

LISTEN

A man in a white lab coat is looking through a large, vintage-style microscope. He is balding and has a focused expression. To his left, a woman with blonde hair is sitting. She is wearing a white sleeveless top and dark pants. Her right eye is glowing with a bright, golden-yellow light. The background is dark and appears to be a laboratory or office setting with some equipment visible.

A
JOURNAL
OF
BETTER
LIVING

Dr. Melvin H. Knisely
What Alcohol Really Does

LISTEN

JOURNAL OF BETTER LIVING

Your Poison—and Mine

"You take your poison, and we'll take ours."

This is what the pot generation today seems to be saying to the so-called alcohol generation. And to an extent there may be some logic in what the longhairs say. Certainly there can be no moral justification for the use of alcohol over that of marijuana, or, for that matter, of LSD.

Teen-agers are not blind to the effects of drinking—on the road, in the home, on the nation's economy, perhaps on the neighbor next door, or maybe on their own parents. For this reason they are not in a mood to listen to a lecture on the dangers of pot.

Nor are they particularly impressed with the argument that alcohol use is legal while the smoking of marijuana is not. They have seen the law flouted by alcohol drinkers, especially when they are behind the wheels of automobiles.

We are not entering into the controversy as to whether or not alcohol is worse than marijuana. This is not the point. We are convinced that both are dangerous and that both can become "lead-on" habits, frequently leading to a false dependency on the part of the user.

It will not solve the problem to legalize marijuana—it will only serve to make a bad situation worse. Two wrongs never make a right.

However, there is a difference on this question of alcohol vs. marijuana, as pointed out by Dwight Schear, when he says, "Those whose idea of 'doing their thing' is cocktails before dinner at least know what their thing is. The proof and the brand name are clearly printed on the bottle. The product is of uniform quality, and the manufacturer stands behind it."

"An altogether different situation prevails, though, in the purchase of 'acid,' 'pot,' or 'speed' at a rock festival or on the street."

Altogether too many times nothing can be done medically for youthful drug users who find themselves in trouble when their trips go bad, simply because no one knows exactly what they have taken. Obviously they don't know themselves. Using pills or preparations purchased from strangers—even firsthand, but often secondhand, thirdhand, or worse—is certainly not to be recommended.

As Dwight Schear well observes, "To suggest that the answer to the problem lies in legalizing the 'street drugs' is to venture into far deeper waters than can be negotiated."

A better approach would be to broaden the attack on the drug problem rather than narrowing it. Of course, as *Time* suggests, "The nation must also find new paths to prevention, cultivate social patterns that will encourage wise use of drugs—and eventually forestall the development of the drug-dependent personality."

Education is necessary, but education on all aspects of the drug scene. An advertisement by the National Institute of Mental Health pictures a litter of cocktail glasses, pill bottles, and an ashtray overflowing with cigarette butts, and asks parents, "Ever wonder why your kid doesn't take you seriously when you lecture him about drugs?"



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★ Eighteen-year-old Susan Rapp has something to say to teen-agers. She works as a hospital receptionist where she sees the results of bad "trips"—and also she's a champion golfer.

★ We have no idea when Linda can live with us again, writes Marion Hodgkinson, because "Our Daughter is a Drug Addict."

★ *Listen* is growing! Life Can Be Beautiful—a new four-page section especially for teens. January's section features, among other things, "Tanya: 'I Hate Them All,'" and Dave Wilkerson's opinions on coffee and addiction.

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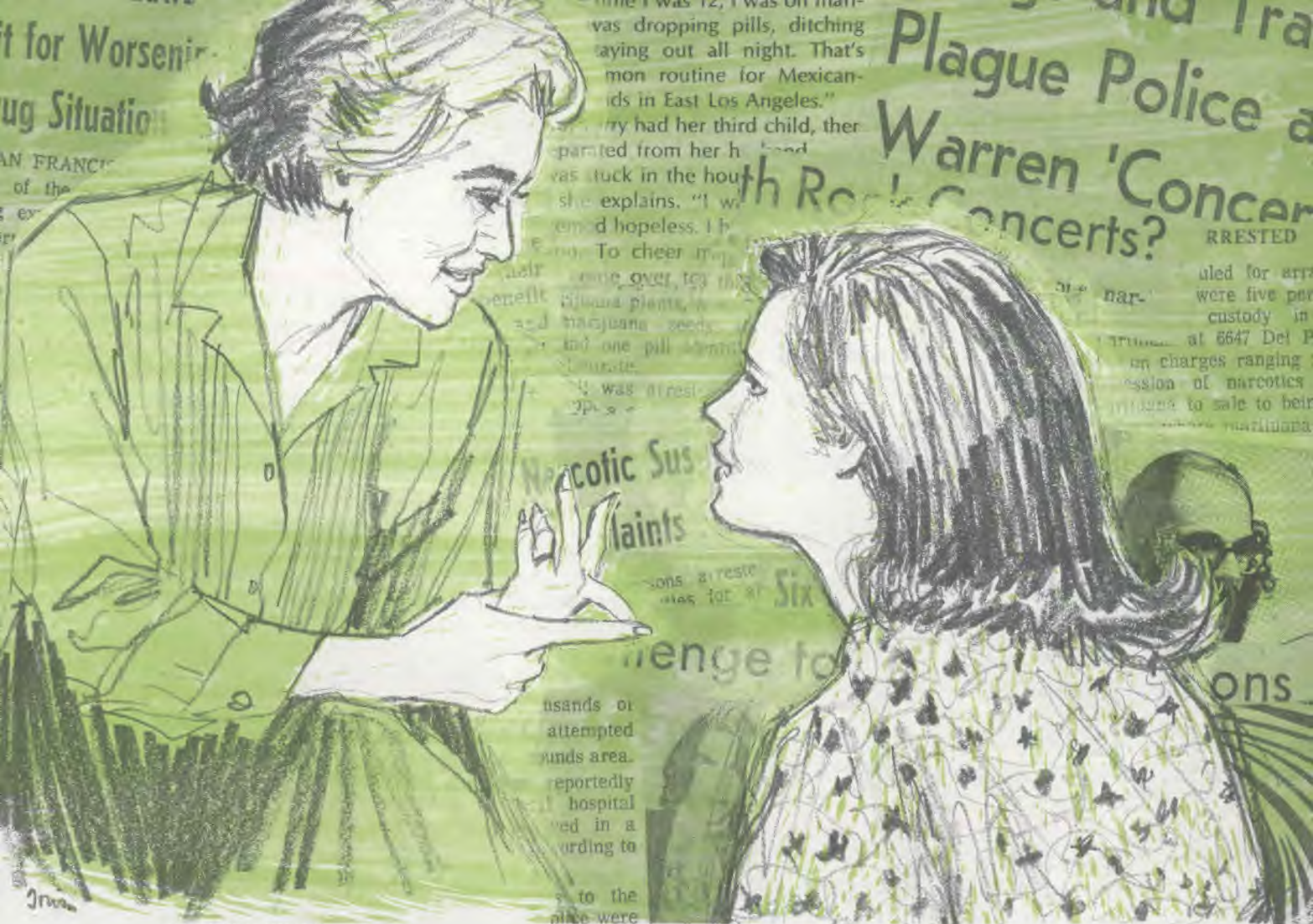


ILLUSTRATION BY FRED IRVIN

I'M LYING again. That's why I have to write this. Maybe—just maybe—if I put the truth down on paper, I can break the habit.

Two years ago my father—drunk—dropped, or put to his bathrobe, a lighted match. As I sat at the memorial service, counting the shadows of roses against the candlelit walls, knowing they outnumbered the guests, I pondered what to say to those who would ask, "How did it happen?"

I'd been lying ever since I could remember, pretending with him that he was not an alcoholic, repeating the falsehood to others. Contemplating that small silver urn containing his ashes, I felt guiltier than anyone else sickened by his own cowardice in fleeing the scene of a fatal accident. But truth could no longer help him; so I told one more lie, a meaningless fabrication that spared the white-haired woman on my arm—his wife, my mother—a final humiliation. But I vowed the lie would be my last.

I didn't really believe I had failed to keep that promise to myself until just a few days ago—

The afternoon was sunny, and there weren't many students in my English class at the university—a writing workshop I was taking, belatedly, as a prerequisite to a teaching certificate. The instructor was reading a script authored by one of the young members of the group. It dealt with a destruc-

I'm Lying Again

A. J.

tive child whose mother worried nightly over the boy's frightened behavior, and who by day chastized him by omitting the cookies from his lunch.

She wrung her hands repeatedly throughout the narrative and pleaded, "Harold, oh, Harold, please don't," and then made excuses for him to his teachers and their friends. At first, the child, who smashed everything he or his playmates built, stray insects, and finally Mamma's heirloom cups, began imagining he had hammers in his head as well, hammers with which he pummeled into silence words he did not want to hear. Later he substituted rock music, and ultimately he turned to drugs. His deafness was then complete.

The instructor faced me and asked, "Why do you think the boy behaved as he did?" I was genuinely bewildered. A successful older sister had been mentioned, so I mumbled something about the possibility of "sibling rivalry."

Suddenly the collective gaze of the class was focused on me as though they'd seen, for the first time, that proverbial visitor from that proverbial other planet. I was wrong, piteously in error. The fictional mother had, they proclaimed, lacked understanding of her son. And worse, in depriving him of his beloved cookies, she'd failed to show him love. What he'd done, he'd done to "get even." And his deeds had been entirely justifiable. The unanimity of

Christmas

Nova Trimble Ashley

Christmas is . . .
Christmas was . . .
May Christmas ever be
A guiding star
To light the way
To immortality.
Christmas is . . .
Christmas was . . .
May Christmas always be
A moment when
We see His face
Nor doubt eternity.

what was an ostensibly disparate group—ranging from the overtly hip to the seemingly straight—staggered me.

The analysis didn't make much sense. The instructor shook her head, but I'd learned something from it, something about myself. Like the woman in the tale, I realized suddenly that I'd been lying, lying to myself about my own fifteen-year-old daughter. A vague sense of guilt—and pride—had once more kept me from the truth. Since the first time I'd smelled the pungent marijuana smoke in her long, dark hair, I'd explained it—and subsequent incidents—away on the popular "youth-will-experiment" theory. Every article I'd read (and I perused everything I could lay hands on), assigned parents the blame for drug usage, promiscuity, and all other varieties of teen-age rebellion. Homes were broken, they said, or mothers were too busy playing bridge or going to meetings to notice or care what their kids were doing. Moreover, they simply didn't know "where it was at." Finally, they set poor examples themselves with their martinis-before-dinner and their own predilection toward pill popping.

