YOUR LIFE AND

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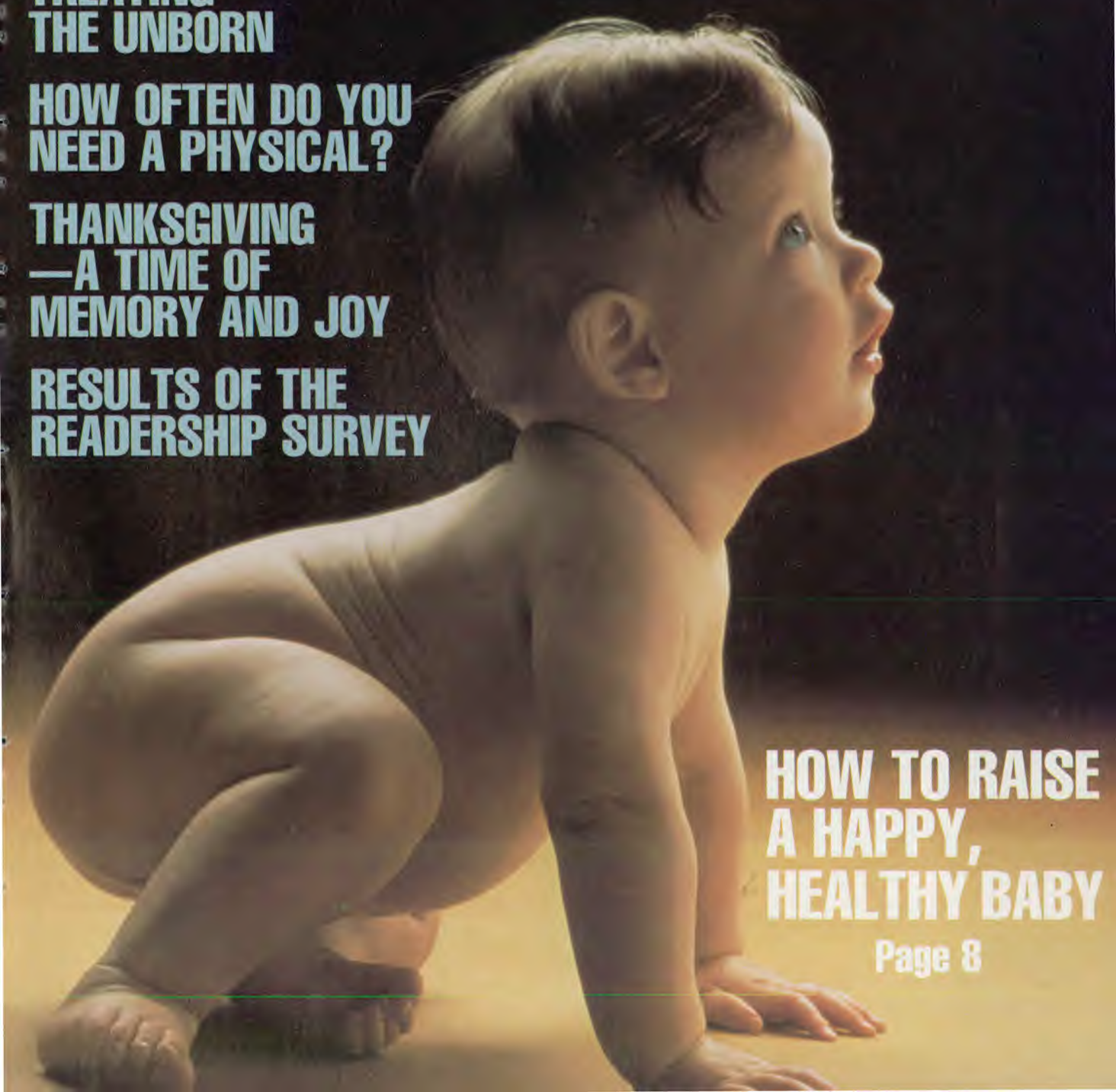
NOVEMBER, 1984 $2.00

TREATING THE UNBORN

HOW OFTEN DO YOU NEED A PHYSICAL?

THANKSGIVING —A TIME OF MEMORY AND JOY

RESULTS OF THE READERSHIP SURVEY



HOW TO RAISE A HAPPY, HEALTHY BABY

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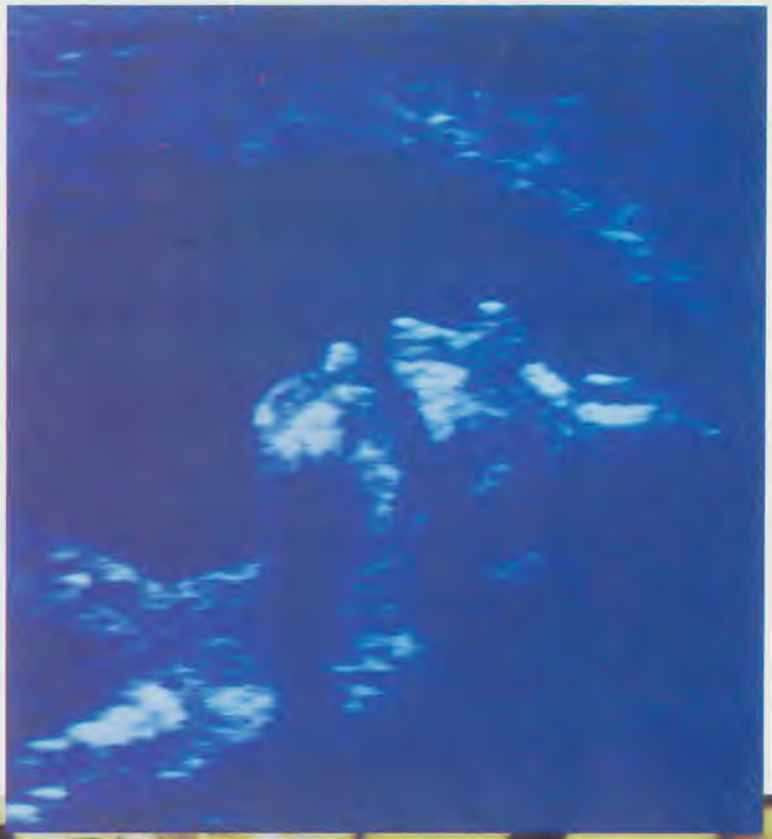
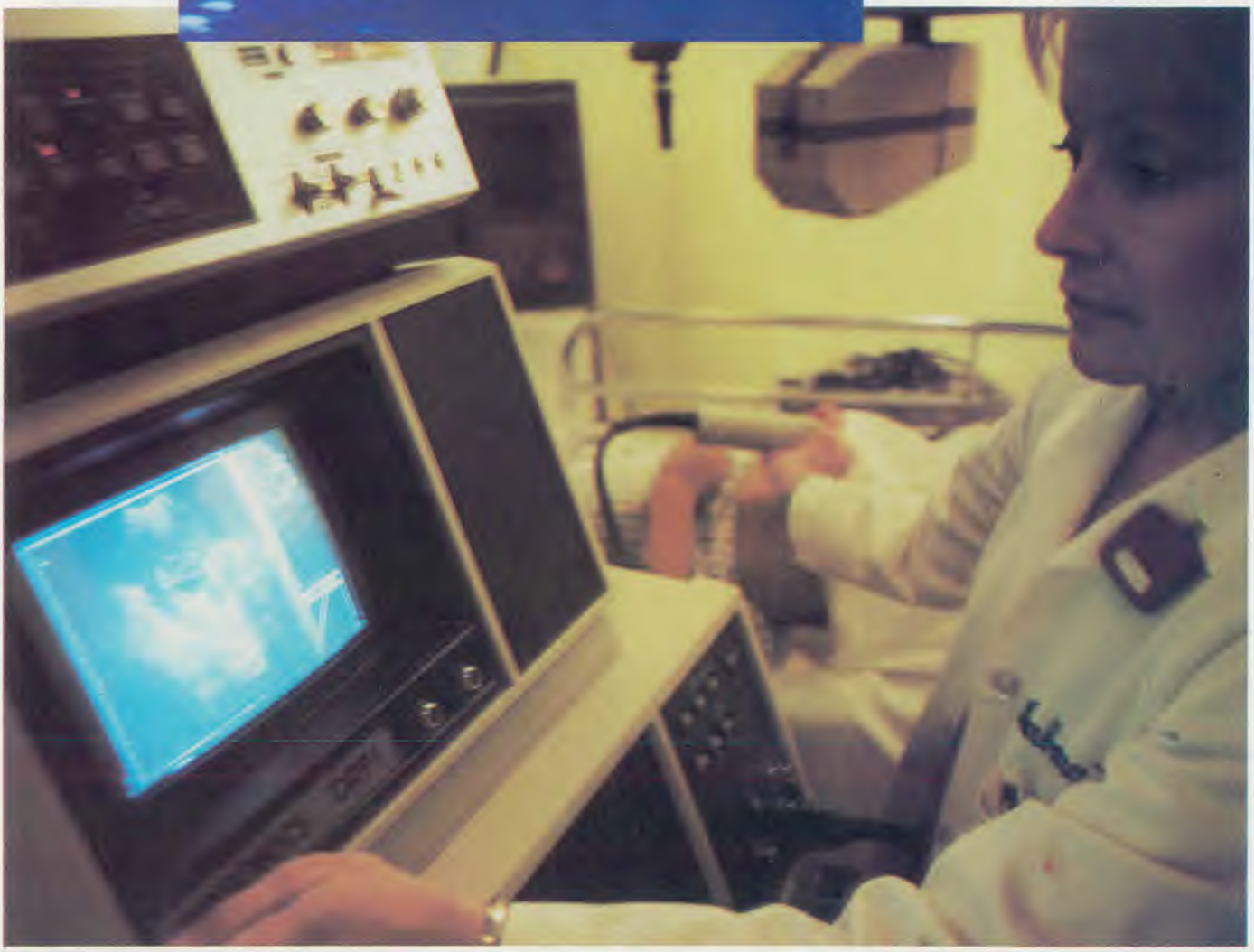


Doctors are using ultrasound, a new "window to the womb," to check for proper prenatal growth of the baby. The echoes that the sound waves produce are projected by a computer as an image on a television monitor (below). This image (at left) shows the profile of a baby lying on its back facing upward, showing its face, neck, shoulder, arm, and upper chest. (Details include a nose, mouth, and chin.)



Treating the Unborn

Guided by ultrasound images, doctors are now able to perform intricate life-saving operations on fetuses inside the womb.

by Paula Dranov

When tests revealed that Michael Skinner was suffering from a potentially lethal urinary-tract obstruction, his doctors decided to operate. Nothing surprising about that. What's astonishing is that at the time of his successful surgery, Michael, a twin, was a 31-week-old fetus—and the operation took place in his mother's womb. With increasingly dramatic results, pioneering specialists in fetal therapy, one of modern medicine's most exciting frontiers, are correcting—before birth—defects serious enough to kill or cripple their tiny patients. Among the most historic accomplishments so far:

- A tiny catheter inserted into Michael Skinner's bladder drained a urine buildup that was endangering his developing kidneys and lungs.
- Doctors have implanted drains in the skulls of two fetuses with hydrocephalus, a potentially fatal accumulation of fluid on the brain.
- In the most dramatic procedure of all, surgeons at the University of California, San Francisco, partially removed a 21-week-old fetus from the womb to correct a kidney defect that otherwise would have been fatal. The fetus was returned to the womb and carried full term to delivery. Unfortunately, the baby died soon after birth, due to underdeveloped lungs, a problem unrelated to the fetal surgery.

In the past, doctors never dared interfere with a fetus because of the enormous risk of triggering premature birth. New drugs to forestall premature labor have reduced—but not removed—that danger. The risk is still so great that only fetuses in danger of dying before or soon after birth are candidates for surgery.

