

# LISTEN

A  
JOURNAL  
OF  
BETTER  
LIVING



*Lois L. Higgins*  
POLICEWOMAN



**HAVE  
YOU  
HEARD?**

**No Need for Beer**

The "Mayflower II," unlike the original "Mayflower," sailed from England without any barrels of beer on board. The present-day sailors survived the voyage across to the New World without the artificial aid of that alcoholic beverage.

**Brain Washed!**

In a fifteen-hour day, the typical metropolitan family is daily exposed to 1,518 advertisements, in newspapers and magazines and on radio and TV, according to a survey by Edwin W. Ebel, vice-president and marketing director of General Foods Corporation. In 1938 the American public looked at advertising worth \$1,900,000 in a year, with advertisers spending \$15 per unit of population; but in 1956 this total had increased to \$9,900,000,000, averaging \$60 per unit.

**Did You Know?**

The word "wine" occurs in the Holy Scriptures 261 times, 151 in instances where a warning is given; in 71, both warning and reproof. In 12 places wine is referred to as venomous and poisonous, and in 5 it is expressly forbidden.

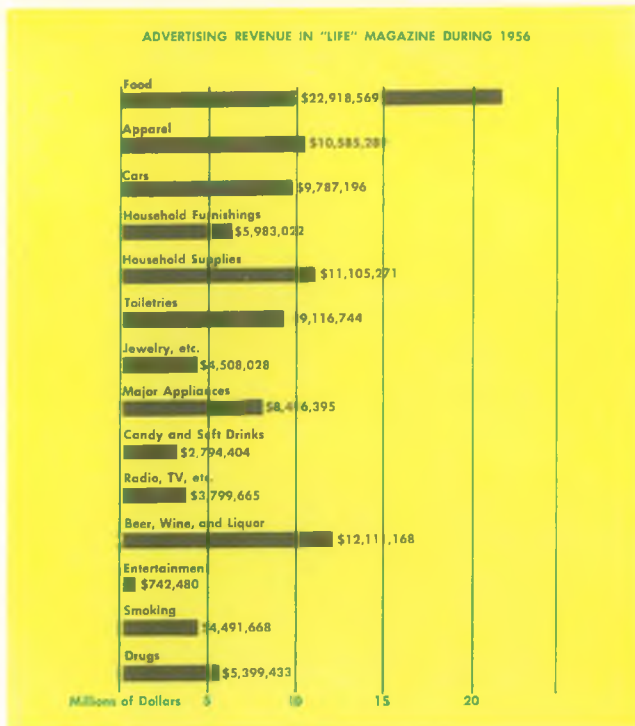
**Liquor Taxes Versus Costs—Four Examples**

In 1943 MASSACHUSETTS had an alcohol tax revenue of \$13,139,266.79, but in the same year alcohol-related losses to the state totaled \$46,474,953.74, meaning that for every dollar of beer and liquor tax received, the state spent more than \$3.50 for known and measurable costs.

A survey by the State of UTAH shows that it is spending \$6,000,000 annually to jail alcoholics, to provide medical attention for them, to fight crime resulting from alcoholism, and to make up lost time in wages in industry. Compared with this the state collected \$4,162,755.99 from alcoholic beverage taxes and licenses during 1955.

CALIFORNIA shows a revenue of \$38,976,707.17 from alcoholic beverages in 1955. The alcoholism cost to the state in 1953 is estimated at between \$120,000,000 and \$300,000,000, or at least \$80,000,000 more than is collected through liquor taxes.

Mecklenberg County, NORTH CAROLINA, has a cost of \$22,000,000 a year for alcoholism, not counting the cost of slowdown in production, and of drunks and weekend drinkers totaling about \$50,000,000 for this county alone. The 1955 alcoholic beverage revenue for the entire State of North Carolina was only \$20,830,175.74.



**Juveniles in Trouble**

Arrests of juveniles in 1956 increased 17.3 per cent over 1955, reports the FBI, whereas arrests in other age groups were only 2.6 per cent higher. More than 40 per cent of the youth arrested were less than 15 years of age, and 45.8 per cent of all those arrested for major crimes were under eighteen.

**Nerve Steadier?**

The sale of tranquilizing drugs increased more than 200 per cent in 1956. There was a total of 629,000,000 prescriptions of all kinds issued during the year as compared to 577,000,000 in 1955. More than half the gain is accounted for by tranquilizers and hormone products. A total of 40,000,000 prescriptions for tranquilizers is predicted for 1957.

**Is This Economy?**

For 1956 the total cost of all accidents in the United States is estimated at \$10,800,000,000. This could have clothed every man, woman, and child in the nation, or provided all three shots of Salk vaccine for every person in the world.

# LISTEN

## A Journal of Better Living

OCTOBER to DECEMBER, 1957  
Volume 10 Number 4

### OUR COVER

Lois Higgins, in her years of experience as a policewoman, well knows some of the rough-and-tumble adventure of tracking down criminals and enforcing laws, but in this peaceful scene on a Chicago street she leaves it to her boxers to lend the atmosphere of the relentless pursuit of the lawless.

Nowadays Dr. Higgins is making her primary contribution as an educator, lecturer, and counselor, taking the initiative in helping to draft better laws, especially those having to do with narcotics control, and encouraging modern youth to so live as to avoid brushing with the law. She, in this respect, makes it much easier for her fellow cohorts who are out "on the firing line."

"Listen's" picture of this versatile lady, walking near her home, was taken by Don Bronstein for Three Lions.

### PHOTO CREDITS

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**EUGENE SILER**

Congressman from the  
State of Kentucky

# Rooster Feathers

## IN WASHINGTON

**A member of Congress looks  
closely at a current trend in  
our nation's capital!**



**T**HE word "cocktail" originally meant the rear end of a rooster. The word's basic meaning right now could be expressed in the phrase, "Rooster Feathers," according to the make-up of a cocktail, rhetorically and in literal syllable.

Much has been said or written about the Washington cocktail party, or Rooster Feathers, as this function has been carried out during the past two decades, particularly after liquor became legalized and glamorized in President Roosevelt's first term. Now when a Congressman is invited out to Rooster Feathers in Washington and the function appears to be tied in with something he should rightly attend, he could always try to get there about the time Rooster Feathers is over. But if he gets in before the tail end of the rooster's tail, then he could very well hunt for some sparkling ginger ale or some good red tomato juice for a little honest nourishment while some of the remaining gigglers are closing up on Rooster Feathers with manifest evidence of drooping feathers and minus any remaining crow after too many ounces of Old Crow.

