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Boozed Before Birth

Coping With Pain—Without Drugs
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Clockwise from top left: The rehab van, The Orange Aid, has special equipment to lift wheelchairs automatically. Therapy in the pool at the Kensington apartments helps patients build endurance. Arthritis, here in the hands, is one of the chronic pain syndromes. Group exercise is an important part of the therapy program.

COPING WITH PAIN~ WITHOUT DRUGS

Aletha Gruzensky

Max Melendez, a diesel mechanic, slipped while lifting a 180-pound head from an engine. The 1974 accident stretched a muscle in his lower back. Since then he has gone to many doctors. Before coming to Boulder Memorial Hospital's Pain Control Center, he took a pain pill every two hours and sleeping pills at night. Now he takes nothing.

Max was a chronic pain patient. Generally a patient coming to the pain center in Boulder, Colorado, has suffered continual pain for several months, maybe several years, according to Joyce Thomson, coordinator of rehabilitation at BMH.

Take for example a patient with lower back pain. Typically he has suffered injury and has had at least one surgery. The physician limits his activity because of the pain, gives him pain medication and muscle relaxants, and may order bed rest. The person may take physical therapy, but if he shows no improvement, the therapy is stopped. However, the physician typically continues medication.

By the time a patient comes to the pain center, he tends to be in a cycle. He does not work in a normal situation, if at all. Side effects of the medication may depress him. He loses motivation to do things for himself or with friends and family.

The more depressed he is, the more he thinks about his pain. He does even less, gets stiffer and weaker. He then has more pain, thinks about it more, and complains to his physician.

The doctor prescribes more pain medication and might also give medication for the depression. And so the cycle builds and builds. Sometimes the patient takes several different medications from several doctors at the same time.

The doctor feels frustrated because he can't do anything. The patient feels frustrated because he still has the pain. "It's all in your head," the doctor may finally tell him.

Bob Cannon heard that. Bob has had headaches and dizziness ever since a car accident in June 1975. Dressed in jeans and T-shirt, he tells how it was.

"I've had every test you can have, and nothing has really helped my problem, medication or anything else." He fingers the cup in his hand.

"I've been on so many medications I can't remember them all. They had me on morphine for about six weeks. It takes the pain away, but you really can't stay on it."

Some emotion shows in his face. "A psychiatrist told me it was all in my head."

The staff at the pain control center feels that chronic pain is a very private and complex experience. "You can't say it's not real," says psychologist Jackie DeTurk. "It's very real." One theory holds that pain has a memory. Because electrical circuits keep flowing through the brain, the person still feels pain even though the original cause may no longer exist.

Before entering the program, all patients come in for an initial interview to determine whether or not the program can help them. If they are accepted, the hospital then admits them for three days of exten-

sive tests and interviews with the multidisciplinary staff.

One of the most important factors in improvement is the patient's attitude. As Max says, "The only way it is going to work for anyone is for him to put it in his mind that he's going to do it."

He continues, "When I came in here, I had two tickets to the Super Bowl. I didn't want to come. I fought it for a couple of days." Max grins. "Now I wouldn't trade this experience for 100 tickets."

A staff member agrees. "At first we thought Max wouldn't make it. He's a macho sort of guy. But he's turned out to be a real star."

Following the hospital stay the patients move to Boulder's Hilton Hotel for five to seven weeks. BMH's outpatient approach is unique among pain centers in the country. At first the Hilton seems hard to justify, especially since insurance usually pays the \$1500 average per week for each patient. But the Hilton costs only \$45 a day, while staying at the hospital would cost \$90 a day. In addition, the outpatient approach helps the patient think of himself as a well person instead of a sick one.

During the day the patients commute to the hospital, where they participate in physical therapy, exercises, recreational therapy, occupational therapy, and group and individual counseling. Various staff members give lectures on topics such as anatomy and use of muscles, exercise, and drugs. At least once a week the patients do some volunteer work in the community. In the evening they dine at the Hilton and have group sessions.

The staff shoots for several goals in the program. "We try to reduce the pain by surgery in some cases, by exercises to make the person more mobile, and by relaxation techniques," says one staff member. "If it is impossible to reduce the pain, we help him learn to cope with it."

To the staff, coping means living without the use of narcotics or strong pain medication. Decreasing dependence upon medication is one of the most important parts of the program. Not all the patients are drug addicts. In fact, they do not like the term at all. A few of the patients are on little or no medication when joining the program, and some have stopped taking medication themselves.

Barry Seale did. "I was on codeine," he says, lying on his stomach with a heat pack on his bare back. "I was literally stoned all the time. I more or less got addicted; so I just quit. But that was my own choice."

Others, though, need help in getting off heavy medication. "For the most part," says Joyce, "the patients are very honest. They know they are on too many medications. They know it's not healthful."

She pauses. "But in the past they have had no other way of continuing from day to day."

Ken Westlund needed help with drugs. As he told a newspaper reporter, "You keep building up your tolerance, so you have to take more." At the pain center his doses were gradually made smaller. The gradual decrease prevents sudden withdrawal pains.

The patients surrender all medication upon entering the program. The staff then decides which medications each patient should take and how quickly the dosage should be decreased. The entire staff, including medical director; orthopedist; neurosurgeon; neurologist; internist; physiologist; psychiatrist; and physical, recreational, and occupational therapists, meets each morning. These experts discuss the progress each patient has made and make adjustments in the patient's program if and whenever necessary.

The patients do not know which medicines they are taking because the pills all look alike. To demonstrate the disguise pharmacist Karen Gammon grinds a blue-coated pill. This she puts into an empty gelatin capsule, adding some lactose powder for filling and looks.

The patients take medication four times a day. A person may be taking real medication any number of

A psychiatrist told me it was all in my head.

those times, or he may be taking placebos all four times. It all depends on his particular need and program.

"When a patient is finished with the program, we will sit down with him and the pharmacist and tell him how we have worked him down on his medication," says Joyce. "We tell him what he is currently taking—if anything."

That conference can be a little surprising for the patients. "I found out I didn't need the medication," says Max, "so why take it?"

But the program does more than just decrease medication. It teaches a whole new life-style that is not built around pain or the taking of drugs. Strengthening and stretching exercises help make a person more mobile and less stiff, thus decreasing the pain. Modified activities, such as workouts at a biofitness center or swimming in a heated pool at the nearby Kensington Apartments, build endurance.

Learning to reuse muscles or use different muscles helps decrease pain. Physical therapists teach patients how to relax overused and strained muscles. Deep breathing exercises and biofeedback help teach a person to relax.

Biofeedback can also help a person develop muscle tone and learn more control over his body in general. For example, a person can learn to lower the temperature in a painful extremity, thus decreasing pain.

Other physical-therapy techniques may help reduce the pain. A Transcutaneous Electrical Nerve Stimulator may block pain impulses by sending harmless electrical currents through the skin to underlying pain-sensory pathways. Ultrasonic heat

and massage increase the metabolic rate, taking away wastes and decreasing swelling. Hot packs may decrease pain, and according to one patient, "Just plain feel good."

A new life-style also includes the mental, emotional, and social angles. Assertiveness training and antidepressant groups teach new ways of handling feelings and situations. Bob thinks his greatest help has been in the mental area.

"It's helped me come out of my shell. I was really getting down. Wasn't working. My nerves, tension, and depression were really bad."

Partway through his stay at the pain center, Bob was made the spokesman for the group of six patients. He asked Barb Burdick, the group facilitator, how she thought he had handled a recent gripe session.

"How do you feel you did?" she counterquestioned.

"Oh, I feel I did pretty well, but I'm afraid I made a few people mad."

"Was it your intention to make them mad?"

"No, but in the past I've had a hot temper at times."

"Then if you didn't mean to make them mad and they got mad, that's their problem."

Bob looked relieved. He wants to learn. He says he may not be able to help some things—his pain, for example. But of one thing he is sure; he is going to help himself.

Volunteering in the community helps the patients to look outside themselves to others. The patients can choose from a variety of jobs, including work at the public library, humane society, or various sports centers. Max, now in the follow-up program, still volunteers. He helps handicapped boys with sports, teaches some at a vocational technical school, and

"I found out I didn't need the medication; so why take it?"

comes to BMH to help newer pain patients with exercises.

Ken, too, looks outward. In addition to taking a lot of drugs, Ken had been in a wheelchair for five years. Just before coming to the pain center, he had been in traction 16 to 18 hours a day. Following surgery he pointed to his wheelchair and said, "I'm going to send that thing home."

"Really?" asked a staff member.

"Yes," he said, "a lot of people in my church could use a wheelchair."