Well, I'd come as far as thinking out those charges. I didn't enjoy cards, and I belonged to no clubs. My outside-the-home activities consisted of donating time to some of the social causes the kids themselves espoused—principally, civil rights. We served no liquor in our home. Our experience with pills was limited to a rare aspirin. And in twenty years of marriage I'd had only one husband and my husband but one wife. Our marriage wasn't perfect, but

we were both satisfied and seldom attempted to revise our contract with angry words and never with physicalities.

None of this is to suggest that, in the role of mother, I hadn't made mistakes. I'd been impatient at times, lost my temper and spoken unjustly at others. There had probably been many instances when I should have understood but had punished instead. Still, I'd always cared. Therefore it was only logical to believe that my daughter's interest in drugs was predicated on youthful curiosity and would pass.

Or so I'd convinced myself until hearing that manuscript.

The hammer-fixated boy, the youngsters had said, was "getting even." Perhaps they were right. But probably not because the mother who'd said, plaintively, "Please don't," was a tyrant. Far more likely, she'd been too timid, had deceived herself that no real problem existed, and without help, the child couldn't extricate himself from his dilemma.

I also remembered, then, a recent news media survey indicating that 61.4 percent of the secondary school students in our city were involved in the drug scene. And it dawned on me that they—the nameless, faceless users interviewed—were literally reciting the excuses afforded them by the experts and accepting no personal responsibility.

The revelation made me realize the extent of their dishonesty—and my own.

My daughter was, plainly, past the stage that might justly be called "experimental." She'd been through marijuana, amphetamines, and mescaline. And under the influence of the last, she'd submitted to a "pusher." In the weeks that followed, she lived in a solitary and anguished world, fearful of pregnancy and/or VD. I was heartsick, of course, and so stunned I could only attempt to assuage my terror with more rationalization.

Sue did not get pregnant, nor did she develop any disease; hence, it must be said that her psychological losses exceed the physiological, at least at this point in time. I might now even comfort myself by saying that she learned from the experience, but I'm not sure. I know only that, if and when it happens again, I must ask her not who persuaded her to take the drug, or what circumstances contributed, but *why* she did it.

It will be difficult for her to answer, for wherever she goes, acid rock goes also and urges her to "smoke pot, smoke pot, smoke pot," or to sail on the "crystal ship." Underground newspapers promoting an ethic that encourages both drug usage and free love abound and are hawked in or near the high schools. There is almost no drug unavailable in the corridors of any secondary school in this, and probably most, metropolitan areas.

The magnitude of the problem is overwhelming. I don't know if it can be solved before irreparable damage has been done to large numbers. I don't even know if I can help my own child; but remembering the father who died many years before fire actually claimed his life, I am determined my daughter shall have one benefit he didn't: my honesty.

Experience has taught me that to limit allowances, for instance, is perhaps a help but no answer. In today's affluent society, the "good guy" is the one who shares his booty with his friends—especially girls he wants to impress. I can also issue a variety of dicta regarding hours, friends, and extra-domestic environments, but I can neither accompany a

fifteen-year-old girl at all times nor make her a prisoner. Nor can I even expect that she will always obey.

My only hope, therefore, is to attack—intelligently—a philosophy that has made escape from reality through drugs desirable, fun, “in.” This means I must know at least as much as she, and preferably more, about the various psychedelic substances currently available. I must know her language and the language of her contemporaries. I must familiarize myself with that alien ethic. And I must, then, be able to discuss it without becoming emotional—or, as the kids say, “blowing my cool.” Finally, I must examine my own values, remeasuring their worth, discarding those that are mere “conventional wisdoms” or meaningless traditions, so that when challenged, I can present them in a considered, firm—but nonantagonistic—manner.

The hard part will be reinspecting my values and then translating them in such a way that their rewards can be seen as sweeter and longer lasting than the fruits of hedonism. Even more difficult will be confronting Sue with the truths I have at last admitted but that she still conceals from herself. Neither I, nor any of her friends, nor even the society of which she is so disdainful is to blame for her situation.

We may well be guilty, in some measure; but we have not lighted the matches or placed on youthful tongues the pellets that induce the heady but dangerous and illegal state they allude to as Nirvana. They themselves have done that, just as it is they themselves who must, in the end, extricate themselves.

Those of us who care can and must help, of course, and that's why I've committed my own pledge to paper. Above all, Sue deserves in me an example of honesty. She needs a courage model. But old failures become new fears when I consider the enormity of my vow. So, perhaps, when I am tempted to hedge, I can reread my own printed statement and find the strength necessary to admit to myself, and to her, that she is no longer engaged in the cult rite of “grooving,” she has developed a drug problem—even if her need, as yet, is still purely psychological.

I cannot fail her. I must not allow her to fail herself. She is my only child, an incipient woman for whom a world with no inaccessible corners awaits, an adult-elect who can, with zeal, a lucid mind, and belief in herself, create joys that are neither synthetic nor transitory but spring from the deep, self-perpetuating wells of inner contentment.

ADDENDUM: Since beginning this article, since putting into practice the pledges it contains, I have been heartened. A few days ago on the “Ave”—a busy street in this city where teeny-boppers and hips regularly congregate—a middle-aged woman stood with a photograph of her missing daughter, a girl “just turned thirteen.” She petitioned passersby for information as to the girl's possible whereabouts, and was repeatedly spurned with comments such as, “And what did you do, old lady, to make her leave?”

In recounting the episode, Sue was near tears. “The woman was so cool,” she said. “She took each rebuff without losing her temper. I wanted to tell her that I knew it wasn't the ‘hurt’ kids who ran away, or got in trouble. Mostly, it's the ones who have no knowledge—therefore, no fear—of being hurt. I hope when the girl comes back—and she will—they can both be more honest with themselves and each other.” ■



A YOUNG LIBERAL SPEAKS OUT

“WHERE HAVE ALL THE FLOWERS GONE?”

T. Casey Brennan

LOOK to one side and you will see our young people acting as the midwife as America gives birth to the dreams of mankind.

They are living and loving, marching and chanting, sacrificing and suffering. They are doing these things to bring about a society peaceful, truthful, and just, such as the world has never seen before.

Then look to the other side.

Look to youth destroying themselves. They are dying quickly on the highways with booze; slowly and unsuspectingly with cigarettes. Perhaps worst of all, they are destroying their unborn children with LSD.

Suddenly, not so very long ago, we realized that this generation was like no other that had come and gone before.

Suddenly, we realized that this generation was here to bring hope to those who had had no hope—to the poor, the downtrodden, the oppressed, the black Americans, the dying soldiers; indeed, the masses.

It was a generation unafraid. Perhaps that will be its downfall. They were not afraid to be called communists because they believed in equality, nor cowards because they believed in peace.

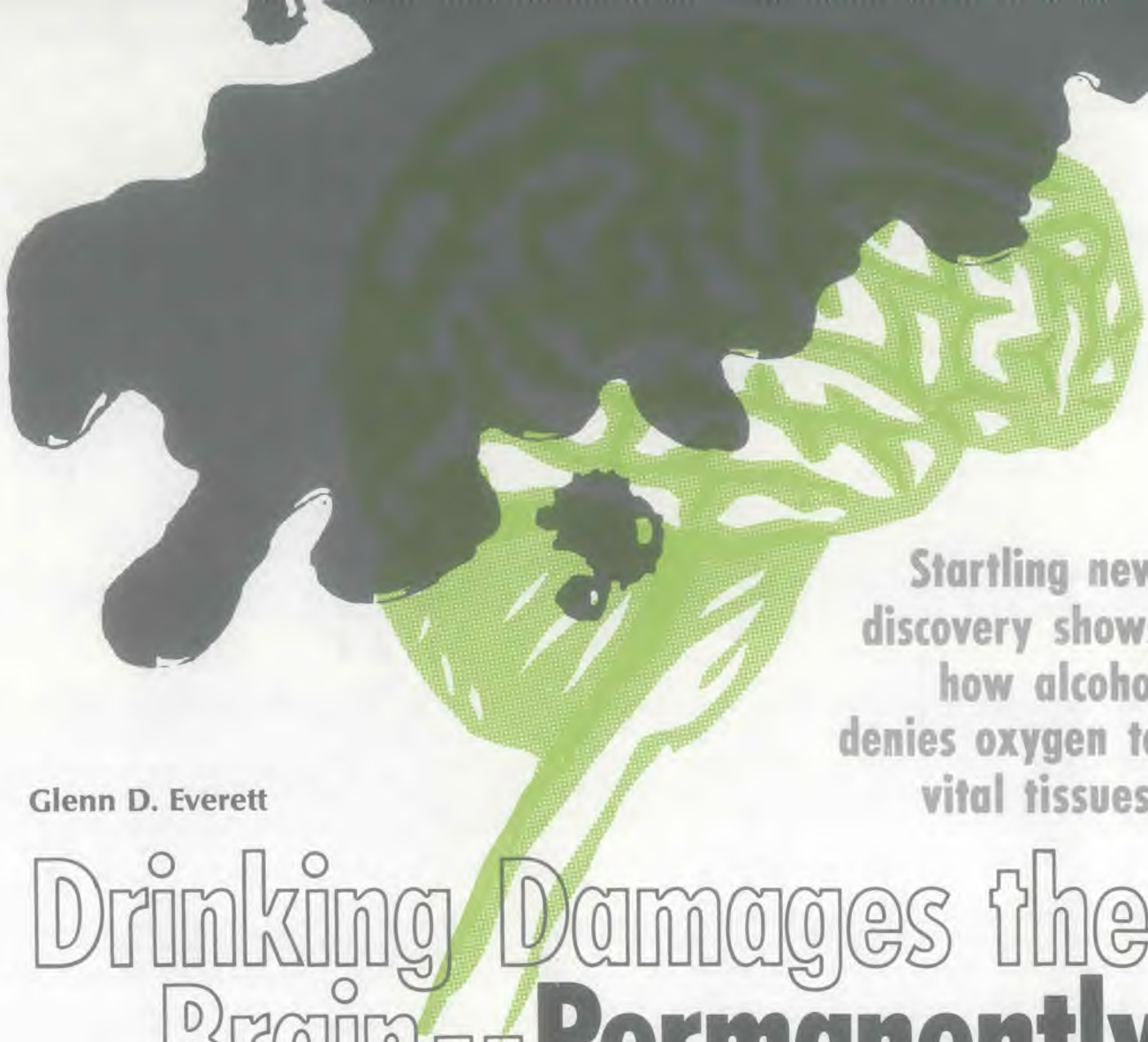
And suddenly, we see this generation dying, being killed off by drugs it has inherited, such as nicotine and alcohol, and drugs it has invented, such as LSD.