Sometimes a person may wonder about the historic background or early origin of Rooster Feathers. Did Nero start Rooster Feathers as he worked out his fiddling technique just before the occasion of the burning of Rome? Or did Pontius Pilate establish Rooster Feathers as he considered his final order of execution against the Saviour? Or did Rooster Feathers start much later, say when Benedict Arnold got some of his friends together during the last week before he carried out his predatory plot? Certainly George Washington had no Rooster Feathers party when he got ready to cross the Delaware in the hour of our country's great crisis. Neither did Rooster Feathers originate with Paul Revere in the early evening of the night of his famous midnight ride. It could never have been invented by Joan of Arc that evening before she rode out to deliver her people yonder in France in their time of great need. These last-named people were serious and effective patriots with sober and far-reaching objectives ahead of them. And none saw fit to have Rooster Feathers in the critical hours of those great undertakings and historic achievements.

Does a Representative, or a Senator, or other high Government official really need Rooster Feathers to sustain him or entertain him in his times of wrestling with the problems of his day and age? The correct answer is No, of course.

Rooster Feathers tends to make women silly and men belligerent.

Rooster Feathers is a friend of frivolity and failure.

Rooster Feathers is an enemy of all serious endeavor.

Rooster Feathers has no ally in heaven, but many good friends in hell.

Rooster Feathers in Washington never gave America her greatness or strength or fame or continuity, but is certainly an effective force to curtail all of these here at the very center of our country's heartbeat.

Judge John D. Watts has  
through the years waged  
an amazing one-man battle  
that has made Detroit the—

# safest city in the nation

JOSEPH E. WOLFF

**A** ONE-MAN battle against the alcohol problem is winning in Detroit, Michigan. The fight started ten years ago when Traffic Judge John D. Watts was appointed to the Detroit Recorder's Court bench.

Armed with twenty-two years of experience that started in the Wayne County prosecutor's office, Judge Watts met the problem head on when he became traffic judge, and has since waged one campaign after another to rid Detroit of the drinking driver. These vigorous campaigns have spread from the courtroom to every corner of his daily schedule. In speeches before civic groups, at P.T.A. meetings and traffic safety conventions, as well as through the press, radio, and television, he tells of the effects of the drunken driver upon himself and the community.

This has been a long and time-consuming struggle, but court records in recent years bear testimony to the fact that he is gaining ground. He shows with pride the 1956 records that made that year a four-year low for drunken drivers to appear in traffic court.

"Our educational program is finally bearing fruit," says Judge Watts. He refers to the Detroit Traffic Court slogan, "Drunk Drivers Go to Jail." Through his efforts and those of the city police department, Detroiters are constantly reminded of this fact. The slogan is drummed out strong and steady, particularly during holiday seasons when liquor is flowing at office parties and other gatherings.

When a drunken driver appears in court, the judge's educational policy turns into a stern and judicial temperament. Cases are prepared so thoroughly by the police department that only eleven defendants were acquitted

last year, while nearly 1,000 were convicted, sentenced to jail terms, and paid heavy fines. Besides the straight jail terms imposed by the court, Judge Watts orders long and strict no-driving probation to most offenders.

"Jail terms are only a matter of days to most violators," he says, "but take a person's license for a year or two and you'll soon see him straighten out and realize the seriousness of such driving. Without a car nowadays it can be mighty inconvenient."

The judge knows that his fight against the drinking driver is not over. "More than 70 per cent of accident cases brought into our court are caused by drinking. I feel that if drinking and driving were not mixed, a great percentage of today's property and injury accidents would be avoided."

Again Detroit's safety record has proved this theory. When the judge first took office ten years ago, forty-eight persons were killed in accidents that were caused directly by drinking. Last year only two deaths were attributed to drunken drivers after a decade of educating citizens and a firm court position on the alcohol problem. Also, for the first time in the history of traffic court, not a single drunken driver appeared in court after the Christmas and New Year's holidays of 1956-57.

As traffic judge he has seen how drinking has cost the lives of hundreds of innocent people—persons who would have enjoyed many extra years were it not for reckless and drunken drivers. He has seen the families of defendants suffer undue hardships because members were convicted of driving offenses that sent them to jail for months and years.

"When a person gets behind the wheel of a car he faces



the toughest competition of his life—with his life or someone else's in the balance. As an athlete knows that drinking can harm his chances to win, a driver lessens his chances to live. No matter how little he has had to drink, his reflexes have slowed, his mind doesn't function as quickly as normal. If he could stop in twenty feet under normal conditions, it will take extra precious feet to stop if he has had something to drink. Most drivers do not realize that the loss of a fraction of a second can snuff out one or more lives in today's heavy traffic. A drinking driver doesn't know and doesn't think of his inadequacies. He forgets the seriousness of the potentially dangerous weapon he is trying to control. He is a definite hazard to lives and property."

As David Geeting Monroe, University of North Carolina, once declared, "Experience has indicated that it is not the sodden or uproariously drunken individual who constitutes the only problem. It is the vast number of moderately inebriated individuals who have imbibed sufficient alcohol to deprive them of that clearness of intellect and control of action required in driving high-powered motor vehicles (and engines of death) in these days of traffic congestion who constitute the primary hazard."

The judge has seen the effects of drinking in many different ways during his legal career. As an assistant Wayne County prosecuting attorney in the early thirties, he accompanied police on raids and prepared court cases against bootlegging establishments along the Detroit River. Later, as common-pleas judge, he saw how drinking ruined homes and family life, lost jobs for many, and put hundreds into such debt that they and their families would eventually wind up in court. He is in complete agreement with other judges and law-enforcement officers throughout the country that "the greater majority of crimes, both felonies and misdemeanors, emanate from drinking."

Perhaps it is this that has kept him in his constant battle against alcohol. Undoubtedly, he affirms, it is one of the main reasons that he has kept closely associated with youth activities in the Detroit area. The judge has been an official in every amateur organized sport in Detroit. Throughout his career he has fought for playgrounds for the city. He is a former vice-president and organizer of the Detroit Amateur Baseball Federation, a vice-president of the Detroit Amateur Basketball Association, former head of the Detroit and Michigan Ice Skating Associations, and promoter for the Olympic



Speed Skaters. A few years ago he was an important developer of Little League Baseball in the Detroit area.

To us who know the judge personally he has an amazing and tireless vigor for traffic safety. He lives and breathes its problems. He is a recognized authority and is known throughout the country for his association with traffic safety. He seldom has time for vacations or similar rest periods. His days are spent on the bench, while most of his evenings are busy in promoting safety.

The judge is frequently criticized by his contemporaries as "going out on a limb" with his theories, practices, and campaigns on the traffic problem. He will adopt a policy one day, only to drop it in a week or two if it fails to serve its purposes.

He has constantly fought for the legal acceptance in Michigan's courts of results of the drunkometer test. This is expected to become law this year. Because he felt that the public needed to be informed of the rules of the road and the consequences of violating these rules, he instituted the country's first traffic court television program on WWJ-TV. Once a week for the past ten years traffic cases have been re-enacted on television and viewed by thousands of Michigan viewers. This program has received wide acclaim both locally and nationally and has placed first in Detroit program-rating polls. Prior to this the judge was well known for weekly radio broadcasts of sport and traffic safety over the same station.