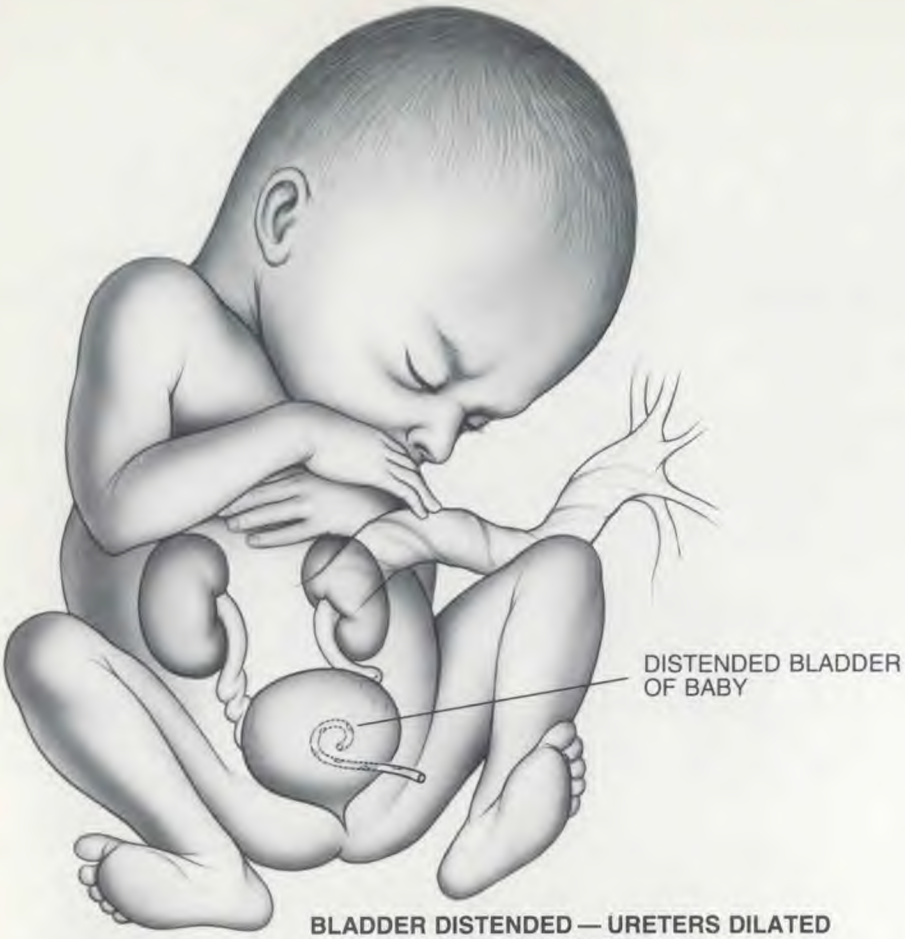
Only a limited number of defects can now be corrected before birth. "There are only five or six we feel any significant competence in treating," says Dr. Gary Hodgen, chief of the Pregnancy Research Branch of the National Institute of Child Health and Human Development. Among them are certain lesions, malformations, and disorders that interfere with normal growth—urinary-tract blockages, hydrocephalus, and hernias that allow the intestines to protrude into the chest cavity. A few other problems, such as inherited vitamin dependencies, can be treated via the mother's bloodstream.

Prenatal treatment would be impossible were it not for diagnostic techniques that warn of dangers in the womb. From the time the fetus is only ten weeks old, doctors can see it clearly enough to examine it. Their "window to the womb" is ultrasound, a means of producing detailed pictures by bouncing high-frequency sound waves off the fetus. The echoes these sound waves produce are projected as an image on a television screen.

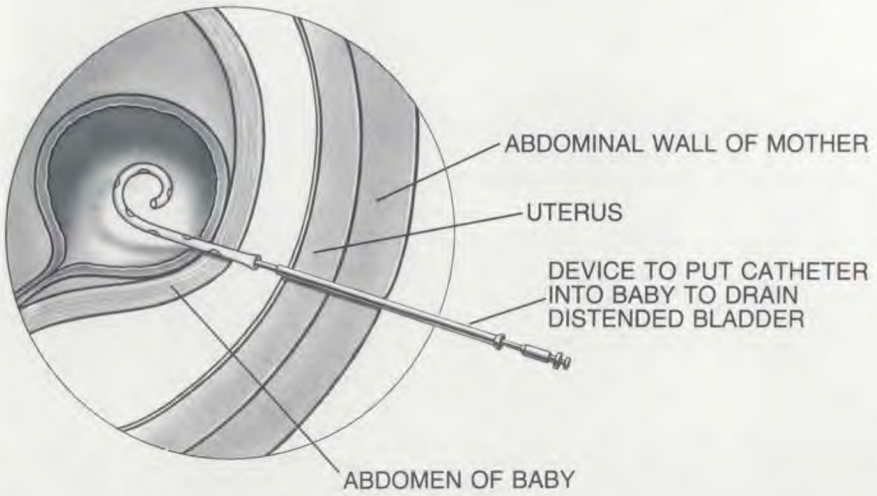
Dr. Jason Birnholz, of Harvard Medical School, has even been using it to examine fetal eye movement. "We can see it as early as 19 weeks," he says. "When babies get into trouble, the control mechanisms that affect eye movements change in recognizable ways. The movements help answer the question of whether the baby is neurologically normal or not."

To the untrained eye, the ultrasound picture looks far from clear.

Paula Dranov is a New York-based journalist who has special interest in medical issues. This article first appeared in Science Digest, *© 1982 by the Hearst Corporation.*



**BLADDER DISTENDED — URETERS DILATED
KIDNEYS IN TROUBLE**



But specialists can spot even the most subtle clues to potential problems. They can watch the fetus as it moves, yawns, and sleeps, even sucks its thumb, observing it closely enough to monitor developments that signal whether the baby is normal or not. "We try to examine the fetus in utero exactly the way we would examine a newborn if we had the infant in front of us," says Dr. Birnholz.

Reduced risks. Ultrasound has also reduced the risks accompanying amniocentesis, a procedure used since the late 1960s to identify certain genetic and congenital defects through the analysis of the amniotic fluid that surrounds the fetus. Before ultrasound, there was some danger of puncturing either the fetus or the placenta with the long needle used to withdraw fluid samples. Now doctors can see where the needle is going and thus reduce the likelihood of accidents.

Analysis of the amniotic fluid can reveal the presence of any chromosomal abnormalities. The most common and best known is Down's syndrome, which results in mental retardation and may be accompanied by a heart disorder. The analysis can also be used to detect neural tube defects—abnormalities of the spinal column that can often lead to hydrocephalus, mental retardation, and chest and abdominal problems. Too high a level of an enzyme known as alpha-fetoprotein (AFP) signals that blood is leaking through an opening in the fetal spine. (Elevated AFP levels can also be detected with a blood test and precise chemical analysis of the mother's serum.)

In addition to ultrasound and amniocentesis, two other techniques—amniography and fetoscopy—enable doctors to look directly at the fetus. Amniography is an X-ray procedure; opaque contrast dye is injected into the amniotic fluid. Using amniography, doctors can differentiate the separate amniotic sacs of twins when only one fetus has an abnormality. And since the fetus swallows some of the dye as it imbibes amniotic fluid, suspected digestive-tract obstructions can be confirmed by taking an X-ray to see if the liquid has moved through the esophagus, into the stomach, and through the entire bowel.

Fetoscopy, available only at two or three major medical centers, requires the insertion of a slender probe containing a light source and lens into the womb through a slit in the mother's abdomen. The procedure is used only for hereditary abnormalities such as webbed hands or feet or other conditions that lend themselves to direct observation.

Young Michael Skinner was the first patient to undergo an operation while still in the womb. The doctors on the case were Michael Harrison, Mitchell Golbus, and Roy Filly, of the University of California, San Francisco. For more than three years, they had been working on a procedure—the implantation of a tiny plastic catheter to drain a fetus'

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HEALTH WATCH

Nutritional quackery: what can you believe?

If what you hear most often is what you tend to believe, you are likely to be misled about nutrition, according to Judy Reinke, dietitian at the University of Wisconsin Hospital and Clinics.

"Books, ads, and other promotional claims aimed at laypeople probably contain more quackery than scientifically based literature," she says. Recognizing misinformation can be difficult, but Reinke has some guidelines to follow when you hear or read about nutrition.

Testimonials touting "It worked for me" are a common source of misinformation, says Reinke. "Look for scientific proof of claims," she advises. "Often, there is none." For example, a person may claim to have cured acne by eating herbs. If the person can't rule out other explanations, it's a clue that eating herbs may not have cured the acne and, more important, that it may not work for someone else.

Ads suggesting that "everyone needs a supplement" are also misleading, Reinke says. "More isn't better when it comes to nutrition. Getting enough protein, carbohydrates, vitamins, and minerals from a varied diet is very important, but getting more in the form of a supplement doesn't help a healthy person."

Promotions that oversimplify solutions to health problems are another clue to misinformation, says Reinke. If a book recommends becoming a vegetarian to ensure longevity, but does not take into account other factors that affect health, such as smoking, stress, or occupational hazards, it doesn't offer a very accurate picture. Other oversimplified promotions suggest that people are sick because of processed foods or pollution, and then recommend a diet.

People claiming that megadoses of vitamins or special diets are curative are taking a narrow perspective, says Reinke. Megadoses of many supplements, particularly vitamins A and D, can be dangerous, she affirms. "Special diets can also be harmful, for two reasons. First, if people really believe they are curative, they may not seek medical attention when they become ill. Second, some of the special diets exclude whole food groups such as meat or milk. This can be very harmful."

When it comes to nutritional claims, check not only what is said but who says it, says Reinke. "Don't be misled by fancy titles," she warns. She cites several "titles" that have no legal definition: nutrition counselor, doctor of naturopathy, certified herbologist and nutritionist.

Sources of accurate nutrition information include registered dietitians, the American Dietetic Association, and county extension food and nutrition specialists.—News release, University of Wisconsin-Madison, Center for Health Sciences, Public Affairs Department, 758 WARF Building, Madison, Wisconsin 53705.

Cramps

You wake in the dead of the night, your sleep suddenly shredded by an excruciating knotting in the muscles of your leg or foot. Sound familiar? It well might, because this is a nocturnal cramp, the kind that affects about 15 percent of healthy adults, especially elderly persons.

Even if you haven't experienced this type of cramp, you're probably familiar with the one that comes after strenuous exercise for which you're unprepared or after repeated movements such as those required of writers, typists, or musicians.

Cramps can result whenever the complex electrical and chemical interactions that control muscle activity are disrupted.

This fine balance can be disrupted by a variety of conditions. For instance, carbohydrates and fats, and such minerals as sodium, potassium, magnesium, and calcium, must all be available in the right proportions to prevent cramping. Hence, exercise-related cramps can occur when excessive sweating depletes the body of salt. The same holds true with heat exhaustion. Exercise can also cause a temporarily lowered level of glycogen, a carbohydrate that acts as a fuel for muscle contraction. Lowered levels of calcium in pregnant women sometimes result in cramps. . . .

Depending on the cause, treatment for cramps can include physical therapy, mineral supplements, or drugs that help normalize muscle action.—News release, Medical College of Wisconsin, 8701 Watertown Plank Road, Milwaukee, Wisconsin 53226.

ILLUSTRATION BY TOM DUNBEBIN

TWO-MINUTE TALKS
about health matters

A relief for the common cold?

The unexpected disappearance of cold symptoms in a child who had dissolved a 50-milligram zinc gluconate lozenge in her mouth led to a double-blind, placebo-controlled trial to test the efficacy of this medication in the treatment of the common cold (*Antimicrobe Agents Chemother.* 25:20, 1984); 146 patients (83 on zinc, 63 on placebo) received either tablets containing 23 milligrams of zinc (as gluconate) or 50 milligrams of calcium lactate for seven days. An initial dose of two tablets, successively dissolved in the mouth, was followed by one tablet every two daytime hours for children, until all symptoms had been absent for six hours.

Of the 65 subjects reported as being ill for three days or less before starting treatment, 11 percent of the zinc group became asymptomatic within 12 hours and 22 percent within 24 hours. After seven days, 86 percent of zinc-treated subjects reported no symptoms, compared with 46 percent of the placebo group. Mild side effects were noticeable among the zinc-treated subjects. The investigators conclude that despite the side effects, zinc lozenges did seem effective in relief of the common cold.—*Pharmacy Practice*, 2215 Constitution Avenue NW., Washington, D.C. 20037.

