

YOUR LIFE AND

HEALTH

NATIONAL HEALTH MAGAZINE JANUARY, 1982 \$2.00

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Need Extra Income? By Christy Davis

Cash Paid For These Household Items

How would you like to have \$35 or \$450 in extra spending money? Did you know that items you overlook in your home may be worth a surprising amount of money to collectors? That your phonograph records . . . books . . . stamps . . . coins . . . dishes . . . bottles . . . spoons, etc., etc., don't have to be old to be valuable? That there is a good chance you can sell these items — by mail — to collectors across the country?

I've been collecting things for 20 years. On weekends, you'll find me at garage sales, flea markets, church auctions and rummage sales looking for things most folks think are worthless. I look for used records, comic books, bottles, stamps, pens and plates. I look for everything from old fish lures to egg beaters to lamp shades. These things used to be called "junk." Now they're called collectibles. And demand for them has sent prices soaring on the collectors' market.

Yes! A Howdy Doody doll at \$3 in 1952 now sells at \$150; a copy of the book CATCH 22 at about \$4 in 1961 brings \$200; a Hank Williams record at about \$3 in the 1950's sells for \$250; a plate at \$25 in 1965 brings \$500; a pocket knife at \$10 in 1970 brings \$300; a one-cent baseball card distributed in 1954 brings \$700. From toys to records to pocket knives, many items from recent years have turned into treasures worth many times their original value.

BIG DEMAND FOR THESE ITEMS

These amazing prices stem from the overwhelming popularity of things from "the good old days." These nostalgia items are in big demand. And they don't have to be "antiques" to be valuable. They can be wind-up toys from the 1920's and later. They can be glassware from the depression years. They can be phonograph records from the 40's, 50's and 60's. They can be ash trays . . . comic books . . . postcards . . . tea sets . . . even kids' lunch pails with comic characters painted on the side. Collectors buy, sell and trade these treasures just as brokers buy, sell and trade stocks. As a result, prices have skyrocketed.

From all over come reports of off-beat items selling to collectors for record-breaking prices. A Coca Cola serving tray from 1957 sells at \$100 . . . early Elvis records bring more than \$200 . . . a 1959 Barbie Doll sells at \$400 . . . a 10-cent Donald Duck comic book from 1942 brings \$1,000. Furthermore, there's no telling where these overlooked treasures will turn up. Just the other day, I heard about a Massachusetts school teacher who picked up a watercolor painting at a church auc-

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Do you have any of these items in your home? They may be worth money to collectors! The Collectors' Exchange, a service for people who want to sell items in their attic or basement, has a newspaper listing dealers who buy these and many other household items by mail. Read this article to learn the full story about selling items in your attic or basement — by mail — to these mail-order collectors.

tion for 35 cents. Years later — when she learned of its real value — she sold it for \$20,000. Or how about the baseball cards that earlier this year sold in candy stores for two cents each? They now sell to collectors for up to \$20 each! These 1981 baseball cards were printed by the Fleer Chewing Gum Company. The cards contain printing errors. After the first printing, the errors were corrected. This makes these two-cent cards now worth up to \$20 each to collectors . . . and worth who knows what in a few inflationary years!

HOW TO START

To help you make money on treasures you might otherwise overlook or throw away, I have a giant report on items you can sell to collectors . . . plus a newspaper that lists dealers across America who buy these items by mail. The report is packed full of current prices . . . photos . . . illustrations . . . and background information on 600 different kinds of items dealers will buy from you on the collectors' market. More than 45,000 items and prices are listed. Everything from teacups to fruit jars to postcards — things you may find in your own home! Things you may find at garage sales, flea markets, rummage sales or who knows where. Included with this report is a collectors' newspaper . . . jammed full of names, addresses, even phone numbers of collectors from Maine to California who buy and sell items of all kinds by mail. You'll find buyers for comic books . . . old toys . . . books . . . plates . . . spoons and more. You'll find dealers who pay top market prices for everything from phonograph records to stamps and coins. You'll find the largest, most current listing of dealers who buy these items by mail. Think of it! Your old phonograph records . . .

books . . . baseball cards . . . dishes . . . stamps . . . coins and other items in your home may be worth money to collectors. But what are they worth? Where do you sell them? My report and newspaper have the answers. They're loaded with collecting information that's helped many people find and sell hundreds of dollars worth of items they found in their own homes.

ONLY THE FACTS

Now this report and newspaper are available to you. Not a get-rich scheme. No phony prices. No brokers or middlemen. Just the facts in a form that can't help but open your eyes to the treasures you may be overlooking every day. If you do nothing else today, resolve to examine this report and newspaper. Millions of people think items in their attic, basement or garage are next to worthless. I guarantee you won't after you receive my 700-page report on items you can sell to collectors — everything from old fish lures to plates to phonograph records — plus you get 13 weekly issues of the newspaper listing buyers for these items — their names, their addresses, even their phone numbers. And remember, these are dealers who buy items of all kinds by mail. These are dealers who may want to buy what you have to sell. Look at the items listed in the box at the top of this page. These are but a few of the items these dealers are interested in buying . . . by mail! And each week, new and different items are listed. It's the largest, most widely used newspaper listing of dealers who buy these items by mail! My 700-page report and the 13 issues of the newspaper are sent to you each week for 13 weeks. And they're guaranteed. If you're not delighted, if they don't pay for themselves many times over in the items they help you find and sell, keep all 13 issues of the newspaper as a gift and owe nothing.

GOLD MINE IN YOUR ATTIC

My report and newspaper are not available in stores. The only way to get your copies is to follow these easy instructions. Simply put your name and address on a piece of paper with the words, "A Gold Mine In Your Attic," and mail it with \$14.95, cash, check or money order, to: THE COLLECTORS' EXCHANGE, Dept. 4, One Thornwood Court, East Setauket, N.Y. 11785. Your 700-page report and 13 weekly issues of the newspaper will be mailed to you with the guarantee that you must agree they more than pay for themselves in the items they help you find and sell, or your purchase price will be refunded without question.

"Americans' Hopes and Fears"

The September, 1981, issue of *Psychology Today* gave an extended report on the results of a nationwide survey the magazine had made. Under the general theme "Americans' Hopes and Fears," the findings of the survey were summarized in a series of tables headed, "Americans' Personal Hopes," "Americans' Personal Fears," and "Americans' Hopes for the Nation." The results of the survey were compared with similar surveys made in 1964 and 1974.

According to the tables, the number one personal hope of Americans was found to be the same in each of the three surveys, a "better or decent standard of living."

Interestingly, for the three surveys, with but one exception, the number two hope, as well as fear, had to do with health. In both 1974 and 1981 the number two concern was "good health for self;" the number two fear was "ill health for self." In 1964 the number two hope had to do with "aspirations for children," but the number three spot was taken by "good health for family." And "ill health for self" was the number three fear.

Health almost always has a high priority in our lives. Other concerns come and go. They shift their positions, or change their patterns, so that they lose their importance. Or they are replaced by still other concerns. But the importance of health holds its place.

An important reason for this is that health makes important impacts on other areas of our lives. Think, for example, of the matter that took first place in the "Personal Hopes" list: "Better or decent standard of living." If one's health becomes poor, or breaks down, one's job is threatened, or possibly lost. Consequently, the paycheck is diminished, or doesn't come at all. Mounting medical bills eat into savings, and the standard of living takes a plunge.

YOUR LIFE AND HEALTH is, then, vitally involved with an important aspect of life—your health, and that of your family.

Born in California in 1885 as the *Pacific Health Journal and Temperance Advocate*, this magazine is approaching its 100th year in service to the public. Since its inception it has evolved through a number of formats and changes of name, but its aim has always been the same—the recovery or maintenance—with emphasis on maintenance—of health. And a quick perusal of the titles in this issue confirms that statement.

This time we are bringing you two articles on exercise. One is by Donald B. Ardell on "The Inner and Outer Joys of Exercise," and will, we trust, stir any nonexercising reader to find the pleasure and fulfillment a regular exercise regime brings. The other is on a specific sport, or exercise—snowshoeing—by a writer choosing to call himself—or herself—Max Steele. It's an inexpensive, but enjoyable, winter sport, the writer assures us.

Another article is for the person who comes wide awake at perhaps one o'clock in the morning and just can't get back to sleep. What to do with all those sleepless hours! In "Innovative Insomnia" E. G. Maxwell has some suggestions.

There's a bit of emphasis on children in this month's YOUR LIFE AND HEALTH. Susan Shimonauff writes about communicating with children. And her article may discuss an angle you haven't thought much about. Dr. F. John Lewis asks if too many tonsillectomies and adenoidectomies—formidable, but familiar, words—are being performed on children, and Andrea Brown probes the subject of food allergies in young children, and the frustrations of dealing with them.

Then there's that article that cat, dog, horse, goat, and all other pet lovers will agree with heartily: "Pets Are Good for You." But even they may not be aware of the ways in which Lilya Wagner has discovered they are good for us—even when we are on sickbeds.

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Is That T&A Really Necessary?

The author discusses the pros and cons of tonsil and adenoid surgery for children.

F. John Lewis, M.D.

Though medical authorities have criticized its indiscriminate use for years, T&A (tonsillectomy and adenoidectomy) is still the most frequent surgical operation done on hospitalized children in the United States.¹ In 1958 Harry Bakwin, then president of the American Academy of Pediatrics, said, "The operation retains its vogue in the face of well-documented evidence that, in the overwhelming majority of cases, it is useless."² Ten years later R. J. Haggerty, of the University of Rochester, said, "Today it is my impression that most academic pediatricians believe there are practically no indications for the removal of tonsils and adenoids."³ In 1976 Jack L. Paradise and Charles D. Bluestone, of the Children's Hospital of Pittsburgh, wrote, "Most T&A's are done today for unproved medical indications,"⁴ and more recently Dr. Terrence S. Carden, Jr., said, in reference to the viewpoint many doctors have regarding T&A, "If three quarters of a million young Americans were being subjected each year to a

surgical procedure of doubtful benefit at a cost approaching \$1 billion and untold cost in pain, suffering, and psychological trauma, the medical profession might expect a torrent of justifiable criticism."⁵

The operation has been called an uncontrolled surgical experiment, a ritual, an enigma, more grandly a pseudodoxia pediatrica, more simply a problem, and finally an epidemic unchecked (the operation, that is, not the disease for which it is supposedly done).

Tonsils and adenoids, the objects of this assault, are parts of the lymphatic system, which includes the lymph nodes, the thymus, and the spleen. As with the rest of this system, the tonsils and adenoids play a role in the development and maintenance of immunity, and they provide a defensive barrier at the entrances of the digestive and respiratory tracts. Infectious agents invading this busy area are normally taken up by these organs, which may then become inflamed and enlarged. But even without infection, tonsils, adenoids, and all lymphatic organs are large in small children. They shrink relatively as we grow older.

When a small child suffers an infection of the upper respiratory tract, the tonsils may appear to be enormous. Though the child is ill generally, the large tonsils may be the most prominent sign of his illness. They may appear to be the center of the trouble

rather than merely part of the child's normal reaction to it. Because the immune system is incomplete, respiratory infections with inflamed tonsils are common.

Rather than wait for the immune system to strengthen so that it can head off these infections, as it will in time, the physician may decide to remove the tonsils. Then because the child improves, he may conclude that his strategy has worked. He gives credit to the operation rather than to the maturing immune system. In this way recurrent sore throats and upper respiratory tract infections have become the common indications for doing a T&A. The operation has been recommended for at least 15 complaints most of which are a consequence of respiratory infections.⁶ Some indications have been remote, however—bed wetting, for example.

Only a few have been scientifically established. Patients with a type of heart failure caused by obstruction to breathing have been dramatically relieved by the operation. This and a type of weight loss as a result of obstruction to swallowing were the only categorical indications for T&A granted by a Workshop on Tonsillectomy and Adenoidectomy.⁷ Cancer of the tonsil, a rare disease, should be added to this short list.

As "reasonable" indications, still not established by adequately controlled studies, the workshop listed

F. John Lewis, M.D., a general and thoracic surgeon, graduated from the University of Minnesota. He has served on the faculty there, and also at Northwestern University. At present he is retired and living in Santa Barbara, California. His interests include writing, bicycling, and playing the piano.



recurrent attacks of tonsillitis, nasal obstruction causing severe speech deformity, and recurrent, or chronic, middle ear infection—the latter two possibly requiring only adenoidectomy. The overuse of T&A is apparently due to a stretching of these reasonable indications to include such things as frequent head colds, large tonsils, and the desire of parents to achieve protection against possible future trouble.

Some of the “reasonable” indications have been difficult to evaluate, but they may not be sound. Paradise and Bluestone, of Pittsburgh, who are conducting a controlled study of the operation, found that children with a clinical history of frequent sore throats only rarely—about 1 in 5—repeat this

The physician may decide to remove the tonsils. Then because the child improves, he may conclude that his strategy has worked.

pattern when followed for a year without a T&A.⁸ Either the history was inaccurate or the children grew out of having the sore throats. If they have a T&A, time may be the healer, not the operation; and of course time is safer.