To those who have witnessed proceedings in Detroit Traffic Court it is easy to see why this man has tried so hard to prevent drunken and reckless driving.

## How the "Drunk Drivers Go to Jail" Policy Works

From 1952 to 1956 a total of 29,792 state misdemeanor cases were closed by judges in Detroit Traffic Court. The tabulation below deals only with such cases in which there were convictions and only in three types of violations. These comprise 97 per cent of all state misdemeanor cases.

	● Number of Convictions	● Probation or Suspended Sentence	● Fined or Jailed in Lieu of Fine	● STRAIGHT JAIL SENTENCES Number	● Percentage
DRUNKEN DRIVING	● 5,536	● 21	● 2,648	● 2,867	● 51.7%
RECKLESS DRIVING	● 10,722	● 614	● 7,945	● 2,163	● 20.2%
LICENSE OFFENSES	● 12,469	● 518	● 7,107	● 4,844	● 39.1%
TOTAL	● 28,727	● 1,153	● 17,700	● 9,874	● 34.4%

Table: Traffic Safety Association of Detroit.

"You must be in the business," Judge Watts says, "to see the widespread consequences of an accident that most persons fail to realize. The driver suffers by his act because of his arrest, the cost and inconvenience of trial, and the resulting bad record, jail term, and loss of license. His family suffers while he is in jail, not only financially, if he is the head of the family, but also by the embarrassment he has caused them. Victims of these drivers and their families suffer the most—pain, injury, and, yes, even death, and in an untold number of other ways."

These factors have made it "tough" for the drunken driver in Detroit. First offenders receive jail terms up to ninety days and fines of \$150. Under state law a drunken driver's license is automatically revoked for three months, after which he must take on expensive financial responsibility insurance. A second offender can get six months in the state penitentiary and a fine of \$500. His license is permanently revoked.

"However, court penalties will never completely solve the problem. Until we can bring home to every citizen the serious consequences of alcohol in driving, the problem will remain. People must learn that tragedy and suffering are the only rewards. Are a few drinks worth all this?" the judge often asks a defendant. To me, he says, drinking is a sign of weakness and an attempt to escape the realities of life. Drinkers never blame themselves for their actions. Someone or something always is the cause of their drinking. When people realize that the end results can only be worse than the "reason" for drinking, alcohol will no longer be a threat.

In recent months the judge has expressed serious concern about the increasing number of youthful drivers who are being brought before him for traffic violations. First offenders are dealt with firmly, but often receive lighter penalties than does an adult offender. The judge utilizes his probationary powers on the youths. Should they be arrested again, whether it be during their probation or not, they are sent to jail. Parents are notified by the court and told of the offense, so that these young offenders may be fully impressed by the seriousness of their actions.

For a person who sits in judgment of some thirty defendants daily, Judge Watts is disliked by only a few. These are the habitually bad drivers who dislike him because of fear. Detroiters have come to understand the judge and what he is trying to do. They realize that he is a serious man fighting a serious problem.

## THE YOUTH LIKE IT, TOO!

Consistent enforcement of Detroit's "Drunk Drivers Go to Jail" policy has not only brought widespread compliance of the Drunk Motor Law among adult motorists, but has gained enthusiastic approval and support from the city's youth.

Today social ostracism awaits the youth who mixes his drinking and driving, as well as the jail penalties meted out by our Traffic Court. As a result, what once constituted a serious public menace is no longer even a minor police problem. In 1956, of 996 persons charged with drunk driving, only 12 youths in the 17-20 year group were included. When one considers that well over a million vehicles are registered in Detroit and its population is approaching two million persons, this infinitesimal number of drunk drivers stands as a brilliant example of what can be accomplished through the co-ordinated effort of the police department, our traffic judges, and the good citizens of Detroit.

Throughout my experience as police commissioner, one incontrovertible fact has given me great satisfaction and confidence in the future of our nation. Whenever possible, I have endeavored to inform all people of the fact that the vast majority of our youth, 97 per cent to be exact, are law-abiding, responsible citizens and should not be condemned for the unlawful acts of the disreputable few. The stigma "juvenile delinquent," while applicable to only a few, has too often included our serious, clean-living youngsters. This has been particularly true of uninformed persons seeking publicity through exaggerated statements.

As has been forcefully brought out by Detroit's experience, when youth are informed and taken into confidence regarding their behavior and are given full responsibilities for their own conduct, no one need fear that our future will not be well administrated and our rights protected by the coming leaders of our beloved nation.

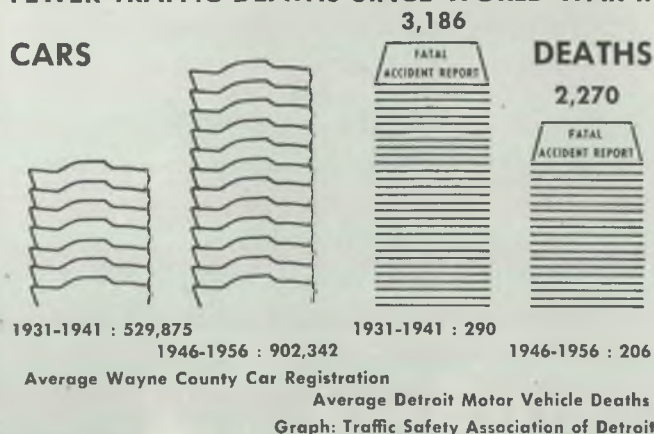
Edward S. Piggins,  
Police Commissioner,  
City of Detroit.

Because of these constant campaigns by Judge Watts and his colleague, Traffic Judge George T. Murphy, Detroit was named the safest city in the country last year. With traffic doubled in the last decade, pedestrians are twice as safe in Detroit as they are in any other large city in the nation.

He is making headway in his battle because he is aimed in the right direction. He has found that the solution lies in the individual citizen. He has found that traffic safety is mere words unless each individual is aware of his responsibilities as a citizen and as a human being.

And it is through this one man's tireless and unrelenting efforts that the Detroit public has learned that drinking has no reward.

### DESPITE 70 PER CENT MORE CARS TRAVELING ON DETROIT STREETS—THERE HAVE BEEN 916 FEWER TRAFFIC DEATHS SINCE WORLD WAR II



# A WISER INVESTMENT

During the year 1955 the total consumer expenditure for alcoholic beverages in the United States was \$10,090,000,000, or an average of \$60.15 per capita (\$155.23 per capita for each of the 65,000,000 drinkers in the nation).

What would have this same amount accomplished if paid to the grocer, the landlord, the doctor, and the clothier?