Nicotine's newest link to lung disease

Despite a major tobacco company's recent suggestions that health hazards of cigarette smoking aren't yet proven, scientists at Washington University Medical Center in St. Louis have evidence that clearly indicts nicotine as a major accomplice to catastrophic lung damage. Their laboratory tests strongly suggest that nicotine—the addictive element in cigarette smoke—lures certain white blood cells to the lungs, where they accumulate in dangerously high levels. Normally the "good guys" that fight infection, the white blood cells turn traitor and release enzymes that digest healthy lung tissue. The study prompts one of the scientists to say that smokers do themselves more damage than risk lung cancer. "Smoking affects virtually every organ of the body," he says.—News release, Washington University, Campus Box 1142, St. Louis, Missouri 63130.

Alcohol and Highway Deaths

by Allan R. Magie, Ph.D., M.P.H.

It makes an interesting equation: Driver plus alcohol equals death. This relationship has been known for years, yet a recent report even more emphatically points an accusing finger at the danger of drinking drivers.

A College of American Pathologists study indicates that nine of every ten fatal traffic accidents may involve drivers who have been drinking. That's much higher than official government estimates, which suggest that only 50 percent of drivers involved in fatal accidents are drunk at the time. And medical examiners have said for years that the rate of alcohol-related highway deaths is far higher than has been supposed.

Alcohol was found to be involved in 28 of 31 traffic fatalities in one Minnesota county. An equally high percentage of alcohol-related fatalities occurred in Georgia, Texas, and North Carolina. One medical examiner's study found that 84 percent of drivers in such accidents were legally drunk.

It isn't necessary to argue about which figure (90 percent or 50 percent) is more correct. What is important is that something must be done about this very serious social problem. Almost all of us are involved. We drive or ride in vehicles. We have or are related to young people, who are the ones most often involved in fatalities of this type. And as a nation we've accepted the idea that a person has the *right* to drink alcohol.

Prohibition didn't seem to be the best way to deal with alcohol. People still obtained that to which they were addicted. On the other hand, lowering the legal age for drinking only made the problem worse. Perhaps educating everyone, especially the young, to the dangers of alcohol would have some impact. But that's been tried and seemingly has had little effect.

Perhaps the best place to start toward a solution is to recognize the obvious, that drinking alcohol and driving a motor vehicle is courting death. Could we accept tougher drunk-driving laws? We now have a law that one has to be at least 21 years old to buy liquor legally. We hope this will help. Are there other alternatives to stem the tide of increasing highway deaths?

I personally believe that it's time to remove the glamour surrounding alcohol use. It serves no purpose other than to kill brain cells, disturb normal behavior, slow reactions, waste enormous sums of money for its purchase and medical care for its victims, and break down family relationships.

Alcohol is an enemy. And the sooner people recognize that fact, the better off society will be. □

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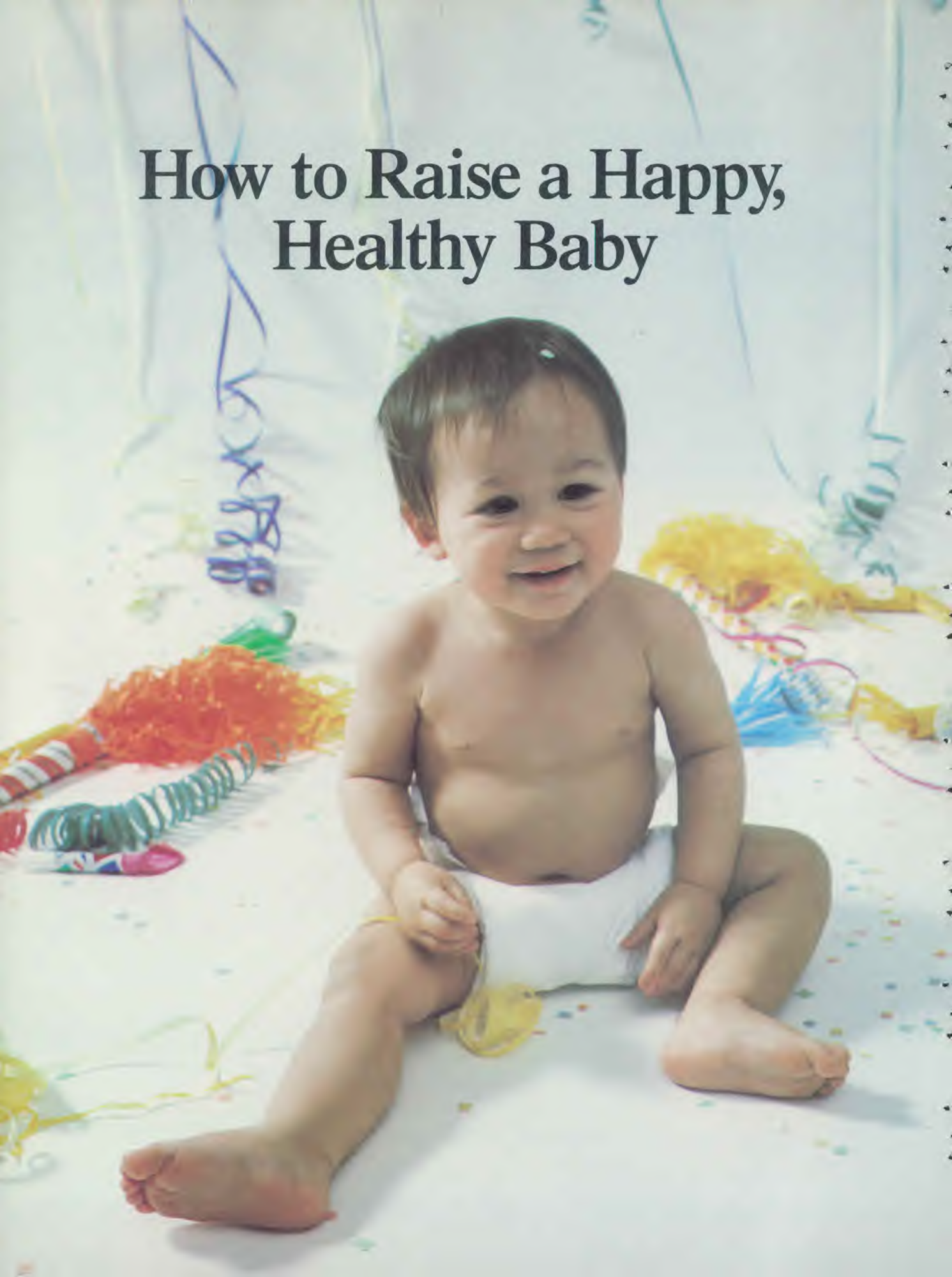
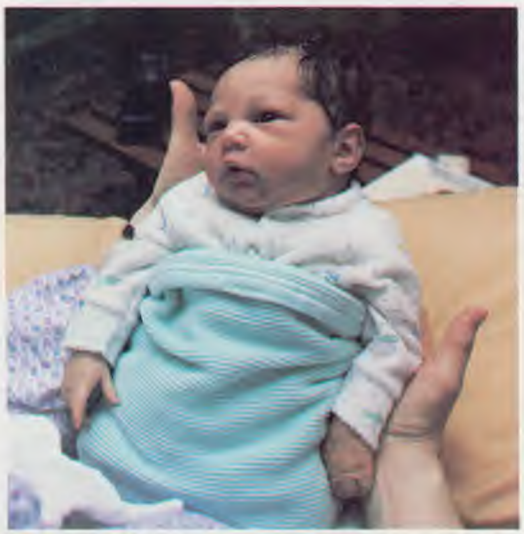
PHOTO BY MEYLAN THORESEN

How to Raise a Happy, Healthy Baby



Being a good parent is the most demanding job in the world. Understanding how the infant grows and develops and knowing how to provide care efficiently as the baby goes from newborn to "independent" toddler will give parents confidence during parenthood.

by June V. Schwartz, M.D., and Emma R. Botts, R.N.



A new baby is an exciting addition to a household. If it is a first child, the baby is bound to affect the couple's relationship, and they will have to adapt to changes in their household and their lifestyle. If there are other children at home, they too must adjust to the change in family relationships.

Parents usually experience pleasure at the arrival of a baby, but a certain amount of anxiety is natural. Learning the fundamentals of good baby care and knowing something about the development and behavior of babies will help parents develop confidence as they gain experience with their own new child.

New parents often think their babies are very delicate, but actually babies are quite tough. However, even healthy babies sometimes get stomach upsets or colds and cause their parents worry. Knowing what to do for minor illnesses and how to recognize more serious illnesses can help both parents and baby.

A simple sneeze, which may seem to be a cold, is usually just a built-in reflex to clear the nose. Noisy breathing through the nose is usually caused by mucous congestion that the sneeze has not cleared, particularly when baby is in a dry, heated environment. The doctor can advise you about the use of saline nose drops, bulb syringes, and vaporizers or humidifiers to relieve nasal stuffiness.

Nasal congestion can interfere with normal breathing when baby is

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June V. Schwartz, M.D., assistant professor of pediatrics, New York Medical College, is associate attending pediatrician at St. Vincent's Hospital and Medical Center and at Metropolitan Hospital Center in New York City. Emma R. Botts, R.N., formerly head nurse in a hospital newborn nursery and pediatric service, is staff development specialist at Flower Hospital in New York. From Caring for the New Baby—The First 18 Months, *Public Affairs Pamphlet No. 616.*

feeding and can sometimes cause a cough. However, a persistent cough, especially with fever, is a sign of something more serious and should be checked by the doctor. It could be a symptom of viral or bacterial respiratory infection, such as croup, bronchiolitis, or pneumonia. Frequent colds or a cough with wheezing may also be caused by allergies or by irritants in the air to which the baby may be sensitive. Parents' observations about baby's behavior and conditions at home can help the doctor make the proper diagnosis.

Fever is often a sign of infection, such as a simple cold caused by a common virus, a beginning ear or throat infection, or a result of upset stomach and diarrhea. (A health professional can show you the proper technique for using a rectal thermometer safely.) A low-grade fever of 100° F. (37.8° C.) when baby does not appear ill can sometimes accompany teething; a simple cold may cause a temperature of 101° F. (38.3° C.) or more. Making the baby comfortable by giving extra liquids and avoiding overfeeding is useful in such conditions.

If aspirin or acetaminophen (Tylenol or Tempra, for example) is given to reduce the temperature, it may mask a sign that an infection is developing or that some other condition requires medical attention. Of course, if the baby is uncomfortable, or if the temperature shoots up quickly to 102° F. (38.9° C.) or more, medicine and sponging with tepid water can be used to reduce fever until the doctor is reached. Sometimes a baby has a sudden increase in body temperature for no apparent reason, and the temperature drops as mysteriously as it rose. Parents should consult their doctor, of course, if fever continues.

Aspirin for infants and children should be used with caution and on the advice of doctors. Recent studies have shown that the severe symptoms of Reye's syndrome have been associated with the use of aspirin. This syndrome (a combination of symptoms) may follow chicken pox, influenza, or other viral infections. High fever and persistent vomiting, followed by lethargy, delirium, convulsions, and jaundice can occur in this illness. While Reye's syndrome is an unusual illness, and most babies will never have it, it is best to avoid giving aspirin for a condition parents think may be a viral infection or chicken pox.

In general, don't give medicine to babies without professional advice. Carefully observing changes in a baby's state of health and knowing how to make him or her more comfortable with simple methods are the best medicine.

Health supervision and immunizations. In the first 18 months babies need good health care to assure a good start in life. Usually the doctor will want to see the baby three or four weeks after the hospital checkup—to make sure that the baby is gaining weight and length in a normal manner, that all functions are going well, and that the baby is

adjusting to the new environment without problems. The mother's health should also be checked in the first weeks after the birth.

At six to eight weeks immunizations are started with a combined injection of diphtheria and tetanus toxoids and pertussis vaccine (DTP), and an oral polio vaccine (OPV) given by drops directly into the mouth. The DTP injection will be repeated twice at six- or eight-week intervals, and the OPV once or twice more in the first year. Boosters (repeat immunizations) are given at 17 or 18 months.

At 12 months a test for tuberculosis is usually given. At 15 months a triple vaccine for measles, mumps, and rubella (German measles) is given by injection.