There is a question that must be answered, not in our mouths, but in our hearts. Will we allow ourselves to be sped to an early grave, taking with us the hopes of mankind? If there ever was a generation worthy to increase and multiply, it is this one. We must build strong sons and daughters to carry on our dreams after us. LSD makes visions, but it does not make strong children.

Why have the young people taken this disastrous course? It smells like a plot, and I'm not falling for it.

The words of a Pete Seeger song come to mind: “Where have all the flowers gone?”

Where have they gone? To graveyards, every one? As the song asks, “When will they ever learn?” ■



**Startling new
discovery shows
how alcohol
denies oxygen to
vital tissues.**

Glenn D. Everett

Drinking Damages the Brain -- **Permanently**

EVERY time a person takes a few drinks of an alcoholic beverage—even a few beers or cocktails at a social function—he permanently damages his brain, and probably his heart and liver also.

This is the startling conclusion of an important new medical discovery made by a team of scientists headed by Dr. Melvin H. Knisely, Professor of Anatomy at the Medical University of South Carolina in Charleston.

For years it has been known that alcoholics suffer serious brain damage, but most doctors have dismissed this as simply one of the end effects after years of hard drinking, along with liver damage, kidney malfunction, and heart disease often seen in alcoholics at autopsy.

Dr. Knisely has now demonstrated that this brain damage is not merely an end effect, but occurs progressively from the first cells destroyed by the very first drink a person takes, and that the damage accumulates relentlessly with every drink he takes thereafter at any time or place.

For the first time, Dr. Knisely's research indicates how the damage occurs and how the ingestion of an alcoholic beverage triggers the mechanism that causes the damage.

From this standpoint it could be one of the most significant medical discoveries of this generation and one

which urgently needs to be communicated to the public because of the present-day widespread tolerant acceptance of social drinking in our society.

Dr. Knisely's discovery is that the circulating red blood cells become agglutinated when alcohol is imbibed, and that this seriously interferes with blood circulation through the small arteries, capillaries, and veins. "Agglutination" means that the red blood cells become sticky and adhere together in wads until the blood becomes, literally, a "sludge"—which is the medical term used. Oxygen can come to nerve cells only by way of the blood.

As sludge resists passage of the blood through the capillaries, anoxia (absence of oxygen) occurs in nearby tissues. Computer analysis shows that anoxic volumes of nervous tissue develop even when the blood is moving. Ultimately, as the level of alcohol increases, many small vessels become plugged, and blood flow through them stops entirely. No more oxygen can be brought to the plugged area.

Neurons, the tiny "thinking" cells of the brain, require a high oxygen supply continuously, and thus are particularly susceptible to anoxia. Deprived of oxygen, they stop their normal functioning. If complete oxygen deprivation lasts for three minutes or more, they are seriously damaged. If it

persists for fifteen to twenty minutes, the damage is permanent—the nerve cell, or "neuron," dies.

Brain cells, as medical men have long known, do not multiply and are irreplaceable. Thus, successive damage done to the brain accumulates throughout life. Many people who live long enough show the effects of brain cell loss in the well-recognized symptoms of advanced age, failure of memory, reduction of sensual acuity, loss of the power to reason clearly.

Every time a person takes a few drinks he hastens this process, damaging his brain by cutting off oxygen supply to enormous numbers of small areas of brain tissue, thereby killing large numbers of brain cells prematurely.

Dr. Knisely, like other teachers of anatomy, had long observed that chronic alcoholism does a frightening amount of damage to the brain. Recently he said that "the brains of skid row drunks are usually worthless for use in teaching the structure of the normal brain to medical students."

Published recently in the little-known but highly respected medical periodical *Microvascular Research*, the paper by Dr. Knisely and his associates, Drs. Herbert A. Moskow and Raymond C. Pennington, may stand as one of the monumental contributions of all time to medical study of alcoholism because of its implications, devastating to the widespread theory that drinking in moderation is harmless.

The report deserves and is receiving widespread careful study.

The finding that alcohol agglutinates the blood cells, thereby depriving brain cells of oxygen, contributes to understanding the development of large numbers of chronic alcoholics in such countries as France. It is not uncommon for French families to give quite young children small amounts of wine instead of water, or with their meals.

Many children become addicted to wine drinking early in life. Once the children are addicted it is difficult to get them out of the habit. Consequently, for many years they accumulate damage to the various parts of the brain, the spinal cord, and nerves. France today has one of the most severe chronic alcoholism problems of any civilized country.

The studies by Drs. Moskow, Pennington, and Knisely are built upon the solid scientific foundation laid by the late Dr. C. B. Courville in his book entitled, *Effects of Alcohol on the Nervous System of Man*, most recently published by the San Lucas Press, Los Angeles, California, 1966. Dr. Courville was a famous neuropathologist, who studied in great detail the central nervous systems of persons who died after various periods, up to years, of drinking alcoholic beverages. Also, which is very important, as controls he studied the nervous systems of people who probably had not been drinking long and perhaps not even very much, but who were killed in car accidents while they were partially under the influence of alcohol.

He searched all the medical literature and brought together in great detail the fundamental knowledge of many investigators on this subject.

Dr. Courville's book proves with detailed pictures that almost every part of the human central nervous system is badly damaged as a result of drinking enough alcohol over a long period of time. The cerebral cortex, which is indispensable for thinking, is badly damaged; the cerebellum, which is concerned with the coordination of various muscle

groups and with balancing, is badly affected. Nerve cells in each of the above die, and are gone, and in many instances the remaining cells show visible evidence of alterations from the normal.

Also, the peripheral nerves, both sensory, which carry messages toward the central nervous system, and motor, which carry messages away, show physical signs of damage. All of this knowledge has been available but has been widely scattered in medical literature for a long time.

Some of the effects of alcohol on the brain are shown in a 16mm motion picture entitled "Verdict at 1:32," obtainable from the publishers of *Listen* magazine. In this film Dr. Courville personally shows in his laboratory some of the effects of alcohol on nervous tissue. These effects are obvious to people who are familiar with the types of brain damage.

Dr. Knisely says that he once was a moderate social drinker, and earlier as a medical student had no objection to the custom of an occasional glass. He knows something about hangovers firsthand.

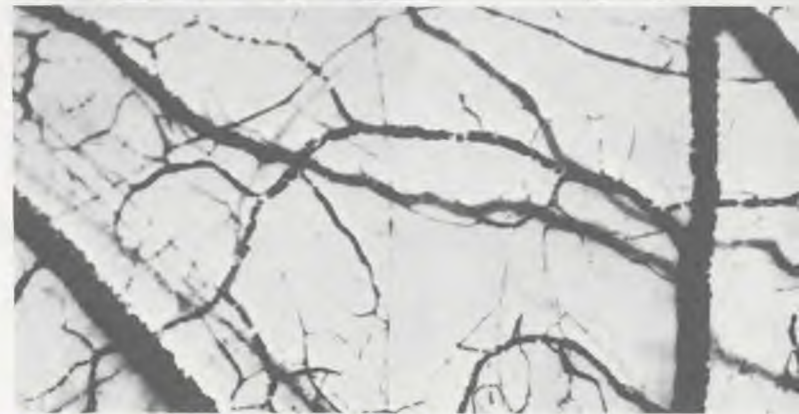
"I used to be a moderate drinker, but I have quit," he says. When he found in the laboratory the evidence of alcohol's effect on the brain, he felt it was not rational for any human being to continue using it, even for the sake of being a good fellow at a party. "There is only one way to be safe from the danger of alcohol," he declares; "that is to quit it cold."

The studies by Dr. Knisely and colleagues were carried

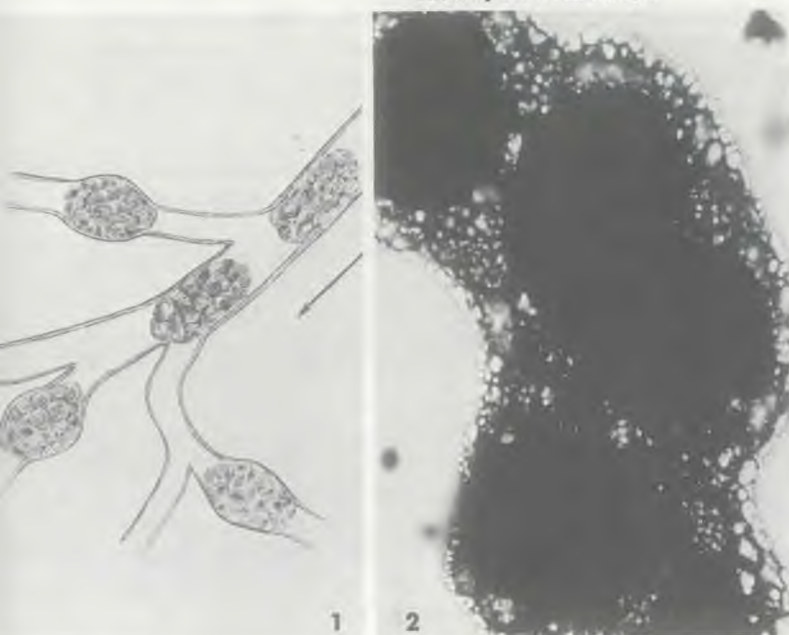
Unagglutinated blood flows rapidly in the bulbar conjunctiva (eyeball) of a healthy normal human being.



Photos by Dr. H. Harders, Hamburg, Germany



Even moderately severe sludge in a human being, photographed here through a horizontally-aimed microscope, shows almost all the blood cells in discrete masses.



