doctor

By H. W. Vollmer, M.D.

HOW WELL are you planning for health, longevity, and efficiency? Your answer will determine the length of your life.

Health is a prime requisite for long life and efficiency in the service you render your Creator and your fellow men. Someone has well said, "Service is the price we pay for the space we occupy in this world." That price demands that you pay in legal tender, which here means efficient service.

Many people are trying to pay their rightful service in counterfeit coin. In this connection legal tender is obedience to the laws of health that the Creator has written on every cell, organ, and system

Live So As to Be Healthy

of the human body. Conversely, disobedience or disregard of these laws is counterfeit coin. Obedience to the laws of health determines the efficiency and the length of service you are able to render.

"My son, forget not my law; but let thine heart keep my commandments; for length of days, and long life, and peace, shall they add to thee" (Proverbs 3:1, 2). It should be your aim to add not only more years to your life but also more life to your years. In other words, to do all things efficiently in the years granted you.

We have all been entrusted with talents. They are to be developed for efficient service. Time is a talent. It determines our span of service. Think about these words from Benjamin Franklin:

"Dost thou love life? Then do not squander time, for that is the stuff life is made of."

Because time is life, you should guard well your habits, because they largely determine the years and quality of your service. It should be your aim to attain not only the Biblical "threescore years and ten" allotted you but also your greatest efficiency during those years.

It has been proved that good food habits play an important part in our efficiency—physical, mental, and spiritual. Dr. Victor Heiser, writing in *What's New?* during the second world war said: "Today we know enough about nutrition to be able to say that the number of planes, guns, and tanks coming out of the nation's plants is determined largely by what the nation's workmen put into their stomachs."

Paraphrasing Dr. Heiser's words, we can say even more emphatically because of the advance in nutrition knowledge that we know enough about the importance of nutrition in the efficiency of the human body to say that the health, scholarship, behavior, and efficiency of our school children and our adults are determined largely by what they put into their stomachs. Every parent should keep these principles in mind and follow them every day.

It stands to reason that the earlier in life guidance in food habits is begun, the greater the influence on health, efficiency, and long life. In fact, research has shown that the food habits of the mother during the prenatal months directly affect the development of the unborn child and on through life.

The importance of healthful eating habits during childhood is seen in the prophecy recorded in Isaiah 7:15 concerning the directions given the parents of the child Jesus when He should come to live on earth and perform His important mission:

"Butter and honey shall he eat, that he may know to refuse the evil, and choose the good."



We do not diagnose or treat disease by mail, but answer only general health questions. Address: Family Doctor, LIFE AND HEALTH, 6856 Eastern Avenue N.W., Washington, D.C. 20012. Enclose stamped, addressed envelope.

The term "butter and honey" is a figure of speech connoting that plain and simple food supplies the nutritive elements necessary for body needs and satisfies the normal appetite. Simple food is what Jesus ate.

If it was important that Jesus, the Saviour of the world, should have a simple and nutritious diet that He might have a clear mind and thus readily discern between right and wrong, it is doubly important that the simple diet be supplied the children growing up at our firesides in order that they also may be able to refuse the evil and choose the good.

Our children are beset with temptations that ruin health and corrupt morals, among which are harmful habits of eating, drinking, dressing, reading, viewing, and using drugs. Never before have children and youth needed clearer minds to determine between right and wrong and greater will power to choose the right. Healthful eating is one bulwark against these temptations.

Our youth should treasure these words: "Remember now thy Creator in the days of thy youth, while the evil days come not, nor the years draw nigh, when thou shalt say, I have no pleasure in them" (Ecclesiastes 12:1), and be able to say, "Thy word have I hid in mine heart, that I might not sin against thee" (Psalm 119:11). This is how they will be led to reverence God's laws—physical, mental, and spiritual.

I recommend to your consideration this pledge of health given by Brigadier General Hershey:

"I pledge on my honor as an American to do what I can to build myself, my family, and my community into stronger and healthier Americans, as God wants us to be."

Add to this pledge these words of wisdom from Solomon: "Blessed art thou, O land, when thy king is the son of nobles, and thy princes eat in due season, for strength, and not for drunkenness!" (Ecclesiastes 10:17). Ask yourself, "How well does my life correspond with the principles given me by General Hershey and by Solomon, the wise man?"

Writing about harmful eating as related to disease, the late Sir William Osler, eminent English physician, said: "Ninety per cent of all conditions other than acute infections, contagious diseases, and traumatism are directly traceable to diet."

Another authority, Sir Arbuthnot Lane, noted London physician, said: "The food question is infinitely the most important problem of the present day . . . , and if properly dealt with must result in the disappearance of the vast bulk of disease, misery, and death."

Today's knowledge of nutrition offers the possibility of affecting our health, length of life, ability to work, ambitions and attainments during our prime years,

and enjoyment and satisfaction in the "threescore years and ten" allotted us in the Scriptures. We can be of greater service to our Creator and of more help to other people.

The ancient Greeks taught that people should aim to die young but as late in life as possible. Moses, the great lawgiver, was an example of this principle in action. His obituary as recorded in Deuteronomy 34:7 says: "Moses was an hundred and twenty years old when he died: his eye was not dim, nor his natural force abated."

The record contains no evidence of disease in the body's vital organs, such as hardening of the arteries, coronary-artery heart disease, and lung cancer. Although he died late in life, his vital organs were still young. Moses obeyed the laws of health the Lord gave him for the Hebrew nation.

I would not depreciate the value of the present-day health-insurance policy and its important role in accident and sickness (even though it does not ensure health, as the title implies). I call your attention to a reliable health-insurance policy that does ensure health. It says: "It is a great thing to insure health by placing ourselves in right relations to the laws of life."—ELLEN G. WHITE, *Counsels on Health*, p. 49. This health-insurance policy requires no dividends except obedience to the laws governing our being, but it does mean self-discipline.

The matter of health assurance, long life, and doing all things well is an individual responsibility. Writing on this subject, Dr. Thomas Parran, former Surgeon General of the United States, said: "It would be possible to add ten years to the average span of life of the people now living in the United States if we all made use of the scientific knowledge now available. . . . Health is a matter of individual responsibility; wonders could be achieved if the available knowledge of disease prevention were applied."

Many people are indifferent to this fact, as shown by former President Calvin Coolidge and reported in the American Medical Association *Bulletin* dated May, 1927:

"One of the difficulties in the world is not that we are lacking in sufficient knowledge, but we are unwilling to live in accordance with the knowledge we have. . . . Somewhere in human nature there is still a structural weakness. We do not do as well as we know."

Many of us are too busy with the material things of life and do not take time to exercise the wisdom necessary to apply the knowledge available to us. We need to keep in mind these words: "How much better is it to get wisdom than gold! and to get understanding rather to be chosen than silver!" (Proverbs 16:16). "Wisdom is profitable to direct" (Ecclesiastes 10:10). ▲

RELIABLE RHUBARB

(From page 17)

Cook all ingredients 2 hours, put in sterile glasses, and seal.

Rhubarb Sauce

- 7 pounds rhubarb, cut in pieces
- 2 large oranges (include juice and ground skin)
- 1 large can pineapple tidbits and juice
- 4 pounds sugar

Cook until soft. Set off the stove to cool. Put the sauce into plastic containers and freeze as you would applesauce or follow your chart for canning and put it into fruit jars for use during the winter.

Rhubarb Compote

- ½ cup boiling water
- ¼ cup sugar
- 3 cups cut rhubarb
- ½ cup cut orange sections
- 1 cup chopped strawberries

Simmer rhubarb and sugar in boiling water 12 to 15 minutes. Remove from heat, add berries and orange, and cool. Serve chilled with or without whipped cream.

Rhubarb Crisp

- 4 tablespoons margarine

- ¼ cup flour
- 1 cup brown sugar
- 2 cups chopped rhubarb
- ¼ teaspoon salt
- 1 cup oats

Rub the margarine into the flour, sugar, oats, and salt. Place rhubarb in a greased casserole, add about ½ cup water, cover with dry mixture, and bake about 35 minutes at 350 degrees. The amount of water depends on the size of the pieces of rhubarb. If the pieces are tiny, ¼ cup should do. If longer than 1 inch, add more water.

Family Favorite Blender Drink

- 1½ cups fresh rhubarb cut in pieces
- ½ cup powdered milk solids
- 1 ripe banana
- 2 scoops vanilla ice cream

Put rhubarb into blender with one cup water. Add banana and liquefy on high speed for about 30 seconds. Add ice cream, cover, and blend on low speed for about 10 seconds. Three servings. Variations: Omit the banana and add strawberry ice cream, orange sherbet, pineapple sherbet, or raspberry ice cream. Or use vanilla ice cream but add ¼ cup frozen strawberries or 2 tablespoons strawberry jam instead of the banana. You may make as many variations as you think of fruit combinations. Several times I omitted the ice cream, and the family never missed it, because I had used ice water and a little vanilla flavoring.