Routine visits for shots give parents and doctor a good opportunity to discuss baby's progress and any problems that may arise in the first 18 months. After the first three immunizations are given, the doctor will tell the parents how often the baby should be checked. Parents should feel free to call if they have questions or want advice.

Making your home safe. An important part of the love for a child is the satisfaction parents get from making things as safe as possible for the new baby. As baby grows and begins to take an interest in things around him or her, mobile toys can be hung over the crib to attract attention, but small, hard toys or other objects the infant could grasp should not be left in the crib. As baby learns to reach for things, safe plastic rattles or rubber toys can be placed nearby.

Soft, stuffed toys will interest the older baby, but make sure there are no small objects that can be pulled off the toy and put in the mouth. Babies explore their new world by touching things and placing them in the mouth. A cuddly bunny's button eye with a sharp metal clamp can be swallowed easily.

Even the smallest baby can roll and should never be left unattended on a bed, table, or couch—not even for a moment. The more active baby becomes, the more careful a parent must be to see that the child is securely strapped into high chair, carriage, or stroller. As baby gains mobility by creeping or walking, parents need vigilance as well as courage to let the child explore—but with maximum safety.

When the baby likes to crawl around or is strong enough to pull up on his or her rapidly growing legs by holding on to a bar of the crib, walker, or playpen, the child is becoming more adventurous and new safety measures are needed. Playpens should not have bars in which arms, legs, or the head can be caught. A cord mesh is safe for the sides. Again, only safe toys should be placed inside the playpen. Gates on stairs and guard railings or screens for windows should also be made so that the baby can't get caught in or fall down or through them.

The young "creeper" or toddler quickly gets into things, but a parent must always be there first with the safety measure. Unused electric outlets should be capped with plastic fittings. Radiators, heaters, and fireplaces should have adequate guards. Pots on the stove should be in the back, away from the toddler's reach. Sharp objects should be well-hidden. Medicines, cleaning materials, even cosmetics and soaps, shaving cream, and cleansing creams, can be dangerous and should be well out of reach. Kitchen cabinets should be well closed, even locked if necessary.

Babies display individual temperament and behavior very early. Some babies move about more than others, some sleep more, some respond to stimulation more readily than others, some cry a lot, while others docilely accept what is given to them—and all can be perfectly normal.

Crying is the baby's earliest form of communication. At the instant of birth, a good, lusty cry is a sign that all is well. Then crying becomes the baby's language, telling the parent that he or she is hungry, wants to be made more comfortable, or wants to be held and cuddled. Later baby learns that certain sounds cause parents and others to respond. Babbling pleases the baby and the doting family and, as skill is gained, the infant imitates sounds and eventually learns the magic of words. At 12 months the average baby has one or two meaningful words beyond "mama" or "dada," although many perfectly normal babies develop speech later. Don't be afraid to talk to the baby early. The words may not actually be understood, but verbal communication stimulates even the youngest baby to respond.

Visual contact is another early form of communication. The newborn baby sees, and some psychologists say that the infant's steady gaze into the eyes of the mother is a powerful stimulus to the mother's emotional attachment to the baby. Thus, with the early communication of eye contact, baby's crying and the response to it, gentle contact during feeding and giving care, an important bond between mother (or mother substitute) and child is established. Stroking, cuddling, rocking a baby in one's arms, are all ways of showing love and the ability to satisfy baby's needs, and they also are important to the baby's personality development and confidence in learning later on.

Developmental landmarks. As babies grow (which they do very rapidly in the first six months—at five months most babies have doubled their birth weight) they become stronger and have an urge to get up and look around. At two months they lift their heads up when placed on their abdomens. At four months they can lift their chests up as well, and by five or six months most babies can roll over. As back muscles get stronger and the trunk gets bigger in relation to head size they learn to sit up, and this gives the world a new perspective. Most babies are sitting well by nine or ten months.

At about this time many babies start to crawl—often backward at first. Then they learn that if they can crawl to a supporting object, they can pull themselves up and stand. New adventures are in store. Then they can learn to inch along, holding on to something or someone, and one day they take a few steps without any help. The surprised delight of a baby taking these first faltering steps is a pleasure for anyone who chances to see it.

The timing is quite variable. Some babies never crawl but are walking at nine or ten months. Others, perfectly normal, may crawl for some time and walk at 14 months. The average baby takes a few steps without support at 12 months and walks with one hand held.

By seven or eight months babies are learning to grasp things that attract them, using the thumb as well as the fingers. They can reach

for toys, shake a rattle, change a toy from one hand to the other, sometimes hand it over. This adds to their socialization, and by ten months they can play little games and respond to their names. They can hold their own bottle, reach for a bit of food, and feed it to themselves. They are also developing their own language, repeating sounds that are meaningful only to them. By 14 or 15 months, babies may use a few words others understand.

As the teeth come in, babies develop a new interest and a new ability—they can learn to chew and put all kinds of things in the mouth. Around six or seven months of age, some babies show first teeth—usually the lower central teeth—but many babies develop teeth much later. As the teeth erupt, foods may be chopped, to give the new teeth more to do.

In the first five months babies usually respond in kind to any person who offers attention with affection. By six months they become more discriminating and prefer parents and family members; strangers will have to earn their confidence. It is therefore a good idea, in the first six months at least, for other competent, affectionate people also to take care of the baby so that mother is not the only one who satisfies the baby's needs. Grandparents, teenage brothers and sisters, or other relatives are often willing volunteers.

The timing of these so-called "landmarks," or "milestones," of development is of great interest to pediatricians, neurologists, and psychiatrists, for in the first year they have few other ways of estimating future ability and intelligence. The baby goes along at an individual pace and, by 15 to 18 months, has become a little person with unique characteristics and personality.

Training the infant. All people have patterns to their lives. A physical clock and a biological clock regulate living. Because baby has only the biological clock to deal with, parents must often make their physical clock coincide with the baby's pattern.

The baby's biological clock tells him or her when it is time to be hungry and when it is time to sleep. Baby's sense of security is dependent upon the parents' understanding of that rhythm. A sequence of daily events in a regular order constitutes the physical clock that parents establish to give the infant security and a feeling of trust. If basic trust is not established in infancy, the baby could develop a personality that shows insecurity and anxiety.

New parents must expect to make mistakes. Parenting will be a learning experience, and nobody's perfect. The baby's growth and development will be the best teacher.

When the baby cries, parents must encourage a sense of trust by responding, as much as possible. Although some people feel that responding to each cry will spoil the baby, this is not necessarily so. Crying is the baby's language, and the baby must trust that the parent will respond when the baby has something to say or feels a particular need.

In the first six months a baby usually does not cry just for attention, but rather because he or she has a need or is uncomfortable. The older baby may cry because of boredom or for want of company. In this case some ingenuity may be needed to satisfy baby's needs and yet avoid excessive attention.

The baby who frequently wakes up crying, for example, should be comforted, assured that he or she is not alone, and cuddled for a short time. Parents should not take baby to bed with them because it will make it difficult for the child to accept sleeping alone later on. If brief visits with the baby do not improve the infant's sleeping, it may be necessary to allow crying without responding, so that baby learns that the crying will not always bring the parent.

Discipline is actually helping a child to achieve self-control. As a child grows he or she learns that when he gets hungry he may have to wait a while before being fed and that crying will not help. The child learns self-control and to trust that he will be fed. Even the toddler must begin to learn right from wrong. When someone says No to the toddler about to reach for something hot or run into the street, the child must begin to curb an impulse to do what he or she wants to do.

For discipline to work, parents must set limits that remain constant. Knowing what to expect in a particular situation gives the child a sense of trust and security. When a discipline problem requires a No, it is often helpful to substitute some other interesting thing for the object or the activity that has the child's attention.

New parents must expect to make mistakes. Parenting will be a learning experience—and nobody's perfect. The baby's growth and development will be the best teacher.

Everyone needs praise and encouragement. As new milestones are achieved, the child looks to the most important people in his or her life for recognition. The child who feels achievements are appreciated will strive to achieve. It is important to give praise as new goals are reached.

Every area of development is dependent on the parent, guardian, or caretaker's relationship with the child, from the onset of maternal-newborn bonding to the interpersonal relationship in growth and development.

The growth of a baby from infancy to childhood can be an enjoyable experience. The surprise and excitement of parents discovering that baby recognizes their voices, their pride in the baby's first steps, the joy of playing a game and reading a book with the child—all can be memorable experiences.

Being a good parent is the most demanding job in the world. It is important to get a good first start in developing a feeling of security and warmth and love for a child. Understanding how the infant grows and develops and how personality is formed, and knowing how to provide care efficiently as the baby goes from helpless newborn to independent toddler will give real confidence during parenthood. □

The pamphlet is available for $1.00 from the Public Affairs Committee, 381 Park Avenue South, New York, NY 10016.

(Continued from page 4.)
badly blocked and swollen bladder—that would correct the kind of problem Michael had developed.

The parents, Mr. and Mrs. Glen Skinner, of San Mateo, California, were determined to exhaust every medical possibility to save the baby without injuring its twin sister. To increase the chances of the twins' survival in the event of premature birth, surgery was delayed until the seventh month of pregnancy.

Then pediatric surgeon Harrison inserted a long, hollow needle holding a tiny flexible catheter through Mrs. Skinner's abdomen into the womb and guided it slowly through the amniotic fluid and into the fetus' bladder. Although the fluid was temporarily drained off into the amniotic sac, the catheter wouldn't stay put. Two weeks later Harrison tried again with a redesigned catheter. This time the tiny tube, held firmly in place with a push rod, immediately began draining off urine and stayed in place.

After the twins were born, Harrison removed the catheter and fashioned a temporary drainage system for Michael's bladder. When he is older, the boy will need corrective surgery to restore normal urinary-tract function, but doctors envision no other problems as a result of the defect, which could have killed Michael even before he was born.

At the same time as the California breakthrough, doctors at the University of Colorado's Health Sciences Center and doctors at Harvard reported on new methods of implanting a drain in the skull of a fetus with hydrocephalus. The condition is characterized by a buildup of cerebrospinal fluid, the clear, colorless liquid that bathes the brain and spinal cord. Should the fluid get trapped in the brain cavity, it accumulates, exerting pressure that can severely damage the developing brain. At worst, hydrocephalus can lead to death; at best, some degree of mental retardation results. Babies born with the condition have abnormally large heads.

To prevent the worst consequences of hydrocephalus, the fluid pressure must be relieved. At Harvard Medical School, Dr. Birnholz and his surgical team drained excess fluid from the brain of a hydrocephalic fetus on six separate occasions, using a long needle inserted through the mother's abdomen and targeted at the fetal skull.

In Colorado, the medical team, led by Dr. William Clewell, inserted a tiny silicone-rubber tube containing a miniature shunting device into the mother's abdomen, guided it gently through the amniotic fluid, and then penetrated the fetal skull. The shunt, stabilized by a rubber anchor, drained off fluid when pressure rose to a level dangerous to the brain.

Although they are optimistic, doctors still can't predict the long-term effects of treating hydrocephalus in the womb. Results of animal studies at the National Institutes of Health have been "most encouraging," reports Dr. Hodgen. Monkeys treated in utero "demonstrated superior survival rates, timely motor-skill development, and the absence of seizures" when compared with untreated controls.

One of the very first medical conditions to lend itself to treatment in the womb was not a birth defect but Rh disease, the result of an incompatibility between the blood of mother and child. In order to defend itself against the "alien" blood of the fetus, the mother's system begins to produce antibodies, substances that invade the fetus' blood supply and cause problems ranging from mild anemia to retarded growth or even death. This problem is less widespread today than in the past, thanks to the development of a substance called, by one pharmaceutical company, RhoGAM, which protects the fetus by neutralizing the mother's ability to generate the antibodies that harm it.

Injecting new blood. Another approach has been to provide transfusions immediately after birth, substituting healthy blood for the baby's tainted supply. But since 1968, physicians have been giving affected fetuses intrauterine blood transfusions, pumping droplets of O-negative blood (the universal donor, compatible with all other blood types) into the babies, using long needles inserted into the mother's abdomen.