Probably about 100 children who have the operation die each year in the United States,⁹ usually of general anesthesia or hemorrhage. Relative to the

large number of operations this is a low mortality rate. Yet no one would recommend use of a new drug that kills 100 patients a year to treat a nonfatal, self-limited disease. The operation deserves similar assessment.

Those who have spoken in support of the operation have done so infrequently in recent years and always cautiously, claiming only that it is a good operation when done for the indications that I have listed as reasonable. If done only for those indications, the number of operations would probably fall to no more than 10 or 20 percent of the present number.

Why has T&A remained so popular in the face of so much opposition and with so little evidence to justify it? Scientists demand evidence and say

there is none, but practitioners claim to see improvement in their patients following surgery, and with the operation they have settled an annoying issue directly. The mother no longer brings the sniffling, fussing child in to see them. And the doctors do make more money doing the operation than by giving pills and reassurance.

My own experience, however, tells me that the money isn't an important issue for most surgeons. More important may be the surgeon's fear of losing his patient and perhaps his referral source. If a patient is referred to him as a possible candidate for a tonsillectomy, he senses the referring doctor's wishes. Though the surgeon insists on making his own decision, he is biased toward doing the surgery, in most cases, just by the referral.

The parents usually accept the doctor's recommendation of surgery uncritically. In fact, they often bring the child to the doctor with the idea of tonsillectomy in mind and suggest the operation before he does. An English practitioner, John Fry, who was a rather staunch opponent of the operation, recommending it only forty times in ten years, admitted that parental pressure was the main indication for the operation in six of the forty cases.¹⁰ The pressure could not be resisted, he said, and we can conclude that the children had become a sacrifice to their parents' needs.

The parents and their doctors may be caught up in ritual. The operation was called a prophylactic ritual by the Medical Research Council of Great Britain in 1938,¹¹ and thirty-one years later, in 1969, Bolande, an Ohio physician, suggested that T&A and circumcision, where the evidence is clearer, represent "rites of passage," as described by anthropologists.¹² He pointed out that many rites of passage have been surgical and that ritualistic procedures are often performed in the very young. (Most frequent age for T&A is 5.) He thought, too, that those partaking of one ritual may be more apt to indulge in another and supported this observation with a report that circumcised boys are seven times more likely to have undergone tonsillectomy than uncircumcised boys.

Ritual, frustration, parental need, distrust of science, the irresolution of physicians, faith in the magic of surgery—who can say what *really* counts in explaining our enigma? If T&A

were first proposed now in a time of controlled tests and therapeutic caution, it would find little use. The burden of proof would be on those who proposed it. But the operation isn't so much proposed; it just persists as a hangover from a less scientific era. Its use cannot be ignored. It causes death and injury and it is a great expense. Something should be done.

Outright control of T&A, or any other medical procedure, by govern-


The tenacious T&A may finally be slipping from its embarrassing prominence on the medical scene.

ment, professional organizations, hospitals, or third-party payers is unwanted by these entities and by almost everyone else. The best way to change a physician's practice is to change his ideas through education, and this is going on. Hospitals have conferences at which doctors discuss professional care and committees that review professional performance. There is a vast medical literature aimed at educating physicians, and continuing medical education is now required for relicensure.

Some authorities believe that still more information is needed to validate this education with respect to T&A. After granting only very limited categorical indications for T&A, the Workshop on Tonsillectomy and Adenoidectomy recommended further study—as committees often do—and since then planning committees, appointed by the National Institutes of Health, have met to consider research protocols and possible multicenter clinical trials. There is no immediate prospect for a national, multicenter clinical trial; but a smaller single-center, controlled study, scheduled for completion in 1982, is underway at the University of Pittsburgh directed by Paradise and Bluestone, mentioned earlier. This study should clarify the validity of

indications such as recurrent tonsillitis and recurrent middle ear infection, but it is not likely to add stature to the flimsy indications now used for so many operations.

As with any medical treatment, the customer has the final say. Parents could bring a quick end to the problem by questioning use of the operation. They might be surprised at how quickly the doctor is willing to back down from his recommendation of a T&A. By simply refusing to have the operation they would rarely be wrong. But if they don't want to go that far, they should make sure that the surgeon is board certified to do surgery, make sure that surgery is performed in an accredited hospital, and finally, speak up, ask questions, say that they have read this article and others like it and are concerned.

Opposition to the operation by medical scientists, physicians' education, and parental resistance may have been paying off. The number of T&A's has fallen from 1,100,000 in 1968 to 547,600 in 1978 (most recent year for data).¹³ Though this drop is partially the result of the fall in birth rate, the relative frequency has fallen too. The tenacious T&A may finally be slipping from its embarrassing prominence on the medical scene. 

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The Inner and Outer Joys of Exercise

While the results of neglect are reason enough for you to adopt an individualized fitness regime, more enjoyable motivations are to be found on the positive side of things. I have found that folks who take an active interest in keeping fit, whether as joggers, tennis bugs, or whatever, usually display an abundance of wellness characteristics. These include an increased ability to manage stress, greater self-confidence, better eating habits, fewer risk behaviors, and an overall ability to relate effectively to other people. Joggers, for example, are said to be strengthened and their lives made more satisfying by the activity. In *Positive Addiction*, William Glasser writes that for those strong enough to find them, "fulfillment, pleasure, recognition, a sense of personal value, a sense of worth, the enjoyment of loving and being loved are not optional, they are the facts of life."¹ Fitness, says Glasser, is one nearly sure way to develop these characteristics.

And, of course, there are the physiological benefits, including the lowering of the heart rate, blood pressure, percentage of body fat, stress level, and cholesterol and lipids (fats) in the blood. Exercise even increases air flow through nasal passages,² no uncertain blessing for hay-fever sufferers. Fitness programs usually reduce joint stiffness, and the resulting stronger muscles provide better support for the skeletal structure, which in turn aids circulation. The energy output required to strengthen muscles



Thirteen fitness principles for you to incorporate into your exercise program.

by Donald B. Ardell

causes the appetat mechanism to operate more effectively for appetite control. Exercise particularly benefits the heart, arteries, and lungs; and increased circulatory output and oxygen intake helps nourish the nerves and body tissues. Conditioned people usually have less acid in their stomachs, and exercise has even been shown to aid in the treatment of diabetes, glaucoma, depression, and other disorders.³ As the Earl of Darby remarked: "Those who cannot find the time for exercise will have to find the time for illness."

Unfortunately, too many Americans

do not exercise. To some extent, this may be due to unimaginative physical fitness education patterns in the past that emphasized varsity competition for the few to the neglect of intramural participation for the many. A commitment to intramurals could have demonstrated the fun and lifelong advantages of varied types of exercise; the varsity sports orientation too often stressed competition, winning, and sports-as-war. The mass participating programs that did exist were commonly given to regimented calisthenic drills, a long way from the sports for fun, health, participation, and teamwork values being popularized by YMCA's and contemporary physical educators.

There are at least as many approaches to physical fitness as there are techniques and programs for self-responsibility, ways to eat wisely, and strategies for managing stress. Some of the most

popular include jogging and running, biking, swimming, tennis, dancing, martial art forms, hiking and brisk walking, basketball, volleyball, and all kinds of other ball games involving graceful movements and strenuous exertions. All of these and hundreds of other physical activity forms are valuable and contribute something to the fitness of those who enjoy engaging in them. But some are better than others; any exercise that requires sustained effort and greater oxygen consumption affects the enzyme system by stimulating increased blood flow, muscular exertions, and lung respi-

rations. This aerobic effect does more for your conditioning than lesser exertions. For example, if you exercise for twenty minutes at a pulse rate of about 140 beats per minute, you will probably derive more cardiovascular benefit than if you exercised four times as long at only 100 beats per minute.

There is an actual case, on file with the President's Council on Fitness and Sports, that illustrates a most unusual and highly nonrecommended approach to fitness. A middle-aged executive, who was in dreadful condition and whose activity was severely limited because of a succession of near-fatal heart attacks, decided to kill himself. To spare his family embarrassment and to safeguard their eligibility as beneficiaries of his insurance policies, he decided to do so in a nonsuspicious manner. So he donned a jogging outfit (borrowed, of course—he didn't own one) and started running at a fast pace. In a short period of time he collapsed but did not die or suffer an attack. So he tried again the next day, with the same results. He did so again, and on the fourth day, he did not collapse. He continued the practice, and by the second week he was feeling much better about his life and prospects, and decided to live, after all. As I said, this is not a recommended approach, but it makes the point that the human body is designed for action and movement. Unlike machines, it wears faster from disuse than from use, and, in fact, it operates better with more work than less work.

Goals you might want to consider in selecting a fitness approach might include increased muscle tone, better appearance, stamina, respiratory endurance, strength, vigor, and an increased capacity to resist stress. Weight loss is another very real possibility.⁴ The trick is to develop fitness for the kind of life you want to enjoy and for coping in the environment of your choice. Do you want just the minimum fitness necessary to avoid deterioration? Do you want enough of a fitness margin to help ward off fatigue? Or do you want to train for a strenuous activity (skiing, long-distance running, handball, et cetera)? The amount of commitment you'll need to enjoy the pursuit of your chosen fitness level will vary accordingly.

One of the nation's best known fitness enthusiasts, U.S. Senator William Proxmire, puts the case for exercise very lyrically:

"If you exercise enough you will be



You can literally exercise your way out of boredom, listlessness, anxiety . . . and you'll look so much better.

leaner, stronger, more energetic. You'll love life, enjoy the smell of flowers, the taste of your food, the cold, and the bracing freshness of a morning breeze. You can literally exercise your way out of boredom, listlessness, anxiety. . . . And you'll look so much better. The heavy jowls, the sagging stomach, the yellowish or pallid complexion, will diminish and then vanish with exercise. Exercise won't grow hair on your head, alas. And it won't give you the nose you want, won't make you taller, won't change your bone structure. But it will do just about everything else, and everything else is plenty. It will put a warm, pink color in your cheeks. It will eliminate the bulges and sags and fat. It will put firmness in your muscles, put a brightness in your eye."⁵

There are more technical and dispassionate ways to state the benefits of exercise for physical fitness, but the Senator's description seems to the point. In summary, if you want to pursue a life style of high-level wellness, you really ought to think of fitness as both an

integral and pleasurable part of your routine; valued not only for the good things it does for your body but equally for the satisfactions it provides and the added zest it gives to nearly everything you do. The following principles should be of some help as you think about tailoring an approach to lifelong fitness that suits your needs and expectations.

Physical fitness principles

1. *Make physical fitness a part of your life.* Reassess your values if you think you are too busy to exercise daily. Consider the disease- and illness- prevention aspects of being fit, the potential joys of personal progress and achievement inherent in varied physical outlets, and the sociability of sports participation. Consider these and other reasons why you have so much to gain and so little to give up by adopting an exercise regimen and making fitness a part of your life. Recall the expression that we all have two doctors—the left leg and the right leg. Keep thinking about these benefits-in-waiting until you are fully ready to commit yourself to some fitness-inducing endeavor. Then, do it, and when you get bored, switch to another exercise routine. With respect to muscle functioning, it's a case of use it or lose it!

2. *Don't think of fitness as a crash program.* Finding a conditioning activity that is right for you and time to devote to it on a regular basis requires a commitment and some energy. Avoid trying to rush the development of endurance and attempting to hurry the realization of cardiorespiratory benefits. If you are in the process of relearning the enjoyment of rigorous activities, go slow and get back in touch with your inherent rhythms, gradually renew your strength, and carefully reestablish the sense of vigor you might have overlooked for years. Whatever you do, don't think of fitness as something you do on a Sunday afternoon—when it is warm and there is no exciting football game on TV. Becoming and staying fit can and should be gradual and enjoyable, especially during the first year of concentrated effort. Best of all, when you start out properly it always becomes easier, increasingly enjoyable, and more rewarding. Be wary of programs that offer quick (and effortless) fitness approaches. You know better than that. A 30-minute-a-week strategy promising total fitness is either a hoax or a come-on; the fine print always belies the blurb. And don't let anybody try to tell you that

you need any fancy equipment, such as indoor cycling machines, rowing devices, or other mechanical contraptions. These sorts of things can be helpful but they are never essential; you can get all the exercise you need walking or jogging, which requires very little paraphernalia except you.

3. *Exercise is fun, so don't cheat yourself by taking an activity too seriously.* Competition can, in itself, be a stress producer. Chances are you get enough of that in other aspects of your life. There is a time and place for competition, of course, but don't let winning become an end in itself. Even if you win all or most of the time, you could be missing a bigger reward—the satisfaction that comes from genuine enjoyment of the exercise experience for its own sake. So forget about points, clocks, and schedules. Try not to be in a hurry about physical fitness and exercise routines, do not compete with yourself or others to meet some standards or guidelines, and do not worry about what is the average performance for your weight and sex. How can you enjoy something and get in touch with the earth and yourself if you are struggling to measure up to someone else's idea of the norm? The only norm you need be concerned about is *your* pulse rate, both at rest and when experiencing the training effect needed for conditioning. You ought to learn how to check your pulse (using either the carotid or radial artery), and make a habit of exercising at a pulse level that is from 62 to 80 percent of your maximum predicted heart rate. (For a reasonably fit person this training rate might be anywhere from 120 to 140 beats per minute, although age is another factor.) After a short while you will know when you have reached this level of effort, and pulse checking will be necessary less often. One other pointer—take time to warm up and cool down—three to five minutes is about right. But most of all, remember, you are unique. It should not matter what 50 out of 100 other people did. What counts is what you do, whether your chosen activity provides an exertion level useful for your endurance conditioning, and whether you are enjoying the activity enough to continue to pursue fitness as a lifelong adjunct to being healthy.