Rhubarb Custard Pie

- 2 cups chopped rhubarb
- 1 cup sugar
- 1 tablespoon flour
- 2 eggs, separated
- 1 teaspoon melted margarine

Pour boiling water over the rhubarb and let stand in pan 5 minutes. Pour off water. Put rhubarb into a pastry-lined piepan. Mix sugar, flour, egg yolks, margarine, and 3 tablespoons water and pour over rhubarb. Do not use a top crust for baking. Place in medium oven—350 degrees—and bake until rhubarb is tender. Serve with whipped cream or whipped topping.

Rhubarb-Banana Pie

- 3 cups rhubarb cut in pieces
- 1 cup sugar
- ½ grated orange rind
- 1 large or 2 small bananas
- 3 tablespoons flour
- ¼ teaspoon salt
- 2 tablespoons margarine

Combine rhubarb with sugar, orange rind, flour, and salt. Fill pastry-lined piepan. Slice bananas on top. Dot with butter. Cover with top crust. Bake at 450 degrees for 10 minutes, then 350 degrees for 25 minutes. ▲

COMING Next Month

● NERVOUS ITCH

By EDWIN T. WRIGHT, M.D.

The disease that doctors call neurodermatitis is a puzzle because it is hard to learn what causes it in each case.

● JOINTS AND ARTHRITIS

By DUNBAR W. SMITH, M.D.

Body joints are engineering marvels. Mainly because of strain, they become diseased and cannot do their job well.

● CONVALESCENCE

By MARY BAYLEY NOEL, R.N.

When people are recovering at home from an illness, protect them from doing too much, but help them gain back strength.

● REGULAR FEATURES

FAMILY DOCTOR

MOTHER'S COUNSELOR

GOLDEN AGE

mother's counselor

By Marian Strickland, M.D.

ONE DEFINITION of the word *potpourri* is "any mixture of incongruous or disparate elements." While looking through the various journals, pamphlets, and papers from my mailbox I notice information that may interest my readers. These items may not be incongruous but only disparate.

Weight of Mother-to-Be

Much has been written about mothers-to-be gaining weight, and at times the gain has been restricted to 10 to 14 pounds. I have seen few patients who could keep down to that low gain.

Potpourri

Recently I have seen several references to the fact that curbing mothers' weight may add to infant death rates. An average weight gain of 24 pounds has been recommended by the National Research Council committee on maternal nutrition. Surveys conducted have indicated that diet restriction during pregnancy may be unfavorable to the growth and development of the child.

When a woman can eat the normal amount of food she will have more strength.

It is of interest to note that severe caloric restriction is not advisable during pregnancy, even for the markedly overweight woman. The reason given is that there are possible adverse effects on the unborn baby's weight and nerve development. Weight restriction seems to be most harmful to adolescents and to women who are already underweight.

Early malnutrition is said to curb growth of the mind. It must be emphasized that a well-balanced diet for a mother is necessary before a baby is born and from the time he is born onward throughout his life. After infancy the brain is more resistant to the effects of malnutrition than during babyhood, and we can see how important the diet is to the unborn baby and after his birth.

Address questions to *Mother's Counselor*, LIFE AND HEALTH, 6856 Eastern Avenue NW., Washington, D.C. 20012. Enclose a stamped, addressed envelope for reply.

Sex Education

A good thought on the matter of sex education was voiced by Dr. Marie Bonfilio of California in answering the question "What are your views about sex education in public schools?"

She said, "If you're going to teach something, teach the body's anatomy first, and make the teaching as gradual as the development of the body. Let the mind develop as gradually as the body—it's smarter than we are. You should also answer children's questions honestly as they ask about their bodies."

German Measles

The Committee on Infectious Diseases of the American Academy of Pediatrics endorses the use of rubella (German measles) vaccine. It has been found that after administration of rubella vaccine there may be a complaint of aching joints in children and adults. This malady is self-limited, and it must not be confused with arthritis or arthralgia from other causes.

On the matter of communicability after being immunized, two recent studies included 200 pregnant women who were susceptible to German measles, as shown by blood tests. These women remained negative in the face of widespread community rubella vaccination.

It is possible for a woman who has been vaccinated to be reinfected on exposure to a case of German measles, but apparently these women do not transmit the virus to susceptible contacts.

Of course all these problems will be investigated further as time goes on.

The blood of women of childbearing age can be tested to identify those who are susceptible to rubella. In Maine this test is always done when the physician sends in a premarital or prenatal blood specimen for serology.

Immature Babies

About 300,000 Caesarean sections are performed in the United States every year. At least 25 per cent of the babies are immature. This means 75,000 babies born at risk. These babies and those born as a result of induced labor are susceptible to respiratory distress.

This respiratory condition can be avoided by means of a new test that detects before birth insufficient production of pulmonary surfactant (lung surface acting agent). In this test the amniotic

fluid (the water in which the embryo is immersed) is analyzed. Use of the test in delayed delivery when it is called for can wipe out breathing problems in babies.

Pollution

Mothers and fathers who are interested in pollution may realize that when laundry-product manufacturers add chemicals to whiten and brighten clothes they actually introduce phosphates into lakes and streams. Phosphates are fertilizers that cause excessive growth of algae and other small-plant life. These plants die, and as they decay they use up the oxygen in the water, which loss causes distress to fish and other life in the water.

Some detergents are high in phosphates. The ones that contain no phosphate units are Ivory Flakes, Diaper Sweet, Culligan soap, and Add-it. Those low in phosphates are Cold Power, Dreft, Gain, Wisk, and several others. They start at 29 units of phosphate per average wash load.

"The restoration and uplifting of humanity begins in the home. The work of parents underlies every other. Society is composed of families, and is what the heads of families make it. . . . The heart of the community, of the church, and of the nation is the household. The well-being of society, the success of the church, the prosperity of the nation, depend upon home influences."—ELLEN G. WHITE, *The Ministry of Healing*, p. 349. ▲



Guide for the Blind

If you have trouble separating the yolk from the white of an egg, if diapering the baby presents several unusual hazards, or if that beautiful lemon meringue pie collapsed because you failed to cut it properly, a recently published how-to-do-it manual may be the answer to your dilemma. How is the new book different from other how-to-do-it manuals? This one was designed strictly for blind people.

Brought out by the American Foundation for the Blind, the manual is titled *A Step-by-Step Guide to Personal Management for Blind Persons* (239 pages, soft cover, \$3). The foundation is the national consultive organization serving agencies for the blind. The handbook is literally a step-by-step guide for the blind to assist them in performing the hundreds of daily chores that may confront them.

Did you ever thread a needle with a single maneuver or notice the careful grooming of the young man who catches the five-forty-seven o'clock train to Hicksville? Such evidence of skill is not confined to sighted people. *Step-by-Step*

explains the technique by which blind people can achieve the same results.

The book has been sectioned for easy study under such headings as personal care, homemaking, child care, and social graces. Each of these titles has been broken down into subtitles that include more detailed information.

The foundation plans to bring out a Braille edition of the manual soon. ▲



STROKES

(From page 11)

happens is that a blood vessel breaks and a little jet of blood under pressure cuts its way through soft brain substance into vital areas.

Cerebral hemorrhage is often associated with hardening of the arteries, high blood pressure, and sometimes syphilis. This kind of stroke usually occurs after age 50.

A more rare type of brain hemorrhage results from rupture of an aneurysm of a blood vessel (a thin-walled swelling). This hemorrhage occurs most often in the age range of 25 to 50.

The remaining and most rare type, cerebral embolism, also has a sudden onset. It usually occurs in the 30-to-70 age range. It is the result of a clot circulating in the blood that lodges in a small brain vessel. It usually follows a chronic heart disease that permits clots to form in the heart. They may break loose and be carried to the brain.

Sometimes a small growth on a heart valve breaks loose and becomes an embolus (a plug). If a fat globule from damaged tissue or from the marrow of a broken bone gets into the blood stream it becomes an embolus. Air sucked into a severed open vein becomes an air embolus, which may be as damaging as a solid embolus.

The person seldom has marked symptoms of an impending stroke, although dizziness, nausea, and vomiting with transient strange nerve sensations or weakness of one side of the body may be a warning. The immediate preceding symptoms may be headache, convulsions, or coma. There may be specific symptoms associated with the site of the brain damage.

Stroke victims do not always become invalids. The vast majority of them recover. The prognosis (a forecast as to the probable effect or result of a disease) depends on the site and size of damage. Sudden death is rare. If there is extensive hemorrhage, death may take place within two to fourteen days.

Medical scientists have become interested in little strokes. It is said that a fourth of the population has had one

Recipe of the Month



FIGS ARE HEALTHFUL

By Mary Castor Knight

IF YOU cannot pick figs from your own tree, you will find figs of several kinds in your market to supply your needs. Figs are usable in many recipes, and they are good for your family. Use more dried figs from day to day for variety in your menus.