The first metabolic disorder ever successfully treated in the womb was a rare, inborn error that prevents the body from producing sufficient amounts of a necessary derivative of vitamin B_{12}. It did not even require fetal surgery. Without the ability to convert B_{12} to its derivative, our bodies can't process emthylmalonic acid, produced when protein is broken down. Left unprocessed, the acid accumulates and poisons the system. The condition leads to mental retardation and often to death.

Theresa Murphy, of Marshfield, Massachusetts, had already lost one baby to the disorder when amniocentesis at Tufts-New England Medical Center confirmed that her second child was also affected. She agreed to let pediatrician Mary Ampola treat her with massive daily doses of B_{12} (about 5,000 times the normal adult requirement) during the last two months of her pregnancy in hopes that the vitamin would reach the fetus and make up for the baby's dependency. It worked. Her daughter, April, has suffered none of the problems usually associated with the disorder, although she'll always need a special diet and B_{12} treatment.

In 1980, a California team that included Golbus used the same approach when tests revealed that Debra Whitmore's unborn child had a potentially fatal defect in its ability to process the vitamin biotin, which, along with many other vitamins, is needed in large amounts to maintain the body's normal chemical balance. Mrs. Whitmore's first child, Justin, was born with the condition and almost died before it was diagnosed. He recovered but needs daily doses of biotin to live.

Mrs. Whitmore began taking huge doses of biotin when the dependency was discovered in her unborn child. The treatment worked; her daughter Nicole was born with no sign of the problem.

Despite recent advances, some lethal birth defects discovered during pregnancy simply can't be treated. Nothing can be done, for instance, when it's learned that a fetus lacks most of its brain, a rare condition known as anencephaly. Other problems are treated after birth.

Even when a defect can be corrected in the womb, it will be some time before any of the new procedures becomes routine. "Five years down the road they no longer will be rare," predicts Dr. Hodgen. "We're moving from rare to commonplace." If progress continues at the current pace, in ten years the number of birth defects correctable in the womb will have doubled, tripled, or even, as some doctors expect, quadrupled. □

Tips for Outdoor Safety

A few simple precautions taken before you go hiking or camping in the wild could save your life or the life of someone you love.

by Richard Bauman

It's a cool day and you're in the outdoors hiking, hunting, fishing, rockhounding, or whatever. The sky clouds over, the wind comes up, and suddenly you're being drenched by a downpour. Before you can find shelter your clothes are soaked through. Then the rain subsides and, being a couple of miles from your car or campsite, you decide to continue your normal activities, figuring a little wind and water never really hurt anybody.

Maybe you'll be all right. Or maybe you'll become a victim of hypothermia—the killing cold.

Every year we read or hear about dozens of persons who died in the wilderness from "exposure." Often though, exposure is a misnomer, or is used to mean hypothermia. Such deaths are tragic, and many that were caused by hypothermia were and are preventable.

Essentially, hypothermia occurs when a person's body temperature drops drastically and rapidly; the body loses heat faster than it can produce it. When this happens a person can die in a matter of a couple of hours, unless vigorous efforts are made to restore body temperature to near normal.

It is obvious to most of us that being caught unprepared by a surprise snowstorm could easily bring on hypothermia. What isn't so readily realized by many is that it doesn't have to be winter, or even an especially cold day, for one to become the victim of hypothermia. Under very common and reasonably comfortable conditions hypothermia is a distinct possibility. Usually wind, moisture, and cool air are the factors that contribute to mild-weather hypothermia.

As an example, you probably think of 60° F. as being a bit cool, but not dangerously cold. And normally it isn't. Yet, under the right conditions, it becomes a potentially deadly temperature. Those conditions usually include moisture and wind.

Wind is almost always a significant factor in mild-weather hypothermia. A temperature of 50° F. is cold but not necessarily uncomfortable. However, if there's a wind of only 20 mph the windchill factor makes the temperature plunge effectively to 20° F. And that is cold. In all cases of moderate temperatures, the greater the wind speed the greater the windchill factor, and the colder you will be. (See Windchill Table.)

Wind is a problem for other reasons. It literally blows away some of your body heat. It pushes air through clothing, and if your clothes are wet, even from perspiration, the moisture is evaporated quickly and your body cools rapidly. If your clothing is soaking wet, such as from rain, falling in a pond, or wading through a stream, the cooling effect will be even faster.

Experts recommend that anytime you are going to be outdoors and any substantial distance from your campsite, vehicle, or other form of proper shelter, it is important to wear the right clothing. And it is a good idea to carry a lightweight waterproof pack with spare clothing, socks, waterproof parka, a cap or hat, and matches or a lighter to start a fire if needed.

To help retain body heat and insulate yourself from potentially deadly cold, experts generally agree that wool is the best type of outer

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Richard Bauman, specializing in general-interest and health-related subjects, writes from Hacienda Heights, California. His articles have appeared in a number of nationwide publications, including YOUR LIFE AND HEALTH.

PHOTO BY KEITH GUNNAR / BRUCE COLEMAN, INC.

WINDCHILL TABLE

Indicates the Windchill Factor
In Cooling Power on Exposed Flesh

AIR TEMPERATURE ° F.

		COLD				VERY COLD			BITTER COLD				EXTREME COLD		
		35	**30**	**25**	**20**	**15**	**10**	**5**	**0**	**-5**	**-10**	**-15**	**-20**	**-25**	**-30**
WIND SPEED (MILES / HOUR)	**4**	35	30	25	20	15	10	5	0	-5	-10	-15	-20	-25	-30
	5	32	27	22	16	11	6	0	-5	-10	-15	-21	-26	-31	-36
	10	22	16	10	3	-3	-9	-15	-22	-27	-34	-40	-46	-52	-58
	15	16	9	2	-5	-11	-18	-25	-31	-38	-45	-51	-58	-65	-72
	20	12	4	-3	-10	-17	-24	-31	-39	-46	-53	-60	-67	-74	-81
	25	8	1	-7	-15	-22	-29	-36	-44	-51	-59	-66	-74	-81	-88
	30	6	-2	-10	-18	-25	-33	-41	-49	-56	-64	-71	-79	-86	-93
	35	4	-4	-12	-20	-27	-35	-43	-52	-58	-67	-74	-82	-89	-97
	40	3	-5	-13	-21	-29	-37	-45	-53	-60	-69	-76	-84	-92	-100
	45*	2	-6	-14	-22	-30	-38	-46	-54	-62	-70	-78	-85	-93	-102

*Wind speeds greater than 45 mph have little additional cooling effect.

Source: National Oceanic and Atmospheric Administration

Thanksgiving
—A Time of Memory and Joy

Rather than let Thanksgiving—the true all-American holiday—be subverted by outside forces, let's summon the strength and conviction to make it a day of memory and joy.

by Kit Watts

Illustrated by Jack Pardue

Thanksgiving is a genuine American holiday. While most cultures have had a fall harvest festival, the first American Thanksgiving is close enough that we hear its footfalls in history. A few houses still stand along the Massachusetts coast where the voices of Pilgrims rang. Documents and diaries survive the period when 103 people left a tiny wooden ship at anchor and began to colonize the wilderness of the New World.

Kit Watts is periodical librarian, James White Library, Andrews University, Berrien Springs, Michigan.

Their chances of living long enough to do this were slim and grew slimmer. Weakened by the near-starvation diet of rations left from the voyage, 42 died during the first winter. The crops that furnished the first Thanksgiving table grew from their graves.

Not only the Pilgrims suffered loss of life during the winter of 1620-1621. An epidemic had decimated the Indian population and left only 5,000 out of an estimated 95,000 who had inhabited the coast. Both red and white survivors appreciated a summer reprieve and a fall harvest.

Out of these stark circumstances

In a most unlikely time—the midst of the Civil War—Thanksgiving became a national holiday. For the first time schools, government offices, and businesses closed everywhere at the same time.

arose Governor William Bradford's invitation for Chief Massasoit to join the Pilgrims in a special celebration—special in many ways. For one, the Pilgrims were not inclined to have holidays. But now they wanted to feast and have games and show gratefulness for life itself. Thanks to Squanto, they had a small harvest. They enjoyed peace with their Indian neighbors. Wild game flourished in nearby woods. It was a simple beginning to a great tradition.

Over the next 240 years Americans enlarged the Thanksgiving tradition. It was not unusual for praise and prayers to rise in New England churches before the fragrance of pies and the laughter of children filled village streets and isolated farms with festivity. Sometimes a national or state event would evoke the formal proclamation of a day of thanks. But for the most part, local communities developed their own customs. And so the day took on color and significance because of happenings in people's lives.

In a most unlikely time—the midst of the Civil War—Thanksgiving became a national holiday. For the first time schools, government offices, and businesses closed everywhere at the same time. The outcome of the war was not much clearer in 1863 than the outcome of the Pilgrim adventure had been in 1621. While Thanksgiving was set aside to mark divine providences of the immediate past, in reality the day was also a kind of statement of faith. The sentiment may have been, If we have come this far, we believe Providence can take us further still.

In our industrial, technological age Thanksgiving has undergone secularization. The supermarket in November offers about the same generous fare that it did last April. Others plant the fields of which we eat. Others build the houses we inhabit. Our holiday does not well up out of our own life experience.

Thanksgiving in our time is rather an escape from life, a time to forget our harried days. For a salaried person it is a perquisite, one of a few days each year he can stay home without losing money. In a factory setting, the holiday amounts to a mathematical headache that adds stress to the work load for several days in advance. For business people Thanksgiving is, if possible, dollar-oriented—a time for sales, for Pilgrim-and-Indian advertising motifs, and longer hours than ever. For sports and entertainment fans Thanksgiving Day means televised parades and hours and hours of "first downs" and vicious tackles. The only prayers most people say are hurried ones before the mashed potatoes become chilled.

Perhaps the footfalls of history have become faint on the ear, receding into the distance. Perhaps divine providence seems a quaint notion outmoded by our technological independence. Perhaps time, like a glacier, pushes us irretrievably forward, slowly grinding the boulders of our national and spiritual heritage to dust.

But I would venture the challenge that we recover for ourselves, our families, and our churches, a true spirit of thanksgiving. Rather than letting Thanksgiving be subverted by outside forces, let us summon some strength and conviction to make it a day of memory and joy.

In the tide of food preparation and the temptation of televised diversions, could we actually take 30 minutes to swap family stories? At dinner could we propose to our guests that each one share an important event from his life in the past year?

Perhaps we could take the initiative as host and hostess to say a personal blessing over each person eating with us, or place a note of thanks at each individual's plate. Perhaps the energies of young children could be channeled for an hour toward reenacting scenes from a Pilgrim Thanksgiving. Perhaps there is a place of local history the family could drive or walk to.

Are there games to play where young and old interrelate rather than separate? Is there a community Thanksgiving service to support by our attendance? What, out of our abundance, can we consciously give and share, setting this time apart as a day when we are thankful, a day when we are free?

Let us allow Thanksgiving this year to overtake us with a sense of awareness. If our days are too crowded, let us plan a simple time. If our days are lonely, let us plan a feast. If we have been blessed, let us find a way to say so! History is on our side. □

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clothing to wear. Cotton clothes are a weak second choice, and synthetics are quite poor in terms of insulating value. "Wool clothes lose less insulating value than cotton, down, or synthetics," says one outdoor specialist. "Wool shirts are many times better for wet and cold than are other materials."

Regardless of the type of clothing a person is wearing, if he or she is wet and weather conditions are cold or windy, steps need to be taken to stop the loss of body heat, and to raise body temperature to normal when temperature loss occurs. Otherwise hypothermia will likely occur. It is far better to conserve or prevent loss of body heat before hypothermia has a chance to set in. In fact, more can be done to conserve and preserve body heat than can be done to produce it.

One of the first steps in conserving body heat, say most experts, is to dress in layers. That is, by way of example, rather than wearing one heavy shirt, wear a T-shirt, an outer shirt, and a jacket. Dead air spaces that help insulate against cold are created between the layers of clothing. Also, if you get too warm during your activities you can easily shed the jacket or shirt and remain comfortable. If you begin to get cold you can put on your shirt and jacket, a layer at a time, retain body heat and remain comfortable too.

Wearing a cap or hat does more than just keep your head warm. As much as 40 percent of your body heat can be lost through the top of your head. By wearing a head covering you help keep all of your body warm.