One night Ken walked into the group session with only a crutch. His left ankle was stiff and still hurt, but that may change. "I'm graduating this weekend," he said. That means he will start the follow-up phase of the program. That also means he no longer takes the medications he took when he entered the program. ◇

Don't Light Up to Light Up My Life

CINDY JACKSON

Imagine a young couple in a romantic restaurant overlooking a scenic view of the city. Soft music and candlelight surround them. Seated in a corner booth, they are isolated from the rest of the diners.

The guy moves close and puts his arm around the girl. They stare into each other's eyes, saying nothing. Finally, with a sigh, the guy reaches into his pocket and brings out a rectangular object.

"Do you mind if I smoke?"

Could any other phrase have broken the mood faster? When you go out with a smoker, you have to be prepared for some inconveniences, no matter how considerate the guy or gal is.

Inconveniences? Sure, and some of them are quite annoying to me—having smoke blown in my face when I'm trying to eat, or for that matter, anytime that he's facing me. My clothes are going to smell; and with a careless flick from him my new sweater runs a chance of getting covered with ashes, some hot enough to burn a hole. When he comes to my house, I have to dig out something that resembles an ashtray and stock up on air freshener. And my eyes! After

being in a smoke-filled room, they're red and sore.

Suppose we're driving someplace. Nine times out of ten he's going to stop at a store for a pack of cigarettes, wasting my time and usually making us late for the party or concert. If he smokes while driving, I have to worry if one hand is enough to control the car, and on icy Pennsylvania mountains that's no small worry! Finally, that good-night kiss is not going to be so tantalizing with a breath that reeks of tobacco.

Of course, I can always tell, ask, demand, plead, or try to coax him into not smoking around me, but that has two possible results. One, an argument might break out and ruin an otherwise good relationship, or two, he'll agree for the time being, but sooner or later out comes that cigarette and my sweater gets another trip to the cleaners.

I've mentioned the cons of a date with a smoker—what of the pros? I really can't think of any. What could smoking add? An aura of mystery or romance? I don't

smoke, and I think I add just as much fun and enjoyment as my date. To me, romance

is the light of a candle, the glow of a sunset, but *not* the flick of a Bic.

◇





by Patty Yurth

The sharp ring of the telephone interrupted my charting.

"Hello?"

"This is Emergency. We have an overdose down here for you. We pumped her stomach, and I think it's OK to send her upstairs now. Where do you want to put her?"

"Room 508, bed 1. Who is it anyway? Anybody we know?"

"It's Delores again. I think we have her in one piece now. We'll send her on up."

My heart sank. Not Delores. Not tonight. The elevator doors slid open. The gurney squeaked and groaned as the Emergency aide pushed Delores out into the hall. "Well, here she is; where do you want her?" The aide's breath came in short gasps as her flabby arms pushed the gurney down the hall. "It's really been one night down there; I'll sure be glad to go home."

It was the same old story. I had seen it so many times before. I looked at this woman, my heart aching for her pain to stop. She was not very old, maybe 40. But the traces of her habit had etched their furrows in her face. She had been a beautiful woman at one time, but now her long black hair was a knotted mass. Her skin looked like old parchment. The body odor was so bad that I told one of the aides to bathe her immediately. Delores turned toward me the saddest eyes I'd ever seen.

Her husband edged toward the door, turning his hat nervously in his hands. "Well, I guess there's nothing I can do. I'll go on home."

I walked down the hall with him, my heart melting. "Mr. Marrow, is there anything I can do for you?"

"I don't know where to turn, nurse. Yesterday we went to three different emergency rooms to get her shots. If only she could get rid of those unbearable headaches, I think she'd be fine." He shook his head in desperation, turned away—his shoulders lowered and head down—and walked toward the elevator.

The next morning at the daily conference I proposed my plan of rehabilitation to the head nurse. She agreed to help, but she didn't give me much encouragement. "Delores has been addicted for years, and I doubt very much if you'll be able to do anything with her."

Her words made me more determined than ever to try to help the woman.

"Delores." She was sitting on the side of the bed with her head in her hands, sobbing quietly. I laid my hand on her shoulder. "Do you want to talk?"

"Yes, nurse. If you think it'll help me. This monstrous problem began after Jimmy died. He was my baby. He was always sickly, and I guess I didn't take very good care of him. I started getting headaches. They were so bad I didn't sleep for days. Finally I went to the doctor, and he

Delores

ADDICTION IS TERRIBLE, BUT IT DOESN'T PAY TO GIVE UP
WHEN HELP IS ON THE WAY.

gave me a needed shot."

"Did the shot help?"

"Right away. I slept for hours. Nothing else had been of any use, not even the prescriptions they had given me. Yesterday my head hurt so much I took everything I could find in the house. That's all I remember." She finished humbly.

"Delores, do you want to get well?"

"Of course I do, nurse. I've been to every hospital in the city, but the doctors just tell me there's nothing wrong with me."

"The shots don't help you, Delores. The nurses here really do want to help you get well. We've made up a plan to help you if you want to try."

She turned her hopeless face in my direction. "I'll do anything, whatever you think will help. Could I have a shot now before you start?"

"No, Delores. No more shots. You don't need them."

Her eyes were desperate, but she struggled to maintain control of herself. "OK, nurse. I'll try to get by without it."

This was all I needed to hear. We started working with her immediately. We walked her up and down the halls so many times that she begged us to stop. She was given juice and water every hour to cleanse her system, and a shower two or three times a day to help improve her circulation.

Her family helped. They were so glad to see her getting better they were willing to do anything. The hospital librarian brought her books and magazines to read. It seemed that everyone took a special interest in Delores.

Then it happened. "Delores, here is your juice." With a sweep of her hand she knocked the glass onto the floor.

"Nurse, I'm tired of this game. My head hurts, and I want a shot! I've done everything you told me to do, and it hasn't helped."

My heart sank. I couldn't believe my ears. But I could see the pain in her mind and the aching in her body for the soothing relief of the shot. "There is nothing I can give you," I said, trying to remain calm. "The doctor has specified

that you are not to have any more shots. It's an addiction, Delores, and it can lead to all kinds of tragedies. This withdrawal is painful, but the cure has begun. You must stay with it."

"Please call the doctor. Tell him I must have a shot. Just one."

I called the doctor; but he refused, as I knew he would. I appealed to her in the calmest, most reasonable way I could muster. "Remember your family, Delores; they are counting on you so much this time. I'll be back soon, but I must leave you now."

A few minutes later Jenny, one of the aides, walked hurriedly toward the desk. "Delores is packing her things. She says she's going to leave."

I hurried down to the room. "Delores, are you going somewhere?"

She hurled a string of profanities in my direction.

"I know you don't really feel that way about the nurses or doctors here. You aren't going to give up now, are you? Your husband will be terribly disappointed. His hopes are so high."

She looked down at the floor. "No, I guess I won't give up yet, but can't you get me something for this headache?"

"All I can give you is aspirin. Do you want that?"

"You know that won't help me. Get my purse out of the closet; it has \$20 in it. You can have it if you'll only get me a shot."

"You know I can't do that, Delores. Besides, the shot will rid you of the pain for only a little while. It won't help you live your life."

"Oh, stop preaching at me! Go away and let me alone."

Jenny was standing outside the door. Her rumped, soiled uniform showed how hard the night had been for her. "Will you come and help me turn Mr. James?"

"OK."

"Is Delores going to leave?"

"No, she said we would try again. I just hope she'll stay with us."

Later that evening we were trying to think of some new way in which we could help Delores

when the phone interrupted our conversation.

"Hello?"

"This is Emergency. Isn't Delores a patient up there on fifth floor?"

"Yes."

"Well, she's down here begging us for a shot. You'd better come and get her."

"How could such a thing happen? I guess she must have slipped past the desk when we were all busy. We'll be right down."

"Jenny, will you go down to the emergency room and get Delores?"

"What's she doing down there?"

"Trying to get a shot."

Jenny wheeled Delores out of the elevator, her small young frame putting all her energy into the task. I went to take over.

"How could you do such a thing, Delores? You know the emergency room isn't going to give you a shot when you are a patient up here."

A look of loathing spread across her face. "I'm getting out of this place right now. You're not really trying to help me at all." She phoned her husband and commanded him to come and get her.

Mr. Marrow stopped first at the nurses' station when he arrived on the floor.

"What happened, nurse? I thought she was doing so well. Now she wants to go home. She says you're all trying to kill her."

"She just gave up, Mr. Marrow. She wants the shots again. We had so hoped we could pull her out of the dreadful addiction, but it's more than she can handle. I suppose those of us who have never been subjected to drugs can't understand how hard it is. She seems to prefer death to trying to make a go of it without her shots."

His face fell. I suppose I knew all along it was too good to be true. "Well, I guess I'd better get her home." He sighed.