Here is a recipe full of fruit that you are bound to like:

Harvest Cup

- 3 California figs for each serving
- Hot water
- Cooked, sweetened cranberries
- 3 apples, peeled and diced
- 1 small can or 1 fresh grapefruit
- Cranberry juice
- Confectioner's sugar

Cover the figs with hot water and let them stand for 5 minutes. Drain them and reserve 1 whole fig for each cup of fruit. With scissors snip off the stems and cut the figs into bite-size pieces. Arrange in dessert glasses with the cranberries, apples, and grapefruit segments. Cover with cranberry juice, sprinkle with confectioner's sugar to taste, and chill for at least 1 hour. Top with the whole fig, which has been dipped in honey mixed with a little water.

If you enjoy this recipe you may wish to send for the booklet "48 Family Favorites With California Figs," Published by California Dried Fig Advisory Board, Box 709, Fresno, California 93712. ▲

stroke or more. The symptoms may be subtle, with only a slight personality change or slight loss of memory. Whereas before the little stroke a person was easy to get along with, afterward he may be difficult. Scientists think that some men-

tal breakdowns are due to small strokes.

People often ask about what can be done to prevent strokes. I would suggest the following measures:

1. If people are overweight they should reduce to their recommended weight or lower. Overweight people have a high incidence of strokes.

2. Elevated blood pressure should be controlled. Usually this can be done by regular and adequate rest and physical exercise. The best and most practical form of exercise is a walk in the open air once or twice a day. Avoid excitement and stimulants. Eliminate tobacco, tea, coffee, and flesh foods. Restrict salt and sugar intake.

3. It is believed by many experts that keeping the blood cholesterol under control will help to prevent a stroke. This aim is best accomplished by not overeating; by using liquid vegetable oils rather than fat-laced animal foods or hardened fats of any kind; by eating an abundance of fruits and vegetables; by getting an adequate supply of B vitamins; by using no tobacco, alcohol, tea, or coffee; and by keeping emotionally calm.

It is much better to prevent a stroke than to treat one, and I urge you to live in such a way that the chance of this kind of malady will be remote. ▲



Patterns

By ICELYN JOBSON

AT MIDNIGHT all was quiet except for the occasional swish of leaves against my windowpane. Stepping softly from my bed I entered the dining room, where I saw an exquisite silhouette on the wall.

While I had slept, nature had worked silently, intent on producing an intricate and delightful picture. She interlaced some silvery moonbeams and some leafless maple branches. With her silent shuttle and the window frame for a loom, she wove the dark branches with threads of gold and silver, effecting a magnificent design. Then she hung the well-proportioned pattern on my wall.

As I stood there in the dark unable to restrain the emotion that welled within me, I whispered, "How great Thou art!"

With bowed head I thought of the Master Artist and Designer busily weaving patterns for each human life. He uses the gold of prosperity as well as the dark threads of disappointment. Many times we question why the dark threads are as necessary as the threads of gold and silver are, but if we cooperate the finished pattern will be worth viewing. ▲

family fireside

By Harold Shryock, M.D.
Professor of Anatomy
Loma Linda University School of Medicine

A YOUNG MOTHER whose first child was about a year old wrote me to ask about child training. "I want to do well by our little James," she said, "and train him so that he will be able to meet life's realities successfully." Then she asked, "What suggestions can you give me on the best methods of child training?"

This young mother's appeal was commendable. Would that all parents of small children took their responsibility as seriously.

However, I was a little troubled over her use of the words *child training*. I won-

Guidance, Not Force

dered whether she had in mind some program of rigid discipline that might be comparable to what is used in an obedience school for pet dogs.

I see a great difference between a parent preparing his child to live successfully and the much simpler task of training an animal to be submissive to the desires of its master. The owner of the animal provides the intellect, judgment, and plans for the future. The animal carries out largely in puppet fashion what the master determines for it.

In the all-important task of rearing a child, the goal is quite different. The discerning parent is concerned with much more than model behavior. Understandably, he wants the child to be polite and to conduct himself well in the society of other people. Over and above this aim, he wants to stimulate the child to develop his own intellect, judgment, and ability to make wise plans for the future. Rather than expecting the child always to look to his parents for direction, he wants him to become able to face life successfully on his own.

I am acquainted with a man more than 30 years of age who blames his mother for having handicapped him in his adjustment to adulthood. It is not that his mother neglected him—far from it. He

says she dominated him day by day and made every decision for him. She insisted on obedience, and she commended him as he grew up because she could always depend on him to do what she specified that he do.

This mother even chose the lifework of her son, and forced on him the thought that she had dedicated him to a certain work. As he grew to manhood he tried to be what she chose, obedient son that he was, but he did not possess the qualifications for this work. After he had passed through the disappointing experience of abandoning the career, he confided to me that he was happy in his work of landscape gardening.

"I have always liked this kind of work," he told me, "and I wish I had followed my own inclination from the start rather than trying to comply with my mother's preference for me."

He even blamed his disappointment in marriage on the handicap he carried as a result of having been dominated during childhood.

"I never made my own decisions," he recalled, "for my mother always made them for me. When I became a husband, my wife properly expected me to take the lead in our affairs. Because I had had no experience in making major decisions I had to rely on her to direct us. She lost respect for me, and I admit that I hardly blame her."

With two extremes to be avoided—dominating a child to the extent of suppressing his individuality and letting him grow up without guidance—parents should find a reasonable position from which to develop their policies for the home.

There must be rules. In order to become a good citizen a child must be taught to respect authority and render obedience to the rules of the home and laws of the land. In the Christian home the law of God must be added to these rules. Actually, the law of God is not an addition to the other two but the foundation on which they are properly based.

Home rules should be founded on principle rather than parents' preferences. They should be few so as not to confuse the child, to encourage his comprehension of the principles stated, and to help him apply them to the events of every day. They should be age adapted, for as the child grows older and his personality becomes more mature, many of the specifics can

be dropped from the list in order to allow him a choice in life's details.

The purpose of rules is not to force a child to surrender his individuality. They should guide rather than dominate; they should teach fundamentals of character rather than enforce conformity.

So long as there are rules there must be penalties. As soon as a child is old enough to understand that there is a rule to be kept, he is old enough to benefit in character development by receiving punishment when he disobeys.

Punishment must be carefully planned and consistently administered. A threat of punishment does not suffice. Once a penalty is announced it must be fulfilled when a rule is broken. Otherwise, the child develops the unfortunate attitude that each time his infraction does not count. Parents who threaten but do not carry out their threat are effectively spoiling their child, for spoiling consists of excusing a child from the just consequences of his conduct. Only by consistently enforcing rules can the child learn that life's rewards, good or bad, are earned. This is one way he learns to reason from cause to effect.

Even before a child is old enough to start school he becomes able to share in choosing the punishment that best fits an infraction. Such experience helps him develop responsibility.

Dr. Kathryn Hagen, pediatrician, tells of a four-year-old boy who rated punishment. He and a playmate carried dirt from the garden and strewed it on his front porch.

On discovering what he had done, his mother offered him a choice. "Either you have a spanking, Johnny, or you sweep the dirt off the porch. Which will you choose?"

After a moment of quiet reflection, Johnny announced, "I'll thweep."

A child's emotions need to be guided, not stifled or ridiculed. Perhaps the greatest factor in helping a child direct his emotions is the example the parents set. The parent who has good emotional control when the child has done something that angers him is setting an example that will have a wholesome influence.

Participate with your child in pleasant and exciting experiences. Be enthusiastic with him, laugh with him, and cry with him. But guide him in controlling his emotions. Allow him to be sorry, but not sorry for himself. Do not make fun of him for being afraid, but tell him that being afraid is perfectly natural. Explain that there are some things of which a person should always be afraid, such as the danger of being run down by a car or playing with matches. Help him to rise above the fear of things that will not hurt him.

Send your questions on family problems to: Family Fireside, LIFE AND HEALTH, 6856 Eastern Avenue NW., Washington, D.C. 20012. Enclose stamped, addressed envelope for your reply.

Allow him to be angry with unfortunate conditions, but warn him against directing his anger toward any human being. A child who is reprimanded sharply for the same thing over and over or given severe spankings for the same act again and again is not learning the principle of obedience. Such discipline can only result in the estrangement of the child and his parent.

One of the most effective ways of guiding a child's interest and preference is by providing stories that teach the principles of wholesome living. This avenue of influence can be used with the toddler as you tell him stories about your experiences. As he grows older, read to him stories he selects that are interesting and influential. As he becomes old enough to read for himself, you should still participate in selecting what he reads. The same principle applies to television programs and other forms of entertainment.

Probably the adolescent years require more tactful guidance than any other period in a child's life. If the foundations of personality and character have been properly laid during the earlier years, the teen-ager will have developed a gratifying ability to reason correctly and make wise decisions. Even so, he will need the steadying influence of sympathetic parents as he faces new opportunities for activity and self-expression. Each time you permit your developing teen-ager to have increased liberty you should point out that with liberty goes responsibility.