1. This diagram shows elastic masses of agglutinated red cells coming down a stem arteriole and passing out through terminal arterioles. Note that the masses have internal elasticity and return toward a spherical form as they pass into the soft-walled vessels.

2. Coating material between, adjacent to, and surrounding the red cells of a clump formed in the process of blood agglutination.

out by focusing microscopes into the side of the white of the eye, which permits direct study of a statistically valid sample of the moving blood coming up from the heart through the aorta and then through all the arteries going into the head. In more than 200 healthy normal persons who had not been drinking it was found that blood cells are separate from each other, that they do not stick together, but flow into and through narrow vessels easily and rapidly. The researchers then studied thirty persons brought to a private sanitarium because of alcoholic involvement, and correlated the concentration of alcohol in the blood of each patient with the physical condition of his blood, the rate of flow of blood through narrow vessels, and the number of vessels which were plugged.

Every person who had alcohol in his blood had red cells sticking together in wads. Even patients with as little as .025 percent alcohol in the blood showed agglutination of blood cells. Persons are not considered too drunk to drive in England until they have .08 percent alcohol in the blood; in some other countries it is .05 percent; in some states of the United States the legal threshold of intoxication is .15 percent. As concentrations of alcohol in the blood increased above .025 percent, the blood cell wads were larger, went through the narrowest vessel more slowly, and finally plugged visible vessels. Separate experiments showed that when agglutinated blood is visible in the vessels of the eye, it is also present all over the body.

To return to the writings of Dr. Courville, among other things he pointed out that at autopsy "the brain of the alcoholic is often edematous (saturated with watery fluid, like an overfilled sponge), frequently it contains many congested small vessels, areas of atrophy in the cerebral

convolutions (nervous tissue wasted away), and multiple hemorrhages from small vessels into the substance of the brain itself."

Dr. Courville stirred the medical profession by suggesting that many deaths attributed to falls, automobile accidents, and even murder, are not caused by those conditions at all but are directly due to alcoholism. A blow to the head from which a normal man would recover will kill an alcoholic because his brain will hemorrhage so readily. In fact, spontaneous hemorrhages (strokes) are one of the major causes of deaths among alcoholics, one of the principal reasons they live an average of only fifteen years after becoming problem drinkers.

Dr. Courville suggested that, although severe damage is not seen in its grossest form until after many years of drinking, lesser damage is already present in young people in their twenties who have been drinking but a short time. Dr. Knisely agrees.

Dr. Otto Haug of the psychiatry department at Frederikstad, Norway, has demonstrated damage to the brain in alcoholics, using a quite different method in his studies. He takes X rays of the heads of living patients under special conditions. These have shown that in alcoholics there is a decreased amount of brain tissue remaining.

His method, called pneumoencephalography (PEG), consists of withdrawing a small amount of spinal fluid under a local anesthesia and replacing this with air, which passes harmlessly into the head. The air remains for a short time until it is absorbed, and there displaces the fluid in the cavities of the brain and makes the outlines of these cavities visible to X rays. There is a special cavity in each side of the brain and one in the middle. The X rays show that in people who have been drinking, the cavities are enlarged. This could only be true if the volume of the brain tissue itself has decreased. Surprisingly, people who had been mainly beer drinkers showed as much damage as persons who had been drinkers of whiskey, and often more.

Dr. Haug urged that the PEG test be made a part of the diagnosis of every person admitted for treatment for the alcohol syndrome, since it is impossible to know how much the patient's brain is damaged. He pointed out that many patients had so damaged their brains that conventional psychotherapy could be of little value, that such patients could only be institutionalized for their own protection and for that of society.

All of which is important for the people of our modern society. A high percentage of the persons admitted to mental hospitals in the United States have histories of moderate to long-term drinking. M. Gorman in the book *Every Other Bed* (World Publishing Company, New York, 1956) pointed out that one half of all hospital beds in the United States are permanently occupied by mental patients. As soon as one mental patient leaves, another arrives. The percentage of psychiatric patients who have histories of alcoholism is not exactly known, but estimates run as high as 25 to 33 percent.

In any case there can be no doubt that the consumption of alcohol is a large contributing factor to direct damage to brains and to deviations from normal emotions and behavior, thus contributing to the enormous numbers of psychiatric patients and the incredible total costs of hospital care.

Ernie Holyer

Mamma's Antismoking Campaign

EVER since Papa lighted his first cigarette, Mamma tried to break his smoking habit.

From my earliest childhood days I remember Papa as a chain smoker. During all his waking hours he kept lighting his little white stick with the butt end of the old one. Since my family owned a restaurant, there was always a plentiful supply of cigarettes on hand, and Papa cheerfully puffed away.

My mother, concerned about Papa's health, would warn him of the evils of smoking. She resorted to the loving wife's weapon; she nagged. When nagging did not help, she studied mail-order advertisements. Even in those days every respectable magazine and newspaper carried ads of this kind:

"Our product is guaranteed to turn you into a nonsmoker within three days. Taken in beverages or food, it will take away your craving for nicotine."

Mamma sent for a bottle of the guaranteed stuff. The first time she put the magic liquid into Papa's beverages and food, my sister and I watched Papa intently. Would he get sick? Would he faint? We hoped so.

Papa drank his tea, he drank his broth, and he ate his food—and lighted another cigarette.

At the end of the third day the luster left Mamma's eyes. When the bottle was empty, she wrote a letter of complaint to the mail-order house and asked for a refund.

The mail-order house replied: "Obviously you have not observed that, in order to get weaned, a smoker must have the desire to quit."

The desire to quit! That was a tough one. Mamma's desire to make Papa quit smoking was strong enough for two, or so she figured. We left the restaurant and moved to a farm in the country where cigarettes were no longer within easy reach.



Instead of cutting down on smoking, Papa started a daily two mile march to the store. Just then Mamma gained an ally in World War II. Cigarettes were rationed. Papa now bought his week's supply of cigarettes and inhaled it in one or two days. The rest of the week he went around with a scowl.

Mamma beamed, for surely this was the time for Papa to quit! She carried on an accelerated antismoking campaign. Papa got himself a pipe. He stuffed and lighted, and lighted and puffed, using uncounted matches. It appeared that his pipe had a habit of going cold. This saved some tobacco. At this time the tobacco rations were severely cut again.

In his distress Papa had a bit of luck. He obtained a son-in-law, who was ordered to the Russian front. From the steppes of Russia arrived packages with the blackest, meanest tobacco you ever saw. The first time Papa lighted those devilish shreds, his pipe smoked and stank like an alchemist's kitchen. Papa's face lost its tan.

"It's going to make you sick," Mamma warned.

Papa paid no heed. He bravely smoked and coughed while we kept doors and windows open. Then the Russian packages stopped, leaving Papa high and dry. But want makes ingenious. Papa started to *plant* his own tobacco right in Mamma's vegetable garden.

"Tobacco doesn't grow in our cold, rainy area," Mamma predicted. Papa ignored her. Undaunted, he hoed and watered and fertilized. Mamma wasn't lazy either. At night when Papa was sleeping, she poured weed killer into the ditches around Papa's sprouting plants.

The plants seemed to like that, for they grew and grew. Before the first frost warning, Papa harvested his man-high crop and hung the green leaves, tied in neat bundles, under the sunniest eaves for ripening.

My sister and I waited with eagerness for the hour when Papa would light his home-grown weed. Mamma went around in despair.

"It's going to kill him," she fretted. "It's going to kill him for sure."

Then the big event came. Papa crumbled the first leaf into his pipe and held a match to it. He drew and sucked. His ensuing cough brought the neighbors running. They, too, watched the historic event with interest. When Papa inhaled, his eyes started to bulge like the eyes of a dying calf. His color changed from crimson to green. He fled the premises.

Despite her look of concern, Mamma did not follow him to where he went. "It's going to kill him," she muttered. "Tobacco is going to be his early death."

The ordeal did not kill my father, but it did kill his taste for tobacco. When he returned from his hiding place, Papa regretfully laid aside his pipe. "You were right," he told Mamma; "the weed is taking years off my life."

Mamma's unceasing campaign against smoking had paid off. ■



Script by Charles Davis
Production by Burt Martin Associates
For Narcotics Education, Inc.

A Crutch for All Seasons



New movie tells it
as it is—actual life
stories of three
people with prob-
lems, and how they
tried to solve these
problems—until they
found a better way.

THERE is no substitute for the natural dependencies. Either through guidance or, sometimes unfortunately, through traumatic experience, we must establish a healthy, positive set of values—learn what we can and cannot depend upon so that we may live life in its fullness.

False dependencies are basically antisocial. They not only mislead the person into relying on abnormal aids, but they also alienate from him those who might otherwise help. All life is interdependent; and if any one of us is denied access to natural dependencies which society and nature provide, he may well lean on false crutches which must inevitably betray him. However casually, or innocently, we first depend on a false crutch, it will likely grow on us and take hold of our will. It is always harmful, sometimes fatal.

"A Crutch for All Seasons" tells actual case histories. Of course, they are only part of the story—the part of the iceberg above water, as it were. But what's below the surface? What causes people, from all walks of life, to choose a self-destructive, negative course in life when there is so much that is wonderful and exciting and positive all about us? We must go below the surface to take a look at the dark world that lies there, to see if we can learn easily what they learned the hard way. First, there is Beth—then there are Frank and Max. Those are not their real names, but they will do. ■



This is Beth...

I was sixteen when it all happened—well, actually it's not right; I mean the marijuana smoking began then, but things had been going on for longer than that, things that sort of led up to all that.

We live in a pretty nice part of town—suburbia. You know, the usual: two cars and all that. And Dad had promised me one for my next birthday.

Dad's an accountant for a big company downtown. Actually, he's more than an accountant, he's a vice-president too. Mom's an activist, I guess—clubs and activities and bridge and the whole bit.

Jimmy, my brother, was always at college. The

(Continued top of next page)

One day Billy got some marijuana at school. It's easy to come by. . . . It's a regular thing after that, day or night.



g. I don't mean to sound neglected—yes, I guess I anyway something was wrong. Mom was always the phone or dashing off to some meeting or something. I never seemed to get through to her in the last few years, not like I used to.