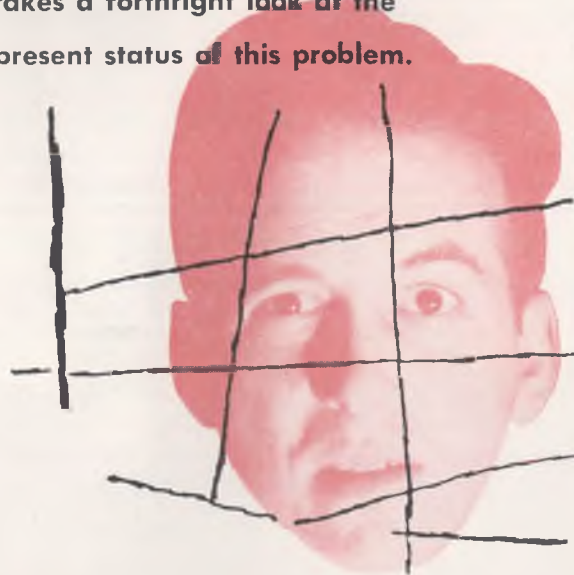
Approximately 2,500,000 families live in New York City, the nation's largest metropolis. Here is what the national drink bill could have supplied for each of these families if spent for food, rent, medicines, and clothing. Would this have been a wiser investment?



	Per Family	Total for All the Families Per Year in New York City	
Rent (Home or Apartment)	\$87.25 per month	\$1,047.00	\$2,617,500,000
Bread	1 loaf daily at 19¢	69.35	178,375,000
Milk	2 qts. daily at 23¢ each	167.90	419,750,000
Meat	8 lbs. per week at 80¢	332.80	832,000,000
Fruit and Vegetables		200.00	500,000,000
Automobile Operation and Depreciation		1,200.00	3,000,000,000
Vacation and Recreation		244.00	610,000,000
Books and Magazines		40.00	100,000,000
Daily Newspaper		24.95	62,375,000
Doctor and Medicines		150.00	375,000,000
Church		60.00	150,000,000
Suit for Father		60.00	150,000,000
Shoes		48.00	120,000,000
Clothes		250.00	625,000,000
Insurance		140.00	350,000,000
	Equivalent of 1955 Drink Bill		\$10,090,000,000



One of the world's outstanding authorities on drug addiction takes a forthright look at the present status of this problem.



# IS Drug Addiction SERIOUS BUSINESS?

LOIS L. HIGGINS, M.S.W., LL.D.

In collaboration with Catherine C. Anderson

**S**TEVE and Anna, parents of John X, prepared happily for his home-coming. Although it was past the Christmas season, they had kept a tree fresh and green for the return of their only son from military service. They were so glad to have him home that at first they didn't question his behavior, although Anna wondered why he hardly touched his favorite stew with dumplings and scarcely glanced at the tree.

John had always been active, athletic. He had loved to swim, golf, run. Now he seemed lethargic, shutting himself away in his room for hours at a time. He avoided his old friends. He couldn't hold a job and wasn't interested in going to college. He was surly, impatient with his folks, nervous, and fidgety.

Steve and Anna tried to be patient. They had heard that it sometimes took a while for a person to get adjusted to civilian life again. They were afraid to question him about his late hours and the new companions whom he never brought in to meet his parents.

A pawn ticket was the first clue to John's secret. His mother found it in his room shortly after her vacuum cleaner had mysteriously disappeared. Fear clutched at her heart, but she hardly knew what she feared. They then discovered that Steve's golf clubs were missing. Finally John confessed the ugly truth, that he was a drug addict! He had started taking heroin in Japan, merely out of curiosity at first, in spite of warnings by the chaplain and his commanding officer.

John's parents were aghast, heartbroken, but they stood by their son. They arranged for him to take the cure at the Federal Narcotics Hospital in Lexington, Kentucky. Since then John has been in and out of the hospital many times. He is at present in the Government narcotics hospital in Fort Worth, Texas. Even while ostensibly taking the cure, he writes home begging for

money. His despairing parents refuse to send it, knowing that he wants it for one purpose only.

It would be impossible to convince Steve and Anna that drug addiction is not the worst curse of modern society. They, and thousands of parents like them, know too well the horror and helplessness of seeing their children enslaved by the vicious habit. They know that drug addiction is not confined to slum areas alone, that even children of well-meaning and devoted parents can become victims.

Recently there seems to be a movement to minimize the dangers of drug addiction. One writer goes so far as to claim that "hysterical propaganda" is responsible for magnifying the problem. There are those who bemoan the sad fate of the drug addict who has to be incarcerated, and advocate the legal sale of narcotics and the establish-



A confirmed addict shows Dr. Higgins his hands, swollen from long use of heroin. Because of her unremitting campaign before the state legislature, Illinois changed dope peddling from a misdemeanor to a felony, and the Federal Boggs Bill stiffening jail sentences for peddlers was passed partially as the result of her testimony before House and Senate committees of the legislature in 1951.

ment of drug "clinics," so that the medical profession and the Government can go into the business of supporting drug addiction.

Some also question the harmful effects of addicting drugs on the body and maintain that an addict, if given his "minimum daily dosage," can conduct himself as an orderly and self-supporting member of society. No doubt some of these advocates of a certain *laissez faire*-ism ("let the poor addict alone"), are sincere in their efforts to find a solution to the problem. Unfortunately, this "play ostrich" school of thought results in increased misunderstanding and a return to public apathy in regard to drug addiction.

Drug addiction is defined as a state of periodic or chronic intoxication produced by repeated consumption of a drug, which causes an overpowering need or compulsion to use the drug and to obtain it by any means possible. There is a tendency to increase the dose, and also the creation of a psychic as well as a physical dependency on its effects.

A definition of a drug addict is "any person who habitually uses a habit-forming drug so as to endanger the public morals, health, safety, or welfare, or who has been so far addicted to the use of such habit-forming drugs as to have lost the power of self-control with reference to his addiction."

Drug addiction develops a sense of false well-being in the user at the same time that it develops a physical and mental dependence on the drug, to the extent that securing the drug becomes the motivating force in his life. The physical dependence becomes so great that intense physical agony, and sometimes even death, can result from its withdrawal.

It is estimated that 90 per cent of young people who take their first step into the darkness of dope-ism do so by smoking marijuana. They are told, "There's nothing to it. All that talk about them being dangerous is the bunk. What are you—chicken?"

That usually does it. No young person can stand ridicule by the group to which he belongs. Probably the first cigarette will be offered "free," just as the first "sniff" or "shot" of heroin is, when the effects of the marijuana begin to weaken after a few months.