Merely handing over to a youth the keys to the family car is not enough. In private conversation you should explain that with the keys goes a great investment of trust and confidence:

"You become responsible, son, not only for taking good care of the car but for your safety, the safety of those who ride with you, and the welfare of people on the highway."

Continuing the privilege depends upon the teen-ager's relationship to the responsibility the privilege carries.

Father and mother share about equally in the important task of influencing the lives of their children. In the following quotation Ellen G. White speaks primarily to mothers, but the principle beautifully expressed applies also to fathers:

"No other work can equal hers in importance. She has not, like the artist, to paint a form of beauty upon canvas, nor like the sculptor, to chisel it from marble. She has not, like the author, to embody a noble thought in words of power, nor, like the musician, to express a beautiful sentiment in melody. It is hers, with the help of God, to develop in a human soul the likeness of the divine."—*The Ministry of Healing*, p. 378. ▲

TO SALT OR NOT TO SALT

(From page 13)

restriction offers an additional bonus: the food does not taste so good, and people are less likely to overeat.

If a person spends an evening eating such salty snacks as popcorn, nuts, French-fried food, olives, and potato chips while watching an exciting television program, he may eat several grams of salt without being conscious of the burden he is imposing on his system.

Even though eating excessive amounts of salt is at least one cause of high blood pressure, this fact does not necessarily mean that high blood pressure can be cured by cutting down to only a little salt. Alarming symptoms such as weakness, low blood pressure, and even kidney failure may follow severe salt limitation. It is hazardous for a person to try treating his own high blood pressure by excluding salt from his diet. The physician has effective methods of treatment, and he may be able to allow the person with high blood pressure to have a normal amount of salt in his diet.

Studies on the relationship of salt to high blood pressure suggest that some progress has been made in solving the vexing problem of hypertension. However, not all cases of hypertension are of dietary origin, and so it is important that every person with elevated blood pressure be under a physician's care in order that organic disease be excluded as a cause of high blood pressure. Some cases are the result of such curable conditions as a tumor in the adrenal glands or constriction of an artery leading to the kidneys. Your physician is the person best qualified to determine the cause and treatment of your high blood pressure. ▲

☆ ☆ ☆

RICE RECIPES

By LUCILLE J. GOTHAM

Meatless Hamburgers

To 2 cups cold, dry cooked rice add 2 cups ground or grated canned meat substitute, such as Rediburger, Protose, Vegelona, grated meatless wieners, or gluten steaks. Put in ¼ cup finely chopped onion, 2 eggs, and oil or margarine for richness. Salt to taste. Shape into patties and sauté or bake with a little oil until browned. Serve with your favorite crisp, savory accompaniments.

Rice Fritters, or Hot Cakes

Tasty fritters, or hot cakes, can be made of the above recipe. Leave out the protein and onions. Add milk until the mixture is of the right consistency—about 1 cup. ▲

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golden age

By O. S. Parrett, M.D.

AS WE GET older our memory may be called the thing that we forget with. Well before reaching man's allotted threescore and ten, you will have observed that as you meet friends of the past you find yourself embarrassed in not being able to recall their names.

It seems to me that among the people I meet from time to time who remember names best are ministers. No doubt they have found that it pays to remember the names of people, even those who would hardly expect the minister to remember them because he meets a large

Your Memory

number of people several times a day.

Having two nurses in my office for my fifty years of practice to remember patients' names and what I did for them at their last call, plus my files of cards and histories, Mrs. Parrett tells me, made me careless about memorizing my patients' names. I counter by telling her that women are better than men at remembering less-important details. Who wins? She does, of course.

Nature has a working rule that what you do not use you lose. One of the best illustrations of this rule is the experience of a woman who had a break in the thigh just above the knee. While I was in the Washington Sanitarium this accident occurred to the wife of a colonel who represented General Pershing at the signing of the armistice at the end of the first world war.

It required several weeks of keeping the leg quiet before the bones united firmly enough to allow the patient to begin using her knee joint. Meanwhile, the joint had frozen so stiffly that she could not move it.

Using an anesthetic I began trying to loosen the joint carefully lest it break the freshly healed bone all over again, repeating this treatment every day until the

joint was partially loosened. Letting the patient begin walking finished restoration of full function.

Brains work about the same way as this knee joint. One factor of aging is the tendency of body tissues to harden gradually and become more and more rigid or stiff.

Perhaps you already know that it requires movement of the delicate brain cells and their little brush ends to make proper contact enabling us to think or call to mind various facts. This process slows down with all of us, but it is right now when we can do something about it.

Unlike the dinosaur with its ninety-foot length, forty-ton weight, and baseball-sized brain, a newborn human has a brain all out of proportion to the size of his body. His body must grow in size to match his wonderful human brain.

Did you ever watch the fingers of a fast piano player dance over the keys? You can scarcely follow their movement with your eyes. What do you suppose is going on in the powerhouse we call the brain? If you could see the microscopic batteries we call nerve cells reaching out to touch each other to pull or let go of the right muscles in arms and fingers, you would be amazed.

A computer? It is a bunglesome contraption by comparison with the human brain. I wish I could play the piano as Paderewski did. Give me time, and I can find the right keys, as he did. The difference between us is that by continued practice he cut patterns or habit paths in his brain like grooves in a record, so familiar that the little brush ends made the right contacts almost automatically. But even this great pianist had to practice daily to remain at his best. He claimed that if he missed a day's practice he could detect it in his playing. If he missed two days' practice his wife (oh, these wives!) could detect it, and if he missed three days' practice the audience might detect it.

Human brains and computers have one thing in common. What comes out of them is only what you feed in.

Now we can better understand where society misfits come from. For at least two generations we have been feeding into the millions of developing minds from babyhood through college years the unproved and unprovable theory of evolution as if it were proved scientific truth. This activity has resulted in failure to

feed into these youngsters the Ten Commandments and the Sermon on the Mount. The great editor of *U.S. News and World Report*, Mr. David Lawrence, repeatedly tells us they are essential to the formation of any great society. Having sown to the wind, we may expect to reap the whirlwind.

Sin still is what the Bible calls it—the transgression of God's law. But who cares any longer about God's law or, incidentally, any law?

As I have mingled among tots in the pediatric ward of a hospital checking on a tonsillectomy or other case I have looked around at the books the little ones were avidly looking at or reading, if old enough. Any Bible stories or stories to teach the value of right doing? I cannot remember seeing any. There was plenty of outwitting of law officers in so-called comics that often were of such poor quality as to be disgusting and an insult even to the brain of a child. This unreal, warped reading will feed back later in life. It has been said that by the time a child is seven years of age his pattern of thinking has been established.

Abraham Lincoln's boyhood library was said to consist of seven volumes, one of which was the Bible. This Book and its lessons have shaped the thinking of most of the world's greatest thinkers.

While traveling to Florida by train not long ago, I found the disruptive situation existing among the railroads to be so bad that Mrs. Parrett and I were obliged to stay over two nights in one city. Browsing around town to await the train schedule, we wandered into a bookstore. There, about all we could see for sale were books on long shelves running the full length of the store, shelves filled with paperbacks loaded with the imaginings of sordid minds depicting every phase of sin. I noted on the same trip how many of our fellow passengers were poring over this kind of trash. It is best if soon forgotten, but such reading does nothing to build up the memory.

From one of my library books entitled *Education*, page 13, I quote two paragraphs:

"Our ideas of education take too narrow and too low a range. There is need of a broader scope, a higher aim. True education means more than the pursuit of a certain course of study. It means more than a preparation for the life that now is. It has to do with the whole being, and with the whole period of existence possible to man. It is the harmonious development of the physical, the mental, and the spiritual powers. It prepares the student for the joy of service in this world and for the higher joy of wider service in the world to come."

That is the finest and most comprehensive definition of education I have ever read. If you do not have this book in your library I suggest that you get a copy.

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.

Your local bookstore can order a copy for you. Tell them the publisher is Pacific Press Publishing Association, Mountain View, California.

On page 124 is this quotation:

"The mind occupied with commonplace matters only, becomes dwarfed and enfeebled. If never tasked to comprehend grand and far-reaching truths, it after a time loses the power of growth. As a safeguard against this degeneracy, and a stimulus to development, nothing else can equal the study of God's word. As a means of intellectual training, the Bible is more effective than any other book, or all other books combined. The greatness of its themes, the dignified simplicity of its utterances, the beauty of its imagery, quicken and uplift the thoughts as nothing else can. No other study can impart such mental power as does the effort to grasp the stupendous truths of revelation. The mind thus brought in contact with the thoughts of the Infinite cannot but expand and strengthen."

In a country such as the United States of America, which grants both religious and civil freedom, I would not insist on the Bible being made obligatory to be studied in our public schools, because other people have a right to their beliefs. It must be admitted, however, that it is this Book, which was studied and believed by the Founding Fathers, that made this land the most completely free and sought after as a home for the oppressed of all nations on earth.