4. *Learn to distract yourself—and enjoy exercise even more.* I have not monitored my pulse on a regular basis, but I have discovered that my most effective workouts occur when I don't have time or opportunity to think about



"Those who cannot find the time for exercise will have to find the time for illness."

how much I'm huffing and puffing. For example, I get very tired after a few games of handball with an opponent at my skill level, yet I seldom think about how much effort I'm expending during the games. And it is these endurance activities of a sustained nature that best fortify my body against stress and contribute to efficient cardiovascular conditioning. So, find some activity that you really enjoy and get in the habit of forgetting about how much sustained vigor you are putting out. Then participate fully at the level you find most rewarding. By the way, though distraction can help mask your exertions, you really ought to expect to work at fitness to some extent. If it were effortless, total fun, and completely undemanding, everybody would be fit and trim, but, as you might have noticed, that is not how it is. Thomas Jefferson was fond of quoting Euripides on this point of energy investment: "For with slight efforts, how should one obtain great results? It is foolish even to desire it." So accept the idea that you must "put out" a bit to

derive vital cardiovascular and other benefits from exercise. Just recognize that you are doing so because you value fitness, that such exertion is part of living life to the fullest, and that in exercising, the more you give of yourself, the greater the capacity and interest you (eventually) regain. And, as this principle was intended to suggest, find an outlet that doesn't make you think constantly about the energy you are expending.

5. *Get in touch with Mother Nature—and yourself.* Exercise is a great way to commune with the environment, and with yourself. If you enjoy jogging, running (same as jogging, but faster), cycling, walking, and similar outdoor activities, create the best possible mood to go with the endeavor. Instead of (or in addition to) running around gyms or tracks or city streets, seek out a mountain, beach, park, farmland, golf course—the most attractive place available in your area—and combine a workout with a retreat for spiritual renewal. The benefits of doing so include fresh air, sunshine, vitamin D, and avoidance of shin splints or other leg or foot difficulties caused by pounding on concrete or other hard surfaces.

6. *A little activity goes a long way.* A lot is better if you develop a yen for it, but if exercise is not your thing and minimal fitness or basic maintenance is all you want, do not despair. You can engage in professionally programmed exercise at any YMCA and most health clubs that will provide you with minimal musculoskeletal and cardiorespiratory endurance. Such a program will only require two or three 30-minute workouts a week. The health return you can obtain on such a minimum time and effort investment is considerable. When your fitness is low, the least bit more of activity of any kind will change your strength, your muscular and cardiorespiratory endurance, help solidify your bones, and resurrect your circulatory vessels. This approach is not what I prefer, but if you have tried all kinds of fitness approaches, games and so forth, and just cannot "turn on" to exercise, this is your best bet. I don't recommend it, but it is a lot better than no exercise at all.

7. *Set modest expectations.* It is better to promise little and surprise than to promise a lot and disappoint. Establish targets for yourself that you know you can reach. Too many have become discouraged by establishing heroic expectations and then finding themselves dreading the attendant difficulties and

fear of failure. The too-common outcome in this case is loss of self-esteem and eventual loss of the will to pursue fitness. Remember, you are not training for the Olympics, though the rewards to you from physical fitness will prove far more valuable than a gold medal.

8. *Like a grape, you can get better with age.* There is no reason whatsoever to be nostalgic about an earlier time when you think you were fit. Whether you were or not, there are fitness levels within reach at 40 that could exceed your condition 10 years earlier. The same applies at ages 50, 60, and older.⁶ For people who have not pursued a wellness life style in their twenties and thirties, the prospects of "getting better" with age (through commitment to the wellness dimensions and principles) are excellent. If you doubt it, look at Senator Proxmire.

9. *Get involved in your activity.* Doing so will increase your appreciation for the activity and strengthen your commitment to it. Keep a casual record of your efforts, join a club or group that participates in your interest, buy the gear that goes with it, subscribe to the magazine about it, and in whatever ways possible structure your exercise time so as to make it an important part of your day.

10. *Learn how to breathe!* Sure, you have been getting by or you would not be here, but consider that there is far more than reflex inhaling and exhaling associated with a life style of health enrichment. Many have known the importance of deep-breathing techniques, and you ought to pay attention to this process also.

11. *Supplement your favorite fitness activity.* Just as you reinforce, complement, and extend the range and quality of nutrients taken into your body as food, so should you supplement your exercise routine with well-rounded conditioning. Most sports, for example, do not provide stretching, flexibility, toning, shaping, and endurance for all the muscle groups (i.e., back, abdomen, and waist; lower extremities, hips, and buttocks; upper extremities and shoulders; and head and neck). For total fitness based upon overall body vitality encompassing musculoskeletal strength and cardio-respiratory endurance, try adding an activity such as about ten minutes of rope jumping, isometric/isotonic routines, and other daily supplements to whatever it is you prefer as your daily workout. Do, however, minimize calisthenics. They are a bore and sometimes cause the

very problems you seek to avoid, particularly torn muscles and strained joints. Calisthenics are okay for trained athletes and for people with highly developed speciality regimens (who know what they are doing), but they can be hazardous for the rest of us. A gentle routine of flexibility and stretching exercises is preferred. I do a set of supplemental exercises each day that I learned from a business-oriented fitness newsletter entitled *Executive Health*.⁷ The exercises are both isotonic (for endurance) and isometric (for strength). They are designed strictly as supplemental fitness outlets and do nothing for cardiovascular and respiratory fitness. But they can help people who sit a great deal to avoid


In whatever ways possible structure your exercise time so as to make it an important part of your day.

potbellies and hernias. And some of them can be performed at a desk, while driving or riding in a car, or just waiting around. Isometrics consists of static exercises that pit your own muscles against one another or some immovable object (do make sure it is indeed immovable). You do this for a maximum effort lasting only a few seconds. One procedure is to sit erect, breathe deeply, and draw in your stomach as hard and far as you can for six to ten seconds. Next, lock your hands on your stomach, then force your stomach out against your locked hands (which are simultaneously holding your stomach in). Hold this for six to ten seconds. Repeat this ten to twenty times a day for six weeks and, according to the *Executive Health* folks, you will have a hard, flat stomach. But watch out if you have a heart condition or high blood pressure; this exercise will cause your blood pressure to soar briefly.

Isotonics is a system of movement exercises for building endurance on a time axis (as opposed to strength, which is derived from isometrics). The isotonic procedure I do is to sit on the floor, hands on hips, and extend my legs out straight at an angle to the floor of 30 to 45

degrees. I used to do this for six to ten seconds; then I would rest and repeat it three times. I did this several times during the day, and almost always before retiring and after waking. Now I do this exercise less often (two or three times per day), but hold the position for about one minute. Naturally, you can vary these exercises to suit your preferences and your changing levels of fitness as you go along.

12. *Express your fitness objectives in a contract.* Write an agreement with yourself to cover at least a three-month period, and check off compliance and progress as you go along. Also, note your feeling states, that is, what effect the workouts are having on your mental attitude, energy levels, and the overall balance between sore muscles and satisfactions. After three months, consider upgrading your targets, and continue to do so in stages until fitness is such a part of your life that the contract is unbreakable, and thus unnecessary to codify.

13. *Be sensible.* If you are overweight, under treatment for a coronary disease, totally out of shape, or otherwise in such a condition that sudden exertion will create the risk of further or even fatal damage, be cautious and prudent. Naturally, if in doubt, have your blood pressure measured and have both resting and treadmill electrocardiograms taken to check for any heartbeat irregularities. Work into fitness slowly and find a qualified guide who can assist without keeping you dependent on him or her for an unreasonable period. But guard against asking too little of yourself or you may succeed in subtracting rather than adding life to your years and years to your life. 

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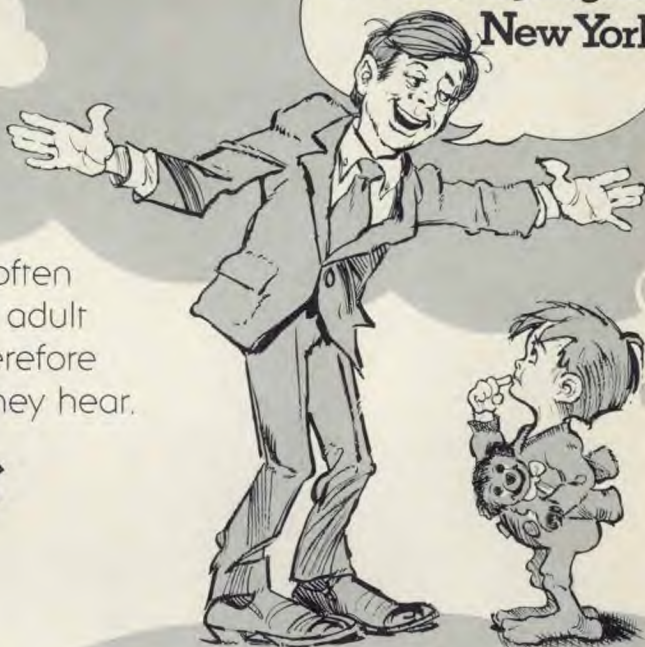
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Young children often don't understand adult language and therefore misinterpret things they hear.

We will be flying to New York!



Getting the Message Across to Children

by Susan Shimonauuff

Four-year-old Jimmy listened in several times when his parents were making plans for the family to fly to New York. One night, after more talk of their trip, Jimmy burst into fearful tears. When his father asked what was wrong, he sobbed, "But—I can't fly!"

Cheryl, a kindergartener, witnessed a hit-and-run accident. The police officer had a suspect in mind when he questioned her about the automobile involved. He asked, "Did the car have stickers on it?" Cheryl said No and didn't realize until a few years later that the officer had meant decals, not thorns!

Youngsters sometimes have trouble understanding adult jargon, either because not enough details are given or because some words and phrases have double meanings. This communication gap can be simply amusing, or it can cause unnecessary apprehension for a child.

The above examples depict relatively harmless misunderstandings, but they illustrate how parents can unwittingly put strange pictures into little heads. Have you ever said to your preschooler, "Daddy's tied up at work," or "Cat got your tongue?" without considering that he might jump to the wrong conclusions?

Misunderstandings cause fear

Probably somewhere there is a child who refuses to go fishing because he heard "the fish are biting" and is afraid they will bite him. Perhaps another youngster cries when asked to "be an angel for Mommy" and no one realizes it's the result of a playmate's story that his grandmother died and is "an angel in heaven now."

At times such misunderstandings can even be dangerous. Three-year-old Lisa had been told many times to "hold someone's hand" when crossing the street. One day she headed into a busy street with her little playmate, Linda. After snatching them to safety, Lisa's mother questioned her daughter's disobedience. The toddler protested, "But, Mommy, I was holding Linda's hand."

Tom, a mentally handicapped teenager, listened intently to his fellow students' discussion of what their future employers might expect of them. The teacher admonished, "If you are late, or don't do your work, you may be fired." Tom was taking a ceramics class and he knew what "fired" meant! Fortunately, his fears came out at home during a dinnertime discussion and were put to rest.

At lakes and public pools and even in our backyard pool, I cautioned our children and their friends not to play "Help! I'm drowning!" I thought my explanation of the dangers of crying wolf

had been well understood until the day my 8-year-old was in trouble at the deep end of our community pool. She was afraid to yell for help, and I was on the other side of the fence! Just as I was about to call out, the swimming instructor noticed her floundering and went to her aid.

How can you avoid the consequences of communication mix-ups? First, begin early to listen to your child—not only to the words but to the concerns that may be there. If you listen well, you encourage your child to be a good listener, and he will be more likely to hear the exact meaning of what is being said.

Second, encourage the youngster to express fears and anxieties so that misunderstandings can come out in the open and be dealt with. Make sure he knows that it's all right to be afraid.

Third, let even the youngest child "practice" talking in family discussions, and don't allow others to ridicule his naive questions and statements.

Finally, don't use the silent treatment as punishment for a child. Cutting all lines of communication makes for feelings of abandonment and can undo the good accomplished in following the first three suggestions.

Everyone benefits when families take time to talk. It enhances understanding between family members and enables youngsters to develop language and listening skills.

Susan Shimonauuff, a former home economics teacher and the mother of three daughters, writes from Auburn, California.

The Delights of Snowshoeing

by Max Steele

As far as the eye can see there is whiteness capped by the crisp greens and browns of firs and spruce towering over the vast winter quietland. Blue, blue sky. No hustle-bustle of the metropolis, no high-rises, no asphalt. Into this soft, sun-drenched scene enters a group of four sightseers—on snowshoes.

Snowshoeing offers a reprieve from hurried city life and myriad obligations. Here is an unhurried time to unjangle one's nerves and take draughts of pure air that send fresh blood coursing through one's limbs. The snowshoe trip is increasingly "in" these days, and it is small wonder, for more people hunger for the outdoors, and many families cannot afford the often-jammed ski areas.