I watched Delores get on the elevator. I wondered how long it would be before the familiar scene would be repeated, how long it would continue until the overdose would be fatal. ◇

My Friend Wants Me to Drop College for Him. Should I?

Jeff Mitchell



Ask a Friend

I'm a freshman in college. I'm dating this guy who is working at a job that pays pretty well, but he has never gone to college, and he wants me to drop out. He says he wants to marry me, and he keeps saying that he has enough money to take care of me and a family. I'm in love with him, but I'm not sure I want to give up my education and a future career. He doesn't want me to work after we get married. What's your advice?

By your description, it sounds as if your friend is on some kind of ego trip. Personally, I think that type of situation, if allowed to continue, will sooner or later place such a strain on your relationship that a serious break will take place.

If you are seriously in love with him and you're considering marriage, you should sit down and talk about your situation. Try to learn why he feels so strongly about your education. Find out about the fears he might have. (Many people fear that the more-educated partner in a marriage will stop loving the less-educated partner.) See what his family has taught him about education. Let him know what education means to you.

If you decide to marry your friend, make sure you maintain your integrity. Marriage should not stifle the creativity of either person. But it should allow for the individuality of each partner and should encourage and guarantee the growth of each.

Between you and your partner there should be some common ground, things that are equally

shared. But there must be something of your own uniqueness that remains untouched and unshared. The part of you that is not shared can help to strengthen the bonds that join you together. If people think they know all there is to know about each other, they generally stop working to find out more about each other. They lose interest, and the marriage fails.

Part of that uniqueness is the self-fulfillment of each person. Marriage partners should help each other to fulfill their dreams and needs as fully as possible.

If your friend refuses to change his mind about not letting you complete your education and enter the work world, I don't think you will find the happiness you seek in such a marriage. You will eventually feel angry with your partner for not helping you to fulfill yourself, and you will also be uncomfortable with yourself for not maintaining your integrity. Those feelings can destroy your relationship.

I know a girl who keeps threatening to commit suicide. A friend told me that people who talk about killing themselves never really do it. Is that true? How do I know if this girl is serious about killing herself, and what do I do about it if she is?

There is no truth to the statement that people who talk about committing suicide never do it. In fact, a very high percentage of people who talk about killing themselves actually try it, and many of them succeed.

There are a number of factors involved with a person who has

"real" suicide potential. People who are serious about suicide usually feel worthless, helpless, and hopeless. They have a low self image, a feeling that no one can help them, and a blank vision of their future.

People who are thinking about suicide generally have a plan in mind and a method, such as a gun, a knife, or pills, available to them. The serious suicide risks also have few resources such as family, friends, or community groups readily available to lend help and support. They are also under great pressure or stress.

If your friend has most of the above, she is in serious trouble, and I would strongly recommend professional intervention from a competent psychiatrist, psychologist, or counselor. Even if your friend doesn't fit the pattern exactly, it would be a good idea to get her evaluated professionally. She is probably in trouble emotionally and in need of help to work out her problems. ◇



Have any questions about friendships and parents, drugs and health, or just your own feelings about yourself?

Ask a friend—junior high school teacher and guidance counselor Jeff Mitchell.

Address your questions to: Ask a Friend, LISTEN Magazine, Box 4390, Washington, DC 20012.



REMEMBER IT'S OUR BABY, NOT JUST HERS, ADVISES THIS OBSTETRICIAN.

How to Have a Perfect Pregnancy

Almost

Naor Stoehr, M.D.

First and foremost, the entire family—and especially the prospective mother—must understand that pregnancy is not a disease. Pregnancy is a normal, healthy condition for a woman. Even though she may have some changes which may cause her temporary discomfort, they're still normal changes.

Often a woman thinks that she needs to relieve herself of some of these discomforts because she *thinks* of them as being abnormal reactions of her body or warning signs of pending doom or complications. So she seeks relief by using a drug in order to feel more at ease. (I'll come back to drug use later.) But she is probably experiencing only normal discomforts of pregnancy.

Second, a woman should continue with her usual activities, at least until she is seven or eight months along. The physical changes in her body are not going to be so drastic that they will interfere with a fairly routine life-style.

For example, one of my patients, who was a very good bowler in a league, continued to bowl until three weeks before her labor. She had to change some of her techniques, of course—one and a half steps instead of her regular three—but she bowled very comfortably and did not have any damage.

Any woman should have a regular pattern of exercise. If she's not

Based on a "Listen" interview.

a sportswoman, she should at least have a good walk every day, and by a walk I mean at least a mile, preferably within a period of 20 to 30 minutes. This will strengthen her muscles as well as stimulate her cardiovascular system.

The third important item is diet. The pregnant woman needs a well-balanced diet, but forget that old idea that she's "eating for two"! Perhaps more than for one, but *not* for two. A woman who is on a balanced diet will need a very small increase in the number of calories—probably between 300 and 500 per day—to take care of the needs of her pregnancy.

Fourth, she needs to be under the care of a good physician, to whom she can turn with her questions and anxieties and find relief. She does not need a doctor for a prescription writer, however.

Another whole area is the emotional impact of pregnancy on the woman. I believe that today, because more couples are planning pregnancy, the emotional impact is not as great as it was decades ago. Prior to successful birth control a woman often discovered that she was expecting a child "out of the clear blue." However, every woman still goes through mental changes which go along with the physical changes she will obviously have.

These emotional changes are centered on her self-image. She has to realize that the coming of a child (or another child) will de-

mand a lot of her time and take her away from previous pursuits. This will mean a temporary termination of her chosen profession, at least for the last part of her pregnancy as well as the early part of the postpartum period.

Pregnancy will give her a new sense of direction. She needs to realize that motherhood is a very important career. And she has to face up to the fact that she's going to lose some of her freedom. She and her husband can no longer decide on a vacation trip at the drop of a hat. They must be prepared to deal with that third (demanding!) member of the family. Other social activities will be affected, some curtailed.

Another change will be her relationship to her husband. Many a woman is scared that the physical changes in her body will alienate her from the one who has been Number One in her life, especially later in pregnancy as her shape changes. Women have a mistaken concept that they become ugly when they are pregnant, but I've found that most husbands who are happy with the pregnancy and have a happy marital relationship think their wives are never as attractive as when they are expecting a baby. A pregnant woman develops an aura about her that is (and I don't want to be overly romantic about this) special. There is a general glow to her appearance, to her eyes, to her facial skin. This is very appealing to most husbands.

Even though their husbands have always been faithful to them, many women worry about the last weeks of pregnancy, when they will be unable to have sexual relations. "Is he going to be affected by this to the point of looking elsewhere?" they may ask themselves.

The physical discomforts of pregnancy may be affecting a woman's mental outlook. At first she may be experiencing some or all of these symptoms: nausea, vomiting, soreness in her breasts, and extreme tiredness. Most women in their early weeks of pregnancy feel very tired and sleepy. Some are upset because their bodies require that extra sleep. Of course in the latter weeks they have the inconvenience of carrying around a large load in front of them. For this they have to compensate, and it can be quite a mechanical feat.

We obstetricians are acclimated to giving a woman a multivitamin and iron supplement as soon as we know that she is pregnant. We do this as a protection, because few women are on a really well-balanced diet. At the time we ascertain a woman to be pregnant, it's pretty hard to convince her to change her life-style to such an extent that she will not need this "insurance." But, as I alluded to earlier, most women don't really need any pills or medications during a normal pregnancy.

Many drugs that a pregnant woman takes are transmitted through the placenta into the baby that she is carrying. (Actually, it depends upon the molecular weight—the higher the weight, the less the likelihood of the drug's going through the placenta.) But most drugs that pass through the placenta will affect the baby in ways that are similar to those they have on the mother. But there is an added risk because the embryonic cell is dividing rapidly and

growing rapidly; so it is more susceptible to change.

Several studies have been conducted to find out how many and what kind of drugs pregnant women take. Researchers have found that as many as 92 percent of the women polled take at least two or more drugs during pregnancy. This includes both prescription and nonprescription medications, but the majority of them are self-prescribed.

The most common drugs used are the vitamin-iron supplements; analgesics (the most frequently used one, of course, is aspirin); antacids for upset stomachs; barbiturates to calm; antiemetics for nausea; antihistamines for colds; and antibiotics. I don't want to say that taking any of these is definitely going to be harmful during pregnancy, but certainly some of them are *potentially* dangerous.

Let's take aspirin, for example. It's an interesting drug that has both anti-inflammatory and anticoagulant effects. Placentation (which is the implantation of the zygote into the wall of the uterus and the formation of the afterbirth through which all the exchanges of the nutrients as well as the waste materials will take place) is a process which involves just about all the steps of inflammation. Since aspirin is an anti-inflammatory, it definitely has an effect on placentation. At that particular time in pregnancy, aspirin can have a potentially harmful effect.