Here is a typical case, taken from the files of the Illinois Crime Prevention Bureau, of Carl Jones, age fifteen:

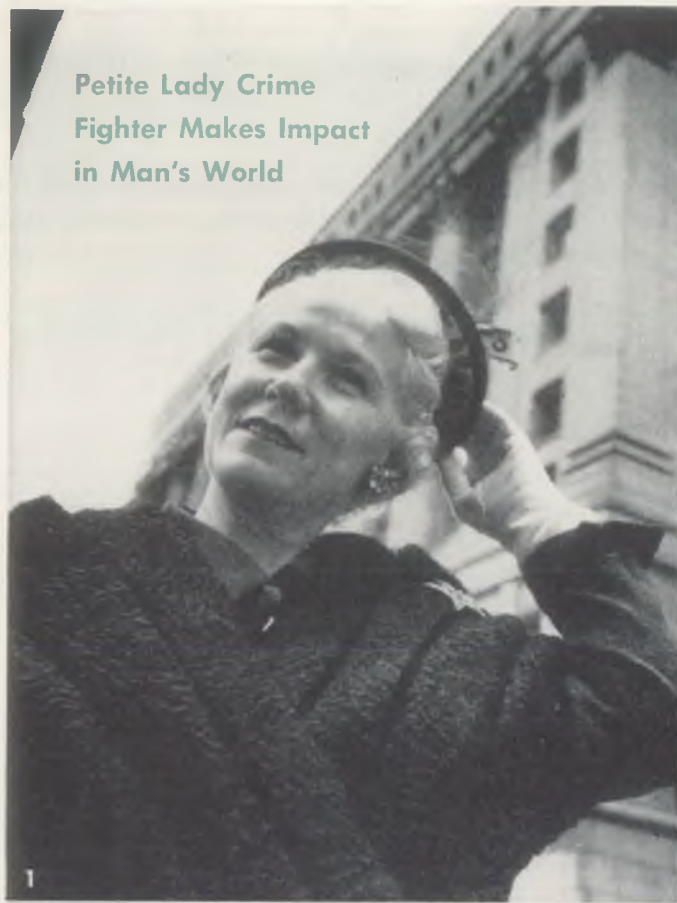
*Q.* What school do you attend?

*A.* Chicago Vocational School, third year.

*Q.* Tell us in your own words when you began the use of narcotics and who got you started.

*A.* I started using marijuana about a year and a half ago. The first purchase was from a fellow named "Sot." I bought marijuana from him for about a year and a half, then about six months ago I started using heroin. A few months before that I had been talking with S., and he was telling me about the use of heroin and cocaine. I learned all about using them from him. I thought I would try it. I gave him money to get me some. We divided it in half, he had one half and I had the other. I began to feel good but tired, in other words, a drowsy sensation. In about three or four days some of us got another one together. We used it the same way as before. That went on for three or (Turn to page 31.)

## Petite Lady Crime Fighter Makes Impact in Man's World



1



2



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1. Internationally acclaimed for her vigorous work in crime prevention and delinquency control, Dr. Lois L. Higgins is a native of Chicago. In 1952 she was voted "Woman of Distinction" by the Women's Advertising Club.

2. Among her many interests and duties, Lois is most at home among young people, having appeared before nearly 200,000 boys and girls in some ninety high schools and colleges. Because of her belief in bringing problems to the youth themselves for solution, including the narcotics menace, she initiated the "codes of conduct" movement in the high schools of Illinois, which has now spread to two-score states and several other countries.

3. Captain William Balswick of Chicago's Scotland Yard hears from Dr. Higgins about the fight against narcotics in the United States, which to a considerable extent is the story of her own efforts. "No other American in recent years," commented the "Congressional Record," "has done more than has Dr. Higgins in arousing the nation to the spreading dangers of the narcotic traffic."

4. At the narcotics lockup in Chicago, assistant state attorney Peter Grosso (left) and prison officials confer with Policewoman Higgins. Her experience and vision led to the establishment of Chicago's Narcotics Court, the first of its kind in the world, and to the increase of the city's police narcotics detail from six to forty (now one hundred) members.

5. Awards and plaques decorate the wall of her den at home, including the Sheriff's Award for Civic Accomplishment, Crime Prevention Council citations, National Police Officers' Association Gold Star, American Boys' Camp Organization award, and numerous scrolls and medallions from cities benefiting from her crime prevention counsel.

6. When the Chicago Crime Prevention Bureau was founded in 1949, this petite, dy-

namic police officer was selected as assistant director, rising to director in 1951 and serving at the same time as co-ordinator of all local agencies in the battle against narcotics. With her in this picture is James L. Doherty, on whose suggestion the Bureau was organized.

7. Her radio and television programs and addresses before professional, youth, and lay groups throughout the nation number more than 800 in twenty-seven states and more than a hundred cities. Tireless traveler and lecturer, she has conferred extensively with police chiefs in Europe and the Caribbean area.

8. Members of the Chicago Youth Commission receive the benefit of Mrs. Higgins's decade and a half in intensive law enforcement as they try to solve the community problems of youth in one of the world's largest cities.

9. At a special ceremony on March 4, 1957, Chief George Otlewis, president of the International Association of Chiefs of Police, presents to fellow "chief" Lois Higgins, a diamond-studded star, the fifth gold star given to her in six years. Dr. Higgins is president of the International Association of Women Police.

10. When law-enforcement officers come from all parts of the world to confer with her, some of the conferences have to do with more than police problems. Here the wives of two high-ranking Indonesian police officials learn how to use the Higginses' gas range.

11. Lois gets a hand at dishwashing from her husband, Frank, a building inspector. Perhaps no home in the nation is happier than the Higginses', where the family, during the little recreational time possible, frequently gathers about the piano to hear mother play semiclassical music for the enjoyment of Frank, Jr. (when he's home from his studies at the University of Vienna), and sing at the request of sixteen-year-old daughter Mary Lois.

Sometimes we use words recklessly  
 these days, especially in this  
 matter of preventing  
 alcoholism, but—

## what do we really mean?

Andrew C. Ivy, Ph.D.,  
 M.D., D.Sc., LL.D.

Distinguished Professor of Physiology and Head  
 of the Department of Clinical Science, University  
 of Illinois, Chicago.

The term **alcoholism** is used with different meanings in the same country and in different countries.

Many persons throughout the world define the term as follows: *Alcoholism is that state in which the body is under the influence of alcohol to the extent that sensitive tests reveal an impairment of learning, judgment, and skills.* Others use the term to indicate heavy drinking of alcohol over a long period; or drinking beyond the customary, traditional dietary and social-drinking customs of a community.<sup>1</sup> Still others use the term to indicate that degree of drinking which causes the drinker to get into serious difficulties repeatedly. Some confine the meaning of the term to a drinker who cannot stop drinking except with much outside help; that is, to the addicted or compulsive drinker.

Such differences in meaning are confusing, and they are important for those interested in the *prevention* of alcoholism in all its forms. So it is vital to analyze the subject objectively and to attempt to determine the definition which has the soundest physiological and medical basis.