Hypothermia never sneaks up on a person. The warning signs are clear, and should you or a companion begin experiencing them, it is time to act. Don't delay, because every minute of delay means that many extra minutes will be needed to get body temperature back to normal. If steps are delayed too long there may not be enough time to pull the hypothermia victim through his or her crisis.

Almost always the first symptom of a too rapid loss of body heat is uncontrolled shivering. As a body loses heat, its self-preservation mechanisms try to conserve what heat is left. The blood supply to muscles is reduced as blood is directed to vital organs. The muscles contract involuntarily, thus causing shivering. Not only does continuous shivering make a person feel miserable, it can actually lead to exhaustion.

As shivering and chills continue, a person's speech begins to slur, and he or she will find it hard to concentrate. A progression of hypothermia diminishes coordination, and extreme numbness in hands and feet is likely. If a person reaches this point, body functions are severely affected, and the situation is *critical.* Don't wait for these symptoms to appear. When a person starts shivering uncontrollably it is time to act. The longer you wait to take action, the more body heat is lost, and the harder it is to restore normal temperature.

Never give a hypothermia victim alcohol. Despite popular misconceptions, alcohol does not warm a person and could make the problem worse.

Most experts will tell you that the first thing to do is to try to find shelter from the direct effects of wind, rain, and cold. If you are too far away from camp or vehicle, look for a clump of trees, a cave, an old building, or anything that can provide immediate shelter. If you're near your camp, getting inside a tent, camper vehicle, automobile, or building is vital.

If possible, the victim needs to get out of wet clothes and into dry ones immediately. If the person sheds the wet clothes and can get into a sleeping bag or be wrapped in dry blankets, all the better. Direct contact with another human body is a highly effective means of raising body temperature.

Often though, people who become victims of hypothermia are only out for a day of hiking, fishing, or the like and don't have a sleeping bag or blankets at hand. In such cases it is recommended that if possible a fire be built and one or more persons huddle with the victim near the fire. The hypothermia victim should not sit on bare ground or rocks because these can drain away body heat. Instead, sitting on a log, or even a piece of cloth can help insulate the body and prevent more heat loss.

Avoiding body heat loss is vital. A few years ago two young girls became lost while hiking and spent the night in the wilds where the temperature dropped to well below freezing. There was real concern whether they would be discovered alive. The next morning the searchers found them in remarkably good condition. Though neither had a jacket or hat they survived because they took shelter under some trees, sat on a cushion of pine needles rather than the bare ground, stayed awake all night, and literally hung onto each other to keep warm.

Assuming the hypothermia victim is conscious, warm drinks will help bring up body heat. But never give a hypothermia victim alcohol. Despite popular misconception, alcohol does not warm a person. In fact, it actually causes the body to lose heat more rapidly. Additionally, it will make the victim drowsy, and one thing hypothermia victims need is to stay awake.

When you sleep your body mechanisms slow down. In effect, they rest too. Thus your body temperature drops when you sleep. A hypothermia victim cannot afford to have his or her temperature drop further, or to experience any additional reduction in body functions. Among experts on hypothermia a common saying is, "To sleep is to die."

If a victim's condition hasn't improved within an hour after starting first aid, professional help should be sought. Whether you send for help or transport the person, be sure to continue all efforts at keeping him or her warm and raising body temperature until help is obtained.

So when you go into the wild, take what you will need to be dry and warm in case the weather should suddenly turn bad or you should get wet and it is windy. Prevention of hypothermia is best accomplished by being prepared for the worst possible conditions. □

Have You Had a Physical Recently?

Regular physical exams can not only help you remain healthy, but often they can spot certain diseases in the early stages when they are easier to treat.

by Thomas A. Davis

A swishing sound surged rhythmically from the loudspeaker near my head. Out of the corner of my eye, as I lay on a bed, I could barely glimpse part of a computer screen, across the top half of which flame-red waves rolled in cadence with the sound. Obliquely across the bottom half of the screen grew what looked like a roughly penciled red Y as an X-shaped cursor moved across the screen, paused, shifted again, stopped, moved once more. With each move of the cursor the swish assumed a slightly different quality.

All of these—the rhythmic swishing, the sweeping red waves, the Y—were telling the technologist a great deal about a particular area of my vascular system, and thus about my vascular system in general.

I was undergoing this test and others as a result of a letter I had received from the executive director of the American International Hospital, Zion, Illinois, some time before. The letter invited me, as an editor of a health magazine, to visit the facility, experience for myself the philosophy behind the hospital and the approach to healing used there, and to receive a series of tests for evaluation of my physical condition. Interested in the program outlined in the brochure accompanying the letter, I accepted the invitation.

I arrived at the office of the public relations director at nine one morning. I had been there about five minutes when another guest arrived—Dr. Glen McCabe, from Brisbane, Australia, who had turned to preventive medicine. In the United States to attend some professional meetings and having heard of American International, he decided to drop by for a look at their program. He arrived at an auspicious time, for instead of simply being taken around and having the various techniques and equipment explained to him, he could observe some of them being used—on me. I didn't at all mind having him along to offer a "second opinion."

Most of the tests were familiar to me. First, a technician took a "donation" of blood for a series of blood tests. These were all done by computer, which could run off about two dozen different scientifically controlled evaluations in quick order—blood cholesterol, hemoglobin, glucose, albumen, potassium, and so on.

Following this I was "wired" for a treadmill test to see how my heart was doing. While I was striding in place the technician told me about a local mailman who had taken the test. Efforts to get his heart up to the maximum rate for his age were useless. He was in such good shape from all his walking around town that, although they kept him on the treadmill for 40 minutes, he handled it all effortlessly—"No sweat," as the technician put it. That postman was a testimonial to the virtues of walking.

I gave the postman no competition. As the incline of the treadmill was raised, and the speed increased, I finally reached the maximum number of heartbeats suggested for a person my age. Feeling fine, I proposed to the supervising cardiologist that I be allowed to go beyond, but he declined.

Then came the procedure I described at the beginning of this article—the Doppler scan, otherwise impressively referred to as computer-enhanced spectral analysis.

Preparatory to the scan, I had to have my blood pressure taken. On many occasions I had gone through that procedure, during which an inflatable band was placed around the upper arm. This time the pressure was taken, not on my arm, but both legs—at the ankle, calf, and thigh.

For the Doppler scan I had to lie on a bed in a precisely prescribed position or, as Will Rogers, the technologist, told me, the computer would get a wrong reading. Then Will switched on the computer and placed what appeared to be a small microphone just under my jaw. Actually it was a sonic probe that caused sound signals to penetrate my carotid artery. The penetrating sonic waves emitted by the probe hit red blood cells as they spurted through the artery, and bounced back to the probe. The signals were interpreted by the computer as the waves and the Y shown on the screen.

Each flame-red wave represented a surge of blood through the artery at the spot where the probe was placed, the swish was the noise the blood made as it shot past, and the cursor on the Y indicated the probe's precise position on the artery.

If there is a plaque buildup in the artery, Will explained, it will hinder the blood from flowing freely and cause eddies around the buildup. This will show up both in the

Thomas A. Davis is associate editor of YOUR LIFE AND HEALTH.

configuration of the waves and in the swishing sound, which is understood by a skilled interpreter. There were no abnormalities in my reading.

Readings may be obtained on other surface arteries besides the carotid. Evaluations can be made of the brain, the extremities, deep venous structures, and so on.

What is the Doppler scan used for? Its main purpose is to screen a patient noninvasively (without physically penetrating any part of the body) for irregularities prior to or in place of arteriography. Both procedures are done to discover whether an artery is narrowed or blocked. However, arteriography is an invasive, and more risky, procedure that many medical people believe should be used only when surgery is contemplated, not as a screening procedure in nonsurgical cases. The technique involves the sedation of the patient and invasion of an artery.

In arteriography, a cathether is threaded through the artery and guided by an image on the X-ray machine until it is manipulated to the desired site. A special dye is then injected into the cathether, showing up on the X-ray in such a manner as to reveal if blockage is occurring. This is a procedure that the Doppler scan can eliminate without inconvenience or discomfort. And it is much less expensive than an arteriogram.

The scan does not rule out all need for an arteriograph. The former works only with arteries near the surface but is extremely valuable for giving a general picture of the cardiovascular system. However, if the scan shows there are serious arterial blockage problems so that surgery is indicated, an arteriograph will probably be indicated. Prior to this no invasive procedure is needed, thus saving time, money, and avoiding much stress.

Extremely interesting to me was what was going on in the research laboratory in the basement of the clinic. In that laboratory Dr. Shailendra Sahu, a cell biologist, and his associates were doing cancer research tailored to each individual cancer patient. Since each person is measurably different from every other in many ways, it stands to reason that cancer could well take a somewhat different form in one individual than in another, even though patients may have the same cancer type. That being the case, a treatment that may work well for one patient may not be so successful for another.

Dr. Sahu's task is to try to discover which particular treatment and how much of a particular treatment will be best for the individual cancer patient. To do this, the laboratory takes cancer cells from the patient and clones them to find treatments to which the cells are susceptible. This approach was first tried about eight years ago and is only gradually being adopted by oncologists—tumor specialists.

Dr. Sahu showed us a number of cages containing a rather unusual type of mouse. Called nude mice, they are completely hairless. The cages in which they are kept are totally sterile because the mice have no immune systems and so could be killed by the first infection that came along.

These mice are used in perhaps the most useful methods of cloning. A small amount of tissue from a cancer patient is transplanted into a mouse where it grows to substantial size because the animal's body puts up no resistance.

The resultant tumor cells can then be used for a number of valuable purposes: to determine what agents, including nutrients, might contribute to tumor cell growth, or to make possible the development of a combination of chemotherapeutic agents for the patient involved. The method is further used to measure the possibility of finding one or more effective drugs or combination of drugs to make it possible for a greater number of patients to receive the benefits of cloning than is possible with other methods, and to provide information upon which further research can be built.

I drove away from American International thinking about physical examinations. Just before I left, Dr. Sheldon Burman, chief of Vascular Services, had gone over the results of my tests and put them all together for me. For my age I was in very good shape, an evaluation that didn't make my day any less pleasant.

Those examinations cannot, of course, tell you everything about your condition. Physically we are such complex creatures that even the most detailed examination can't come up with complete answers. Nevertheless, such an examination can be a valuable tool, physically and psychologically. Psychologically it was good to know I was healthy.

But suppose the finding hadn't been so encouraging. Naturally, we don't like bad news. But even that kind of news, coming after an examination, would be better than not having the tests and so having a problem discovered, perhaps, after it had progressed longer than it should have.

I am not an advocate of going to a doctor for every little ailment that shows up. But I do think that periodic physical examinations, especially for people in their senior years, are a good thing. □

How Often Should We Have Physical Checkups?

Medical authorities are agreed that it is generally not as important to have a physical examination during the younger years as it is during the later years of life. General physical examinations are suggested as follows:

MEN		WOMEN	
Age	Frequency	Age	Frequency
30 to 45	Once every 5 years	20 to 40	Once every 3 years
45 to 60	Once every 2 to 3 years	40 to 50	Once every 2 years
60 and over	Annually	50 and over	Annually

In addition to having full physical examinations as recommended above, it is suggested that both men and women should have a annual colon check for cancer after the age of 40. Women are urged to have a Pap smear at least once every 3 years after age 20. Mammographies are recommended as follows:

One during years 35 to 40
One every 2 to 3 years, ages 40 to 50
Annually, over 50

"Lovin' From the Oven"

There is a little saying that goes something like this: "Nothin' says lovin' like somethin' from the oven." Which saying conjures up visions of Mother putting fresh, fragrant, home-baked bread on the table. Most people would agree that nothing else that is baked excels it, and most would also agree that nothing excels the flavor of home-baked bread. So, if you would like to let someone know you are thinking about him at this holiday season, why not try some of our recipes for bread. And whether you make it plain or fancy, he or she is sure to agree that the little saying is certainly true.