And since Dad had become a vice-president of his company, he was busy too—meetings and parties. And most of the time Mom went along to the parties. It used to be Dad would take us out to dinner once a week, but now he had a lot of worry, and his mind was always off on some business or other.

I know I sound sorry for myself, but that's the way I felt. I hated coming home to an empty house so often. It wasn't that I wanted Mom and Dad around all the time, but it got so they were never there when I needed them. And I had a lot of problems in my sophomore year. But no communication.

Of course, Mom and Dad thought I had my own friends, and I did; but with home like a sort of hotel, I started staying away more. I began to go out with Billy. We really liked each other; not just boy-girl stuff, but we really enjoyed each other, at least that's the way I figured it. My schoolwork suffered; I neglected my homework, and then suddenly it seemed like I wasn't having fun anymore. I was miserable. So was Billy, and we didn't know why.

But I still couldn't seem to find any time to talk over things at home. I didn't even know what it was that was wrong. I just wanted to talk to my mother and father, about anything!

Then one day Billy got some marijuana at school. It's not hard to come by—just ask. I was a bit nervous, but I was determined not to show it. I almost

succeeded. After the first one, there was no difficulty.

It was a regular thing after that, day or night. It helped me forget school and the problems I was having. So Mom and Dad had more important things to worry about, so what?

School was still there, and nothing was really different. It was worse, because I had the feeling that time was whistling by and I wasn't really accomplishing anything. Well, marijuana took care of the problems again for a little while.

Then one night the whole thing blew up. Joan had slipped on the stairs and hurt her ankle. She was feeling pretty sick anyway. We'd all smoked quite a bit. Larry tried to help me get her up, and Billy got real mad. I never saw him that way before—he acted like he was crazy. When I tried to get him to leave Larry alone he turned on me and hit me—then he came at me. Whew! was I scared!

I ran all the way home, since we live only a few blocks away. But I couldn't get over it. Billy was always so gentle. I just blurted out everything. Mom and Dad just stared—they couldn't believe it. Their daughter—marijuana? We went into the house and had the first good, honest talk we'd had in years.

Now, gradually my life has been readjusted. I feel like I never knew what was going on before. I've learned to be positive rather than negative. This garden and these flowers—they were always here, but I never really *saw* how beautiful they were.

Everything is different. I don't need any "crutch" now. It's a pretty good life if you go after it. ■



And here is Frank...

I had a good, solid family background and an excellent record at school and college, graduating with top honors. I joined a big architectural firm as a draftsman. Until that time the future looked very good indeed; then I began to drink.

I used to eat lunch in a restaurant around the corner from where I work. Usually I ate with my buddy, Dan, also from the office, but this day we had company—the new receptionist, Melly. Right off the bat we liked each other, and that was the first of many dates.

Melly was only twenty-three or so. Her husband had been killed in Vietnam, and she had a two-year-old baby. She seemed a happy-go-lucky sort of girl, and she drank quite a bit; but then, so did I, so that was OK.

All Melly wanted to do was go out. All her money, and some of mine, went on the babysitter and clothes. She admitted it—she could not bear to be alone. She loved the baby. She would kiss it and hug it before she went out, but that was it. Melly never wanted to give herself time to stop and think—I should talk, because that was the way I had gotten myself—the difference between Melly and me was that she knew she was miserable and I didn't.

So we kept on the treadmill. When

wasn't a party, we sat in some bar and talked; and sometimes we listened to each other—but with less and less clarity. My work suffered after a while. I missed a few days, not many. Mostly I was just late, usually on Monday mornings. I made more mistakes, and that really bothered me, for I always took pride in my work. But I couldn't or wouldn't stop and take stock of what was happening.

Melly would often say, "Let's not go out tonight. Let's go back to my place, and I'll cook you the best meal you ever ate." And she would too, but not without drinking. We'd depended on a drink for so long that we felt self-conscious without one. We'd try to talk, but it was awkward. Without a drink we couldn't communicate; we couldn't handle the honesty we felt when we were not high. It was easier to ignore problems and hope they'd go away.

We didn't really get drunk very often, just enough liquor to kill the pain. What pain? The pain of stopping, looking around you, seeing where you were going, and maybe admitting that you were headed in the wrong direction and had already wasted a lot of time.

We kept saying, "Tomorrow—next week." But sometimes there's only today or tonight—and you've lost your chance. That's the way it was with Melly and me.

We'd planned to have only one drink—I'd had a rough day at the office—then we were going someplace nice for dinner. But by the time we sat at the bar, Melly had decided

she was not in the mood for dinner out. She hadn't been sleeping well, and she just wanted to go home and get some sleep.

So I suggested she have a couple of drinks. It would help her sleep better. A couple became three, and we called it quits.

I don't remember too much for a few minutes then—the noise of a horn, brakes, and a crash; then a terrible silence. Melly was dead, and I never really knew her at all. She was dead, and I'd loved her, but I don't think she ever really knew that either.

For weeks I went on a bender to end all benders. Then one morning I woke up and noticed that there were leaves on the tree outside my window. Up until that moment I couldn't recall ever having seen the tree. And I remembered how Melly had loved trees, and I wondered why we'd never taken a walk in the park. I decided it was now or never to change my values, my direction, my life.

Well, of course, nothing can bring Melly back. That I will always have to live with. But I've made my choice—how I'm going to live my life. I'm working harder, and I think better.

I haven't had a drink since it happened—no more crutches. Now I've got a promotion coming up. I'm on top of things. And, believe it or not, I do some youth counseling once a week. Doesn't sound much like the old me, does it?

But I know the score now, and I think I can help some of these kids give their lives meaning and purpose. Like the song says, "It's a great, wide, wonderful world"—but you have to open your eyes and look at it. ■

However casually, or innocently, we first depend on a false crutch, it will likely grow on us and take hold of our will. It is always harmful, sometimes fatal.

Believe it or not, I do some youth counseling once a week. Doesn't sound much like the old me, does it?

Please meet Max

I left school at the end of one fall term and never went back. I had all the excitement I needed—my mother and father separated, and I spent half of each summer with each father. My mother wasn't a happy person to live with. At that time, I thought she was just mean; but now I can see she was lonely. I think she missed my father pretty much, and I suppose I was a constant reminder of him. In any case we didn't communicate. Frankly, I never tried. I don't know about her; maybe she tried and I wouldn't have listened. Who knows how you start to freeze yourself into a corner?

I made a few bucks taking bets, running errands, taking a pack here, bringing one there. If my mother wondered where I was, she didn't show

(Continued top of next page)

Maybe she was too afraid to ask.

One day my father followed me from the pool hall. He was mad; told me never to go near that place again, for it was bad. If I got into trouble it meant trouble for him. That's all that was worrying him, I told him, and he blew up.

I'd had a lot of real serious father-and-son talks before, but this one came home hard. I decided I'd really give the old man something to worry about. I knew one of the men I ran for was hustling heroin. I'd never even taken marijuana, but I was fed up, and I was going to show the world how mad I could get.

I guess at first this hustler thought I was leading in the cops; but when he realized I was serious, he just stared at me like he couldn't believe his ears. Nobody, he says, but nobody goes out of his way to buy trouble like that. Heroin is for suckers; why did I want to be a sucker?

"Stay away from that stuff," he said. Can you imagine a pusher telling me to stay away from it? My father never took that much time with me. But I was determined; and when you go looking for trouble, it's not hard to find. Inside a week I was on heroin, inside a month I was hooked.

For the next six or seven months I was like that—half the time in orbit, half the time begging. I had no pride anymore. Oh, man, if my father had seen me then!

But I guess I wasn't as far gone as I might have been. One day I dragged myself to the nearest hospital and asked for help.

What I went through for the next few days I wouldn't wish on Satan himself. I begged them to kill me. I screamed and cried and begged for drugs, any drugs now. But inside of seven days I walked out, clean and weak, and on parole.

A deputy sheriff got me a job at a gas station. I was always good with my hands on cars; I could take one apart and put it back together before I was fourteen. So for two months everything went along fine. I felt I was getting along; I had responsibility.

Then one afternoon this guy made a crack. Now it seems silly, but that day it caught me wrong.

I was tired, and this guy was always needling me. I wanted to hit him, but I was on parole. I knew what would happen; so I just let my anger boil up inside. Instead of giving myself a talking to, I began to feel sorry for myself. That did it!

I had a wild, delirious night, and the fix lasted me for several days—but then *that* afternoon I was dying. I thought five o'clock would never come. I needed a fix so bad my stomach was tied in knots. This guy wanted me to check his brakes, said they were giving him trouble,

and felt like maybe they were low on fluid.

If only I hadn't been left alone that day. Anybody working with me would have had to know something was wrong—how wrong I didn't know until I turned and saw the can of fluid. I could have sworn I had put it in, but there it was—unopened.

Later, on a canyon road, the car went over the edge. The boy died instantly. The girl lived for nearly two days. She told the investigators that the brakes had been checked.

I paid dearly for my dependency on drugs—several years in the penitentiary and the knowledge that I was responsible for the death of two persons I didn't even know. But those days are only a grim memory now.

I figure I'm lucky not to be in jail for life. I still get nightmares now and then, and I still get a craving for a fix once in a while. When that happens, I call one of two numbers: Pastor Maxwell, or Deputy Baker—they've both helped me in many ways.

And I help other fellows any way I can. Junkies? I know how they feel—what it's like to depend on the

at a new life.

I learned things the tough way. I learned that you work and get paid for it—I like that. I have good friends now, and I'm trying to help people. It's a pretty good life if you work at it.

ALL OF US HAVE PROBLEMS. Sometimes the burden is very heavy. Substances that offer us escape from unpleasant realities have their appeal. However, there is one big catch. The relief provided by drugs lasts only a brief time. Drug abuse in no way solves or reduces the original problem but adds a new and bigger problem to the user's list of troubles. Ask yourself:

Will the real
Or imagined benefits
That a potential drug abuser
hopes for
Ever outweigh the problems
That a drug abuser faces
For the rest of his life?

Drugs, Norman W. Houser, Scott, Foresman and Company, Copyright, 1969.

This guy wanted me to check his brakes.
... Later on a canyon road the car
went over the edge.



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Learning the Ropes

1. This novice's hand pushing the car key into the ignition switch belongs to Christine (Tina) McCleery of Odessa, Texas, one of some 93,000 students in Texas taking high school driver education classes.