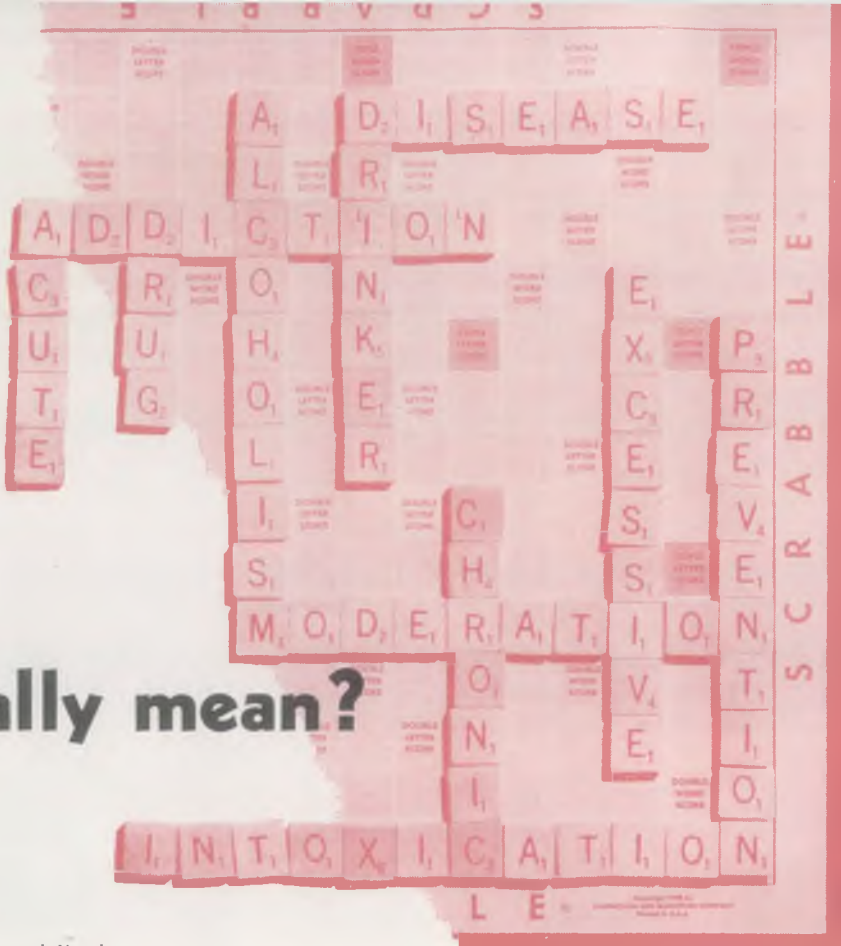
According to *Webster's New International Dictionary*, the suffix "ism" is used to indicate either a process or a result of doing something, such as baptism; or a state of being under the influence, such as Methodism, Americanism, stoicism. It is used medically to indicate an abnormal state resulting from the excess of a thing, such as alcoholism, morphinism, or plumbism. "Excess" means going beyond limits. "Abnormal," of course, means be-

yond normal, referring to impaired physiology (function) or anatomy (structure).

Medical dictionaries define "alcoholism" as "alcohol poisoning;" or, "the morbid effect of excess in alcoholic drinks." There are two forms of alcoholism. One form, *acute alcoholism*, indicates "drunkenness, or the temporary disturbance caused by the excessive use of alcohol." When a person drinks from two to four pints of whisky in a quarter of an hour, becomes comatose and dies, the death certificate is signed, "Acute alcoholic poisoning." The other form, *chronic alcoholism*, indicates "the state induced by the repeated and long-continued excess in the use of alcohol."<sup>2</sup>

In current American textbooks of pharmacology<sup>3</sup> acute alcoholism is discussed under such expressions as "acute alcoholic intoxication" and "acute alcoholic poisoning." The blood concentration of alcohol at which "acute intoxication" occurs is discussed. Under the topic of "chronic alcoholism" the physical and mental effects of long-continued heavy drinking are discussed, as is "alcohol addiction." A monograph reporting the results of a research study on heavy drinkers was published in 1955 with the title, *Etiology of Chronic Alcoholism*. In this study chronic alcoholism was considered to be present when the alcohol consumption was such as to interfere with a successful life because the patient either could not control his drinking or could not recognize that drinking was causing difficulties.<sup>4</sup>

In medicine it has for centuries been customary to speak of an "acute" disease and of a "chronic" disease, or



of an acute exacerbation of a chronic disease.<sup>9</sup> The term "disease" refers to a departure of the mind or body from a state of normality of health or of function which may involve the whole or any part of the body. When a function of a part of the body is impaired and the impairment affects the functions of other parts, then the body is diseased or abnormal.<sup>6</sup> An *acute disease* is one that usually originates quickly and continues for a relatively short duration. A *chronic disease* is one that originates slowly and is of long duration.

"Acute alcoholism" and "chronic alcoholism" are terms which are found in the *Textbook and Guide to the Standard Nomenclature of Diseases and Operations*;<sup>7</sup> in the *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death*;<sup>8</sup> and in the *Standard Nomenclature of Disease*, published by the American Medical Association.<sup>9</sup> In 1848, Magnus Huss of Stockholm, Sweden, wrote: "*Ich habe dieser Krankheit einen neuen Namen, Nämlich Alcoholismus chronicus beigelegt.*"<sup>5</sup> Some acute diseases may become chronic, and some chronic diseases manifest acute exacerbations and acute recurrences. Acute alcoholism always precedes chronic alcoholism, and an acute exacerbation of certain types of chronic alcoholism may occur.

It is important to know and to remember, as is true of acute or chronic alcoholism, that the existence of a disease is sometimes indicated by conspicuous signs and symptoms. At other times specialized and sensitive tests are required to determine the presence of a disease, its extent and nature, and the part of the body involved. Since there are sixty-five other diseases which give rise to symptoms and signs of alcoholic intoxication or acute alcoholism, a chemical examination of the blood for alcohol is the only way to make an absolutely certain diagnosis. Furthermore, many persons afflict themselves with acute alcoholism or alcoholic intoxication who are not conspicuously or clinically intoxicated, and in whom the presence of acute alcoholism or alcoholic intoxication can be detected and demonstrated only by sensitive chemical, physiological, and psychological tests.

According to strict physiological and pharmacological considerations, and according to standard medical nomenclature, *a person who has consumed enough alcohol to cause impairment of judgment and skills is abnormal or diseased, has taken an excess of alcohol, is under the influence of alcohol, and is afflicted with acute alcoholism or acute alcoholic intoxication*, or one form of alcoholism. In the person who has not developed a tolerance to alcohol, judgment and skills are impaired by one or two beers, cocktails, or highballs, depending chiefly on the size of the person, or at a blood-alcohol concentration of from .02 per cent (.2 drop of pure alcohol to 1,000 drops of blood) to .05 per cent. Of course at that blood concentration most persons are "under the influence," and the alcohol is *the cause* of the impairment, or of the acute alcoholism, or of the acute alcoholic intoxication.