The other crucial time is late in pregnancy. If the mother is taking aspirin just prior to delivery, the drug is found in the baby's bloodstream, and it has a suppressant effect on the coagulation of the baby's blood; specifically, it drops the platelet count.

Now the baby is going through a traumatic experience as it comes through the birth canal; it is being compressed through that

small passageway, and the brain and vessels in that area are being compressed. There is a good chance that some of those tiny vessels will break and cause a little hemorrhage. If the baby already has impaired clotting ability, you can see how this effect could be great enough to cause harm to the baby. We could detail similar effects for the other drugs listed.

Alcohol, of course, is the drug being considered most these days in connection with pregnancy. The data on the heavy use of alcohol is rather definite. (See the article "Harming the Innocent," page 14.) But many women are asking about smaller amounts of alcohol—will a couple of drinks a day harm their baby? We don't know for sure.

Studies are currently being done in three major centers—Seattle, Boston, and Loma Linda, California—with both laboratory animals and humans. So a few years down the road we will have a much clearer idea about the effects of moderate drinking on the fetus.

Twelve years ago when I started practicing obstetrics, I advised my patients who were smokers to give up cigarettes—at least for the period of their pregnancy. Now I have even more evidence to back up my statements. We don't see a dramatic syndrome in babies from smoking mothers, but smoking does have an effect on the fetus. For example, we know that it increases the number of congenital malformations in the fetus, but they are not specific enough to be labeled a syndrome. But the most common effect comes in the small weight of the baby for the duration of the pregnancy.

Babies of mothers who smoke more than 10 cigarettes a day weigh, on the average, at least half a pound lighter than babies of mothers who do not smoke. We

used to think that babies who were lighter at birth would catch up on their weight gain during the first year of their life. New evidence shows that that is not so. One study conducted in Philadelphia followed babies for as long as nine years, and it showed that underweight babies never caught up with the heavier ones.

Don't get me wrong—that doesn't mean there can't be a 6 $\frac{1}{2}$ pound Einstein, because nature is capable of coping with an awful lot of stress. But speaking strictly in averages, the individual with a low birth weight is more likely to be in the lower section of the spectrum in both physical and mental activities.

It is not surprising that smoking and heavy drinking during pregnancy can affect the fetus, but the effect goes clear back to the moment of conception! Of course it's terribly difficult to isolate the contributing factors in a laboratory, but some researchers believe that the physical state of both parents at the moment of conception can play a role in the development of the baby. Some authorities believe that if the mother is on a binge at the time conception occurs, that may be more critical than sustained, chronic alcoholism. It would be rare to pinpoint a case where both the mother and father were stoned, really drunk, because men are notoriously impotent when they are that drunk.

I'm not mentioning these things to scare women into a certain pattern during pregnancy. But I do want to emphasize that a woman can have a calm, essentially care-free pregnancy by living a drug-free life-style. Here are some bits of advice I give my patients.

Suppose Linda comes into my office and complains because she can't sleep, a common problem in the later weeks of pregnancy. She has added 10 pounds to her tummy, and when she lies on her back she feels faint. When she lies

on her left side, her right side feels pulled. She turns over, but it's no better. The baby is a real acrobat. He's kicking all the time, so much that Linda's husband says that if his back is against her tummy *he* can't sleep. She wants me to prescribe a sleeping pill for her.

Instead, I ask her to try this routine. She should not lie in bed and toss and turn. If she can't sleep, Linda should get up and do some light work, or perhaps read. Other simple remedies might help: taking a warm-milk drink just before going to bed; relaxing in a very warm shower; or perhaps changing her sleeping pattern to coincide with the baby's. (Yes, the fetus *does* have "sleeping" and "waking" times, but they might not be Mother's normal hours!) Only if Linda is overwrought and very tired will I prescribe a sleeping pill.

One area in which the husband's help is essential is the physical distress of coping with heavy housework. I try to make husbands realize that this is *their* pregnancy, not *hers*. He will have to become more attentive to her and her limitations.

In addition to carrying heavy grocery bags and doing other lifting and bending chores, he also needs to remember that his attention becomes very important. He can help his wife relax better than any tranquilizer by his treatment of her during this important time in their lives. When she can no longer bowl with her league and needs to take a daily walk, she shouldn't have to go out with only the dog. Her husband should go along with her.

If a woman understands what's going on—both physically and mentally—if she's not suffering any unusual physical problems, and if she has the attention and the comfort of her husband, she's not going to need any drugs. That's my formula for an almost "perfect" pregnancy. ◇



Dr. Naor Stoehr was born in Brazil and educated there through high school. He came to the United States to take his college education at Atlantic Union College, then his medical degree at Loma Linda University, from which he graduated in 1957. He took three years of postgraduate training in obstetrics and gynecology at the Walter Reed Army Hospital in Washington, D.C., then served four years with the armed forces in Europe and the United States.

Since 1965 Dr. Stoehr has been in private practice in a suburb of the nation's capital.



This girl, shown at birth and at two years, displays some of the typical facial features of the fetal alcohol syndrome, including low nasal bridge, long upper lip, and short eyelids.

Only recently have we begun to realize the insidious effects of alcohol on the fetus.

HARMING THE INNOCENT

HARRISON W. JOHN

Melissa was only three when she became a "television personality." If you watched the NBC "Nightly News" on May 31, 1977, you probably saw her. And forgot all about her.

But let's refresh your memory. She seemed liked a normal three-year-old, that is until Dr. Kenneth Jones, a medical researcher, started describing her: "She's very, very small," he said. "Her head is small— She also has— small eye-slits, and she's mentally deficient as well."

Two years earlier—August 31, 1975—on another NBC television program Dr. David Smith, an associate of Dr. Jones, was describing in a similar fashion a 21-month-old baby named Kenneth: "The child is smaller in length and weight than most babies his age," he said. "The eye-slits tend to be a little shorter than average. The one eyelid tends to droop a bit and the facial profile tends to be relatively flat." Dr. Smith continued: "The size of the brain is smaller as reflected in the size of the head. And for this reason the baby's capabilities . . . are limited, and are limited for life."

Both Melissa and Kenneth seem to be mentally deficient, below-average children. But they have one more common characteristic—mothers who drank alcohol heavily during their pregnancies. When Kenneth was born, his mother had been an alcoholic for six years. She was drinking a half gallon of wine every day.

In recent years medical researchers have noticed that often children born to heavy drinkers display many of the same symptoms as Kenneth and Melissa. They call this condition fetal alcohol syndrome.

According to one group of researchers at the Boston University School of Medicine and Boston City Hospital, there seems to be sufficient proof that pregnant women who drink alcohol during their pregnancies run a greater risk of harming their unborn babies than those women who don't drink. These researchers, who studied the cases of 633 women at Boston

City Hospital, found that those women who were heavy drinkers had harmed babies at almost four times the rate of nondrinkers.

The survey showed that 32 percent of the infants born to heavy drinkers had birth defects, while only 14 percent whose mothers were categorized as moderate drinkers had problems. However, only 9 percent of children whose mothers were classified as abstainers had defects. It should be noted that this last group consisted of some women who smoked an average of a pack of cigarettes a day, and some who very occasionally did use alcohol.

We do not yet have all the answers about the effects of alcohol on the fetus, or the unborn baby, but the results of present medical research on the fetal alcohol syndrome are so impressive that the U. S. government's National Institute on Alcohol Abuse and Alcoholism (N.I.A.A.A.) and the privately run National Council on Alcoholism (N.C.A.) have both issued warnings to pregnant women that they should consider carefully their drinking habits.

The N.C.A. has taken a clear-cut stand—*the pregnant woman should not drink any alcoholic beverage during her pregnancy.*

"We cannot say a woman will have a defective child if she drinks mildly," said George Dimas, the executive director of N.C.A., at a news conference. "What we're saying is that a safe and responsible decision is to abstain."

The very next day Dr. Ernest Noble, director of N.I.A.A.A., held a press conference at which he issued a "health caution." Dr. Noble did not propose the abstinence model, but noted that those women who drink more than three ounces of absolute alcohol per day (or the equivalent of six drinks) run a "risk" of harming their fetuses.

(An "alcoholic drink" may be defined as 1½ ounces of 86-proof whiskey or 5 ounces of 12 percent table wine or 12 ounces of 4.5 percent beer; in simpler terms, that would be

a "shot" of whiskey, a glass of wine, or a can of beer.)

Dr. Noble added that there is uncertainty about the effects of one to three ounces of absolute alcohol on the fetus, but "caution is advised" for those women who choose to drink during pregnancy.