Snowshoeing offers an inexpensive, healthful way back to Mother Nature. Unlike other winter sports, it requires only a minimum of time. Winter hikes on webbed supports can be done in a few hours. A short winter afternoon will do fine. One need not travel to posh Sun Valley for this recreation and health giver; your local snowy foothills are satisfactory. Indeed, here is a rewarding leisure-time activity that doesn't take great effort and preparation, and is suitable for almost everyone.

David Duffey, a well-known New England snowshoer, started his son and daughter snowshoeing when they were 4 years old. Vermont families may set out with babies on their backs. Many outdoor organizations—the Colorado Mountain Club is an example—offer Sunday snowshoe trips that are popular with middle-aged executives.

Of course, the first prerequisite is snow, but while skiing requires a certain depth, snowshoeing can be done on a light cover. Whether your area is the Green Mountains, the White Mountains, the Laurentians, or the Rockies, you'll usually find enough of a base.

Unlike some other winter sports,

snowshoeing requires practically no investment. A pair of snowshoes may usually be rented for less than five dollars a weekend. Army and Navy stores or bigger sporting goods stores sell them from fifteen to sixty dollars. You will probably want to rent at first. This will give you time to decide whether this sport is for you and to decide which type of snowshoes will be most practical.

For short hikes the oval "bear paw" shoe is ideal. It is excellent in brush country. For hilly going and frequent turning, a more narrow shoe may be easier to maneuver. The upturn at the toe results in a little easier travel. If your locomotion will be mostly on flat ground, try a tear-drop-shaped model. Its broad and slightly upturned nose and long, narrow tail enable you to move along trails or through open wooded areas. A pair of snowshoes will last the average person indefinitely. ("It's an unusual man who can wear out two pairs in a lifetime," says one practiced Vermonter.)

Rawhide is still a favorite for lacing, being abrasion-resistant and long-lasting. Neoprene is also popular and has the added advantages of resisting snow buildup and weighing less than rawhide under wet snow conditions. Plastic shoes are good for short and small people (under 150 pounds). Children use them because they are cheap and lighter than their ash-wood counterparts. These "snowtreads" cost only between fifteen and twenty dollars. Some people use them in conjunction with snowmobiling.

How about bindings? The "H" type has an across-the-toe leather pad, a strap around the heel, plus a strap around the instep. This type has only one drawback: the leather can stretch when wet, so you must occasionally retighten the harness.

You do not need to spend a lot of money on clothing to enjoy this sport, as you do for skiing. A comfortable old sweater, favorite windbreaker, a plain cap, an old pair of pants, and a pair of long underwear will do nicely. Dress warmly in "layers." As you build up

sweat (and you will) you can remove some of the clothing and maintain a stable body temperature. When you stop for rest and your body cools, you can put a sweater back on. No special kind of boot is needed; your hiking boots will suffice. Wear a couple pairs of wool socks to keep your feet warm.

What else do you need for an outing? Sunglasses are a must. Extra strips of rawhide and an extra binding are recommended for longer trips in case your shoe should break. Ski poles may also be helpful.

To learn skiing requires four or five sessions with a certified instructor. Snowshoeing, on the other hand, can be mastered almost the first time out. The gait is much like shuffling along your bedroom floor in a pair of slippers. Walk with a wide stance, taking care not to step on top of your own shoes! Spend a little time practicing on level ground.

When you start out, it is a good idea to practice lacing your shoes. It is only wise to become as knowledgeable as possible. This will enable you to derive more enjoyment from your outing, and you won't strain yourself.

Keep the initial trips short. The first time a New Mexico secretary went snowshoeing she found herself taking as many rest periods as walking periods. She came home exhausted with one well-learned lesson: don't overdo on your maiden snowshoe outing.

A beginner should not be the first person to travel through deep snows. Let a more experienced person go ahead. The strategy makes sense. Clyde Jones, a Colorado oil man, regularly takes his wife on outings. "I break trail for her," Jones explains. "This makes it easier for her to follow. Incidentally, we snowshoe because Joan, an airline stewardess, can't afford to break a leg. Snowshoeing is safer than skiing."

Clyde and Joan restrict their Colorado trips to two miles. They pack food and drink into their small rucksack, using the midway point for a quiet picnic. The Joneses avoid the long, tortuous journeys

Max Steele is a pseudonym.



that are popular with some ambitious outdoorsmen.

Finding a gentle slope that leads to an open area has two advantages: an added appreciation of the scenery and a less tiresome experience that will leave you feeling exhilarated instead of exhausted. An even pace is better than a too hurried one with a lot of rest stops.

Never go snowshoeing alone. For a trip of any length, there should be at least four persons in the group, including one experienced snowshoer. In case of emergency, he (or she) will know what needs to be done.

As your skill increases, a cross-country trip becomes a possibility. Be sure to map out an unknown route beforehand. Topographical maps may be purchased at some sports equipment outlets or from U.S. Forest Service offices.

Plan to carry a survival kit, food rations, canteen, flashlight, waterproof matches, and snowshoe kit for day-long treks. Snowshoe repair kits are easy to assemble, and should include strong, pliable wire, rawhide lacings and thongs, a pocket knife, about 100 feet of

Dress warmly in "layers." As you build up sweat (and you will), you can remove some of the clothing and maintain a stable body temperature.

one-eighth-inch nylon cord, a pair of lightweight pliers, and adhesive or electrical tape.

In the United States and Western Canada, the snowshoer should know something about avalanches. Experts stay away from steep slopes, and are cautious in masses of fresh, loose snow. Experienced leaders never walk under corniches.

In the unlikely event that you should be caught in an avalanche, here are some hints that may save your life. Try to stay on your back. Make a swimming motion with your arms and hands near your face.

(This can help create an air space for breathing while your friends are trying to dig you out.) Keep a cool head and breathe as quietly and slowly as possible to conserve air. Prudence is the best precaution of all; few snowshoers ever get caught in an avalanche.

As a snowshoer, you not only go back to nature; you also return to history. Snowshoes are one of man's oldest inventions. With the aid of snowshoes, humans were able to hunt in winter and to migrate from Asia into other parts of the world. Indians of the Americas, and Canadian trappers, wore the shoes for hunting. Some of the best and least expensive snowshoes made today are produced in Indian communities.

The greatest use of the snowshoe remains purely that of recreation. There are few sports that offer so many benefits at so little cost. Snowshoeing into the wilderness, you can slowly feel your mind and body relax. Serenity fills your being. You are at peace with the world and yourself. You will be glad you're out there.

Happy snowshoeing!



Coping With Food Allergies in Children

How one mother was able to overcome the frustrations of her children's allergies to certain foods.

by **Andrea Brown**

Most parents have at one time or another gritted their teeth in frustration when trying to get a deceptively angelic-looking child to open wide for a spoonful of food. But to the parents of children with food allergies, having to forbid favorite foods is even more frustrating than having to persuade them to accept unwanted ones.

Fortunately, most children eventually outgrow most food allergies. But until they do, meals and snacks can be difficult experiences.

Still, dealing with food allergies is much easier today than in former years, because the past decade's deluge of health-food stores makes it possible to get a variety of uncommon foods that may be substituted for ordinary food responsible for causing allergic reactions.

Before an allergy can be dealt with, however, it has to be diagnosed. Food allergies cause such diverse symptoms as hyperactivity, sluggishness, vomiting, diarrhea, headache, rash, coughing, fever, and swelling of the lips, tongue, or throat.

And those are just some of the common reactions. Nature has set no law governing the behavior of allergies. Although in most illnesses doctors look for a certain pattern of symptoms that either confirms or disproves a diagnosis, allergies wander freely about the body, throwing monkey wrenches into a multitude of functions. They are quite talented at mimicking other illnesses. Therefore, an allergist rarely says, "No, an allergy couldn't have done that." But if he suggests that a certain type of reaction (possibly caused by a suspected food) is not common in allergies, or that maybe a common reaction occurred an unusual length of time after a child had eaten a suspected food, then a little more detective work might be in order. However, if further trials support the uncommon or tardy reaction the doctor will not dispute the evidence.

More parents are becoming aware of food allergies all the time. Orange juice is infamous as a cause, and so are



egg whites. In fact, some pediatricians recommend that orange juice be passed over entirely in favor of other fruit liquids until an infant is older. And although jars of mashed egg yolks line the shelves in the baby-food sections of supermarkets, egg whites are not included.

Other foods that have gained notoriety by causing allergic reactions are chicken, beef, pork, shellfish, tomatoes, nuts, chocolate, milk, wheat, and some food additives and preservatives. The shellfish, nuts, chocolate, and tomatoes would probably not be missed in a young child's diet. But since these other foods are staples of the American table, from the viewpoint of allergies they might be served at meals and assumed innocent until proven guilty. (YOUR LIFE AND HEALTH sponsors a vegetarian, or modified vegetarian, diet, and recommends all pork products especially be omitted from the diet.)

Proving the guilt or innocence of a food item is easier if parents rely on food charts. Everything an allergic child eats and the time he eats it should be recorded on the chart each day. But too often parents rely on memory instead of bothering with charts. Although memory might be successful a good deal of the time, occasionally it just will not get the job done. Suppose a child who has a history of food allergies vomits a few hours after eating tomatoes for dinner. The mother knows that tomatoes can be a troublesome food and vows not to serve them anymore. A few evenings later, after eating chicken, the child is sick again. Since chicken is no saint when it comes to allergies, it too is outlawed from the kitchen. Now, although it is quite possible for a child to be allergic to both of these foods, it is also quite possible that he has developed an allergy to the green beans he ate for lunch on both of these days. Unless the parents keep a food chart they will just not be able to remember every food swallowed.

Also, symptoms do not necessarily follow a few minutes or hours after eating. Quite often they are perfectly content to lie dormant until the next day, and by that time the child has a few other meals under his belt. Without the chart, guilty foods have a good chance of getting away scot-free.

But even though charts are a great help in pinning down food allergies, parents should never give them the power of the Supreme Court, declaring a food guilty with a life sentence that carries no chance of parole, or declaring a

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Most parents have at one time or another gritted their teeth in frustration when trying to get a deceptively angelic-looking child to open wide for a spoonful of food.

food acquitted and therefore eternally free.

First of all, no one—child or adult—has an allergic reaction the first time he eats something. The body reactors allow at least one free serving of a food before a child has to pay. But anytime after that the body can become paranoid, mistrusting even old culinary friends to the point of erecting barriers (reactions) to keep them away.



For example, the first time a child eats chocolate his body does not react fast enough to show an allergy. But activities might be afoot for an allergy-resistant force to be immobilized, and maybe it's "Watch out!" the next time Grandmother serves her famous chocolate cake!

Unlike their cousins the respiratory allergies, food allergies in young children are often quite fickle, and if the offending food is kept away for a few weeks or months before being returned gradually, in small amounts, the body often accepts it without a fuss.

Not every child, however, will be able to adapt to this regimen. Some children can tolerate certain foods only if they are eaten very infrequently, and some foods might not be tolerated again at all.

Sometimes an intolerable food can be made acceptable simply by changing the way it is prepared. A food is less likely to cause trouble if it has been cooked than if it is eaten raw. However, cooking may only cause the trouble to change from, for example, a respiratory reaction to an intestinal or a behavioral one.



Because a varied diet gives a child exposure to a lot of foods, but overexposure to none, it is the best protection against developing new food allergies. Still, there are only so many edibles in the world, and children have a reputation for being notoriously finicky about some of them. After a child has had a bout with intestinal problems or some of the other discomforts caused by food allergies, it is often tempting to take the easy way out by preparing only dishes that have always been dependable instead of offering new ones. After all, every time a rejected food comes churning up from the stomach it brings with it, as innocent victims, any other nutritious foods that the child has eaten that day.

But even an old reliable standby can become too much of a good thing in a child with a tendency toward allergies, by causing him eventually to develop an allergy to it.

A young allergy-tending child often goes through a siege of multiple allergies during which one food after another must be held at bay. Keeping the diet as varied as possible and remembering that this bad stream of luck will not last forever will help the family through this crisis.

Multiple allergies can, of course, hinder the identification of guilty foods. If distressing symptoms persist, even though suspected foods have been banned, an allergist will sometimes guide the parents in keeping all foods, including milk, from the child for a couple of days. Then the basic foods are re-introduced, one at a time, with a time lapse of several days between each reintroduction. We emphasize: This should be attempted only with a doctor's consent and supervision.

A complication in identifying guilty foods is die-hard symptoms that sometimes remain up to two weeks after a food has been removed from the diet. However, this usually will not occur unless the food (such as milk, eggs, orange juice, or wheat) was consumed every day over a long period of time.

The food that children's allergists have unanimously voted as being the "most likely to succeed" in causing an allergy is cow's milk. These specialists often suggest that it be eliminated from the diet on a trial basis before anything else.

Besides all the common allergic symptoms milk can trigger, it also is accused of fostering many hidden allergies. In a hidden allergy a child does not thrive even though he exhibits none of the usual allergic symptoms. He might be prone to one illness after another, or he might simply not gain weight.