What did Christ have in mind when He used the expression about eating His flesh or drinking His blood, without which we have no life in us? Certainly it meant something more than literal eating and drinking. Other passages speak of feeding on the Word.

I well remember how the late James C. Muir, archeologist of the University of Philadelphia, Pennsylvania, answered me when I asked him whether the diggers for facts found any trace of the race of people living before the Flood, the antediluvians. "Yes," he replied, "we term them the painted-pottery people. We find evidence of their existence in a band about five hundred miles long and at a depth of some sixteen feet under a layer of clay." He added that they had no written language before the Flood.

Did Dr. Muir believe in the historic fact of a Flood?

"Yes," he replied, and explained that all his contemporary archeologists had come to believe that the entire Bible was a book of truth in which no mistakes could be found.

Why was language not reduced to writing before the Flood? Mankind, possessing twenty times the strength of the present world inhabitants, had memories and mental powers consistent with their great physical powers. Living for nearly

a thousand years, every grandfather could tell the stories of his early life, spanning nearly half the distance of the two thousand years before the Flood.

Did you ever listen to a person beginning to tell some story and after a brief pause ask what he was talking about? Or it may have happened to you, as it has happened to me. What can we do about poor memory?

We can do these things:

Exercise the mind daily to keep it from freezing up on us as did my patient's stiff knee. Read largely of things worth memorizing, and do some memorizing, specializing in what you might like to pass on to other people. Short poems, special Bible texts, or outstanding quotations from Biblical writers such as I have cited would be worth your time. I think of Rudyard Kipling's short verse in his poem the *Recessional*, a part of which I have memorized:

"The tumult and the shouting dies;
The Captains and the Kings depart:
Still stands Thine ancient sacrifice,
An humble and a contrite heart.
Lord God of Hosts, be with us yet,
Lest we forget—lest we forget!

"Far-called, our navies melt away;
On dune and headland sinks the fire:
Lo, all our pomp of yesterday
Is one with Nineveh and Tyre!
Judge of the Nations, spare us yet,
Lest we forget—lest we forget!"

I find it convenient to use a little card file of three-by-five-inch size on which I type quotations worth memorizing. When taking a walk I carry one or two of these cards in a pocket, and spend the time profitably. Waking at night and losing sleep is no problem. I can recall some of these choice bits of Scripture or other worth-while ideas from memory. They make good sleeping pills.

If you find yourself unable to recall some word you should bring to mind readily, do not give up until you have struggled to get those brain nerves to working. Like recorded files, they must be contacted to touch each other to bring the word up on the mental screen. If it is a word that has the habit of dodging you and hiding away, tie it onto something so common you cannot forget it.

I have recently tried to think of some friends with a long name. One member of the family built me a home and another was pastor of the church in which my daughter got married. I was determined never again to find that name trying to hide behind the door, so I tied it to a word too common to forget. I get the cue from the word that sounds much like the first syllable in their name, and so I am ready with the right name whenever I meet these good friends. (To page 31)



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home nursing

By

Mary Catherine Noble, R.N., R.P.T.

SOME PEOPLE HAVE to talk; that is, they have to talk if they fulfill their mission in life. I am not referring to Mrs. Knowsit down the street, who thinks it her mission in life to keep the neighborhood posted on the latest gossip. I am talking about people whose lifework depends on talking.

Has it ever occurred to you what consternation would fill a radio studio if the newscaster opened his mouth and no words came out? or what a shock to the congregation it would be if the pastor took his accustomed place

Heating Com- presses—1

in the pulpit and was unable to get beyond the introductory sentence of his sermon? The dilemma of the singer who loses his voice is the same.

Thus it was that James Lario hastily went to see his doctor. He was to sing at a wedding in a nearby city in less than a week, and he had had a chest cold that left his voice far from good. What could the doctor do?

Among other things the doctor did for Mr. Lario was to order some heat treatments to the chest to clear up any possible remaining infection. He suggested that his patient use a heating compress to his throat at night, and recommended that Mrs. Lario see Miss Jensen, the physical therapist, for instruction in applying a heating compress effectively.

"That's fine," Mrs. Lario spoke up, "I believe in heating compresses, and use them myself when I have a sore throat. They work wonders for me. But Jim reacts poorly to cold. He does not warm up the compress, and he is worse in the morning than he was the night before."

"If his response to cold is poor, wring a thin compress out of hot water and apply it the same way you would a cold compress," suggested Miss Jensen.

"Really? Will the hot compress do the same thing?" asked Mrs. Lario in surprise. "If so, I'll certainly try it tonight."

Next morning when Mr. Lario came for his treatment Miss Jensen said, "How are you today?"

"Better," he replied.

"And, you know," said Mrs. Lario, "the hot compress was effective last night. I certainly am glad to know about that."

Yes, a heating compress wrung out of hot water often provides the solution for the person who shudders at the thought of cold yet needs the relief the compress can provide.

A simple but effective remedy for sore throat, chronic rheumatic conditions, and other chronic conditions, the compress is warmed up by heat from the body. It has the same effect as a mild application of heat. If the compress is left in place until body heat dries it, it will draw blood to the surface and thus help relieve internal congestion.

The drying process is slowed by covering the compress with plastic before the outer layer of flannel is applied. This prolonged warm, moist application causes muscle relaxation.

When it is time to remove the compress, take it off and rub the area with cold water and dry it thoroughly. This action helps maintain the effect of the compress. It prevents chilling, which otherwise may occur when a warm covering is removed from a body part.

In addition to treating sore throat and laryngitis, the heating compress is useful for chest colds, pneumonia, whooping cough, and croup. The heating compress applied to joints—such as the knee, elbow, foot, hand, and wrist—relieves pain and discomfort in chronic rheumatic conditions. When applied to the abdomen it is useful in relieving insomnia, constipation, and certain kinds of indigestion.

The wet compress must be in close contact with the skin to warm up quickly. There should be in it no air pockets and as few wrinkles as possible. The dry flannel should cover the wet portion completely. Failure to observe these details will make the compress ineffective and the patient miserable.

Pin the compress firmly in place, but do not make it so tight as to restrict circulation or inhibit body movement.

Heating Compress to the Throat

For a heating compress to the throat you will need two thicknesses of thin cotton cloth about three inches wide and long enough so that you can wrap it around the throat twice. Also, you should have a piece of flannel or lightweight woolen material, used single or double depending on the weight of the material. It should be about four inches wide and long enough to wrap around the neck twice. You need safety pins to secure it.

In tonsillitis, a strip of bandage or cloth may be pinned to the compress in front of each ear and run across the top of the head. This arrangement holds the compress up under the lower part of the ear.

To apply the compress wring the cotton cloth from cold water (unless, like Mr. Lario, the patient cannot warm the compress) and wrap it around the neck, making sure there are as few wrinkles and air pockets as possible. Cover this moist cloth with the flannel or woolen strip. It should fit snugly but not tightly enough to be uncomfortable. Pin securely in place. In tonsillitis, use the bandage strip over the head from ear to ear to hold the compress in place.

The heating compress usually is left in place overnight. When it is removed, to maintain the effect obtained rub the neck with a cloth wrung out of cold water and dry the skin.

There are certain points to keep in mind. Although considerable water may be left in the compress, it should not drip when applied. It should be dried out by body heat when it is removed in the morning.

It is important to make sure that the wet cloth is adequately covered and the flannel securely pinned so that it does not come off while the patient is sleeping.

Heating Compress to the Abdomen

In the past the heating compress to the abdomen was called a moist abdominal binder. As with the throat compress, thin cotton cloth of two thicknesses is required. This cloth should be eight or nine inches wide and long enough to wrap around the body one and one-half times. Also you need a flannel strip about twelve inches wide and long enough to wrap around the body one and one-half times.

If the effect of the compress is to be prolonged, a plastic covering strip the width of the flannel and long enough to encircle the body is necessary.

To apply the compress quickly and effectively, place the dry flannel covering across the bed so that it will be at the waist when the patient lies down. Wring the cotton cloth nearly dry from cold water and place it on top of the dry flannel.

Send questions on home-nursing problems to: Home Nursing Editor, LIFE & HEALTH, Washington, D.C. 20012. Enclose a stamped, addressed envelope for your reply.

nel. Have the patient lie on his back over the compress so that the lower edge of the compress is below his hipbone. Wrap each end of the wet cotton cloth tightly over the abdomen, overlapping in the middle. Quickly cover this moist application with the flannel covering and pin it in place with safety pins.

In order to make the binder fit the contour of the body, pin darts on each side in front. This precaution helps prevent air spaces, an important feature because each place where the air gets to the moist underbandage delays the immediate warming-up process essential to the efficacy of the application.

If plastic is used to prolong the effect, it should be applied between the two bandages. This heating compress, just as the heating compress to the throat, usually is left on overnight. When you remove it in the morning, wash the area covered by the compress with cool or cold water and dry it thoroughly to prevent chilling and to prolong the effect of the compress.