In some countries or states the expression "under the influence" is legally defined as existing when the alcohol in the blood is at a concentration of .15 per cent (1.5 drops per 1,000 drops of blood); in other countries, at a concentration of .1 per cent; in still others, at a concentration of .08 per cent; or of .05 per cent. *This variation in the legal*

*definition is due to a variation in local public policy. It is not scientific*, because all scientists agree on the approximate range at which impairment to drive an automobile occurs in most drinkers. When the legal level is placed at .15 per cent, a concentration at which 91 per cent of nonheavy drinkers are conspicuously or clinically drunk, it is placed there only because the public policy is to protect the drinking driver and not the abstinent driver or pedestrian in a traffic accident. The scientific facts would place the value at .05 per cent, and moral considerations would place the value at a "trace," because anyone who drinks and drives does not possess an adequately sensitive conscience regarding his or her social responsibility as a driver of a traffic vehicle.

In the foregoing discussion the term *excess* of alcohol or *excessive* has been used strictly scientifically. That is, *physiologically an excess of alcohol is that amount which impairs physiological functions*. But the term *excess* or *excessive* also has a moral meaning. From a moral viewpoint, to do some things at all is excessive. Millions of people believe that it is wrong to do anything which creates a large social evil, provided that the doing of the thing is unnecessary for the promotion of individual and social welfare. The drinking of alcohol creates a large social problem, and is unnecessary because there are physiological and wholesome ways to have fun and release

## Lost Woman

Grace  
Shattuck  
Bail

In bedroom slippers and dirty clothes,  
Shuffling to and fro she goes;  
With one black eye and tangled hair,  
Another drink, and she won't care.

"I know I'm wrong," she sadly whines,  
Her face a mass of tragic lines.  
"Next time, I bet, I'll turn him over,  
The big gazelle's a jealous lover.

"I married him three years ago,  
And now he'll never let me go.  
He tells me I must never drink,  
And pours my beer all down the sink."

Wretched hag in shoddy clothes,  
Shuffling, shuffling on she goes!  
Shuffling, shuffling on to where?  
Few will know and fewer care!

tensions without resorting to the use of the drug alcohol.

Scientifically, alcoholism, acute or chronic, is a disease by all definitions of disease. But some persons hesitate to accept this fact because the cause of alcoholism is quite different from the cause of smallpox, measles, poliomyelitis, and cancer, since these diseases are not self-inflicted. A person does not of his free choice expose himself to these diseases. In the case of acute or chronic alcoholism, however, the person who drinks deliberately exposes himself to the disease and becomes a party to the creation of much human misery and a huge public-health problem. If a person never drinks, he will never suffer from acute or chronic alcoholism.\*

\*This is why acute or chronic alcoholism has been described as being "due to a vice which leads to a disease, the toxic cause of which is alcohol, and the early signs and symptoms of which have been condoned and promoted by the conduct of a majority of American citizens since 1933." Diseases due to a vice are theoretically the most easily prevented and cured, because cessation of the practice of the vice is a certain remedy and does not cost a cent.

During the past fifteen years definitions of "alcoholism" have been published which would make the term synonymous with the definition of an "alcoholic," or with chronic alcoholism. In 1940 the Research Council on Problems of Alcohol stated, "It should first be said that the Council employs the term 'alcoholism' to include only that condition usually spoken of as chronic alcoholism."<sup>10</sup> In 1950 the Subcommittee on Alcoholism of the World Health Organization (WHO) defined "alcoholism" thus: "Any form of drinking which in its extent goes beyond the traditional and customary 'dietary' use, or with the ordinary compliance with the social drinking customs of the whole community concerned, irrespective of the etiological factors leading to such behavior and irrespective also of the extent to which such etiological factors are dependent upon heredity, constitution, or

acquired physiopathological and metabolic influences."<sup>11</sup>

This is obviously a political definition. It is not a scientific, a physiological, a pharmacological, or a medical definition because it gives no idea or measure of the extent of the impairment which must be present in the drinker before alcoholism exists. In some communities in Europe most of the people, even the children, suffer from acute alcoholism throughout their waking hours in that their intelligence is impaired by drinking alcoholic beverages throughout the day, though many are not conspicuously drunk.

In 1952 the Subcommittee wrote: "The Subcommittee would now consider it more appropriate to use the preceding (1950) definition to define the term 'excessive drinking' and would add to it the following *definition of alcoholism*: Alcoholics are those (Turn to page 27.)

## OUTLINE OF THE PROCESS OF DEVELOPMENT OF ALCOHOL ADDICTION

Occasional Social or Dietary Use	Dietary or Social Habit or Routine	Use for Drug Effect	Increasing Desire or Need	Chronic or Periodic Alcoholism		
Coffee Tea Sweet	Coffee Tea Sweet	Caffeine Effect	Takes extra drinks. Caffeine stops here.*	First Stage	Second Stage	"Chronic Alcoholics" Third Stage
		Takes extra sweets.**				
Alcoholic beverage	Alcoholic beverage	Alcohol effect	Takes extra drinks; 1 or 2 do not produce enough effect. May black out occasionally.	Nonaddictive	Addictive or "Compulsive" or Loss of Control	
				Symptomatic heavy drinkers.	Addiction without definite complications.	Addiction with definite complications.
				Early cirrhosis of liver may be present on careful examination.	Early cirrhosis of liver, or mental or nervous disturbances, may be present on careful examination.	Physical and mental deterioration is quite evident.
				Drinks to get "high;" drinks to get drunk; drinks to drown troubles; drinks more or less all day to maintain confidence in self and a feeling of superiority and efficiency.	Can't live without alcohol; and can't live with it.	
In the case of alcohol, auto accidents and breaches of moral and social conduct occur due to impairment of judgment, sense of caution and skills. 1 or 2 beers or cocktails are enough.				Drinking causes more and more troubles, and more and more drinking.	Many addicted drinkers will do almost anything to get alcohol.	
Can stop voluntarily; but having started, it is difficult to get a drinker to stop until he hits bottom on stage 2, because all drinkers consider themselves "controlled drinkers" until then.				Can stop drinking voluntarily for adequate reason and if treated properly.	Cannot stop without outside help. There are many failures.	In most cases cannot be rehabilitated.
Require instruction.		Require counseling; some require considerable treatment.		Require much treatment.		Require confinement to a farm.
Nonalcoholics				Prealcoholics	Alcoholics	
Nonalcoholics		Prealcoholics		Alcoholics		

\*Person has difficulty sleeping, develops hand tremor, may become irritable. Caffeine is a true brain stimulant, not a depressant.

\*\*Person gets fat, sometimes much too fat for his good. "Disease" refers to any departure of the mind or body from a state of normality of health, which may affect the whole or any part of the body. It is characterized by symptoms and signs, but its presence and extent, as in the case of "acute alcoholism" and numerous other intoxications and subclinical manifestations of disease, frequently require the use of sensitive

chemical, physiological, and psychological tests. "Alcoholism" exists when there is enough alcohol in the blood to impair the mental and bodily functions of a drinker. "Acute Alcoholism," or "acute alcoholic intoxication," refers to impairment of a relatively short duration; and "chronic alcoholism," or "chronic alcoholic intoxication," refers to impairment which is present more or less continuously or periodically for a relatively long period. Alcoholism in all of its degrees is a disease, but it is a self-inflicted disease.