Holiday Rolls

4½ to 5 cups flour, divided
2 pkgs. dry yeast
1 tsp. salt
½ cup water
½ cup milk
½ cup margarine
⅓ cup honey
1 egg
1 cup chopped mixed candied fruit
Honey (optional)

Combine 2 cups of flour, yeast, and salt in mixing bowl and set aside. Heat water, milk, butter, and ⅓ cup of honey in a saucepan to between 120° and 130° F. Add to yeast mixture, and beat only until moistened. Add egg, beat 3 minutes at medium speed with electric mixer. Stir in candied fruit and enough of remaining flour to make soft dough. Turn dough out onto a floured surface; knead until smooth and elastic (about 5 to 8 minutes). Place dough in a greased bowl, turning to grease top. Cover and let rise in a warm place, free from drafts, 1½ hours or until doubled in bulk. Punch dough down, and divide into 4 parts. Divide each part into 6 pieces. Roll each piece into an 8-inch rope. Place on greased baking sheets, and coil each rope loosely; pinch ends to seal. Cover and let rise in a warm place, free from drafts, 45 minutes or until doubled in bulk. Bake at 350° F. for 15 to 18 minutes or until browned. Remove from baking sheets while hot; brush with honey, if desired.

Yield: 2 dozen rolls.

Clara Burtnett, who conducts this page, is the editorial secretary of YOUR LIFE AND HEALTH.

Holiday Braids

6 to 6½ cups flour, divided
⅓ cup honey
1½ tsp. salt
1 tsp. grated lemon rind
2 pkgs. dry yeast
1 cup milk
⅔ cup water
¼ cup margarine
2 eggs
½ cup slivered almonds
½ cup chopped raisins
Vegetable oil
Glaze (optional)

Combine 1½ cups flour, salt, lemon rind, and yeast in mixing bowl, stir well and set aside. Heat milk, water, and butter in a small saucepan to 120° to 130° F. Gradually add to flour mixture, beating well. Add honey. Beat 2 minutes at medium speed with electric mixer. Add eggs and ½ cup flour; beat at high speed 2 minutes. Stir in almonds, raisins, and enough of remaining flour to make a stiff dough. Turn dough out onto a floured surface, and knead until smooth and elastic (about 8 to 10 minutes). Cover and let rest 20 minutes. Divide dough in half; divide each half into thirds. Roll each third into a 14-inch rope. Place 3 ropes, side by side, on a greased baking sheet. Braid. Tuck ends under to seal. Repeat with the remaining dough. Brush each braid lightly with vegetable oil; cover and chill 2 hours. Remove from refrigerator and let stand at room temperature 10 minutes. Bake at 375° F. for 25 to 30 minutes. Remove from baking sheets, and place on wire racks to cool. Drizzle with glaze if desired.

Yield: 2 braids.

Oatmeal-Raisin Bread

½ cup whole wheat flour
½ cup dark brown sugar
1 tsp. salt
½ cup margarine, softened
1 cup quick-cooking oats, uncooked
1 cup raisins
2 cups boiling water
1 pkg. dry yeast
½ cup warm water (105° to 115° F.)
5 to 6 cups flour
½ cup sugar
1 Tbsp. cinnamon

Combine whole wheat flour, dark brown sugar, salt, butter or margarine, oats, and raisins, in a large bowl. Mix well. Add 2 cups boiling

water, stirring to melt the butter; cool mixture to 105° to 115° F. Dissolve yeast in ½ cup warm water; let stand 5 minutes. Add to oat mixture, and mix well. Gradually stir in enough flour to make a soft dough. Turn dough out on a floured surface, and knead until smooth and elastic (about 8 to 10 minutes). Place in a well-greased bowl, turning to grease top. Cover and let rise in a warm place, free from drafts, 1 hour or until doubled in bulk. Punch dough down, turn out on a floured surface, and knead 2 minutes. Divide dough in half, and let rest for 10 minutes. Roll each half into an 18- × 9-inch rectangle. Combine sugar and cinnamon. Sprinkle half the sugar mixture evenly over each rectangle. Roll up, jelly-roll fashion, beginning at a short end. Fold ends under, and place in two greased 9- × 5- × 3-inch loaf pans. Grease tops. Cover and let rise in a warm place away from drafts, 40 to 50 minutes, or until doubled in bulk. Bake at 375° F. for 40 to 45 minutes or until loaves sound hollow when tapped. Remove loaves from pans and cool on wire racks.

Yield: 2 loaves.

Sugarless Fruit Spread

1 cup unsweetened crushed pineapple, drained
1 cup pitted whole dates
¼ cup dried apricot halves
2 to 3 Tbsp. lemon juice

Combine all ingredients in electric blender, processing until smooth. Store in refrigerator.

Yield: 1¼ cups.

The preceding recipes have been used by permission and adapted from personal files of homemakers.

PHOTO BY MEYLAN THORESEN

An Interview With Our Readers

This is your chance to meet the people who read YOUR LIFE AND HEALTH magazine and to find out how the readers feel we can improve the publication.

by Ralph Blodgett

In the June issue of our magazine we asked the readers of YOUR LIFE AND HEALTH to tell us about themselves: Who they are, where they live, what kind of work they do, what church preferences they have, how long they attended school, what they like (and don't like) about the magazine, what topics they would like to see more often in our pages, and whether we should add some new columns to the publication, namely, a doctor's column and a chaplain's column.

We asked these questions by means of a two-page mail-in survey printed in the magazine itself—a technique used by numerous magazines throughout the nation *(Better Homes & Gardens, Ladies' Home Journal, Psychology Today,* et cetera). In order to make it easy for our readers to respond, we self-addressed the survey and paid the postage for its return. (We also mailed the survey to a computer-selected sample of our readers, in order to cross-check the survey results and provide a more accurate profile of the subscribers.)

Ralph Blodgett, B.D., M.A., is the editor of YOUR LIFE AND HEALTH.

Altogether, the June survey generated approximately 1,000 completed responses from our readers. Now let's look at the results.

Who are you?

Your marital status: 68 percent of you are married, 16 percent are widows or widowers, 9 percent are single, and 7 percent are divorced or separated.

Your sex: Females comprise 80 percent of our respondents to the magazine survey (73 percent on the computer sample survey).

Where you live: More than a third of you live in small towns (39 percent), with 27 percent in rural areas, 21 percent in the suburbs of large cities, and 13 percent in large cities.

Your education: In contrast to the national norm (which lists high school graduates at 70 percent of the U.S. population and college graduates at 17 percent of the U.S. population), 89 percent of YOUR LIFE AND HEALTH readers have finished high school, with 46 percent obtaining a college degree and 15 percent with a graduate school degree.

Your job: More than a fourth of you (29 percent) said your primary occupation involved a professional job (business executive, teacher, physician, health worker, attorney, et cetera), 10 percent are office workers, 26 percent are homemakers, 27 percent are retired, and 8 percent fall into other categories.

How do you use the magazine?

Years reading YOUR LIFE AND HEALTH: 14 percent have been reading the magazine for less than one year, 13 percent for one to two years, 10 percent for three to five years, and 63 percent for more than five years.

Portion of each issue read: More than three fourths of our respondents (77 percent) read "all or nearly all" of each issue, 18 percent read about half of each magazine, with 4 percent reading only one or two articles and 1 percent just "skim the magazine."

People who read my copy: Obviously, you like to share the magazine with others. Approximately nine out of ten respondents (89 percent) share their copy with someone else when they've finished with it (in fact, 42 percent let one other person read their copy, 34

percent share it with two or three others, 5 percent share it with four to five people, and 8 percent share it with more than five people).

Which subject do you like most?

Favorite topics: According to the survey, the four most popular article subjects for the magazine are:

Healthful-living articles	97%
Family-oriented articles	89%
Human-interest articles	89%
Marriage-improvement articles	84%

Three other categories of articles followed not too far behind in popularity: seasonal articles, 82 percent; humorous pieces, 77 percent; and interviews with important people, 70 percent.

Favorite departments: 76 percent of the readers found Clara's Kitchen either "very interesting" or "interesting" in content; 88 percent liked the Two-Minute Talk, by Allan R. Magie; and 43 percent liked the Bookshelf.

In addition, an overwhelming 93 percent of you want to see a Your Family Doctor column added to the magazine, and 74 percent like the idea of a Chaplain's Page. In response, we will be adding both columns to the magazine starting with the January, 1985, issue. (Please see the box on this page for more details about these new features.)

How can we improve the magazine?

Two questions that interested us as editors involved a couple of completion statements on page 2 of the survey:

"14. In a future issue I wish you would include an article about _____."

"15. If I were to change YOUR LIFE AND HEALTH, I would _____."

In response to the first statement, we developed a list of more than 100 possible topic ideas that you, our readers, would like to see in future issues of the magazine. And we have already taken steps to find authors to present some of these topics in the months ahead. We believe you will like the results of our efforts along this line.

The two most frequent answers to the second statement involved the recommendations from our readers that we (a) increase the size of the publication by adding more articles and pages, and (b) that we reduce the annual subscription price so more people could afford to subscribe. (Our current one-year rate is $16.95.)

Now, while these two popular requests may seem mutually exclusive, we decided to pass them along to a special Marketing Advisory Panel (composed of a dozen key Review and Herald Publishing House leaders, including three vice presidents of the institution) to see what solutions could be found to lower the price and enlarge the magazine.

After more than two months of weekly and twice-weekly meetings on various steps to improve the publication, the MAP group brought back a recommendation that the magazine be enlarged to 48 pages (from our present 32 pages) and change to a bimonthly publication, thereby reducing significantly our postage and handling expenses—a savings that we can pass on to you, the subscriber.

These two changes alone will allow us to reduce the annual subscription price from $16.95 to $9.95, a savings of $7 for every subscriber to the publication. (Yet every bimonthly issue that you receive will have more articles, more departments, more pages, and more color than the monthly issues you have currently been reading.)

As editors, we are pleased with the MAP recommendations on how to reduce the subscription price while enlarging the publication size to 48 pages—making this magazine the largest four-color magazine produced by the Seventh-day Adventist denomination. We hope that you, our readers, will also like the changes, which will begin with the next issue of the magazine—January/February, 1985 (which you should receive in December, 1984).

To summarize, the editors and staff appreciate those of you who took the time to respond to our survey. Your comments will help us to produce a superior product tailored to your needs and anticipations. (We are also thankful to many who, on surveys mailed to our offices during July and August, expressed appreciation for improvements we have already begun making on the publication—both editorially and designwise—in recent months.)

Look for some exciting improvements in the months ahead as this publication assumes a more significant role as a Christian publication in helping thousands of readers to achieve better health, a happier family, and a more complete, fulfilled marriage at home. □

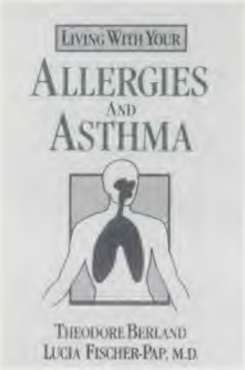
Do you have a question you would like to ask a doctor?

Beginning with the January, 1985, issue, we will be adding two new features to the magazine: a Chaplain's Page (conducted by Larry Yeagley, chaplain of Huguley Memorial Medical Center, Fort Worth, Texas) and a Your Family Doctor column, by Ted Hamilton, M.D. (director of the family practice residency and acting director of medical education at Florida Hospital, Orlando, Florida).

Dr. Hamilton will answer as many letters from our readers as possible in his column in the months ahead. If your medical question involves you or your family's health, talk with your physician. However, questions of general interest on medical problems or treatment may be addressed to Dr. Hamilton, VIBRANT LIFE, 55 West Oak Ridge Drive, Hagerstown, MD 21740.

Because of the high number of readers who said they definitely want us to add these features to the magazine (93 percent for the doctor's column and 74 percent for the chaplain's column), we are certain you will like what these two men have to offer. (Questions for our chaplain should be sent to Chaplain Larry Yeagley, VIBRANT LIFE, 55 West Oak Ridge Drive, Hagerstown, MD 21740.)—The editors.

BOOKSHELF



Living With Your Allergies and Asthma, Theodore Berland and Lucia Fischer-Pap, M.D., St. Martin's Press, 175 Fifth Avenue, New York, New York 10103, 1983, 142 pages, $5.95 paperback.