2. The driving simulator classroom is equipped with individual automobile control units. Instructor Tommy Warner explains how to "drive" the machine.

3. A student's first step in learning to drive is to fasten the seat belt.

4. Tina checks the blind-spot mirror on the driving simulator machine.

5. Filmstrips show graphically various driving situation problems.

6. Tina learns how the electronic console records individual performance in simulator units and shows errors.

7. Her school requirements completed, Tina gets her temporary permit.

8. Tina finally takes to the road for actual driving experience.





In the burgeoning youth market, music is a major factor. Teen-agers buy 50 percent of all records; they own some 10 million record players and 20 million radios.

Buying Power of Teen-agers Zooms Up to \$30 Billion

In addressing the Off-the-Street Club in Chicago, Paul Harper, chairman of the board of Needham, Harper, and Steers, Inc., international advertising agency, summarized the why and the how of the place of youth in society today:

There are today 25 million teen-agers with 27 million due in five years. The nation's official median age is 27.9 and declining. Forty-eight percent of our population is under 26.

A great majority of teen-agers are certainly a reflection of the affluent society in which they live. Generally, youth have no worry about the basic necessities—food, clothing, housing. Their new-found wealth is available for luxuries, recreation, and impulse purchases.

Recent research indicates that teen-agers buy 27 percent of the cosmetics sold in the United States, 50 percent of all records, 20 percent of all cars. They own a million TV sets, 10 million record players, and 20 million radios. They buy 45 percent of all soft drinks, 24 percent of all wristwatches, 30 percent of all low-priced cameras. The youth market is said to control upwards of \$30 billion worth of family purchasing aside from its own spending money.

Response to questions on how they feel when shopping reveals that "they're buying not so much material things but adulthood; in their way they are trying to be like grown-ups." Money, to teen-agers, is a liberating force. Spending it is an expression of adulthood. And in spending it in vast quantities they have institutionalized their tastes. We now have a teen-age market.

Need War on Cocktails

"We are infinitely proud that we have put men on the moon. But in our stomachs we are sick over the threat of drugs to our children and of the deteriorating effects of alcoholism on our society," says Senator Harold E. Hughes, Iowa, himself a recovered alcoholic, who now heads a Senate subcommittee on alcoholism and narcotics.

"It won't be easy, but somehow the death grip that respectable social drink has on our society must be broken. Perhaps the greatest single contributor to the growth of alcoholism in this country is the fashionable cocktail party. You either drink or you're not 'with it' socially."

"So our attitude toward problem drinking is gutless and wishy-washy. Let's fight alcoholism, we

are saying subconsciously, but let's not be bores and spoil-sports and party-poopers about it. Above all, let's not disturb that comfortable, cozy American institution of the happy hour by admitting that some of our best friends are problem drinkers who are committing socially acceptable suicide before our eyes."

"Acid" Down, "Pot" Up

Drug abuse in the United States, particularly marijuana, has reached epidemic proportions, according to the Department of Health, Education, and Welfare.

The department estimates that 5 million to 7 million persons in the United States have used marijuana. But it also reveals that use of LSD, so-called "acid," has declined in the past two years.

HEW lists these other drug-use statistics: One million persons have used nonbarbiturate sedatives, including LSD; 400,000 have used barbiturates and amphetamines; and 100,000 are known narcotics addicts.

Expensive Habit

A Salina, Kansas, supermarket has posted a sign for customers who complain about the rising costs of groceries:

"If you think beef is high, cigarettes are \$6.59 a pound."

Indians to Air Their Problems

"Indians have the worst statistics of any minority group," says Mrs. Pat Locke of Anchorage, Alaska, a Sioux-Chippewa Indian. She announces plans for a special seminar to develop new programs for solving Indian problems of alcoholism—including education on the subject in schools, therapeutic approaches, involvement of youth, and mental health as it relates to alcoholism.

"We have the highest suicide rate—200 times the national average," she adds. "Our life expectancy is 37 years. Infant mortality is two times the national average. We have the highest unemployment rate. Our mean annual income is \$1,500. Our

educational achievement level is the lowest, and our dropout rate the highest.

"Alcoholism is only part of it. There's an Indian movement happening now that's very encouraging, because in the past we were just passive and accepted things."

Mrs. Locke places blame for Indian alcoholism on a lack of jobs, no industrialization in Indian areas, and cultural conflict.

"The Indian people see that white men's values don't work. They see hypocrisy. And they believe their own rich cultural values are better. They want to retain their own values but take the best of both," she continues.

She says the alcoholism problem among Indians until now largely has been ignored by the U.S. Public Health Service.

"They spent money making studies by nonIndians. They [the studies] were ineffectual and not applicable. There has been a reluctance to ask the Indian people what they want and how to go about getting it."

"Frustration has led many of our people to suicide and drink, and we don't want to see our children face the same discrimination we have faced."



Senator Harold E. Hughes

People Are the Best Cure

"People are the only treatment for alcoholics," Atlanta doctor Vernelle Fox told the 18th annual University of Utah School of Alcohol Studies.

The alcoholic must ease his frustrations and anxieties by more contact with people instead of turning to drink, said Dr. Fox, who is medical director of the Georgia Clinic and Rehabilitation Center for Alcoholism in Atlanta.

In This NEWS

♦ Is it safe to capture sleep by pills? See page 16.

♦ To avoid heart attacks keep on the move. See page 17.

♦ Why is it hard to curb tobacco advertising? See page 18.

To Sleep by Pill Is a Myth!

To varying degrees, millions of Americans are following a disastrous chemical course in their attempts to capture sleep. They are victims of the dangerous sleep myth that a person can simply swallow a pill to cure insomnia.

On the market today are about 200 different sedatives and hypnotics—drugs that are used to promote sleep. During 1967 Americans spent over half a billion dollars for prescription sedatives.

Enough barbiturate capsules are produced in the United States each year—a total of 800,000 pounds—to provide one a week for every man, woman, and child in the nation. Millions of people take sleeping pills as casually as aspirin. This promiscuous use of drugs has had unfortunate consequences. Consider some facts:

- Prescription sleeping pills, whether barbiturate or not, are often habit-forming and can produce severe psychological and physical symptoms when the person stops the drug.

- Even the relatively innocuous over-the-counter sedatives can have unfortunate side effects if taken in large doses—and the prescribed doses are so small that they have little effect upon the sleep of serious insomniacs.

- Alcohol combined with barbiturates or other depressants used to promote sleep may have a magnified effect that can be fatal.

- Each year about 23,000 people commit suicide in the United States—many by drugs, mostly with barbiturates. Barbiturates can be more than instruments of self-destruction; they can help to intensify a suicidal depression. Depressed people, given barbiturates and similar hypnotics to help their insomnia, often become more depressed.

- Barbiturates exert a long-lasting effect on regions of the brain involved in intellectual activity. Scientists have given volunteers a section of a standard IQ test before and after taking a barbiturate; the drugs lowered performance.

Many people who are dependent on the drugs do not notice slow changes in their own behavior—loss of judgment, occasional aggressiveness, or paranoia. Along with confusion and disorientation, these are symptoms of barbiturate intoxication.

- Drugs do not resolve most sleep problems, and can actually make sleep worse. Most "sleep" drugs produce abnormal sleep, even in people who normally have no problem with insomnia. The so-called deep and dreamless slumber produced by pills is actually harmful.



Many people create their sleep problems by pushing themselves to the limits of their energy and then depending on stimulants to keep going.

Many Americans create their sleep problems by pushing themselves to the limits of their energy and then depending on stimulants to keep themselves going. A person cannot fragment his sleep schedule and still enjoy a feeling of well-being. We want to feel rested, miraculously, while our style of life invites chronic fatigue.

Actually, we can expect more control over the quality of our sleep than we think. Regular sleep habits, avoidance of stimulants such as coffee and tobacco, a regimen of exercise, and a high protein diet are only some of the ways we can promote good sleep.

Use of drugs may look like an easy solution, but they also can create more problems than they solve.

Smoking—Worst Plague

"There never has been a plague, pestilence, or a war in history which has claimed death on a continuing basis as consistently as has the cigarette habit," says the Canadian medical authority Dr. Norman C. Delarue.

White House Drinks

Excerpts from Jacqueline Onassis' memoirs reveal her concern as First Lady with too much liquor at the White House, among other things.

A copyrighted story by Vera Glaser and Malvina Stephenson, quotes the former Jackie Kennedy's instructions to the White House housekeeper.

"Liquor often flows too freely here," she wrote, "and I find it as abhorrent to hear a reception turning into drunken laughter as I do to hear loud jazz crashing through the East Room."

"No one should ever get drunk in the White House; so will you see that at state affairs and official receptions—especially for the Judiciary—liquor flows much more slowly?"

"People should get one drink immediately but have to do a little waiting or beckoning for a second one. Really make it impossible for them to have a third."

Fitness Is Not Formal

A first-rate fitness program for the average person may be no formal program at all, says Curtis Mitchell, writing in *Family Weekly*.

Rather, several interlocking elements are involved.

- Regular and spirited activity of a fairly strenuous nature.

- Free choice of the means by which one will get the job done.

- The relief of tension by relaxation and fun.

- The willpower of a mind stimulated by its desire for excellence.

When these elements work together, they produce results.



Alcoholics

He has a small nip before going to the office in the morning, then pours it down at lunch—three to five martinis.

Back at work for a foggy afternoon, then a snort at a bar before catching a ride home, and a drink with the wife before dinner. Perhaps a nightcap, then bed.

Although he doesn't fit the skid-row stereotype, he's an alcoholic just the same, says vice-president of the National Council on Alcoholism Dr. Marvin A. Block. This is the "Madison Avenue" alcoholic—stuck on booze.