Milk can be very sneaky in this area. One young mother consulted a pediatrician because, although she had heard that milk was a common cause of allergies, it seemed to be the one product that her allergy-laden 1-year-old son could handle. So she sought reassurance that it was not causing him trouble. After listening to a recitation of the foods the child habitually vomited, and observing the active, roly-poly youngster, the doctor chided the mother for even suspecting milk because her child was obviously thriving on it.

But shortly before his second birthday the situation was such that a visit to an allergist could not be put off any longer. After taking a case history, Dr. Joseph G. Holman, a Kansas City allergist, concluded that although milk appeared to be behaving impeccably, it would be very unusual for a young child with so many allergies to be compatible with such a roguish substance as milk. He suggested the parents replace the cow's milk in their child's diet with one of the soy milks or with goat's milk (which incidentally, is especially good for a child prone to have diarrhea) to see whether any changes for the better occurred.

Three days after his last glass of milk, his pale skin suddenly developed a rosy hue, and the purple discoloration under his eyes and the bruises that frequently showed on his shins disappeared. Even better, his supposed allergy to all green and yellow vegetables also vanished.

This was no big surprise to Dr. Holman, because only a few years earlier the medical community had been astonished to learn that milk can not only masquerade as a tolerable food, while at the same time causing allergies, but can also make innocent foods look as if they are causing the allergy.

Of course, a child or infant already accustomed to the taste of cow's milk is not going to switch to soy or goat's milk without a whimper of dissent. Several months might pass before he or she is willing to accept the new liquid

straight from a bottle or glass. In the meantime, several dishes that normally include milk, such as puddings, cereals, mashed potatoes, and soups can be whipped up with the milk substitute and served frequently. Since these milk substitutes are not cheap, and since they may slightly alter the taste of some foods, the whole family may not want to partake of cuisine prepared with them.

When milk or any other food is first removed from the diet it is sometimes important to try to eliminate all traces of it; later on, small amounts might not give trouble. Unfortunately, some form of cow's milk (often called whey) is found in most margarines and in many of the so-called convenience foods. But the Food and Drug Administration now requires that the ingredients of every food product be listed on its label, with the most predominant ingredient first and those in lesser amounts following.

One of the worst things to happen to an allergic child is to develop allergies to milk, wheat, and eggs simultaneously. Allergy cookbooks are available that have milk-free, egg-free, and wheat-free recipes. Although it may be helpful to have one of these books, many mothers are disappointed to find that 99 percent of its recipes are for vegetable soup, or jello salad, or some other dish that does not call for milk, wheat, or eggs in the first place. What these frustrated mothers really want is something to take the place of these staples in the favorite recipes they already have.

Although soy and goat's milk are carried on many supermarket shelves, wheat-flour substitutes will probably have to be tracked down in health-food stores. Rice, soy, barley, and potato flours are the most popular. Since rice flour has the reputation for being the least likely to cause trouble, it is often the first to be recommended.

Unfortunately, none of these flours produces quite the pleasing texture of wheat flour, which contains two types of gluten that give it the elasticity that makes it so easy to work with. It takes a little practice to turn out edible bread without either gluten or eggs to hold the loaf together, but health-food stores do carry an assortment of already-baked breads, rolls, cakes, and cookies that can tide a child over while the cook is learning to master baking with the new flours.

A quick walk through the yellow pages will supply the address of the nearest health-food or natural-food store, where parents can find various nut butters for children who are allergic to peanut butter. Also available are spaghetti and other pastas possibly made with Jerusalem-artichoke flour taking the place of wheat flour. Carob powder and carob chips are also procurable so that even a child who is allergic to chocolate will not have to grow up without brownies and "chocolate-chip cookies." There is even a nondairy ice-cream mix.

Eggs might very well be the hardest food to live without. Even a person who gags when faced with one at the breakfast table might become very out of sorts if deprived of egg noodles or angel food cake, one of which requires the whites of twelve eggs. Eggs are also present in countless other dishes where their taste is often camouflaged, but to which they supply a light-but-sturdy framework and a golden color. Foods made with the wheat-flour substitutes are much more palatable if an egg can be added. Unfortunately, although health-food stores do supply packages gamely labeled "noodles," to a true noodle

connoisseur the contents much more closely resemble spaghetti.

Hopefully, a child will not suffer a combined milk, wheat, and egg allergy for too long. When these foods are again tolerable it might be wise for the wheat, milk, and chocolate substitutes to be still eaten at home for a while as insurance that the child will be more likely to handle the "real thing" when he or she lunches at school or dines at a friend's house. And eating eggs for breakfast might not

The body reactors allow at least one free serving of a food before a child has to pay.

be risked until a child is several years old, so that the many other dishes that contain eggs do not have to be shunned because an egg allergy was allowed to get out of hand.

Redoing favorite recipes to accommodate an allergic child is a challenge to which some parents must adapt. It is surprising how creative they can be, proving that necessity really is the mother of invention. There is one recipe, however, that no mother of an allergic child should be without. It is for a milk-free, egg-free, wheat-free, chocolate-free (but chocolate-tasting) cake that is really an adaptation of the old wacky cake that made the rounds during World War II, when butter, eggs, and milk were in short supply.

Milk-free, Egg-free, Wheat-free, Chocolate-free Cake

Set oven at 350°. Combine in mixing bowl:

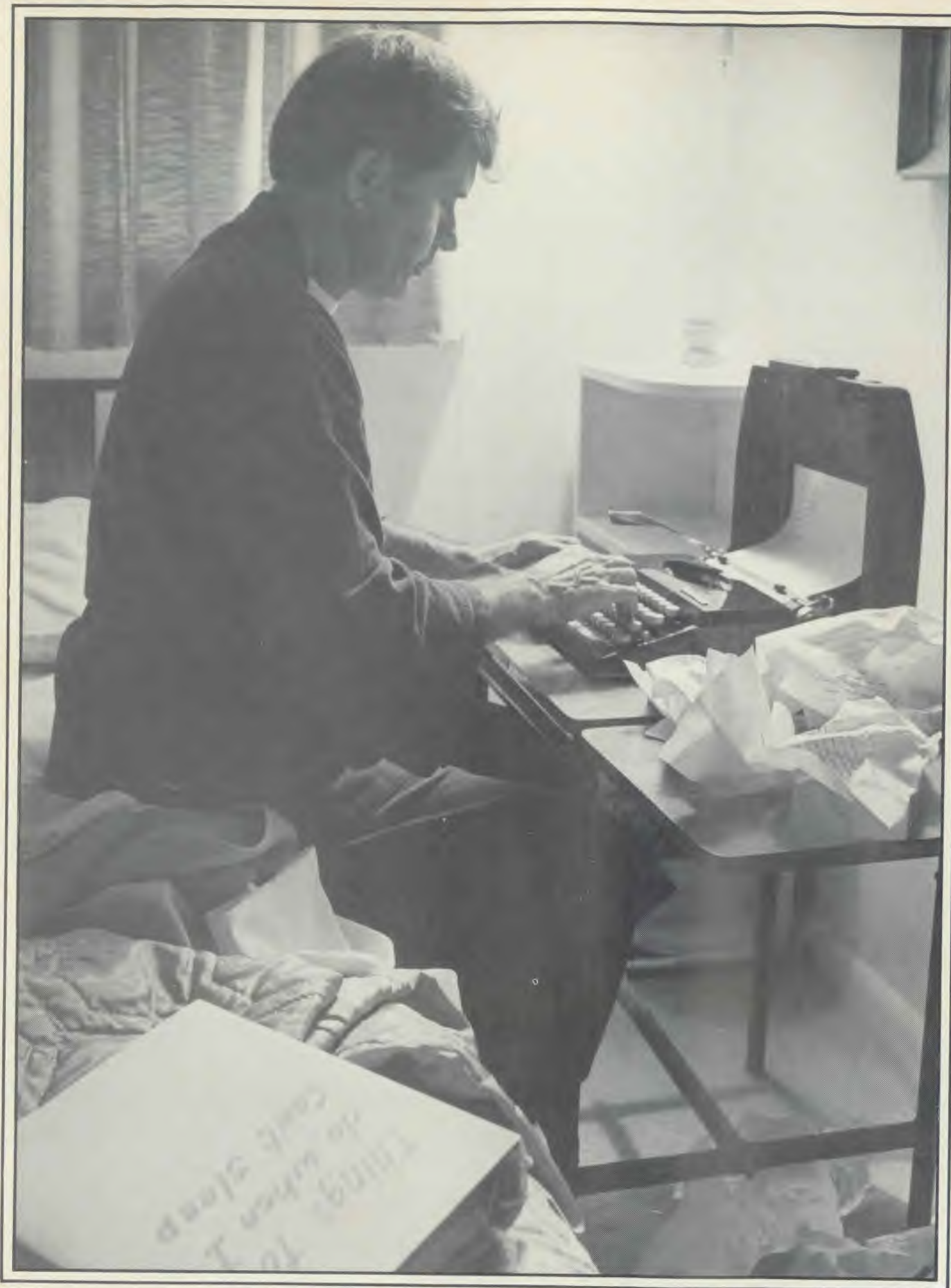
- 3 cups soy flour
- 1½ to 2 cups granulated sugar
- 1 tsp. salt
- 2 tsp. baking soda
- 3 to 6 Tbsp. carob powder
- 2 tsp. vanilla
- ¾ cup vegetable oil
- 2 Tbsp. lemon juice

Gradually blend 2 cups of water with this mixture until all lumps are gone. There will be enough batter to fill a greased 9-by-13-inch pan. If the batter is baked in cupcake tins instead, these cupcakes can be individually frozen and thawed with greater ease. Bake pan cake for 1 hour. Cupcakes will probably be done in 25 minutes.

Frost with your favorite frosting, using carob powder to take the place of any cocoa in the recipe.

Even though the treatment of children's food allergies is carried out in the kitchen at home, few parents would feel comfortable tinkering with their child's nutrition without an allergist hovering in the background to interpret symptoms, and to guide in adding and removing foods from the diet.

Coping with children's food allergies is not always easy. To do it successfully parents need an understanding pediatric allergist and a little extra time to do a little extra work. But the healthy look and happy smiles on your child's face will make it worth all the effort.



Innovative Insomnia

A creative approach to battling with those restless nights!

by E. G. Maxwell

Most people discover methods to stave off insomnia. One little old, retired professor declared that he always read himself to sleep. His grown sons and daughter decided to play a trick on him. They kept moving his book mark back toward the front of his bedside volume.

One day, with a teasing smile, his daughter asked, "How do you like that book you're reading, Dad?"

"Well," he replied, "it's a splendid book, except for one thing. The author seems so prone to repeat himself."

Now I have a dear friend, a little lady with a sleeping problem. Since she abhors modern stories, she turns to literary volumes as far back as the 1940s, sometimes reading through most of the night. "You know," she confided, "I'm enjoying these books more than I did before. I've forgotten the plots, and I can just take my time, becoming involved, until I feel as though I'm part of the story; then I don't mind missing sleep. Good books far surpass sweet dreams!"

It's a known fact that older people do not require as much sleep as they did when they were under the strain and tension of daily pressures. After I retired I began to complain extensively about lying in bed most of some nights, wide awake! Some of my pals suggested I drink a small glass of port wine before retiring.

"Whoa there, enough of that!" I cried, ablaze with indignation. "I see you want me to become an alcoholic like my great-uncle!"

Well, then, what to do about insomnia? I decided to seek professional advice. Two authoritative books have provided considerable scientific and technical pointers on sleep and insomnia: *How to Sleep Better*, by Thomas J. Coates and Carl E. Thoresen (Englewood Cliffs, N.J.: Prentice-Hall, 1977), and *Creative Insomnia*, by Douglas Colligan (New York: Franklin Watts, Inc., 1978).

In both of these splendid, up-to-date books we learn that neither sleeping pills nor alcohol can solve our sleeping problems. Hundreds of millions of dollars are spent on drugs to remedy insomnia. It's hard to tell how much is spent on liquor with a view to accomplishing the same purpose.

The following is what I gleaned from a rapid review of the books. Insomnia may afflict in one of three different forms. The first, called *sleep-onset insomnia*, is trouble getting to sleep. Sleep experts say you qualify for this kind if it takes you more than thirty minutes to doze off at night. Second is *sleep-maintenance insomnia*, meaning you can get to sleep but you can't stay asleep. With this type of insomnia you may find yourself waking periodically during the night. "Wake-ups" may come hours apart or as frequently as every twenty seconds, depending on their cause. The third and most devastating type is *early-morning-awakening insomnia*. With this kind you may find yourself alert and miserable about four or five in the morning. Most often you can't get back to sleep, and you may succumb to the "dark night of the soul," the hopelessness and depression that sometimes accompany this type.

Before reading much of either book, I knew for a fact that drugs and liquor cannot cure insomnia. What the authors propose as a genuine cure is an about-face in altering our lives and reviewing our days and nights. A scientific study of sleep is presented, as it is carried on in the sleeping laboratories of progressive universities where sleep is measured and monitored.

We may improve our sleep habits by keeping charts and sleep diaries. All this seemed very tiring and tedious to me. It would enervate me, make me exhausted, and probably sleepy, to keep self-improvement records.