"Every sixth person suffers from one kind of allergy or another. Among the allergic are ten million asthmatics, who spent thirty-three million days in bed last year [1982]; fifteen million hay-fever sufferers, who lost $97 million in earnings last year; and twelve million persons so allergic to insects that the stings of bee, wasp, or fire ant provoke life threatening situations in seconds. . . .

"There are also uncounted legions of allergics sensitive to common drugs such as aspirin and penicillin. Last year, about 600 persons died from adverse reactions to penicillin." Page 4.

Allergies, then, are big trouble for many people, and finding relief is not always easy. This book could be a good point of departure in that direction.

The American Medical Association: Guide to Health and Well-being After Fifty, Random House, Inc., 201 East 50th Street, New York, New York 10022, 1984, 261 pages, $8.95 paperback.

At the turn of the century when people traveled by horseback and steam-powered train, the average life expectancy in the United States was 49 years of age. Today more than 10 percent of the population, some 23 million men and women, are in their 50s, and most will go on to their 60s and beyond.

What must this group of people expect of themselves from the viewpoint of health? Does one automatically have to count on deteriorating health after he or she reaches 50?

"Aging does not cause illness. Until recently, aging and illness were considered almost synonymous. You grow old; you become sick. But this is not true. *Normal* aging does not by definition include the development of disease. In other words, if you age normally, you will grow older while remaining healthy. True, many elderly persons become ill, but their illnesses are in many cases not caused by advanced age. Invariably other culprits can be identified." Pages 4, 5.

The purpose of this book is to provide information from a large group of professionals equipped to help the 50-year-old and beyond, understand and adjust to the changes that come with the years. Among the many areas examined are, How can you cope with such physical problems as fatigue, hearing loss, and diminished vision? What are some of the myths of the mid-life crisis? What are the facts about sex at mid-life? Can there be psychological and mental growth after age 50? What are the guidelines for healthy nutrition and weight loss? How do you adapt to widowhood or widowerhood? How does one confront the empty-nest syndrome? What are the pros and cons of a second career? Is it possible to have an active retirement? Are the after-50 years bound to be dull, boring, unproductive years?

This book is written with a wide spectrum of background in mind, and so everything discussed will not be for all readers. But much useful information will be found for anyone interested in this subject.

Free Attractions, U.S.A., Mary VanMeer and Michael Anthony Pasquarelli, John Muir Publications, Inc., P.O. Box 613, Santa Fe, New Mexico, 87504, 1984, 426 pages, $10.95 paperback.

Everything costs these days! No, not exactly. There are still a few fun things and lovely things and educational things that you may enjoy for free. In fact here's a book chock full of them. Like the monument in Enterprise, Alabama, to honor—of all things—the boll weevil. Seems that, early in the century, that pest wiped out the town's cotton crop. A monument for that? Well, it did cause the cotton farmers to switch to peanuts, which turned out to be a much better cash crop. Hence, the monument.

Speaking of monuments, there's one in Fairplay, Colorado, to prunes. Sorry! That should have a capital P. The monument is not to those wrinkled things you eat but to a burro named Prunes who once packed supplies to the mines in the area.

Meanwhile, down at the ranch—that's the ranch at Deer Lodge, Montana—you can see ranches as they used to be—the ranch houses, cowboys, cattle, branding, and all the rest.

Jumping to Seneca Falls, New York, there's the Montezuma National Wildlife Refuge where the nature lover can delight in mallards and wood ducks, deer, woodchucks, warm-water fish, bats, bobcats, and lots and lots of other live things.

Or maybe you like history. Then you may enjoy Lincoln country, around Lincoln City, Indiana, the area where Old Abe was born. Or, in a darker tone, there's the infamous Andersonville Civil War Prison at Americus, Georgia, where thousands of Union prisoners died.

Whatever your interests, wherever you want to go in the U.S.A., there's something free that's worthwhile seeing. And this book will tell you just where it is.

Walking Softly in the Wilderness, John Hart, The Sierra Club, 530 Bush Street, San Francisco, California 94108, 1984, 500 pages, $8.95 paperback.

For the person who would love to get away from it all to nature's solitudes—the wide blue sky, the mountain's grandeur, the canyon's echo, the restful purling of the river, the companionship of the trees—this is the book. For you can't just drop it all and plunge into the wilderness for any length of time, just as you are. Survival, if nothing else, dictates that you have a certain amount of readiness. Hence this book.

In *Walking Softly in the Wilderness* John Hart seems to think of everything you will need to know to have comfort and enjoyment in your excursions in nature; boots, clothing, sleeping bags, stoves, food, first aid, sanitation, maps—everything. Throughout the book the author emphasizes "low-impact" methods which allow the wilderness to survive the backpacker for, as the book points out,

the wilderness is not indestructible, but is sometimes extremely fragile and needs the care of the visitor to keep it intact. Indexed.

Taming Tension Through Total Health, Leo R. Van Dolson, Review and Herald Publishing Association, 55 West Oak Ridge Drive, Hagerstown, Maryland 21740, 1984, 96 pages, $4.95 paperback.

A number of books on stress emphasize that the handling of stress requires the holistic approach—physical, mental, social, and spiritual—but tend to devote more space to the first three while merely brushing across the fourth. In this slim volume Dr. Van Dolson has endeavored to develop the spiritual equally with the others.

The book is composed of five sections, the first of which is an overview of stress, while the others cover the physiological, emotional, psychological, and spiritual.

Page 94 carries a chart entitled, "Strategies for Stress Control," which has four columns, listing the four areas mentioned above, and summarizing, in each column, the major steps that might be taken in handling stress. The final two pages are a brief summary putting it all together.

Spiritual Dimensions of Mental Health, edited by Sandra D. John and Judith Allen Shelly, Inter-Varsity Press, Downers Grove, Illinois, 1983, 168 pages, $5.95 paperback.

Modern psychology in general is negative or hostile to Christianity. Referring to two influential psychologists, one writer of this book observes that one "sees the need for God as immature," the other credits "humanism as the most significant factor in gaining his [own] personal independence."

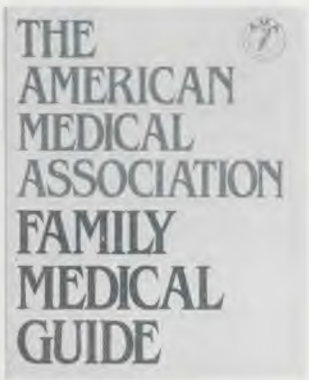
Psychology as such is not to be seen as false. As the same author points out, "The observations made by psychological research cannot be merely discarded. They are not so much wrong as incomplete, or incorrectly interpreted."

This book is an attempt to show that psychology and Christianity are not incompatible but that, indeed, psychology works best in the Christian setting.

Spiritual Dimensions is written in the atmosphere of a hospital psychiatric ward (where Christianity is not infrequently seen by the staff as a cause of mental illness or merely a useless crutch), and deals with the problems of both the nurse and the patient.

It has three sections: What is Mental Health? Spiritual Care and the Psychiatric Client, and Personal Mental Health: How to Keep Your Sanity.

While the book does look at mental health from the viewpoint of the psychiatric nurse, it has insights that will be useful for many others.



Family Medical Guide, by the editors of *Consumer Guide*, William Morrow and Company, Inc., 105 Madison Avenue, New York, New York 10016, 1983, 574 pages, $12.95 hardback.

The heart of this book, the introduction tells us, is a "comprehensive medical encyclopedia arranged in alphabetical order for easy and fast reference." This section covers the major part of the *Guide*—403 pages. In this section, then, all medical problems covered that begin with A are grouped in section A, all beginning with B, in the B section, and so on. Each condition covered is discussed simply, but essential information is included.

There are also chapters on choosing a doctor, on medical tests one may be called on to take, and on prescription drugs.

A section on emergency first aid demonstrates, step by step, what to do in one of those circumstances. Indexed.

Managing Children's Behavior, J. Ranier Twiford, Ph.D., Prentice-Hall, Inc., Englewood Cliffs, New Jersey 07632, 1984, 136 pages, $5.95 paperback.

"Differences in children-rearing philosophies are a leading source of marital conflict" the author of this book avers. Doubtless he is right. Doubtless, also, the philosophies he refers to are often based on little more than hit-or-miss opinions each parent has formulated from a potpourri of ideas he or she has picked up along the way, so there is only a modicum of sound psychology running through it. This little volume endeavors to give some guidance for the many sticky problems parents run into. For example, what do you do in cases of aggressiveness, bad language, fear, bed-wetting, stealing? It's easy to just react to these in undesirable ways. But is the reaction the best for the child, or even for the parent.

We are inclined to agree with the author's comments about what children are led to believe about "the myths of our culture." Children are technically reared in a web of falsehood. Then they are often disillusioned to learn that "their favorite figures do not exist in reality. One possible effect is that the child may become skeptical of adult points of view. . . . Hence the child may reject the adult's attitudes concerning ethics, religion, and personal values—the adult has lost credibility." Page 90.

The final chapter expands on 10 fine suggestions for successful child rearing gleaned from parents who did a good job of bringing up their kids: Love abundantly, discipline constructively, spend time together, tend to personal and marital needs, teach right from wrong, develop mutual respect, really listen, offer guidance, foster independence, be realistic.

The reviewing, listing, or describing of books does not constitute endorsement.

1984

INDEX

A Memo to Our Readers

The magazine you hold in your hands is the last issue to carry the name YOUR LIFE AND HEALTH. Beginning with the January, 1985, magazine (which will be delivered in December, 1984), this publication will not only have a new, larger size (48 pages), a new frequency (bimonthly), and a new lower price ($9.95 instead of $16.95), but will also carry a new name: VIBRANT LIFE (with the added subtitle *A Christian Guide for Total Health).*

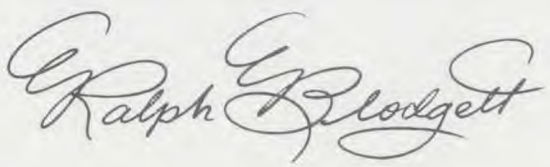
A number of factors have contributed to the decision by the leadership of the Review and Herald Publishing Association to rename the magazine, not the least of which is a desire to help those who see the magazine to recognize it as a positive, upbeat Christian publication that can help its readers to achieve better health, a happier family, and a more complete, fulfilled marriage at home. (See the survey on pages 24 and 25 for more details.)

Many church, hospital, and publishing leaders today recognize that long, three- and four-word magazine titles no longer appeal to today's readers. A perfect example of that fact is a survey we did of 500 newsstand magazine titles. The survey revealed that only 1 percent of these magazines have a four-word title, such as YOUR LIFE AND HEALTH (one example: *Yacht Racing and Cruising),* and only 2 percent have a three-word title (example: *Saturday Evening Post).*

The remaining 97 percent of magazine titles in our survey have either a one- or two-word title. (Examples: *Campus Life, Discover, Family Circle, Good Housekeeping, Parade, Reader's Digest, Science Digest, Sports Illustrated,* and *Woman's Day.)* Even the Seventh-day Adventist Church paper, the *Advent Review and Sabbath Herald,* was changed into the more contemporary *Adventist Review* not long ago.

With these thoughts in mind, YOUR LIFE AND HEALTH has adopted a new name for its cover: VIBRANT LIFE, with the subtitle *A Christian Guide for Total Health.* (Please see the ad on the back page of this magazine for a preview of the new publication.)

We hope our readers will approve of our efforts to produce a better, more appealing (and useful) product—one that is in step with the important times in which we live. And we hope you will share gift subscriptions to this new, improved publication with your friends who would be interested in living a more "vibrant life"—today, and throughout the remainder of their lives.



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Associate Editor
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Editorial Secretary
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Formerly *Your Life and Health*, the new *Vibrant Life* has 100 years of continuous publishing behind it. With this solid background, the new magazine looks ahead. There are more articles than ever on marriage and family life, fresh new perspectives on nutrition, diet and disease prevention, and the latest information on new medical techniques and discoveries. There is an important new emphasis on fitness and exercise. And there are exciting stories about real people.

Here's more:
Vibrant Life is bigger and more colorful. And *Vibrant Life* is a bargain at only US$9.95 per year for six bimonthly issues. Subscribe now to *Vibrant Life*, a Christian guide for total health. Send in the coupon today.

VIBRANT LIFE 55 West Oak Ridge Drive
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