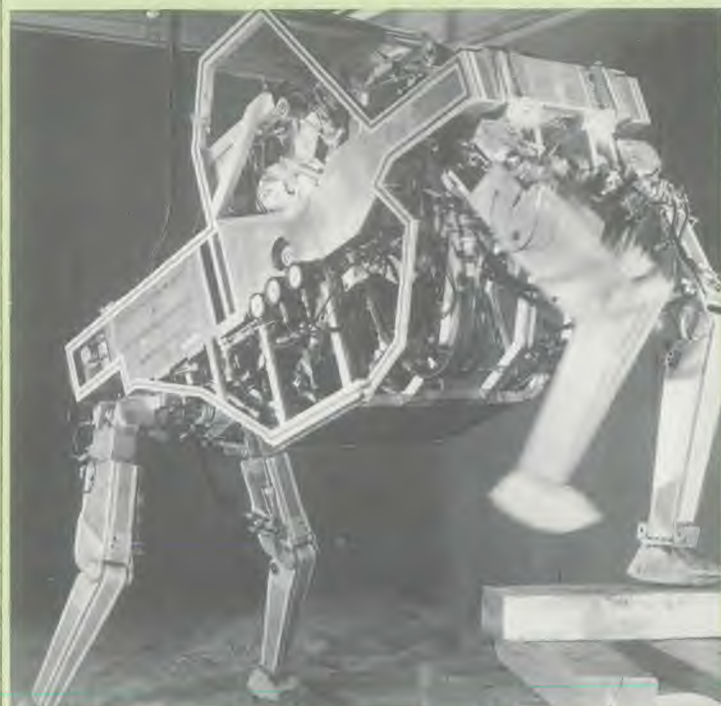
A specialist in psychiatric treatment of alcoholism, Dr. Block says that each of his patients has his own definition of alcoholism, the patient invariably excluding himself.

Drug Age

The average age of youths who abuse drugs has declined from 16 or 17 years in 1961 to 11 or 12 in 1969, according to Denver District Attorney Mike McKeivitt.

"Kids from fifth grade begin to know the terms yellow jackets, red birds, speed, acid, pot, specs, swirls, smack, STP, FDA, and even LBJ, the newest hallucinogenic drug which has already caused several deaths in my area," he explained.

Drug abuse "hits at all income levels, with increasing frequency at middle- and upper-income groups."



This four-legged quadruped machine is designed to improve the mobility and materials-handling capabilities of the foot soldier under severe conditions. The machine mimics and amplifies the linear movements of its operator. The right front leg of the unit is controlled by the operator's right arm, its left front leg by his left arm, its right rear leg by his right leg, and its left rear leg by his left leg. This research prototype is 11 feet high and weighs 3,000 pounds.

"Damp" Drivers Are Highway Peril

State laws that determine when a driver is drunk are too liberal in the light of recent research on alcohol's effect on the body, according to James Economos, director of the traffic court program of the American Bar Association. The standard should be dropped from the typical .15 percent alcohol to .08 percent or even lower, he says.

A study by a scientific laboratory in Ontario, Canada, shows that a percentage of alcohol as low as .04 can have obvious and damaging effects on a driver; and when the percentage is .06 or .08, the driver veers across the center line, zips past red lights, and otherwise drives in an unsafe manner.

Statistics show that the use of al-

cohol by drivers and pedestrians leads to about 25,000 deaths and at least 800,000 crashes each year in the United States.

"The driver who is legally considered intoxicated under most state laws is 25 times more likely to cause a traffic accident than if he were sober," he goes on.

In a test of 2,019 victims of traffic accidents in Illinois during 1966, he says, blood alcohol tests on 934 of them showed that nearly one out of two had alcohol in his blood. Nearly one fourth had more than .15 percent.

In the same test, 40 percent of the pedestrian victims tested had been drinking, and 26 percent had more than .15 percent.



Cartoons - of the Month

"We're in luck. They have nothing we'll have to keep up with!"

To Avoid Heart Attacks, Keep on the Move

Men who move their legs and muscles double their odds of escaping heart attacks, compared with sitters, a new study finds. And, if heart attacks do come, the sitters are four times more likely to die than men who are physically active.

For women as well as men, the risk of having an initial heart attack is twice as great if they smoke cigarettes as compared with non-smokers, the study said.

The odds of having a heart attack rise among persons who gain weight in adult life, the Health Insurance Plan (HIP) of New York City reports in its survey.

Men whose body weight was 15 percent or more above average had about a 50 percent greater risk of a first attack than men with a relative weight just under average.

For women, weight gains also increased the risk of heart attacks and of developing angina pectoris, the pains coming from a heart be-

ing starved for oxygen because of clogged heart arteries.

The findings are from a nine-year continuing study among 110,000 adults, age 35 to 64, insured by HIP. The study sought to identify habits of living that predispose to heart attacks, or that may protect against them.

Men, it says, are five times more likely to develop coronary attacks than women. The rate among women rises after age forty-four and the beginning of menopause.

The study pinpoints the danger of being physically inactive. "Men whose overall level of physical activity, as judged from their activities on and off the job, is rated as 'least active' have twice as high a rate of myocardial infarction heart attack as 'moderately active' men. Men classified as 'most active' show no advantage over those 'moderately active'.

The risk that a first heart attack will be quickly fatal was four times as high in the physically inactive group. The margin between least active and more active men in their rates for nonfatal attacks was considerably smaller, the study reported.

Need More Drug Facts

In New York City, where youth drug addiction problems are so widespread, only 15 or 20 percent of the schoolchildren are being reached by instruction on the dangers of drug abuse, according to Martin Kotler, a deputy commissioner of the city's Addiction Services Agency.

And of the 15 or 20 percent a "much smaller number" is being reached effectively, he says.

"Distributing cards to kids saying 'Drugs are bad' just won't work. They'll tell you why drugs are good," he comments.

State law requires that the secondary schools give instruction on narcotics, but the level of instruction varies from school district to school district.

Irving Lang, a member of the State Narcotic Addiction Control Commission, observes that "effective education should be a more effective deterrent" against drug abuse "than penal sanctions."

"The vast majority of our population," he goes on, "might properly be called functionally illiterate with respect to authoritative information regarding dangerous drugs and their effects."

Iran Opens Drug Gates

Ten thousand Iranian dope peddlers have been released by government order, but they will be shot by firing squads if they resume their trade.

Iran banned the cultivation, sale, and use of opium in 1955 but resumed cultivation of poppies this year in restricted quantities and under government control. During the 14-year ban, the government estimated it lost a billion dollars in revenue, while neighboring Turkey and Afghanistan increased their exports.

Some of the 10,000 dope peddlers had been sentenced to more than ten years in prison under the old law prohibiting possession of opium.

Under the new law, the government will issue permits to drug addicts to buy enough dope at government-controlled stores to support their habit. Persons without permits who are found possessing drugs will be sentenced to death.

Alcoholic, Bad Patient

Many hospitals refuse to treat alcoholics because staff physicians "don't know what to do," says Dr. Frank Luton, mental health commissioner of Tennessee.

Alcoholism is the third largest medical problem in the nation, he points out. However, the large medical facilities refrain from admitting its victims.

"There are hospitals that won't take alcoholic patients because of the insurance angle when the alcoholic is depressed and suicidal," Luton says. "But some personnel are afraid of any mental illness, and this is a problem of education."

"Small and rural hospitals take the mental patient more easily than the larger hospitals. Actually, most mental patients can be treated almost without extra nursing."

"The alcoholic is a notoriously difficult patient to treat, and sometimes the doctor is at a loss to know what to do with him."

"Mind" Drugs and Fat

Fat girls seeking a slimmer shape and middle-aged folk pining for a placid stomach or good night's sleep are the biggest users of "mind" drugs, says Dr. Jerome Levin, a drug research official for the National Institute of Mental Health.

The drugs are called psychotropics because they "have their main or principal effect on mood, thought processes, or behavior."

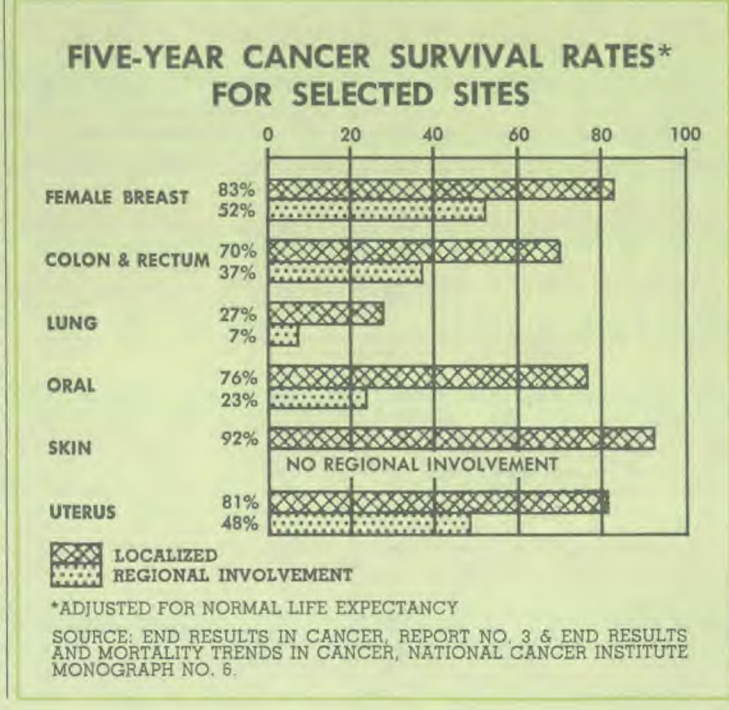
Dr. Levin reports that 67 percent of all psychotropics prescribed in the United States go to women, compared with 60 percent for regular drugs.

"Stimulants (82 percent) and antidepressants (74 percent) are overwhelmingly 'female drugs,'" he says. Stimulants are used mostly "during young adulthood," largely to suppress the appetite and help fat girls lose weight.

"Use of minor tranquilizers and antidepressants is greatest in the age range 40 to 59," Dr. Levin reports. Their use is linked with "disorders with stress components such as cardiovascular and gastrointestinal disorders," plus insomnia.