Although the problems of alcoholism have plagued human societies for centuries, only recently have we begun to realize the insidious effects of alcohol on the fetus. We have records which show that as early as the 1720s the British College of Physicians reported to Parliament in London that alcohol-drinking parents produce "weak, feeble, and distempered children." Others have made similar claims, but it was not until 1968 that a group of French researchers made a significant but generally

Implications of fetal alcohol syndrome portend a grim future for many unborn children.

unpublicized scientific study of 127 children born to alcoholic parents and documented the adverse effects of alcohol on these children.

The earliest modern study in America was conducted in 1972 by Dr. Christy N. Ulleland at Seattle's Harborview Medical Center. She found that an alcoholic mother had an impressively greater chance of carrying a below-normal-weight fetus than a nonalcoholic mother. Her research also indicated that the children of these alcoholic mothers tended to have smaller heads and overall were much slower in developing than normal children.

Since then numerous studies have been conducted into the condition now known as the fetal alcohol syndrome. These studies have further documented and corroborated the initial findings.

To summarize, a child who displays the fetal alcohol syndrome could have some of the following patterns of deficiency: below-normal fetus weight; below-normal weight after birth; below-normal growth rate after birth; small head size; low IQ; defects of the eye, ear, heart, and genitals, among other abnormalities.

The effects of alcohol on an unborn child are clearly exemplified by the following description provided by a pediatrician about a case at University Children's Hospital in Utrecht, the Netherlands.

R.V.D. was the fourth child of a Dutch couple. His mother was known to be a "chronic alcoholic for many years," who drank an "excessive" amount of alcohol during the pregnancy. The baby was born 34 weeks after conception, weighed about 4.17 lbs., and had a length of 16.7 inches at birth.

According to the doctor, at birth the child had very small eyes, a broad nose, low-set ears slanted toward the rear, a very small jaw with recessed chin,

and other physiological abnormalities. These included such things as: excessive body hair, genital abnormalities, narrow pelvis, low glucose level in the blood, and a condition of uncontrolled body activity. After birth the baby did not seem to grow at a normal pace, and it remained below average in height, weight, and head size. The baby was severely mentally retarded.

A similar pattern of defects among children of alcoholic women is being reported from different parts of the world. Yet the precise mechanism of the alcohol effect on the developing fetus is not known.

Researchers do seem to agree, however, that the defects in the fetus emanate from the effects of alcohol rather than from an improper maternal dietary pattern. They explain that alcohol, when used by the mother, penetrates the protective tissue which envelops the fetus as well as the brain of the fetus. Other researchers have noted signs of alcohol withdrawal in new-born babies, and some have even detected alcohol on their breath.

Is the fetal alcohol syndrome a rather rare phenomenon? About 6,000 babies born during 1977 would have exhibited symptoms of fetal alcohol syndrome, according to figures quoted to the *New York Times* recently. This estimate gives cause for concern, coupled with the fact that alcohol consumption, especially among female teen-agers, seems to be rising. Dr. Ernest Noble told *Listen* magazine that approximately 70 percent of all teenage girls in America are drinking.

On the other hand, according to Planned Parenthood, a national family planning organization, each year more than one million 15- to 19-year-old teen-agers and some 30,000 girls below the age of 15 become pregnant.

When the two factors of increased drinking by teen-age females and a high teen-age pregnancy rate are linked together, implications of the fetal alcohol syndrome become apparent.

If what the researchers are finding out about fetal alcohol syndrome is valid (and more research is continuing in this area), then the implications for the future of our unborn children are grim.

Experts tell us that a pregnant woman should keep her drinking under the level of two drinks per day, or better yet, abstain altogether. As one medical researcher expresses it: research data at the present time cannot tell us that drinking less than two drinks a day will harm the fetus. But a pregnant woman should avoid any risk at all, he said, and so "our recommendation is abstinence."

Alcohol is a potent drug that affects the body and the mind. For the pregnant drinker there is an added danger—it can harm her unborn baby. ◇

If you want more information about the fetal alcohol syndrome, write: National Council on Alcoholism, Inc., 733 Third Ave., New York, NY 10017, or The National Clearinghouse for Alcohol Information, P.O. Box 2345, Rockville, MD 20852.

"Something's wrong up ahead on the highway," my wife remarked as she squinted her eyes to see better through the mist of a light rain that seemed to reflect the car headlights back into our faces.

I noticed the flashing red lights, which I guessed were emergency vehicles. One was coming our way, the revolving light accentuating the message of the siren.

"It must be a bad one," she added, "and here comes another ambulance."

But I didn't really hear her. I jammed my foot on the brake to avoid smacking into the back of the car just ahead, which had come to a sudden stop. If our seat belts hadn't been fastened, we too might have been candidates for an ambulance ride to the hospital.

I couldn't help grumbling about the inconvenience we were experiencing. "Traffic seems to be stalled clear back here. It looks as if we'll have a late supper tonight."

"I Told Him Not to Take That Drink!"

Eugene Lincoln

But the tie-up was not as bad as it had seemed. Traffic was moving, though slowly, past the scene of the accident. I could see that it had involved only one car, which now lay on its top crossways on one lane of the pavement. Two

men were attaching a cable to it so the tow truck parked in the median could right it before moving it off the highway.

As we passed the smashed car, I could see a victim, half sitting, half lying, on the ground beside the highway. She was young, perhaps in her late teens or early twenties. I couldn't see how badly injured she was, but what I heard I shall never forget. Through the half-open window that my wife had rolled down so she could get a better view, I heard a hysterical wail: "I told him not to take that drink!"

What story lay behind her words of regret I'll never know.

Then we had passed, and in a matter of moments we had resumed our usual speed down the highway toward a supper that would not be late after all.

A brilliantly lighted signboard shone through the mist, shouting its message to us: "For the good life, drink X beer."

I felt nauseated and wondered if I wanted supper after all. ◇



HOW TO DEAL WITH THE MONSTER CALLED DEPRESSION

JONNIE BLAKE



1 he sun cast a shaft of light into the dimness of the room. I lay on my bed staring at the ceiling. It didn't matter that my apartment was in shambles—dishes piled high in the sink, dirty clothes scattered from living room to bathroom. I felt only a twinge of regret at the thought of having missed a nine o'clock class. The energy to care whether I lived or died had evaporated. Depression, like a monster from some childhood fantasy, held me down.

Everyone is familiar with the Monday morning "blahs." You wake up in the morning, and the whole world has taken on a temporary shade of gray. Nothing seems quite right. You know how to cope with that kind of occasional slump, but what about serious depression?

Depression can last from six to eight months, and it is frightening. If you haven't experienced it, you're probably thinking you won't. Don't be so sure. If you're fortunate, you won't have to deal with it. However, the chances are good that at some time in your life you'll meet someone who is depressed. And a little understanding on your part could save a life.

A partial understanding comes from knowing the symptoms—what it feels like. One of the first noticeable symptoms is the increasing amount of effort (and willpower) it takes to do ordinary tasks. They overwhelm you. With this lack of energy comes the painful feeling that life isn't worth living. It takes effort to find a reason for your existence.

An important part of everyone's life is the social aspect. Depression isolates you. As depression deepens, so does the isolation. Talking to people becomes increasingly difficult. You may feel that people don't care or that they're against you. So the wall of isolation—a wall that is difficult to break down—grows.

Your appetite keeps pace with the slowdown in your life, and food takes on the "blahness" of your mood. Nothing tastes good. If you're like most people, you'll begin to lose weight. (There are a few people who experience an increase of appetite and gain weight.)

The decrease in your activities makes your days seem longer. You long for night and the oblivion of sleep, only to find that sleep evades you. Some people have difficulty going to sleep. Others wake up in the early morning hours and are unable to fall asleep again. Whichever is your case, you're miserable and desperate enough to seek medicinal relief—sleeping pills, antidepressants, tranquilizers—whatever your doctor prescribes.

Christie wakes from a leaden slumber. She reaches for a bottle of prescription drugs. Her depression has become unbearable. She takes enough of the small but potent pills to keep her in a state of oblivion for several more hours. She will attempt to force herself to face responsibilities later—maybe tomorrow—maybe never.

Prescription drugs are meant to be taken as directed by a physician, not to "zonk out" on as an

escape from depression. If you are taking any prescription medicine in larger doses, or in a way not intended by your doctor, you are practicing drug abuse. Drug abuse is dangerous, both physically and psychologically. Once you begin to abuse a drug, you begin the process of establishing a psychological pattern, a pattern you may find difficult to break. The discomforts of depression are great, but drug abuse is not the way to alleviate them. You have other alternatives.

One possibility is the services of a professional counselor, preferably one who believes in God. You'll need someone who can give you support and encouragement. At best, this should be a temporary measure.

Whether you seek professional help or not, there are some things you can do for yourself. It's your responsibility to put some effort into your recovery. You can start by getting out of bed in the morning early enough to eat breakfast.