Nowhere did either book indicate that older people required less sleep. Even insomniacs discover, by their record keeping, that they get more sleep than they imagined. Nor does one die from lack of sleep. Just as I'd decided the

books were of no help to me (with one self-analysis work sheet after another) I arrived at the final chapter in *Creative Insomnia*, entitled "Children of the Night."

This chapter tells about people who work at night. Some of them—bakers, maintenance supervisors, guards, and others, *must* work at night. However, there are many who *love* to work through the night. During nocturnal hours daytime distractions seldom intrude—no telephone calls, no deliveries, no impromptu visits.

How I love that eighth chapter of *Creative Insomnia*! It chronicled the lives of the writer Franz Kafka, our own inventor Thomas Edison, as well as the Swedish film director Ingmar Bergman, three genius-creators who considered sleep a waste of time.

Suddenly I recalled my personal experiences when at one period I *used* insomnia instead of fighting it. In the years I had to go to work at a set time I had little leisure to write verse, juvenile stories, plays, or articles, until I solved my problem in this way:

After my compulsory work I relaxed for a nap of several hours. After that I could write all night, and sometimes did! Those years were my happiest.

So now I propose to return to that program—more or less. On the nights I don't sleep I'll not lament but, with a list of proposed subjects tacked near my desk, pick up a pen and with a joyous heart begin to write.

Therefore, no longer will I struggle against sleepless nights. No "dark night of the soul" for me, but on the darkest night my fancy will take flight, and I shall write. Not that I ever expect the Pulitzer Prize for literature, nor am I so vain that I think I'll ever achieve a masterpiece—yet who knows? Anything is possible. As someone said, "Hitch your wagon to a star." To quote James Russell Lowell, "Not failure, but low aim, is crime."

Then, starting right now, I'm going to allow insomnia to help, not hinder. After all, as someone once said, "We'll sleep soon enough—and long enough, too."

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Pets Are Good for You

Research has shown marked improvement in patients when pets are present.

by **Lilya Wagner, Ed.D.**

The lights are out, and only the dim but comforting glow of night lights breaks the gloom of polished halls. Faintly antiseptic odors establish the fact that this place is a hospital, and tasteful decorations, definitely juvenile, designate it as a hospital for children. There is nothing in evidence, at least at this late hour, to indicate that the institution is psychiatric in purpose.

The near silence is broken by an odd clicking sound as a dumpy figure looms in the darkened corridor. It moves along confidently, snuffling inquisitively into the rooms that line the halls. Low calls of "Here, Skeezer" and "Good doggie" follow the form as it hurries on its rounds, toenails clicking cheerily on the tile. Finally Skeezer comes to a room with unfamiliar odors. She lifts her nose inquisitively and moves to the bedside. After many licks and gentle nudgings, there comes a faint response. Skeezer places a large paw on the bed, and the child instinctively moves over to make room. The dog jumps up gently and nestles herself against the softly crying girl. Soon the sobs subside and they sleep together. One more job accomplished by Skeezer. One more child made happier by the comfort and love that a gentle, intelligent dog can give.¹

This account of "Skeezer, the Dog Who Healed" comes from a volume of animal stories that anyone would find interesting. But aside from its entertainment value, the story of Skeezer is another documented case

proving that owning a pet is beneficial.

Dr. Samuel A. Corson and colleagues at the Ohio State University Department of Psychiatry in Columbus began studies using pets in a psychiatric hospital. They called their experiment "pet-facilitated psychotherapy." The research came about almost by accident. Corson had wanted to observe the effects of stress on dogs, and perhaps learn something that would apply to humans. During the study some young patients asked whether they could play with the dogs, or at least help care for them.

This caused Corson and his team to research a new topic. Dogs were introduced to fifty patients, only three of whom refused to accept the animals. Very soon Corson's team noted visible improvement in the majority of the patients, and in some cases, the change could be classed as remarkable.²

When funds ran out, the dogs had to be resettled. The Castle Nursing Homes in Millersburg, Ohio, took most of the animals and the study continued. The elderly patients welcomed the dogs eagerly. One man eventually spoke his first words in many years when he exclaimed exuberantly about his pet. Other patients began to improve in self-concept and in interpersonal relationships with residents and personnel. Physical benefits also became visible as patients walked and played with their dogs, resulting in effective exercise.³

Those involved in researching pet therapy can list a number of benefits from owning a pet. Dr. Aaron Katcher, associate professor of psychiatry at the University of Pennsylvania and a member of a research team studying effects of pet ownership on high blood pressure and heart disease, states, "We have found seven ways

that pets increase well-being by decreasing depression and anxiety."⁴ He went on to list such factors as pets being a source of companionship, as well as giving people a chance to be busy and useful, and providing protection for their owners. Pets are also pleasant to touch and handle; they are interesting to watch, and tend to encourage exercise. Most intriguing is the fact that adults who have a pet are perceived by others as being more attractive and valuable.⁵

Katcher says, "When people talk to people there is a rise in blood pressure, especially in those who talk fast and are energetic enough to put them in the hypertensive range."⁶ On the other hand, when people talk to pets, or are near them, blood pressure either does not rise or it goes down. "An animal doesn't care what happens to you during the day at work or while shopping. The animal doesn't talk back, doesn't disagree, doesn't criticize."⁷

Sometimes people are advised to get rid of pets because caring for them can be a tedious and unnecessary chore. Persons recuperating from illness hear this most frequently. Dr. Erika Friedmann and others at the University of Maryland in Baltimore found some surprising results in research they conducted on sixty-four men and twenty-eight women who had experienced heart attacks or had chest pains. Dr. Friedmann's team studied many factors in the lives of these patients, including environmental stress, social interaction, and income. They found that thirty-nine of the ninety-two patients did not own pets, and in the year following their hospital stay, eleven of these patients died. On the other hand, only three of the fifty-three pet owners died by the end of that experimental year. At the end of the study Dr. Friedmann suggested that pet owner-

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ship be considered as an effective therapeutic tool.⁸

Research conducted in Baltimore tested the blood pressure of a group of children who rested, then read aloud. Testing was done with a dog in the room, then without. The results showed that blood pressure in the children was always lower when a dog was in the room, regardless of whether the child touched the dog, simply rested, or read aloud.⁹

Children can benefit from pets in ways other than those related to physical health. Dr. Boris M. Levinson, professor of psychology at Yeshiva University in New York City, feels that caring for pets helps release tensions of both home and school. It helps children become less self-centered, more responsible, and capable of managing tasks not always pleasant. Levinson calls this "acceptance of responsibility for establishing meaningful, satisfying, human relationships."¹⁰


Health-care facilities, nursing

homes, and schools have successfully used pet therapy. Now therapists in prisons and halfway houses also acknowledge the benefits of pet ownership. At the Lima (Ohio) State Institute for the Criminally Insane, the attempted suicide rate ranks at a high 85 percent. However, in the six wards where the inmates care for birds, rabbits, guinea pigs, deer, and fish, no one has attempted suicide in seven years—the entire time the pet therapy program has functioned.¹¹

Pet-facilitated psychotherapy is in its infancy. Only tentative conclusions are possible at this point. Much more research must be conducted before definitive statements can be made about its value. It may be, however, that the recorded accounts of the value of pet therapy confirm something animal lovers have known for years—pets can make you feel good!¹²

Animals have benefited man for centuries. It is possible that pets may eventually be used in treating mental

and physical health problems as commonly as dogs are now employed to aid those with impaired sight and hearing.

I have always maintained that God allowed dogs and other animals to remain on this earth just to make it more pleasant for us. Could it be that God had even greater beneficial results in mind than we realize? 

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Did you know that a little white rabbit has given birth to a whole herd of—no, not little bunnies, but—*calves*?

Dr. E. S. E. Hafez, of Washington State University, has experimented with an amazing technique of breeding cattle. By combining hormones from pregnant horses and women and injecting them into a cow, he has induced the cow's ovaries to release as many as one hundred ripe ova. Which he then can artificially inseminate, and several days later flush from the cow.

Dr. Hafez can then implant the embryos in a female rabbit, which may be shipped around the world. When the rabbit reaches her destination, the tiny embryos can be removed, transplanted into cows, which, given the proper hormones, will bear healthy calves nine months later!

Perhaps even more intriguing are the experiments of Cornell University's Dr. Frederick C. Steward, who can regrow an entire carrot from a single carrot cell!

The implications of such experiments point to an astounding way of life for our grandchildren. Dr. Hafez speculates that in the near future housewives will select frozen day-old embryos from attractive display cases and have these frozen embryos implanted by their physicians. Each embryo will bear a label listing hair color, eye color, sex, probable size, IQ, and a guarantee that it has no congenital defects.

Dr. Steward's experiments open the possibility of growing organs, or entire people from a few selected cells, thus enabling scientists to propagate a single person thousands of times by merely scraping a few cells into a petri dish.

Reviewing these startling advances, *Life* magazine declared, "We are, then, entering an era where children may be born of geographically separated or even long-dead parents, where virgin births may become relatively common, where women may give birth to other women's children, where romance and genetics may be separated, where some few favored men may father thousands of babies, where a permit may be required in order to have a baby."

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A New Body, A New Earth

by Richard W. Coffen

Scientists, according to one English writer, foresee a new form of humanity—*Homo biologicus*—"a strange biped that will combine the properties of self-reproduction without males, like the greenfly, of fertilizing his female at long distance like the nautiloid mollusks, of changing sex like the xiphophores, of growing from cuttings like the earthworm, of replacing its missing parts like the newt, of developing outside the mother's body like the kangaroo, and of hibernating like the hedgehog."

Further, suggested *Life* magazine, by eliminating diseases and defects, we actually may "improve human beings—making them more intelligent, more talented, more virtuous—by manipulating genetic material."

Pierre Teilhard de Chardin, noted French paleontologist and explorer, called the end product "neo-life," or new life.

New life just ahead

Is "neo-life," or a new life, really possible? Is your future in the hands of the biochemist? Yes! The future improvement of life rests in the hands of a Biochemist I know personally. I talked with Him this morning! His accomplishments are astounding.

Consider the planaria He invented. This little form of life, which we have called "simple," baffles today's sophisticated scientists. Slice it in two, and each half grows into a whole planarian—making two from the original one. Halve those two, and four planaria regrow. Teach one planarian a bit of information, kill it, and feed it to another planarian, and the second suddenly knows what the first had learned!

The same Biochemist has created another form of life so complex it seems unfathomable. Beginning as two semi-cells that unite to form one cell, it divides into two cells, which divides again into four. The four divide into eight, the eight into sixteen, then thirty-two, then sixty-

four. Soon the cells cannot be counted. Some of these cells form bone. Others form muscle; still others, eyes; yet others, glands. Finally, this whole intricate unit of life is controlled by a three-pound brain, 75 percent water, which has a memory capacity equal to three Empire State Buildings full of the electronic brains that are used in our satellites to store and transmit information to earth. Talk about microminiaturization! By the way, this unit of life is the PRESENT YOU.

What about the FUTURE YOU? We can assume from this Biochemist's present accomplishments that He soon will produce "new life." In fact, one of His vice-presidents for public relations has released the following statement:

"But someone may ask, 'How are the dead brought back to life again? What kind of bodies will they have?' Don't ask such foolish questions! You will find the answer in your own garden! When you put a seed into the ground it doesn't grow into a plant unless it 'dies' first. And when the green shoot comes up out of the seed, it is very different from the seed you first planted. . . .

"In the same way our earthly bodies which die and decay are different from the bodies we shall have when we come back to life again for they will never die. The bodies we have now embarrass us for they become sick and die; but they will be full of glory when we come back to life again. Yes, they are weak, dying bodies now, but when we live again they will be full of strength. They are just human bodies at death, but when they come back to life they will be superhuman bodies. For just as there are natural, human bodies, there are also supernatural, spiritual bodies. . . . First we have these human bodies and later on God gives us spiritual, heavenly bodies" (1 Corinthians 15:35-46, *The Paraphrased Epistles*, by Kenneth N. Taylor, Tyndale House, Publishers, Wheaton, Illinois, 1962).

Yes, the Christian anticipates a new life. Christ, the Divine Biochemist, Creator of the planaria, will make bodies as different from our present frail bodies as is the luxurious green plant from the brown shriveled seed.

The body at death is sown in corruption. Smoldering in the dust, it waits to break forth to the incorruption of eternal youth. Lovingly we place it—marred with dishonor, shamed by a world of sin and disease—in the grave, but it will rise from the tomb glorified. We die with the wrinkles of age and with swollen arthritic joints, but we shall be resurrected with unbounding vigor. A natural body afflicted by a million foes is buried; it will be raised a spiritual body beyond Satan's touch.

Jesus also will provide a new life for the Christians who are *alive* when He returns. The apostle Paul wrote, "Behold, I shew you a mystery; We shall not all sleep, but we shall all be changed, in a moment, in the twinkling of an eye, at the last trump: for the trumpet shall sound, . . . and we shall be changed. For . . . this mortal must put on immortality" (1 Corinthians 15:51-53).

John the revelator explained, "And God shall wipe away all tears from their eyes; and there shall be no more death, neither sorrow, nor crying, neither shall there be any more pain" (Revelation 21:4).