If the compress does not warm up satisfactorily, do not encircle the entire body with the wet cloth. Instead, place it over the abdomen only, but do wrap the flannel covering around the body. If necessary, a hot water bottle may be placed on the stomach outside the flannel, to start the warming process.

The heating compress to the abdomen is a proven remedy in insomnia, constipation, and slow digestion. It may require a little extra effort to apply it faithfully, but the relief it affords is worth the effort. ▲

☆ ☆ ☆

WILL THERE BE NURSES?

(From page 9)

inactive registered nurses in America, why not consider becoming active again, if only for part time? A welcome awaits you. If necessary, take a refresher course. Learn to use the new machines and thrill anew to the joy of service.

If you are a youth or an adult with a teen-age son or daughter who has not yet decided on a lifework, investigate nursing as a satisfying career. Most high schools offer vocational counseling. Find out whether the schools in your community include nursing. Do they offer such pre-nursing subjects as chemistry, biology, and microbiology? Learn how your elected officials stand on manpower and nurse-training acts.

Do we want all people to live in peace and have their measure of security, including health care? If so, we must plan and work together for the good of all. ▲

WISE HEALTH COUNSEL

By ERNEST LLOYD

SOME YEARS AGO Roger W. Babson, the famous statistician and investment adviser, often sent out an informative letter from his Boston office to his clients. One of the letters was entitled "If Inflation Comes." Here it is at least in part:

"The purpose of this letter is not to advise you relative to stocks or bonds. Rather, my purpose is to emphasize that such are not the only or the best investments. In case of a real smash—which only a spiritual awakening can prevent—very few of the pieces of paper in your city safe deposit box would probably be any good. . . .

"'All right,' you say, 'then what can we do about it?' I will tell you.

"First—we should develop character and health for ourselves and others. . . . It is utterly foolish to sacrifice one's character or health to save money. We should earnestly endeavor to retain the health which we have and try to get back what we have lost. We should have a complete physical examination by trained diagnosticians once each year and follow their advice as to habits, diet, and mental attitudes.

"Second—we should spend money freely on devout teachers. This means high-grade church schools and small colleges of the right character for our children. No amount of time and money is too great to spend upon properly educating and training children. . . . Store up money in children instead of safe deposit vaults.

"Third—we should get a small subsistence farm upon which our family can spend at least their summers working. If possible we should not live in a large city. I really do not see much hope for city families. . . . The safest way to save money is to turn it into character, health, and education. . . . The best insurance policy is a small self-sustaining farm, and a bunch of good, healthy, intelligent youngsters.

"Avoid large cities as you would small-pox centers. Large cities have caused the downfall of every nation which has thus far collapsed."

Mr. Babson's first point was on health and character. The truth about health principles as advocated by LIFE AND HEALTH during the past 85 years is regarded by leading thinkers in medical and business fields as being fully abreast of the times.

Mr. Babson's second point was on Christian education. The truth on this subject is recognized as being superior in the building of character. Thousands of leading educators over the world have expressed themselves as being in harmony with it.

Mr. Babson's third point, relating to the blessings of the simple life outside congested centers and their consequent evils, is supported by the wise medical men and women who write for this and other good health journals. ▲



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dietitian says

By Dorothea Jones

BECAUSE ALL HUMAN beings are composed of what they eat, the defects that show up in children and in adults are due largely to the kind and quality of food eaten, especially during the growing period. Food must contain the greatest possible number of nutritional factors, known and unknown, in as near their natural state as possible. Food that is whole, food that has suffered the least amount of tampering with, is the key to good health.

Eating habits are not inherited, they are developed. The wise mother takes

Introducing Baby to Solid Food

time and patience to teach her child good eating habits. Many feeding difficulties of the first few years of life are the result of abnormal and unpleasant child-parent relationships, most of which are avoidable. Remember, mothers, any tension or emotional upset you have is telegraphed to the baby; therefore, approach each mealtime with calm expectancy and patient understanding. Trouble is sure when mealtime becomes a hassle of forced feeding.

Milk is the normal food for babies, and when mother's milk is not available a modified cow's milk formula or a soy-milk formula should be used.

A small amount of solid food may be introduced at four or five months of age. Babies differ. Some have a large appetite that is not satisfied by the calories in milk.

A new food should be offered once a day in small amounts—one to two teaspoons. A small spoon fits a baby's mouth better than a regular teaspoon. New foods are accepted best if fairly thin and smooth. If the baby spits the food out, it does not mean that he does not like it but

that he has not yet learned how to swallow it efficiently. It is wise to offer the same food daily until baby becomes accustomed to it. Do not introduce a new food oftener than every week or two.

Babies are such individualists that it is impossible to prescribe a given amount of food. The infant's appetite is the best index to the proper amount, and respect for his wishes will avoid many problems. If he shows a definite dislike for a food, do not use it for a while, and then bring it back without conflict and introduce it in small amounts. New food often is best accepted when baby is hungry.

Never force feed. Family food dislikes are contagious, and they should not be made known to the infant. The baby will like most foods if conflicts over them are avoided. Good eating habits as well as poor ones are established early. Eating should always be a pleasant experience.

During the second half of the first year babies become less demanding when it comes to food, and the intervals between feedings can be lengthened until a pattern of three meals a day is established. Some babies prefer taking solid food before the milk and some after the milk.

During the second half of the first year infants show increased readiness to chew rather than merely swallow. This is an indication that it is time to offer coarser food, such as toast and less finely strained fruits and vegetables.

The most rapid growth period is the first six months after birth. The baby's appetite will change as growth slows. This attitude is normal, and is no cause for worry. If the child is not hungry, let him wait until he is hungry. After the meal pattern has been established, when he is not hungry let him go without anything, but let him understand that he gets nothing to eat until the next regular meal. Some children refuse to eat at mealtime to get attention and then eat enough between meals to take care of their needs. Thus is begun a harmful eating habit.

Cereals. There are various baby cereals on the market fortified with iron and vitamin-B complex. Strained cooked oatmeal is also an excellent starter. Any kind of whole-grain cereal combination cooked and liquefied is very good.

Fruit. Scraped and finely mashed banana allowed to stand ten or fifteen minutes is well tolerated as an early fruit. Puréed prunes and apricots usually are well tolerated and liked. Scraped raw

apple is a great favorite. Many infants who are slow in accepting new foods prefer fruit.

Vegetables. Yellow and green vegetables, which are moderately good sources of iron and vitamin-B complex, usually are introduced about midway of the first year. A blender is a great convenience in preparing baby's food.

Opening a bottle or a can of baby food is convenient, but it certainly is not the best way to develop a healthy child. With a blender you can easily make your own baby food. It is much cheaper and better nutritionally for your baby. Almost any fresh cooked vegetables (carrots, spinach, peas, and others) may be liquefied with a little water or milk. At first they should be strained through a fine strainer to remove coarse particles.

Vegetable purée may be frozen in small ovenproof glass containers. After it is frozen, remove it from the containers and place it in heavy plastic bags for storage. When you are ready to serve it, take out one of the small portions, insert it in the container again, and place it in a hot-water bath until it is thawed and warm enough for feeding. Small portions of raw celery and/or carrot may be liquefied with water, strained, and given in a bottle. Toward the last of the first year and at the beginning of the second year, vegetables without skins from the table may be mashed finely and fed to the baby.

Protein and Starch. Toward the end of the first year, when baby's chewing equipment is working, toast, baked potato mixed with milk, puréed peas, puréed green lima beans, and puréed green soybeans may be added.

Liquefied almonds, cashews, pecans, and other nuts may be introduced, or fine nut butter may be used sparingly. Loma Linda Vegechee may be introduced toward the end of the first year or at the beginning of the second. Other Loma Linda vegetable proteins may be started early in the second year as they are tolerated and enjoyed.

If a baby is breast fed, weaning usually is advisable when he is from six to nine months old. However, if possible, weaning should be avoided during extremely hot weather. To begin with, substitute one bottle feeding for breast feeding per day. Try a cup instead of a bottle, which often is taken as readily as a bottle.

Before the infant is a year old he should be permitted to experiment with feeding himself. The ability to feed himself is an important step in his development of self-reliance and a sense of responsibility, with favorable repercussions in the years that follow. By the end of the second year he should be largely responsible for his own feeding.

Many babies who cannot tolerate cow's milk formulas do well on Loma Linda Soygalac, which is an excellent soy milk

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formulated specifically for the developing infant. It is a good source of assimilable iron, as are all soybean products.

All babies need vitamins B, C, and D. Your pediatrician should help you with this matter.