Eating is a must, but avoid sweets as much as possible. Try to choose foods that appealed to you the most before your depression. What were your favorite fruits? Or your favorite cereal? Force yourself to eat, even if it's a small amount at first. Don't crawl back into bed after breakfast, because inactivity deepens depression.

Now is a good time to begin those small tasks that seem overwhelming. Determine to think of only one duty and concentrate on accomplishing it. Then attempt to develop an attitude of gratefulness for what you're able to do, insignificant as it seems.

If you need a change from those small tasks, try taking a brisk walk. Take note of anything that brightens the way (a blade of grass, a sparrow, a glistening drop of water). The everyday things help to put the spark back into living.

Think people don't care? Think you don't have any friends? Then you start by caring about other people. Smile at the little old lady across the street. Is smiling difficult? Do you feel as if your face will crack if you turn those corners up enough to smile? If that's your problem, go home and practice in front of the mirror until you can smile. Practice it first thing in the morning. That first smile could produce a chuckle, but learn to laugh at yourself. But don't forget to share that smile, no matter how phony it feels.

Reach out to people in little ways. You won't *feel* genuine at first. Everybody *feels* phony occasionally. *Feeling* is a poor excuse for not trying. Don't expect to *feel* friendly always. (And if that sounds repetitious, take stock of how you've planned your activities—or lack of them—around how you've felt.)

Then reach out to God—He's already reaching out to you. He longs to have you come to Him and tell Him how you feel. If you feel raunchy, tell Him. Discover how He feels about you by reading His word.

As you put these suggestions into practice, the monster of depression will begin to shrink. It may not go away entirely, but it will become less frightening. ◇

Finding the Best in Life

What started your interest in making food service a profession?

It all started when I purchased a hot-food cart in Beverly Hills. At the time it was worth, with inventory, a total of \$326. I had discussed the purchase with my wife, who wasn't too crazy about the idea. But she didn't say No.

Since we didn't have any money, I went to the Bank of America; they bought that cart for me.

Our first day's sales on July 17, 1941, totaled \$14.75. Before long we had two employees, who each received \$12 a week in salary.

Can you compare this first day's sales with one day's sales today?

I would say that, based on today's sales, we are planning on \$188 million in sales this year. This would be, if my calculations are right, more than \$300,000 worth of food sold a day. I know our payroll is in excess of \$100,000 a day.

As a child, did you have a specific ambition in this direction?

I was born in Ohio, one of eight children. I had great parents. In fact, I give them a lot of credit for developing my ambition. I was raised on a farm during depression days. My dad and mother had a difficult time to keep bread and butter on the table. Our allowance was a nickel a week. Then if we boys worked very hard, we'd get 10 cents. At that time you could buy a pound of roasted peanuts for a dime, and that's where our dimes always went.

I've always enjoyed what I was doing, whether milking cows or currying and harnessing horses. I remember overhearing my dad tell my mother: "This young man's going places because he works in the field all day, and he's still out after dark looking to see if the crop's growing."



Carl N. Karcher is founder and president of Carl Karcher Enterprises, a food-service chain operating more than 200 restaurants on the West Coast.

In 1941, as a deliveryman for the Armstrong Bakery in Los Angeles, he decided to buy a hot-food cart from one of his customers. Four years later he opened his first restaurant, he serving as cook, and his wife Margaret as waitress. Now the chain is one of the nation's largest privately owned food chains, currently expanding eastward across the United States.

Specializing in customer comfort and service, Carl's Jrs were among the first to combine fast-food service with dining-room facilities and delivery of food to the tables. The popular Taco de Carlos restaurants feature Mexican foods.

Carl maintains a close personal involvement in his far-flung chain of eating centers. His life story shows that success doesn't just happen. "Nothing happens," he says, "without hard work and determination."

At a time when the search is on for "instant" success, Carl's experience points the true direction of achievement.

My folks taught me what is right. Dad always said there isn't such a word as *can't*, because *can't* died in the poorhouse many years ago.

What is your present philosophy of success?

My concept of success is to try something, whatever that may be, and make it succeed. First of all, you must be filled with enthusiasm for anything you do—you have to be excited about it.

And you have to try to improve

on the today. You can't think about the yesterdays that are past, but you certainly can work on the days to come. I feel what's helped me mainly is the fact that I am a Christian, and I have a strong belief in God. When God gives you opportunity to get up each morning and go about doing your thing, that in itself should turn everybody on. I use this terminology quite a bit—that it must be fun to go to work. If it's not, you'd better look at yourself in the mirror.

Do you have a program to help train young people coming up who have ambition and a desire to succeed?

We certainly do. This industry is one of the greatest around in employing young people. It's a training cycle, a learning cycle—the opportunity of meeting the public, handling the cash, and learning what it means to keep the place tidy and in order, to serve good food with a pleasant smile.

As a busy executive, Carl, you have a crowded program each day. What is your personal schedule?

Many people have told me that you make all your big business deals out on the golf course. Somehow I've been able to pull everything together without doing that. My life has been centered on business, maybe too much so. And around the family. That's my whole life—and working in social functions and trying to help the handicapped and underprivileged.

I try to go to mass in the morning—it gives me a half hour or so for meditation. I like to think that has been a great help to me in my personal makeup. It certainly seems the day is not complete without it.

Do I understand that at one time you were a smoker but that now you have quit the habit?

I quit smoking after hearing and

reading so much about the effects. After smoking for 37 years, I thank God that so far I haven't gotten lung cancer or other kind of cancer. I might say that some of my 12 children have been involved in smoking.

About five years ago I looked at one son-in-law who was smoking and said, "Look, Mike, how about making a little bet of \$100, and you and I quit smoking on New Year's Eve?" So we had a handshake on that, and on New Year's Eve at 12:00 I drew my last cigarette. And I'm glad that was the end of the pack.

My son-in-law and a friend quit at the same time. Since then I've had two sons and three daughters quit smoking. I want to say that in my opinion it's the best thing I've ever done—to stop smoking. I feel that if a person wants to quit the habit, and makes up his mind to do it, he can succeed.

How do you feel now in contrast to the way you felt before you stopped smoking?

I really feel I have a clearer head, and I certainly don't have that tobacco taste in my mouth all the time. Maybe I have a few extra pounds because the food tastes better.

I don't have to blow smoke in other people's faces. I'm kind of a critic in some of these things, I guess. I don't have an ashtray on my desk now. I'm so happy I've quit smoking.

You say that you quit smoking all at once. Was it difficult to follow through on your decision?

It really wasn't. So many people told me, you just can't quit; you have to smoke one or two a day—one after breakfast and one in the afternoon.

But for me it wasn't difficult to quit. I don't know if the dear Lord helped me or what, but it was not a challenge.

What would you say is the most important thing for youth to watch today in striving for success?

I think one of the things that they ought to keep uppermost is to be honest. There's no substitute for honesty and good, clean, moral living.



First day sales at Carl Karcher's first stand amounted to \$14.75. The date was July 17, 1941.

It's so easy for people to fall for things that are not right. I believe in the Ten Commandments, and I think that we must draw on these principles and thank God for all the things we have.

We have to be sure what we're going into. Too many people make the mistake of not seeing the whole picture. Any project should be thought out well because once you invest in a business, you have to be consistent. You have to hang on and work at it because it's not just going to happen. You have to make it happen. That's what I tell our people—almost 7000 employees now in Carl Karcher Enterprises—you are the ones who are making it happen.

You come from a large family. You have a large family yourself. What is your view of the family relationships in today's society?

That's something close to my heart—family. I maintain that as goes the family, so goes the nation. Today, all the problems in our families, with so many divorces, are shocking. I understand that here in Orange County last year the divorces exceeded the marriages.

I sympathize with people who have family problems, but when you take the vow at marriage, you say you promise what you will be "until death do us part." I believe in that. I think that when you make a commitment you should live up to it.

I feel sorry today for the people who have marital problems; but I feel more sorry for their children, because they are the ones who are really affected.

There's nothing like coming home to a warm hug or a warm kiss from Mother. Too many people feel that both the husband and the wife have to work. I sympathize with that, but I feel that the mother is the most important part of the family. She should be at home when the children come home. I just can't stress that fact enough.

What would you say is your real basis of life?

You might have noticed as you came up the stairway in this office building, there is a statue of St. Francis of Assisi. In my opinion he was a great saint, one who gave all that he had to the poor. He gave it all away in feeding the animals and the human poor. I've always been attached to his prayer.

Those words are beautiful for all walks of life. I think we need to put back more religion into our everyday lives.