The scientists' dreams are true. There is a new life ahead in which we shall have diseaseproof, decayproof, and death-proof bodies.

New heaven, new earth

But that is not all! The same Creator who promised a new life also has promised a new heaven and a new earth: "Behold, I make all things new" (verse 5). Hence, "we, according to his promise, look for *new heavens* and a *new earth*" (2 Peter 3:13).

First, the Bible tells us that the New Jerusalem is a city. Today, *city* conveys thoughts of slums, ghettos, dirty streets, a place unsafe to walk at night. In Bible times cities were places of safety. Most thugs lurked outside.

Also, the New Jerusalem is called a "paradise" (Revelation 2:7), which is derived from a word meaning "walled around." "Paradise" was first used by the historian Xenophon and described the elaborate private gardens of the Persian kings. High walls enclosed these parks so that only friends of the owner were granted entrance.

Heaven is a place of absolute safety, a

magnificent private country club kept exclusively for members of the royal family.

Second, Revelation describes heaven as a place of never-ending life. A shimmering stream of life-giving water flows from God's throne (see chapter 22:1). It is a picture borrowed from Ezekiel, who described a river that burst from the Most Holy Place of the Temple, spread out over the world, and gave life to all it touched (see Ezekiel 47:1-10). Shimmering, life-giving rays flow from God, the Fountain of life, and the redeemed shall eternally bask in the presence of Him who radiates life.

Third, Revelation pictures heaven as a place of joy—all is color, light, and song. The wall is of jasper, the street of transparent gold, the foundations of inlaid precious stones, and the gates of iridescent pearls. The inhabitants sing praises to God to the accompaniment of *kitharas*, or lyres, translated "harps" in the Bible. David testified, "In thy presence is fulness of joy" (Psalm 16:11).

Fourth, the gates are single pearls. Pearls are the product of suffering: a tiny irritant slips inside an oyster's shell, and as the little creature suffers, it transforms that irritant into a lustrous gem. The gates are of pearl. Your entrance, my entrance, God provided at infinite personal sufferings as in Christ He reconciled all things to Himself.

Finally, all who enter this glorious kingdom will stand as pillars in God's temple (see Revelation 3:12). "Temple" here does not refer to the whole temple complex but to the innermost shrine where the Deity resides—God's throne room. Pillars, of course, lent structural stability in an era without laminated arches and steel girders.

The redeemed will serve as pillars in God's throne room by lending stability to His government, which Satan has attacked. Their experience of triumph over sin with all its baleful results will guarantee that sin shall never rise again.

Yet, eternity will not be spent in heaven. Jesus said the meek "shall inherit the earth" (Matthew 5:5). The Bible describes not only the new life but also "a new earth, wherein dwelleth righteousness" (2 Peter 3:13). Indeed, John the revelator saw "the holy city, new Jerusalem, coming down from God out of heaven" (Revelation 21:2). New Jerusalem with all its glories will be transferred to this earth—"new earth," John calls it—and from this new earth

those with new life will travel from world to world and probe the secrets of the universe under the special tutelage of the Divine Biochemist—Jesus Christ. He will explain it all.

Ellen G. White, a gifted religious leader, once wrote, "In the City of God 'there shall be no night.' None will need or desire repose. There will be no weariness in doing the will of God and offering praise to His name. We shall ever feel the freshness of the morning and shall ever be far from its close. 'And they need no candle, neither light of the sun; for the Lord God giveth them light.' Revelation 22:5. The light of the sun will be superseded by a radiance which is not painfully dazzling, yet which immeasurably surpasses the brightness of our noontide. The glory of God and the Lamb floods the Holy City with unfading light. The redeemed walk in the sunless glory of perpetual day.

"I saw no temple therein: for the Lord God Almighty and the Lamb are the temple of it." Revelation 21:22. The people of God are privileged to hold open communion with the Father and the Son. 'Now we see through a glass, darkly.' 1 Corinthians 13:12. We behold the image of God reflected, as in a mirror, in the works of nature and in His dealings with men; but then we shall see Him face to face, without a dimming veil between. We shall stand in His presence, and behold the glory of His countenance.

"There the redeemed shall know, even as also they are known. The loves and sympathies which God Himself has planted in the soul shall there find truest and sweetest exercise. The pure communion with holy beings, the harmonious social life with the blessed angels and with the faithful ones of all ages who have washed their robes and made them white in the blood of the Lamb, the sacred ties that bind together 'the whole family in heaven and earth' (Ephesians 3:15)—these help to constitute the happiness of the redeemed."—*The Great Controversy*, pp. 676, 677.

A new life! A new heaven! A new earth! Contemporary biochemists stand at the threshold of discoveries that could revolutionize your life within the next decade or two. But more important, the Divine Biochemist stands at a threshold opening into the most exciting kind of new life imaginable. Its implications will revolutionize your life for eternity.

"Surely," He promises, "I come quickly" (Revelation 22:20). I can hardly wait! Can you?



Are you abusing your eyes?

Many people's poor-vision-care habits are showing, says the American Optometric Association.

They squint to read street signs, or hold the newspaper at arm's length, or blame their poor sports performance on everything but their vision performance.

Others are risking eye injuries in home workshops, misreading prescription and nonprescription drug labels, or going about unaware their vision is slowly being destroyed by an eye disease.

Good vision care habits are easy to learn and practice, says the association, and well worth the effort.

Here are just some of the things people can do to preserve and protect their vision.

- Protect eyes from common strains and stresses by using good lighting for reading, sewing, or other close work, by watching television in a normally lighted room and at a distance at least five times the width of the screen, and by taking frequent eye breaks to look out the window or around the room when watching television or doing close work.

- Use proper eye safety equipment at work, at home, and at play.

- Recognize changes in vision that could lead to trouble. These include blurred or distorted vision, frequent headaches, pain of any kind in the eye, squinting, or eye irritation.

Vision problems and particularly eye diseases, however, often have no noticeable symptoms in their early stages. So although self-detection is an important element of good preventive eye care, it is no substitute for a regular visit to a doctor of optometry for a thorough vision examination.

For more information in a new 12-page booklet, "Your Miraculous Eyes," send 30 cents in coin or check to cover postage and handling to "Your Miraculous Eyes," P.O. Box 1280, Arlington Heights, Illinois 60006.

—News release, American Optometric Association, 243 North Lindbergh Blvd., Saint Louis, Missouri 63141.

Walking and weight reduction

"I tried exercising to lose weight, but it's too much effort. Why, I'd have to walk 35 miles to lose just one pound of fat!" Sound familiar? Well,

look at it this way: walking one mile a day can produce a yearly loss of ten pounds.

Furthermore, the loss may be even greater, since exercise elevates the rate at which the body burns calories for 6-24 hours afterwards. One study found that young men who double their usual exercise on one day show a 14 percent increase in their metabolic rate the following day.

Why "weight" any longer? You've got nothing to gain and everything to lose!

—*Totalhealth News*, vol. 1, No. 5.

It's a lifesaver

Giving up smoking can save you more than the price of cigarettes, says the American Council of Life Insurance.

It can, according to health experts, add years and better health to your life. It may also save you money when buying a life insurance policy, says the council.

A growing number of companies have reduced their rates for non-smokers, with at least one reducing its rates some 35 to 40 percent for eligible applicants.

—*The Family Economist*, 1850 K Street NW., Washington, D.C. 20006.

Drug use rising in rural America

Small-town America beware: illegal drug use in your area is fast approaching big-city levels, reports the Health Insurance Association of America.

The Association, citing a newly-released National Institute on Drug Abuse study, said the situation has reached crisis proportions.

Barry Brown, chief of NIDA's treatment research branch, warned:

"The rapidity with which drug use in rural America is rising suggests that if action is not taken promptly any difference in drug patterns between urban and rural America will be wiped

out in a relatively short time.

"Our figures strongly suggest rural America will need to become even more largely invested in drug prevention and treatment programs—and soon—in order to stem this obviously rising tide."

By 1979, this rate exceeded 60 percent in nonmetropolitan areas and 70 percent in metropolitan areas.

Other NIDA findings include:

- Use of other drugs such as cocaine, hallucinogens, and heroine increased by more than 20 percent in nonmetropolitan areas and 10 percent in metropolitan areas.

- The ratio of male users to female users is about 3 to 2 for both areas.

- Those who have attended col-

lege are much more likely to use marijuana than those who have not attended.

- Marijuana use is higher in areas near a resort or college than near military bases or temporary work sites.

—*The Family Economist*, 1850 K Street NW., Washington, D.C. 20006

How tight should I turn the screw?

University of Florida researchers are trying to develop a chart that would tell surgeons how hard to twist surgical screws into certain bones without breaking the screw or splintering the bone.

"It's like when you work on a car, you can look at a chart and see how much torque to put on a screw," said Dr. Gary Miller, a University of Florida mechanical engineering professor working on the project. "We could do the same thing in surgery with this type of chart."

Before they can develop the chart, the research team must first collect data on how much pressure bones of different hardnesses can take. That's 17-year-old Omar Ahmad's job.

While other teen-agers are flipping hamburgers and pumping gas this summer, Ahmad, an honors student from Palatka, spends hours in a lab tightening screws into bones from cadavers with a torque-measuring screwdriver, noting how tightly he can screw them in before either the bone or the screw breaks. "No one has ever done a project like this before," said Ahmad.

Ahmad is one of the 114 gifted high school students taking part in research projects at the university.

—News release, University of Florida, Gainesville, Florida 32611

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Medical care in the home—is it coming back?

As part of an experimental program believed to be unique, a doctor, nurse practitioner, and social worker make house calls to chronically, seriously, or terminally ill patients in the Rochester area who would rather receive their medical care at home.

Treating patients at home rather than in a hospital or nursing home may reduce costs and improve the quality of life for patients, according to Annemarie Groth-Juncker, M.D., clinical assistant professor of medicine at the University of Rochester Medical Center and associate medical director at St. John's Home.

"We hope our study will demonstrate that it is possible to provide quality care that will be reimbursed at a level that will make house calls practical," Dr. Groth-Juncker said. "With improved care for patients in their own homes, families may be able to keep seriously ill patients at home rather than place them in institutional settings. A successful outcome could provide a national model for improved care."

—News release, University of Rochester, Rochester, New York 14627

Astronaut's doctor explains health risks in free booklet

In 1900 heart disease was the nation's number one killer, followed by pneumonia, tuberculosis, diarrhea, reports the Health Insurance Institute.

But times have changed, says the Institute. Antibiotics and public health measures have brought under control all of the big four killers except heart disease. Today, many persons are falling victim however, to another major disease, cancer.

Lives are also being shortened by poor health habits, claims one of the nation's leading physicians.

According to Dr. Charles A. Berry, who helped select, train, and supervise America's first astronauts, the "viruses and bacteria of the 1980s" are improper diet, obesity, high blood pressure, cigarette smoking, alcohol abuse, lack of exercise, stress, and

sugar intolerance (diabetes).

These health problems have one thing in common, says Dr. Berry; they're all controllable—and by the individual. In fact, he says, there is plenty of evidence to support people's ability to control chances of living a long and healthy life.

Dr. Berry summarizes these health risks and recommends things one can do to help control them in a new pamphlet entitled "Risks to Your Good Health." This pamphlet is free and available by sending a self-addressed, stamped envelope to the Health Insurance Institute, Dept. HIN, 1850 K Street NW., Washington, D.C. 20006

Shelf-life of blood extended

Researchers at the Naval Blood Research Laboratory at Boston University School of Medicine have developed methods of preserving and rejuvenating blood cells that are expected to revolutionize the nation's blood-banking system. For instance, the researchers have developed:

- A freeze-preservation technique that enables red blood cells, normally able to be preserved for a maximum of five weeks, to be preserved for up to ten years.
- Methods to biochemically rejuvenate outdated red blood cells that ordinarily would be discarded after liquid storage.
- Methods to boost the oxygen-transport capability of red blood cells by 150 to 200 percent, to allow the cells to be used for special medical purposes.

The procedures, the result of nearly 25 years of research, already are being put to use. The laboratory's techniques for freeze-preservation of red blood cells has been adopted by numerous civilian and military blood banks throughout the country.

"We are involved in areas of blood research that have dramatically improved the blood-banking system in both the military and civilian community," said Capt. C. Robert Valeri, M.C., U.S.N.

The entire process takes place in a routine polyvinylchloride plastic bag that was designed by the NBRL researchers to simplify the process and to ensure that the red blood cells would not become contaminated during the rejuvenation and freezing procedures.

When needed, the frozen red cells are thawed in a warm water bath and then washed to remove the rejuvenation and glycerol solutions before being transfused into a patient.

Among the researchers' findings are that nonrejuvenated frozen red cells (red cells frozen within three to six days of collection) can be stored at -80°C for at least 10 years. They have found also that indated and outdated-rejuvenated red cells can be frozen for up to four years at -80°C .

"With further research, we expect to be able to expand the present period during which platelets can be frozen and stored at minus 80 degrees Centigrade by at least two years with a solution of dimethylsulfoxide," Valeri said.

—Boston University School of Medicine, vol. 2, No. 2, July, 1981.

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BOOKSHELF

Reviewing or listing of books does not constitute endorsement.