Here are a few don'ts to guide you in feeding your baby:

1. Don't fret over the amount of food an infant eats or refuses to eat.
2. Don't use food as a reward or a punishment.
3. Don't talk about a child's likes and dislikes in front of him. He catches on early, and a lifelong antipathy for the disliked foods may be developed if you emphasize his childhood eating habits.
4. It takes time and patience to train a baby in good eating habits. Feed solid foods slowly. Don't push them in fast. Teach him early to chew thoroughly.
5. Don't scold or discipline at mealtime.
6. Don't allow the child to develop a taste for concentrated sweets and refined foods. Never put sugar on cereal or other foods to induce him to eat them. ▲



YOUR MEMORY

(From page 27)

My wife tells me that when she was studying anatomy a doctor instructor gave her class a cue to help with a word in anatomy hard to remember. This word is the name of tiny canals in the eye region called canaliculi. "Now," said the doctor, "just ask yourself, 'Can you lick your eye?'" She remembers the name of those tiny structures after sixty years.

If you wish to keep supple and active, do not settle for an easy chair and a cane. If you wish to keep your mind alert and capable of carrying on a conversation intelligently, keep it working every day.

After leaving home for Florida Mrs. Parrett and I stopped over to visit a friend aged ninety-two. He had been a minister, and his well-worn Bible and other books keep his mind alive and working. I enjoy talking to him, for he combines the knowledge gathered over the years with a sense of the right and wrong of life. His thoughts are well seasoned like an old Stradivarius violin, which, combined with the master's touch, still performs well and is worth listening to.

Now with our knowledge of avoiding the foods high in cholesterol and the advantages of much fruit in the diet, we may have an added factor in achieving a satisfying and profitable old age, so that others might even lament our passing. It is worth trying. ▲



Try a Power Takeoff

By ARTHUR MOUNTAIN

Did you ever watch the sea gulls' graceful motions,
With languid wing curves that caress the breeze?
They never struggle with belabored pinions,
But dive or rise or glide with equal ease.

Why can't we humans, blest with greater wisdom,
Take our lives, too, in gentle, easy stride?
Why fight and struggle, fume and fret and worry?
Why can't we match the seabirds' restful glide?

When a typhoon black comes bearing down upon you,
Don't meet it with clenched fists and face turned white.
Just spread your wings and let it soar you heavenward,
Where skies are blue and sun is shining bright.

When troubles like a troop resistless charge you,
Don't face them with a suicidal force.
Step to one side and make a flanking movement.
Deflect the blow and watch it change its course.

When a mountain slide of failure blocks your pathway,
Don't try to shove it back with might and main.
Just start it sliding at another angle,
And let it for you worthless swamp reclaim.

Life's difficulties, storms, and opposition
Are dynamos of pent-up power grand.
By using just the proper kind of takeoff,
They will yield their strength to work at your command.

(Written en route to Penang)

YOUR CLOTHES

(From page 10)

price you can often pick up what you want and sometimes match your costume.

"But sample hats have been worn by models," you may say. True, but with great precautions. Such hats have been most carefully handled, and they have not graced as many heads as those tried on by numberless store shoppers.

A new hat can give you an inexpensive lift. To it you can add a ribbon or some other touch that will make it distinctly your own. Have a basic hat of a color that will go with most of your outfits, and change the trimming by tucking in a bright bit of coloring that perfectly matches your color note.

Avoid dressing differently to the point of eccentricity. You can keep up with the times by slight alterations in clothes purchased years ago. Some of my favorite dresses are more than ten years old, yet they are frequently admired.

Buy off season at exclusive shops. Closing-out sales or displacement of stock by newly purchased supplies radically reduces prices. With attractive accessories, conservative selections purchased at the best stores will be new next season.

Suits are not suitable for some women. Be perfectly frank with yourself about suits. Get opinions from friends whose judgment you respect and whom you can trust to tell the truth. Perhaps like me you should always wear one-piece dresses.

If you are a woman who can wear a suit attractively, be most careful to have your blouse stay inside your skirt, if that is where it belongs. With skirts, sweaters may be worn outside, but sweaters are not right for some people. Do be careful to choose what always looks best on you, regardless of what looks good on others.

Some skirts ride around without your knowledge. The front veers toward the hips while you are walking. To hold your blouse in place, buy a special elastic with adjustable closures. To keep your skirt straight, use either a tight belt over it around your waist, or if it is too full at the top put some small pleats or a row of gathers on the inner side of the belt so that it will fit too snugly to turn.

Press your woolen clothing often. Some skirts, suits, and cloth coats look as if they had been carelessly stored for months or slept in. The same is true of winter wool wraps. Creases in any garment are inexcusable.

Keep your figure trim. Watch important points of your figure. Wear long sleeves over arms so flabbily fat that they shake.

Is it healthful to check perspiration? Beneath the arms, yes. When I was a student nurse, one of the first things my class learned was that we must never offend by sight or odor. (To page 34)



The Best for Your Family

By MARY CASTOR KNIGHT

DID you ever wonder what hoecake is? Here is a recipe for you to try, and you will find out how delicious hoecake can be.

Hoecake

- 1 cup corn meal
- 2 tablespoons bread flour
- 1 tablespoon sugar
- 1½ tablespoons vegetable fat
- ½ teaspoon salt
- 1 cup boiling milk
- 1 egg separated

Put the corn meal and the flour into the oven until lightly toasted. Mix all the dry ingredients. Add the fat, pour on the boiling milk all at once, and stir. Two or three tablespoons of cold milk may be

added if needed to make smooth, but the mixture must not be soft. Beat the egg white until it is stiff. Beat the yolk, and fold it into the beaten white. Add the corn mixture and mix, using the folding motion. Drop from the side of a spoon into an oiled pan in oblong shapes, leaving space between, and bake in a quick oven.

This recipe is from the book *Recipes With Supplement*, compiled by Myrta M. Cornor from tested recipes she used when she was food director of Washington Sanitarium and Hospital in Washington, D.C. She was a meticulous cook who demanded the finest ingredients for her recipes, and was noted for making food taste delicious. Good health for the patients of the sanitarium was her aim.

Recipes With Supplement contains a wealth of recipes that reflect Miss Cornor's special talent, and you will be giving your family a health-building diet when you follow this book.

The book has sections on salads, dressings, gruels, toasts, yeast breads, beverages, sandwiches, quick breads, protein dishes, and other foods. There is guidance for you in cooking for your family's preferences in food. The section on vegetables is of the most help to people who are not too sure how to cook vegetables for best nutrition and flavor. More families would enjoy eating vegetables if they were prepared so as to appeal to them in appearance, savor, and texture.

You may get a copy of *Recipes With Supplement*, by Myrta M. Cornor, by writing to Washington Sanitarium and Hospital Pharmacy, Washington, D.C. 20012, and sending \$1 with your letter. Be sure to include your name and address with your request for the book. ▲

geon fails to cut all the main trunks of the vagus nerve.

Suffice it to say that either operation produces excellent results. As many as 90 per cent of patients have permanent healing of their ulcers. Most surgeons will agree that the operation the patient should have is the one that in the hands of his surgeon gives the most consistently successful results.

If surgeons can treat with great success the most difficult and complicated ulcer cases, why is surgery not used more freely? Why should you not have your ulcer operated on right away, if surgical cure rates are over 90 per cent? There are several good reasons why surgeons do not operate freely on ulcer patients. They are:

1. Most ulcer patients (85 out of 100) can be treated successfully with a medical program such as that discussed earlier.

2. Surgical treatment carries a certain minimal risk that is unavoidable. In elective operations (for obstruction or intractability) the mortality rate is between one and two per cent, in emergency operations (for bleeding or perforation) the mortality risk rises to almost 10 per cent.

3. The perfect operation has not yet been invented. A few patients (very few, to be sure) will have unpleasant symptoms after surgery, such as diarrhea, too-rapid or too-slow emptying of the stomach, and even brand-new active ulcers (rarely).

Prudence dictates that the doctor should treat an ulcer with a vigorous medical program: a careful diet and conscientious use of prescribed medications. But if your ulcer is resistant to medical treatment or is complicated by bleeding, perforation, or obstruction, no one can offer you quicker and more reliable relief than your surgeon. Do not hesitate. Surgery can be lifesaving and can free you from the burden of chronic ulcer disease. ▲

ULCER NEEDS SURGERY

(From page 19)

the stomach abolishes the stimulus to acid production.

Some surgeons prefer to remove even more of the stomach, the lower two thirds—the antrum plus some of the acid-producing (parietal) cells. They think that this surgery increases the chance for permanent cure. Because of the extremely good results I have had with this procedure (subtotal gastrectomy)—more than 300 consecutive operations without a single death—it continues to be my first choice.

In the past ten years a much simpler operation known as vagotomy has grown popular. In this operation the surgeon cuts out a piece of the vagus nerve as it comes down to the stomach from the esophagus. He then enlarges the lower opening of the stomach by means of a

pyloroplasty (a plastic, or reshaping procedure) in which the surgeon makes an incision lengthwise and then closes it crosswise, so that the pyloric end of the stomach has an opening two inches across instead of the normal one inch across. Advocates of vagotomy point out that it is faster than gastric resection. The patient spends less time on the operating table, anesthesia is shorter, the patient loses less blood, and the risk is less.