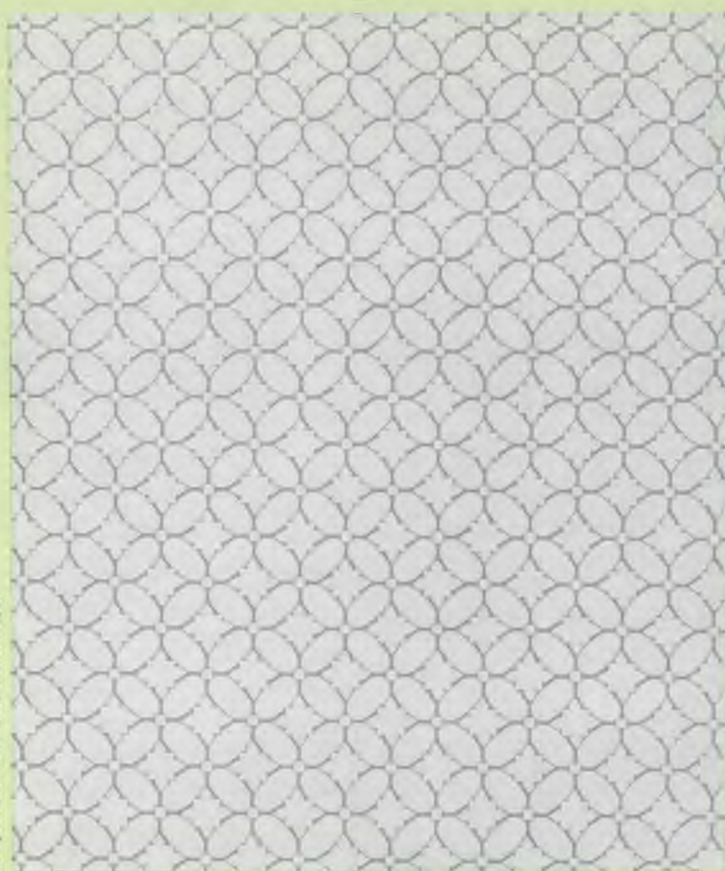
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- ◆ Lack of support from the medical profession about the driving impairment from alcoholic intoxication hampers public support of strict measures to control drunken drivers, officials of the American Bar Association told a judges' convention recently. (Rocky Mountain News)
- ◆ "One out of twelve persons who drink becomes an alcoholic," says Pat Hatfield, rehabilitation officer for Hamilton County, Tennessee. "The problem is a little bit physical, and a little bit mental and emotional, with persons involved usually having a lack of personal values." (Chattanooga News-Free Press)
- ◆ "Will the drugs turn you on, or will they turn you off?" asks the poster carried on the 68,000 post office trucks earlier this year. (Parade)
- ◆ More than 300 of the nation's 1,750 daily newspapers ban ads for either beer, wine, liquor, or all three. (Washington Star)
- ◆ Almost 20 percent of adult Californians report they frequently use tranquilizers, stimulants, or sedatives, says *California Medicine*. Tranquilizers are the most common type of drug used, with 10 percent of adults using them. The use of stimulants was reported by 6 percent and sedatives by 7 percent.
- ◆ The effects of marijuana could trigger an attack of asthma in a susceptible person, and active users may experience chronic bronchitis, warns the *Journal of School Health*. There have been no deaths in this country due to physical effects of "grass," the magazine reports; but if a tremendous overdose were taken, the mechanism of death would probably be respiratory failure.



ARE YOU PUZZLED?

Which Letter?



Permission to use in "Listen" given by vice-president of M & H, Lester Lloyd.

Delightful patterns can often be made of seemingly uninteresting items laid in symmetry. A typefoundry company in San Francisco—Mackenzie & Harris—cast hundreds of a certain letter, and then laid them together to make this surprisingly attractive pattern, used for a book cover. What letter did they use?

Laughing Gas Not Laughing Matter

In La Jolla, California, Nora Ruffcorn, 15, who tried breathing laughing gas for kicks on a double date, is learning again to eat and to walk by herself.

When police found her, she was having convulsions on the front seat of her boyfriend's car. The boyfriend, Brad Hunter, 17, was outside, nauseous.

On the back seat of the car were Clare Herrick, 18, and Peter Strada, 17, and an empty four-foot tank that had held nitrous oxide—better known as the dentist's pain killer, laughing gas. Within hours Clare and Peter were dead.

Nora says the nightmare began as a lark.

"It was just a high," she said; "like marijuana, I guess."

Investigators said the couples apparently had rolled up the car windows and opened the valve of the tank.

Where they got the tank is not known. Hunter has pleaded guilty in juvenile court to two counts of manslaughter.

Pure nitrous oxide is lethal if inhaled for more than ten minutes, a San Diego anesthetist said. "The absence of oxygen causes death much like that of drowning."

He said the gas never is administered medically in concentration greater than 80 percent, with the remaining 20 percent pure oxygen.

Nora was in a coma for three weeks at Scripps Memorial Hospital.

Doctors expected her to die; then they said she would be an invalid for life. But a strong will and physical therapy enabled Nora to go home with her mother, who takes her back daily for three hours of work on muscle coordination.

"Now the hardest thing for me to do is write," she said.

"I like to write, but I can't do it now. But I can eat by myself and dress and go to the bathroom."

Nora gets mail from people across the country who say they are praying for her.

The slim dark-haired girl has a message for thrill-seekers.

"Don't try it," she told a reporter. "Tell them what it's like and tell them not to try anything."

ANSWER:

Capital Y—and nothing else.

Plus and Minus of Smoking Habit

Against the overwhelming evidence of the dangers of cigarette smoking, why is it so difficult to obtain curbs on the industry's ads? The answer is that this story goes far beyond the sphere of health and deep into the sphere of big-time money, giant and powerful industries, whole regions, the tax take, et cetera. To give you just a few broad hints:

1. American smokers (about 60 million) today spend more than \$9 billion a year on cigarettes and other tobacco products.

2. The tobacco advertising business comes to about \$300 million a year.

3. Farm income from tobacco (mostly in the South) is now estimated at about \$1.3 billion a year.

4. About 30,000 U.S. workers have jobs in tobacco manufacturing alone.

5. The total state-local tax take from tobacco sales amounts to \$3.7 billion annually.

6. And in addition smokers spend countless millions of dollars to buy ashtrays, to pay tailor repair bills, to buy lozenges and cough preparations, et cetera. (I'm not sure where to place the new \$50-million-a-year stop-smoking industry, but it is certainly thriving in our land only because of the extent to which Americans smoke.)

I'm biased. I admit this without apology, for I quit two years ago. Nevertheless I submit that the above is a fair sampling of the economic pluses of smoking—and thus, even the cigarette tycoons should not complain if I suggest an economic minus or two.

For instance, the U.S. Public Health Service calculates that workers lose 77 million days of work each year because of various smoking illnesses; at \$20 a day, that's a loss of nearly \$1.5 billion in wages alone.

The cost of higher fire insurance premiums attributable to fires caused by cigarettes is placed at \$1.1 billion a year; the extra cost of life insurance directly resulting from smoking is put at \$600 million a year, and the extra cost of health insurance premiums is set at \$500 million a year; the loss from forest fires caused by smoking is fixed at \$100 million a year.

I would not dare guess how the Congressional hassle will come out—but I'll give you this giant clue to how cigarette companies themselves feel about their long-term outlook:

One after the other has been dropping the word "tobacco" from its corporate name and virtually all are well launched on broad product diversification programs. —Condensed from Sylvia Porter, economist. Copyright, 1969.

Repeal Has Failed, Return to Prohibition

Repeal has failed and a swing back to prohibition is inevitable in order to halt the spiraling drink-caused human and economic losses in the nation, says Mrs. Fred J. Tooze, president of the Woman's Christian Temperance Union.

America faces a choice of ridding itself of drink or losing its world leadership to drunkenness, she states.

She says that national losses from alcoholism and excessive drink have penetrated all facets of American life and more than \$19 billion is spent each year to consume 3½ billion gallons of hard liquor, wine, and beer.

Broken down, this comes to \$2,252,625 an hour for booze, according to Mrs. Tooze.

"It has been said that prohibition will return when drink and drunkenness adversely affect a majority of the American people, either directly or indirectly," she says. "I submit that these are such times."

She has called for church support of a new crusade against alcoholic beverages, even though some churches have wavered in their opposition under the influence of drinking members.

Industry Tests Chemosol

The tobacco industry has arranged for independent tests of a new chemical process which its backers say will produce less hazardous cigarettes.

Nine cigarette manufacturers made the offer to finance the testing of the process called Chemosol, which is said to reduce a cancer-producing substance identified as benzo (a) pyrene.

The tobacco industry says the chemical is applied to tobacco before the cigarette manufacturing process and doesn't affect the taste or aroma.

William Kloepfer, public information director of the Tobacco Institute, says the decision to sponsor the testing does not mean that the tobacco industry has changed its position that there is no proven relationship between cigarette smoking and cancer. He says there is no evidence that filters affect health but there is a public taste for them.



Robert F. Courter seems to be suspended atop the flag pole as he demonstrates the jet flying belt. The belt is powered by the world's smallest fan-jet engine. The system will enable men to fly over such natural obstacles as rivers, cliffs, and canyons, or such man-made obstacles as mine fields, barbed wire, buildings, and highway traffic.

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One man's story of kicking the cigarette habit.

Not Even a Stub!

One day while driving alone across one of those vast stretches of desert highway in Arizona, I automatically reached into my shirt pocket for a cigarette. That empty pocket triggered quite an amazing chain of events.

Stopping the car by the roadside, I quickly rummaged through my pants pockets, the glove compartment of the car, and my suit coat in the rear seat, but to no avail. Gazing down that endless ribbon of desert highway ahead, without a service station in sight, I ran my hands down behind the seat cushions of the car, hoping against hope for one lonely cigarette.

By now, even a stub would do, so I yanked open the ash tray and roundly cursed the man who yesterday washed my car and efficiently emptied out those now-precious stubs. In a panic I seized my suit coat from the back seat, turned a pocket inside out to joyfully discover little brown tobacco particles which had fallen into the cloth lining of my coat.

Three-pack-a-day smoker that I was, there I stood, all by myself in the middle of the Arizona desert, a successful, Harvard-educated corporation lawyer, frantically sucking the lining of my coat in a desperate attempt to ease my craving.

Right then and there I thought to myself, this is about the most ridiculous thing I can possibly imagine! Right here and now, I'm going to quit smoking.

Whereupon I climbed into my car and roared off across the Arizona desert right past service stations and cafés with their cigarette vending machines. And I have been passing them up from that day to this.

But the greatest thrill of all was the thrill of stepping onto the bridge and taking command of my own life and saying, "I'm the captain now. No three-inch cigarette is going to push me around from here on."