It's Your World Vegetarian Cookbook (Enlarged, Second Edition), prepared by Fern Calkins. Review and Herald Publishing Association, 6856 Eastern Avenue NW., Washington, D.C. 20012, 1981, 304 pages, until April 15, 1982, \$7.95 paperback, wire-o-binding.

This is the day of the vegetarian, and cookbooks featuring meatless recipes are plentiful. Many of these books are just that—meatless, but with little regard for the nutritional needs of the human body.

It's Your World Vegetarian Cookbook is strictly middle-of-the-road, leaning neither to the left, advocating the free use of any edible substance other than flesh, nor to the right, with a stringent omission of ingredients noted for their palatability.

The recipes in this book contain, where needed, carefully controlled amounts of sweetening, eggs, and fat. They are spice-free. Herbs are used sparingly. The more than 500 recipes feature many eggless dishes. There is a large and excellent dessert section that will please the most health-conscious lover of sweets.

Of particular interest to the nutrition-minded cook are the calorie, protein, and fat computations that follow each recipe. These are supplementary to the complete nutritional analysis listings that appear in chart form at the back of the book.

It is easy to rhapsodize about a book of such scope, but it is perhaps more appropriate to simply list some of the most positive features. In *It's Your World Vegetarian Cookbook*, these include:

1. A complete cooking guide for legumes
2. A comprehensive, three-page chart on the proper use of herbs and other seasonings
3. Sprouting guide
4. A two-page section on successful breadmaking
5. A comprehensive listing of vegetable protein analogs and their sources.
6. A rundown of common beverages and their components
7. An unusual and practical cooking guide for whole-kernel grains.

In preparing the book, Fern Calkins worked in close collaboration with the Department of Nutrition of the Loma Linda University School of Health. Many of the staff members, all professional dietitians, had input.

It's Your World Vegetarian Cookbook is beautiful to look at. Besides this, it is a classic in its field and deserves a place in the kitchen of every home.

The Complete Book of Minerals for Health. Sharon Faelten and the editors of *Prevention Magazine*. Rodale Press, 33 E. Minor St., Emmaus, Pennsylvania, 1981, 534 pages, \$16.95, hardback.

Medical books consulted mention four or five minerals as most important to health, and a half-dozen others as being trace elements in the body. Of course more than nine or ten are found in our bodies, some in extremely minute amounts. But this book misses none of them—it discusses or alludes to thirty-five minerals found in our bodies, to a greater or lesser degree, devoting a chapter to many of them.

Forty-three charts, diagrams, or lists give sources for all of the essential minerals, plus many of the "unessential," and highlight such matters as how much salt is found naturally in foods, and how much is in various processed or unprocessed foods. In fact, there are charts, taking up twenty-one pages, showing the availability of twelve important minerals in some 230 foods or varieties of foods.

The book has some twenty pages of discussions and suggestions on how to get rid of, or to avoid, harmful minerals, such as lead and mercury. It takes up such matters as the part minerals may, or do, play in health problems such as high blood pressure, diabetes, fatigue, arthritis, gum disease, and twenty-three others. It discusses RDA, an acronym that you see when you read the back of your cereal boxes but may not bother to read further to find out what it is all about. (It is important.)

One chapter informs you of drugs and foods that keep your body from using certain minerals; another gives

you "the inside story" on hard and soft water; yet another goes into the desirable methods for keeping from losing minerals in cooking. There is a chapter that tells about how vitamins and minerals work together in doing important jobs for our bodies, and how neither can really do its work without the other. And there is a 68-page chapter discussing recipes that "put it all together," which, in other words, give you combinations of foods that will supply the minerals you need for a day.

Certain minerals are found most liberally in flesh foods, and in organs such as liver, as this book points out. However, *YOUR LIFE AND HEALTH* recommends that other sources be used for these minerals because there is a great deal of disease in animals used for food. Also, as the book points out in the case of meat, flesh foods cause other problems. For example, "Meat tends to be high in cholesterol and saturated fat, blamed for a high incidence of heart disease. And fatty meats are definitely not for calorie counters."

Dry and Save, Dora D. Flack. Woodbridge Press Publishing Company, P.O. Box 6189, Santa Barbara, California 93111, 1977, 118 pages, \$3.95 paperback.

This book explains the easiest and best ways of drying foods at home, and includes a variety of recipes for utilizing dried foods. The author includes information on pretreatment of foods, as well as on storing.

Growing and Using Herbs Successfully, Betty E. M. Jacobs. Garden Way Publishing, Charlotte, Vermont 05445, 1981, 223 pages, \$6.95 paperback.

With home-grown herbs comes the pleasure of flavor, scent, healing, and beauty. This straightforward, well-illustrated guide explains how to grow, harvest, and use sixty-four favorite herbs. It even tells how to sell herbs, wholesale and retail. A special section of the book tells how to make nineteen herb products, including dressings, jellies, potpourris, pillows, and catnip toys.

BASIC FOOD GROUPS

DAILY PORTIONS

Vegetable-fruit group
four or more servings

Citrus fruits,
tomatoes, cabbage,
peppers, melons,
berries, dark-green
or deep-yellow
vegetables, potatoes,
and others

Bread-cereal group
four or more servings

Breads, cereals, and
other grain products
made from whole
(preferred), enriched,
or restored grains

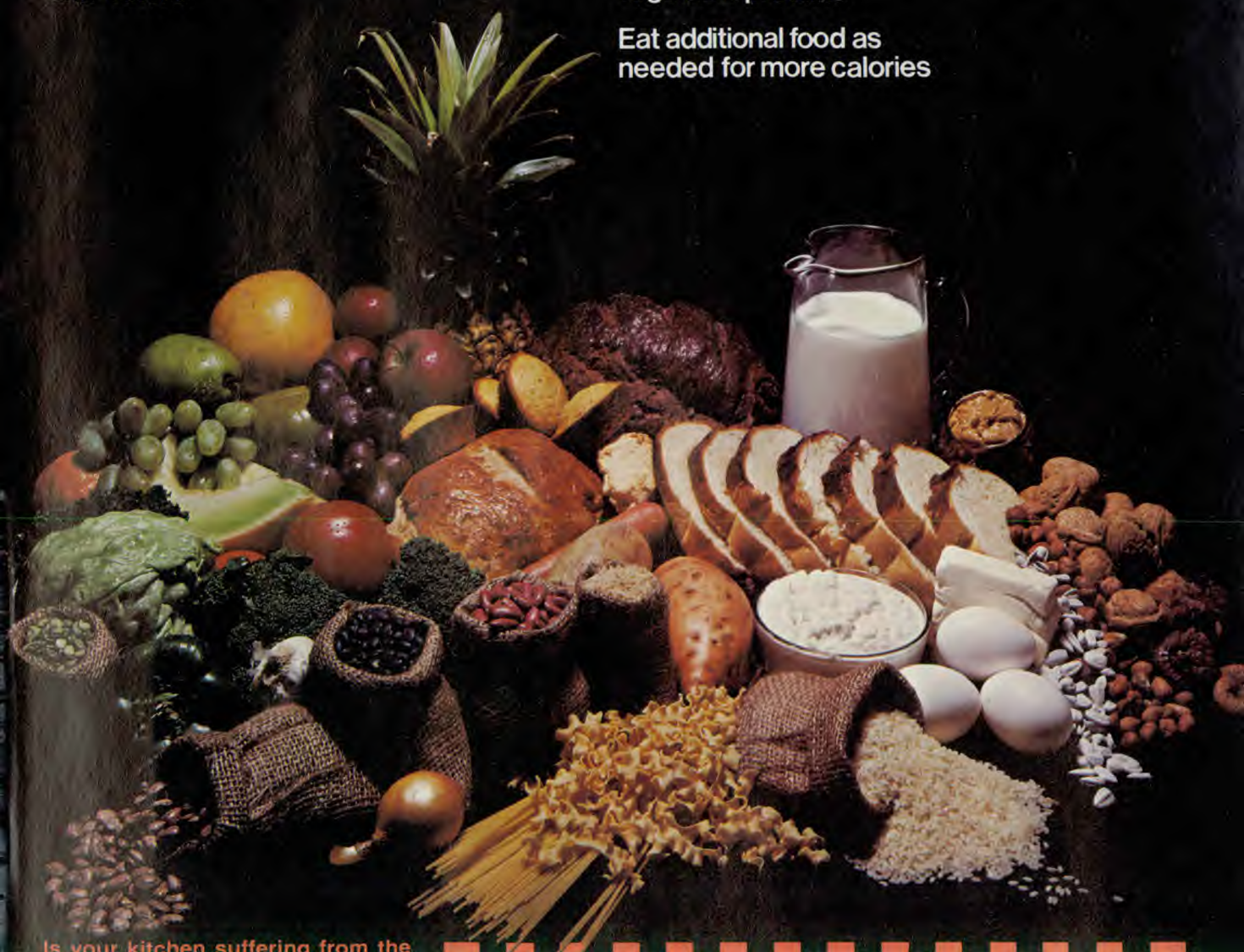
Protein group
two or more servings

Dry beans, dry peas,
lentils, garbanzos,
nuts, peanuts,
peanut butter, eggs,
cottage cheese,
soy cheese,
vegetable proteins

Milk group
children-- 3 to 4 cups
adults--2 or more cups

Whole, evaporated,
or skim milk,
reconstituted dry
milk, buttermilk,
or soybean milk

Eat additional food as
needed for more calories



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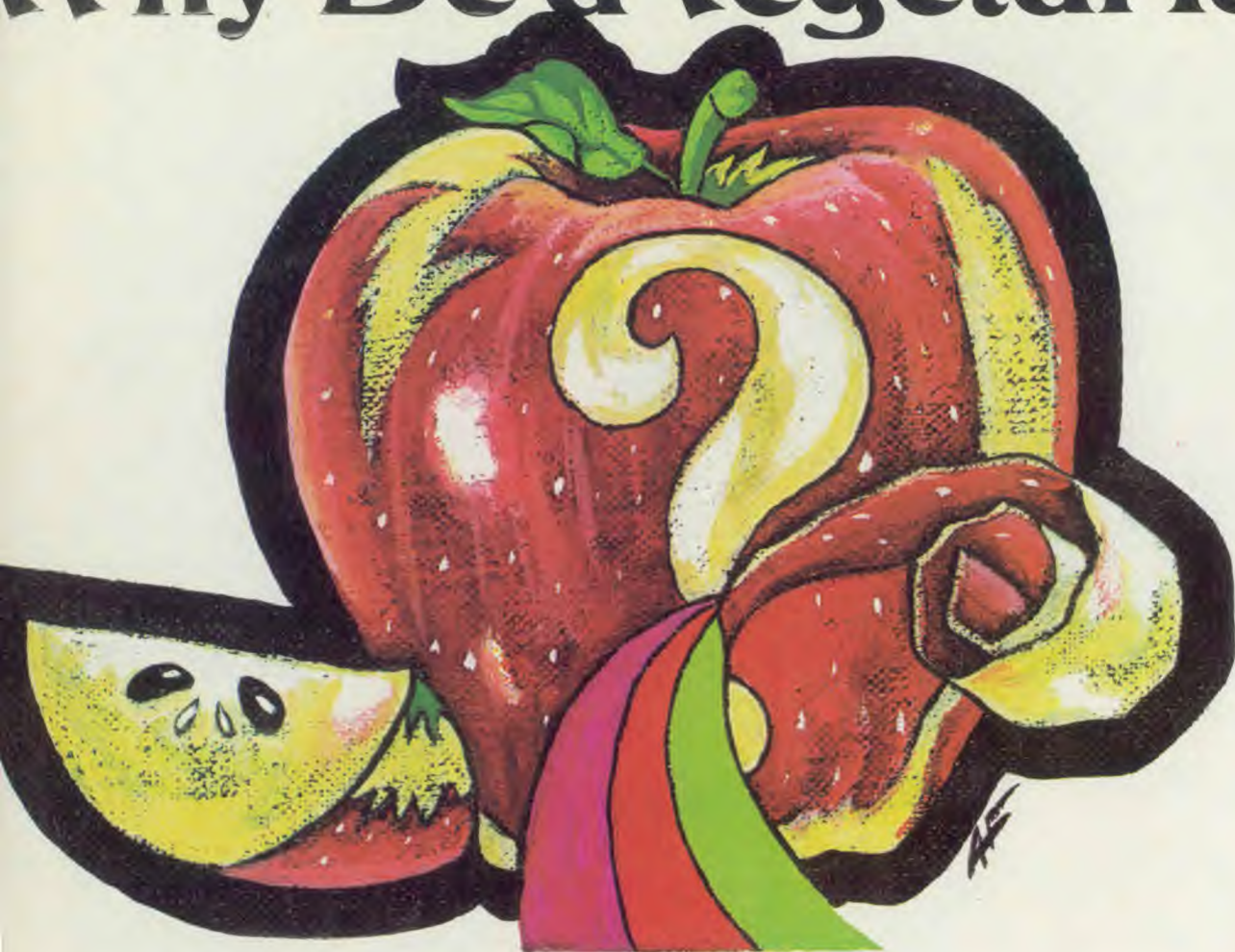
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