In expert hands gastric resection has a mortality rate of only about 2 per cent. Vagotomy with pyloroplasty cuts this risk down to less than 1 per cent.

If vagotomy-pyloroplasty is the safer operation, why is it not used by every surgeon? Not every surgeon uses it because complications can occur after this operation too:

1. Slow emptying of the stomach.
2. Diarrhea in some patients.
3. Recurrence of the ulcer if the sur-

☆ ☆ ☆

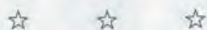
BREAST-FEEDING

(From page 15)

Although breast-feeding is the desirable way of feeding, women who cannot nurse for some reason or other should not feel guilty. The baby of 1971 is still getting a better break than the one born a few decades ago, for great improvements have been made in artificial feeding methods. Scientists have discovered not only how to make bottle feeding a simple procedure but also safe. Added dietary requirements such as vitamins D and C can be given, with protection against some of the childhood diseases started during the first year of life. The indispensable factor in artificial feeding

is for the mother to hold the baby and love him. He will feel secure and safe in her warm loving arms, thriving from such attention.

Successful breast-feeding is a break for an infant. He receives dividends from nursing and from improved infant care. ▲



How Is Your Appetite?

Rx KEITH W. SEHNERT, M.D.

IT HAS BEEN said that doctors' offices are filled with two groups of people—those with too much appetite and those with too little appetite. I routinely ask patients about their appetite. The biologic desire called appetite is one of nature's health gauges. It tells the doctor about the indirect workings of the human machine.

Appetite is a pleasant sensation, mainly psychological in nature, largely determined by family eating habits. It is remarkably stable in most people, but under the stress of organic disease or emotion it may be greatly increased or decreased.

Research doctors have coined the term *appestat* for the human mechanism in the midbrain that controls the appetite. It is a good word in that the mechanism is similar to the household furnace thermostat.

The *appestat* is deep in the midbrain within an area called the hypothalamus. There are two identical areas that have an *appestat*, one on each side of the hypothalamus. Research by Drs. Hetherington and Ranson in 1940 revealed the location and function of these centers. Signals for the appetite center come from all over the body and center in these areas. The signals come from the digestive system, the eyes, the nose, the blood, and the muscles. With all these message sources it is easy to see that the appetite can be affected by any one of several disorders.

What does a poor appetite reveal? It may show up such serious disorders as stomach cancer or stomach ulcers. It may show up such less serious but still troublesome disorders as nervous tension or anemia. Excessive medication or smoking may dull the appetite. The family doctor can be the best judge of the cause.

In cancer of the stomach the appetite is destroyed as the normal function of the stomach is changed. The stomach digests foods, especially meat, with difficulty, and the patient loses his taste for meat. Cancer cells replace the normal acid cells of the stomach, which are needed to produce the hydrochloric acid used in digesting food. This replacement results in achlorhydria (lack of stomach acid). Lack of acid is an important diagnostic test that doctors use when testing for stomach



Bread-and-Butter LETTER

By
GERALDINE
YOUNG
PALMER

Of the glow of the fire on the hearth,
The gleam of the copper, the mellowness
of old china,
The welcome of the chairs, the smell of good
food cooking in the kitchen;
Of the restful, quiet contentment of the com-
panionship of old friends tried and true;
Of memories recalled and hopes confided;
Of the blessed hope cherished and expressed,
And the deep ties of brotherhood in the
church of our fathers;
Of sorrows borne more bravely because
shared;
Of laughter more joyous because enjoyed
together;
Of love that increases in sweetness, in surety
and strength
As fused more firmly by each passing year—

Of these I shall think day after weary day,
And my way will be lightened
And my heart lifted
As I travel.
I will remember.

cancer. An altered appetite may be an early sign of stomach cancer.

An ulcer of the stomach or of the duodenum also causes loss of appetite. When the ulcer patient gets hungry, stomach acid pours onto the ulcer and causes pain and burning. This action alters the normal cycle of hunger and eating and depresses the appetite. Without treatment this cycle soon leads to weight and energy loss, anemia, dour personality, and loss of health. The pattern must be interrupted by treatment if the appetite is to return.

Nervous tension leads the way to less serious but unpleasant causes of appetite loss. Modern man finds that his hurry-worry habits tie his stomach in a knot.

This reaction alters the normal pattern and destroys the appetite. Overstimulation of the nervous system affects the nerves of the stomach and causes increased tone in the stomach muscles. This tightened condition causes the stomach to empty quickly and dump undigested food into the small intestine. Better and slower eating habits improve this pattern and return the appetite to its normal level.

Poor appetite is often caused by anemia, especially in children and women. When anemia is corrected by iron and vitamin B¹² therapy, the appetite returns, along with a general feeling of good health.

Certain medications, particularly the

heart-medicine digitalis, cause loss of appetite. Eventually nausea and a general upset of the digestive tract result for some people on this medical regimen. Especially in older inactive people the drug tends to be cumulative, and it can cause a serious gastric upset. Your doctor can reduce the dosage and bring relief of the symptoms.

In the list of disorders that may cause the appetite to falter is smoking. Excessive smoking, especially before a meal, cuts the appetite sharply. The nicotine acts directly on the central nervous system and slows down the nerve supply of the stomach. This reaction reduces the appetite and upsets digestion. The smoking habit can be a serious detriment to health.

Can people with too much appetite do anything about it? Is it caused by bad eating habits or a gland problem?

The idea that the glands play an important part in overactive appetites and secondary obesity is well implanted in the minds of most patients. Many sincerely believe that they have a gland problem. A famous specialist on this matter, Dr. Rynearson, has said that the only glands involved in obesity are the salivary glands.

There are three types of true glandular obesity:

1. Fröhlich's syndrome (pituitary-gland tumor).
2. Hypothyroidism (thyroid-gland disorder).
3. Cushing's syndrome (pituitary-gland disorder).

Each has a typical distribution of body fat unlike that of ordinary body fat. Perhaps five out of 100 cases of obesity are glandular in origin. The rest are caused by overeating.

What puts the appetite into overdrive? In most cases it is an emotional problem. Many people become obese because they use food to salve their emotional burns. They substitute food satisfaction for emotional satisfaction.

Apparently, these people know what they are doing, because in psychological studies 75 per cent of those questioned admitted they overate every time their emotional boat was rocked too much. They carry over into adult life the infantile habit of sucking on the bottle whenever they are discontented.

But overeating alone is not the whole problem. The food these people eat is also incriminating. Were they content to eat an apple or drink a glass of water when their feelings are ruffled, they would not get fat. Most of them have bad eating habits, and devour high-calorie foods. The old saying that the fat girl inherits her mother's cookbook, not her figure, has a lot of hidden wisdom in it.

The appetite gauge registers many internal changes, some serious and some minor. Its deviation from normal should call forth the same prompt attention

your automobile would get if its gasoline gauge kept registering incorrectly. A new-model car comes out every year, but your human machine cannot be traded in with every disorder. But a tune-up might help. How is your appetite?

If your appetite is responding in an abnormal way, a physician's examination will help determine whether the problem is psychological or physical and what can be done to correct it. ▲

YOUR CLOTHES

(From page 31)

As student nurses we were forbidden to use perfume on duty. Fragrances are not enjoyable to everybody, especially to sick people. We were not allowed to tuck colored handkerchiefs in our pockets or add anything to our uniforms.

When selecting scarfs and accessories, think of what you will wear them with. They should blend, contrast, or match the predominating shade with which they will be worn. One contrast is enough. Red is lovely with black, but only one shade of red at a time. Be careful of blues. Many shades of blue do not mix well with other blues. Be color conscious. Good taste and economy will be served if you select one basic color for your wardrobe, such as black, brown, navy blue, or gray. Your accessories may be in colors that enhance your eyes, hair, and skin coloring. ▲

PROFILES

(From page 5)

in more than a hundred magazines in the United States and abroad, some in English journals, some in Canadian magazines, and others in South American papers translated into Spanish.

While she was editorial director of *American Baby* magazine she declared, "It is my pride and joy." Then she resigned to write a book, entitled *How to Raise a Happy, Healthy Baby*. As a result of this book she was made a Fellow of the Royal Society of Health in London, England. Hartwick College, Oneonta, New York, honored Mrs. France with a Doctor of Letters degree.

Mrs. France has appeared on television and conducted regular radio programs for the New York City Department of Health and for the Riverside church.

She organized and conducted a class in child care at a New York City school for young adults. She has lectured in public and private schools and hospital schools of nursing. ▲



There's a Little HOPE in America's Southwest

On the 16-million acre Navajo Indian reservation Project HOPE is training local people for careers in the health professions, while at the same time providing desperately needed medical help. HOPE believes an Indian child should have the same health advantages that other Americans enjoy.

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