Lord, make me an instrument of Thy peace;

Where there is hatred, let me sow love;

Where there is injury, pardon;

Where there is discord, union;

Where there is doubt, faith;

Where there is despair, hope;

Where there is darkness, light;

and

Where there is sadness, joy.

Divine Master,

Grant that I may not so much seek to be

Consoled as to console,

To be understood as to understand,

To be loved as to love;

For it is in giving that we receive,

It is in pardoning that we are pardoned,

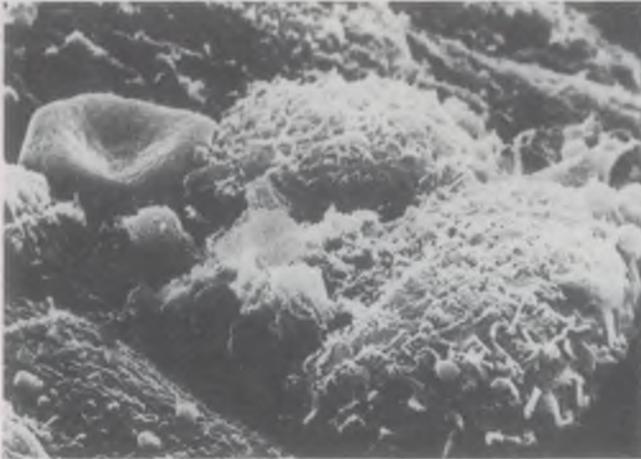
And it is in dying that we are born to

Eternal life. ◇

... And



So Forth



IT'S CHOLESTEROL COMING TO GET YOU!

A scanning electron microscope magnifies 10,000 times the inside of an artery, in this instance of an animal. The massive blob in the foreground is two white blood cells which have attached themselves with prickly projections to the artery wall. More white blood cells will soon accumulate, causing the artery to become narrow, thus restricting blood flow.

This restricting process began when—what else?—the animal began on a diet high in cholesterol. The same type of glopping may be occurring in your body right now!

SOMETHING OTHER THAN CIGARS FOR PROUD NEW FATHERS TO GIVE

A pen maker is leading an assault on an old institution—the giving of cigars to mark the birth of a baby. It's a cigar-shaped ballpoint pen!

The idea started when an executive of the firm wanted to give away something other than cigars when his wife had a baby. So the blue ("It's a boy") and pink ("It's a girl") pens were born.

Distribution is expected to go nationwide soon. The price will vary, but it should be approximately \$1 each or \$10 per dozen. A company spokesman says that's about what you'd pay for a good cigar.

"It's a terrific conversation piece," he adds, "and you can't say that for a cigar."

DISCIPLINE—NO. 1 SCHOOL PROBLEM

An overwhelming number of Americans think that U.S. public schools are doing a poor job of disciplining students, according to a Gallup poll. For the last six years school discipline has been given as the No. 1 problem in the nation's schools, say the polled public.

School authorities and parents agree on at least one point—the same student who needs disciplining at school is the one who needs it at home. And they agree on a second point—the same students who need disciplining at school are the ones who need special academic help.



"The only thing I could sell, George, was the garage."

HOW WERE THE "GOOD OLD DAYS" IN REGARD TO TRAFFIC SAFETY?

Do you ever get annoyed when older people start reminiscing about "the good old days"? Next time someone pulls that line on you, remind them of these statistics compiled by the highway safety department of the state of Wisconsin.

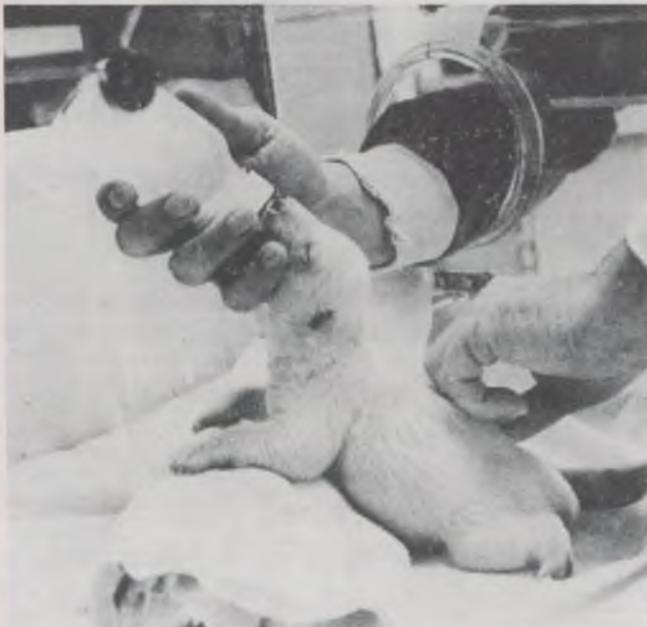
Back in 1912, which is the year the state accident records started, 21 people were killed in traffic accidents. Doesn't sound like many—until you know that there were only 28,000 motor vehicles in the state. If they had all been spaced evenly on the roads at one time, there would have been two and one half miles of road between vehicles.

Today the state has nearly three million vehicles, and spacing them on all the state roads would leave less than 200 feet between vehicles.

Back to those traffic fatalities—in 1912 one person was killed for every 1300 vehicles. In 1976 it was one for every 3000 vehicles, a vast improvement over "the good old days."

Speeding has always been one of our biggest killers on the highway, and it's been a problem ever since people found ways to move faster than a walk.

New York's first motor vehicle speeding ticket—would you believe, for 12 miles an hour!—was issued in 1899. Later that year a man named H. H. Bliss died of injuries after being struck by a taxicab in the city. His was the first recorded pedestrian death caused by the new horseless carriage.



BREAKFAST TIME AT THE BEAR CAGE

It's feeding time at the Lincoln Park Zoo in Chicago. Attu, one of twin female polar bears born less than a week earlier, is bottle fed by hand. She's a tiny six inches long and weighs just about one pound.



TOWING COMPANY TAKES HOME DRUNKS, CARS

"Let the big hooker take you home tonight" was the motto used by a Montana towing service. It offered a special rate to drivers who felt they had imbibed too much to navigate safely from bars to their homes.

The towing company would pick up both driver and car and get them safely home for a flat-rate fee of \$16. The company even offered a special cut-rate price for "regular users" of the towing service.

"CONSCIENCE FUND" ACCEPTS DONATIONS FROM THE CONTRITE

Have you ever ripped off Uncle Sam? Apparently thousands of Americans feel that they have. Over the years they have contributed more than \$3.6 million to the U.S. Treasury's "conscience fund."

The fund started in 1811 with a \$5 contribution, and it hit an all-time high in 1950 when \$370,285.47 was sent in. For the most part, the fund is made up of small "gifts"—such as the 16 cents returned by one man who felt bad about reusing two 8-cent stamps and the \$18.10 from a former federal employee who regretted having taken office Scotch tape and file cards.

Reasons for sending in the money vary, but conscience is always involved. One former delicatessen owner regretted having skipped social-security payments on two part-time employees. Another person paid a delayed customs duty after failing to declare a ring at the border years before.

For all, the "conscience fund" provides one way for Americans to say they're sorry without ever having to spell out the details of their regret or to give their names.

Answers to "Name the Women" (page 24).

- | | |
|------------------------------|----------------------------|
| 1. fiancée | 11. nun |
| 2. amazon | 12. masseuse |
| 3. pierrette | 13. czarina |
| 4. marchioness | 14. dame |
| 5. couturiere | 15. madame or mademoiselle |
| 6. chatelaine | 16. freshman |
| 7. matriarch | 17. maharanees |
| 8. countess | 18. lady |
| 9. bachelor girl or spinster | 19. sultana |
| 10. squaw | 20. abbess |

ANIMAL COLLECTIVES

Wayne A. Symonds

Here's a puzzle built on words used in place of a "bunch of" when referring to groups of animals. Some of these terms have fallen into comparative disuse, but many are still in service, particularly by those hoping to be different, or those who enjoy the sounds of words that are not overworked. Hunt for the words, which run forward, backward, up, down, and diagonally. There are 73 words in all.

E X A L T A T I O N K S U H P O D B
 N C G O E D R O H P C N S E D G E U
 O R A G T S E N I A O X O M A E T I
 I M G R E D W O L C L U T T E R U L
 T U G I B O G E L E F N A P S Y M D
 A R L S D P A C A K H S U R L U E I
 G M E T S P K L F C E T E I R N E N
 E U U G W I N O N A L K M D N V T G
 R R T T A N O U B S E A E E I P R N
 G A H R R G B D E T F R M H D A E I
 N T G E M M A G V W I S P O E I S R
 O I I V G A N G Y R C R I M R R E E
 C O L O N Y D E B I R T B R O O D T
 P N F C L R V L O T H G U A R D R T
 A N T E I O B B S L E U T H R U O A
 C O D F C K A A H C T U L C N R V H
 K A T E Y R D T O R I C H E S S E C
 B M U S T E R S H S A E L D N E K N

BADELYNGE of ducks in flight; BAND of gorillas; BARREN of mules; BED of clams or oysters; BEVY of quail, swans or larks; BRACE of ducks, partridges; BROOD of chickens, hares; BUILDING of rooks; BUNCH of teal, porchards, widgeon; CAST of hawks; CETE of badgers; CHARM of goldfinches; CHATTERING of choughs; CLAMOR of rooks; CLOUD of gnats; CLOWDER of cats; CLUTCH of chicks; CLUTTER of cats; COLONY of ants, gulls; CONGREGATION of plovers; COVERT of coots; COVEY of quail, grouse, partridge; CRY of hounds; DESERT of lapwings; DOPPING of sheldrakes; DOWN of hares; DRAUGHT of fish; DRIFT of swine; DROVE of cattle, sheep; DRYET of swine; EXALTATION of larks; FALL of woodcock; FAMILY of sardines; FLIGHT of birds; FLOCK of sheep, geese; GAGGLE of geese on the ground; GAM of whales; GANG of elk; GRIST of bees; HERD of elephants, curlers, giraffes, goats, oxen, swine; HILL of ruffs; HIVE of bees; HORDE of gnats; HUSK of hares; KENDLE of kittens; KNOB of porchards, teal; KNOT of toads; LEAP of leopards; LEASH of greyhounds, bucks, foxes; MEET of hounds; MURDER of crows; MURMURATION of starlings; MUSTER of peacocks; MUTE of hounds; NEST of vipers, mice, rabbits; NIDE of pheasants; PACE of mules; PACK of hounds, wolves; PAIR of horses; POD of whales, seals; PRIDE of lions; RAG of colts; RICHELLE of martins; RUN of poultry; RUSH of porchards; SEDGE of cranes, bitterns, heron; SLEUTH of bears; SPAN of mules; STABLE of horses; SWARM of bees, gnats; TEAM of ducks in flight, horses or oxen; TRIBE of goats; WISP of snipe.

NAME THE WOMEN

Alan A. Brown

Below is an all-male list of nouns, without a woman to be seen anywhere. But each of these masculine words has a feminine equivalent. Run down the list and see how many you can supply in the correct feminine form. (Answers on page 23.)

1. fiancé _____
2. warrior _____
3. pierrot _____
4. marquis _____
5. couturier _____
6. castellan _____
7. patriarch _____
8. earl _____
9. bachelor _____
10. sannup _____
11. monk _____
12. masseur _____
13. czar _____
14. knight _____
15. monsieur _____
16. freshman _____
17. maharajah _____
18. lord _____
19. sultan _____
20. abbot _____





Emphysema Clue Reported

An important clue to the cause of emphysema in cigarette smokers was reported recently by Aaron Janoff, Ph.D., at the joint annual meeting of the American Lung Association and its medical section, the American Thoracic Society.

Emphysema may be caused by "free radicals" in inhaled smoke, said Dr. Janoff, professor of pathology at the State University of New York at Stony Brook. Free radicals are highly unstable groups of atoms which contain an unpaired electron and are potent oxidizers.

Dr. Janoff told the meeting that experiments indicate that free radicals may suppress a natural protective substance in the lungs and allow a tissue-destroying enzyme to break down lung tissue and cause the stretching and tearing of the walls of the air spaces characteristic of emphysema. Emphysema kills some 18,000 people in the U.S. each year.

Smokers have varying levels of antioxidants in their lungs, Dr. Janoff said. "Those with high levels may have more protection against emphysema than those with low levels. This may explain why not all smokers develop the disease."

Tax Increase Asked to Prosecute Drunk Drivers

A nickel-a-drink tax is being sought by a Minnesota lawmaker to help nail drunk drivers. The estimated yearly revenue of \$27 million would help local governments pay for the arrest and prosecution of drunk drivers.

According to the bill's sponsor, Representative John Arlandson, his bill may never make it through

the state legislature, but it has already helped to give some much needed public attention to the chronic problem of drunk driving.

Officials say that there are about 30,000 drunken drivers on Minnesota roads on any given Friday or Saturday night. Only about 200 are ever arrested.

Because it costs about \$550 to arrest and prosecute a drinking driver, in addition to tying up a patrolman with paperwork for hours, many cities and sheriff's offices do not put enough emphasis on sweeping up drunks in cars, Arlandson said.

He said his bill would put the cost of such police work on the drinkers rather than on the general public. The bill offers to pay a community \$150 for each prosecution, \$100 for each such case handled by a public defender, \$35 for each pre-sentence investigation, \$25 for each day of jail sentence and \$15 for each hour of patrolling between 9 p.m. and 3 a.m.

"There is no incentive now for municipalities to enforce the law," Arlandson says. He says cities could use the state funds for hiring additional officers.

New Evidence Shows Marijuana May Harm Lungs

Smoking as few as three marijuana cigarettes a week over a long period may significantly harm the lungs, and harm them even more than tobacco cigarettes do, University of California scientists reported recently.

The scientists' conclusion was based on observation of 74 regular marijuana smokers who have used the drug for more than five years, on the average.

Though their results strongly suggest the harmful effect, the researchers added, a study of hundreds of marijuana users should be made to make sure of it.

A federal marijuana researcher, Dr. Richard Stillman of the National Institute on Drug Abuse, nonetheless called the California finding "new and significant."

"This effect has been suspected," Stillman said. "I would say very few people now believe marijuana is entirely innocuous, though the evidence is coming in rather slowly that it's not and there is still a whole spectrum of opinion ranging from saying it's harmless to saying it may be very harmful."

Marijuana Smoking Up in High Schools

About one in 11 high school seniors smokes marijuana regularly, a rise for the third consecutive year; but use of marijuana isn't a stepping-stone to harder drugs, a University of Michigan researcher has concluded.

"I'm a little concerned about the nine percent who use marijuana," said researcher Patrick O'Malley. "But I suspect they are more likely to do permanent damage with the current levels of cigarette and alcohol abuse."

The 9 percent marijuana use among 17,000 high school students surveyed nationwide in the 1977 study released recently compared with 8 percent "daily or near-daily" marijuana use in 1976 and 6 percent in 1975.

About 6 percent of those seniors surveyed used alcohol daily and 20 percent of them smoked tobacco.



Editorial

New Approach to Teen Smoking

Teen-agers invaded the halls of Congress the other day. And this was not on a senior class trip or a government class assignment.

They had been summoned to testify before the Health subcommittee of the Senate. The chairman, Senator Edward Kennedy, was holding hearings on teen-age smoking.

He noted that "from 1968 to 1978, there was an eightfold increase in the number of 12- to 14-year-old girls who smoke cigarettes. During that time, the number of girls aged 15 and 16 who smoke more than doubled. Among teen-age girls who smoke, the percentage consuming more than a pack of cigarettes a day has tripled. Fortunately, the percentage of teen-age boys who smoke has stayed more or less unchanged—but at a disturbing 31 percent."

Senator Kennedy calls the problem of teen-age smoking an "epidemic," and at these hearings he was trying to find the reasons for it.

Coming from Washington, D.C., area high schools, the students supplied the answers. "Peer pressure," said Moira Reilly, echoing the most common sentiment. "Your friends start to smoke. It's a choice of whether you want to be left out."

Other teens said their friends aren't concerned—or even well informed—about the health effects of smoking when they get started.

Said James Valeo, who has smoked since he was 13, "When you're young and you start you don't think about the long-term effects. Most people who start smoking don't know what cancer's really like."

In-depth studies at the University of Houston show that seventh graders may begin smoking even though they believe it is dangerous. "Peer pressure, models of smoking, and the mass media (cigarette company advertising) may override the belief of children that smoking is dangerous."

To help emphasize that smoking has immediate ill effects, the New Hampshire Lung Association is supplying equipment to that state's high schools to monitor heart rate, skin temperature, carbon monoxide in the bloodstream, and nervousness.

Before and after tests in the classroom demonstrate clearly that smoking increases the heart rate and carbon monoxide and decreases steadiness and skin temperature.

In early use of this equipment, numbers of the smoking students have quit. James Hill, science department chairman at West High School in Manchester, commented, "I am quite pleased. We have had many parents and students quit smoking. In this new approach they have visual evidence before and after they smoke. They understand it and can make decisions on their own."

Even nonsmokers who sat near classmates who smoked were affected, as evidenced by this equipment which demonstrated that smoking has bad short-term effects on the body.

Listen

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*The alder wears the deep green
Of late August—
Bobs on crests of summer currents,
With now a fallen leaf
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A scout to span the in-between time,
Making way for autumn.*

—Charlene Slocum





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