# Narcotics

## ARE THEIR COPILOT

TED ALEXANDER

Deaths in horrible explosions of gasoline as when trailer truck slams into freight train, are often caused by the use of "stay-awake" pills, one of the greatest menaces on American highways today.

**S**UDDENLY the huge trailer truck, barreling along the highway, its sleek aluminum gleaming with multi-colored lights, pauses in a split second of uncertainty, hits into a long screeching skid, and plunges through the concrete and cable guard rails, rolling over and over to destruction and death for the driver in the gully below.

The peaceful night highways of the Eastern and Middle Atlantic seaboard are witnessing grim scenes of death caused by the most vicious and sordid of vices known to law-enforcement authorities.

The interstate trucking industry has become a major tool of the narcotics underworld, an underworld that indirectly finances a part of the trucking business and feeds upon the need of the "roadie" for narcotics to keep him awake on the long, tiring hauls from city to city, from state to state.

The narcotics habit for the truck driver starts with his need for something to keep him awake. He explains to the waitress at a truck stop that coffee isn't enough. She hands him a few "stay awake" pills. After a while he can't make a run without a supply of amphetamines, referred to by the roadies as "bennies," "goof balls," or "copilots."

To counteract the bennies, the roadie hits for the sleep-inducing barbiturates. Before long the driver is working in a strange unbalanced world of fighting sleep and then fighting for it.

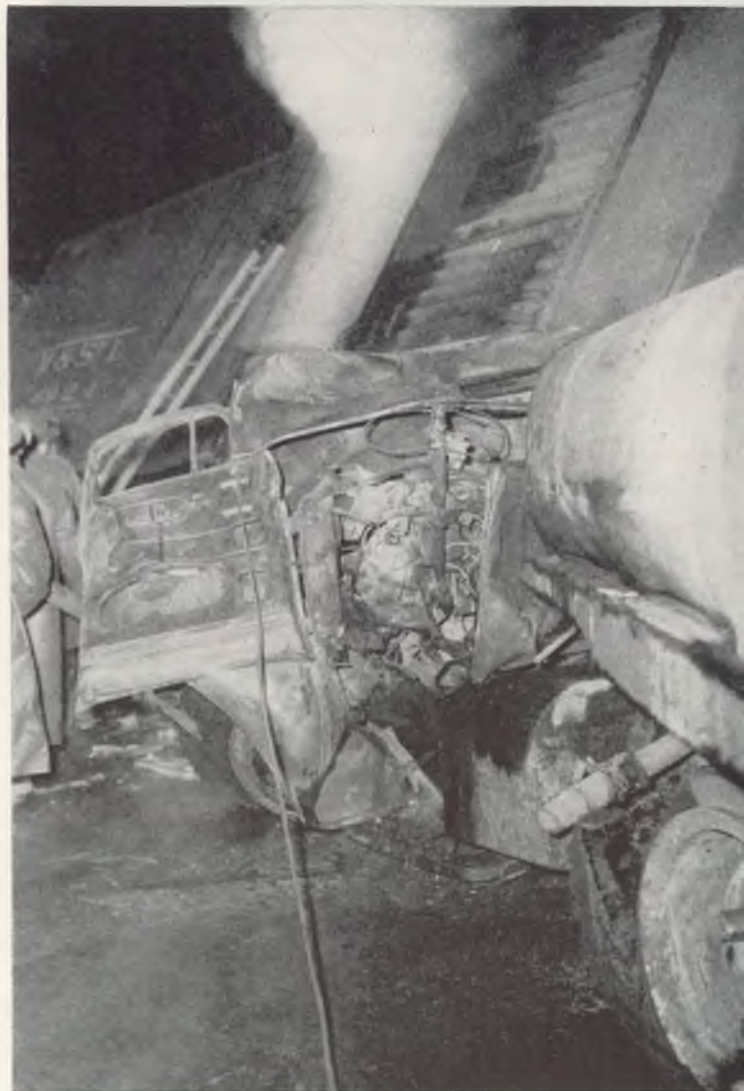
Because of the use of amphetamines, his judgment becomes impaired; he drives in weird confusion. He sees objects coming toward him that aren't there in reality. Headlamps and his own flickering judgment blur into a frightening moment when speed and momentum sends the vehicle and driver crashing to destruction.

Young girls with an eye for distant places, the desire for a thrill and possible romance, are given their first introduction to narcotics by the roadie who picks them up at a convenient traffic circle.

He slips the girl a reefer. It may be her first taste of marijuana, but it will not be her last. This narcotic will produce within her a sensation of elation, and she will experience distortions of space and time perception. She is "hooked." In time she will want something stronger, such as morphine.

Truck drivers have no difficulty in picking up goof balls or bennies. They have only to stop at a gas station or roadside lunch where they are known. There an attendant or waitress will take care of their needs.

It isn't long before the roadie becomes an addict, a partner to the world's cruelest vice. His is a life of living with a monkey on his back, with a screaming need for a fix, a bang, a snort. He lives in the world of the junkie and the hophead. He soon needs money to keep him going on the narcotics he needs to survive. This makes him an easy prey to the demands of the underworld. In his



NOTE: All facts and specific instances used in this exclusive "Listen" feature are taken from official Government files and records.

In particular, the following persons made useful contribution of fact to aid the author and provided valuable leads: George W. Cunningham, Deputy Commissioner, Bureau of Narcotics, Department of the Treasury;

Wallace F. Janssen, Assistant to the Commissioner, Food and Drug Administration, Department of Health, Education, and Welfare;

J. Stewart Hunter, Assistant to the Surgeon General for Information, Public Health Service, Department of Health, Education, and Welfare.

pocket or in the glove compartment of his truck are carried the narcotics that would be stopped in transit by any other means of transportation.

Openly and without regard for law officers, the transfer of narcotics from truck to truck, pusher to addict, is carried on in the night diners and quick-lunch places and truck stops all along the Eastern seaboard. Addict waitresses with long records in crime aid and assist the truck drivers, either in transferring the drugs or in pushing them. Reports of Federal food and drug inspectors are filled with such stories.

The chief complaints against trucks and roadies usually stem from disturbed villagers who protest the noise of a Diesel tractor and trailer whipping over the hills on a summer night, the bark of its stack ringing into suburban bedrooms. The evil bite lies in the package that rides on the seat, or the scars of the needle on the arms of the driver.

George P. Larrick, Federal Commissioner of Food and Drugs, has stated bluntly: "There is evidence that some truckers using these drugs have lost their own lives and needlessly risked the lives of others. Use of these drugs by truck drivers is particularly dangerous because they so stimulate the driver that he stays on the job long beyond the point of normal physical endurance."

cessively to be completely irresponsible for their actions and to endanger both themselves and other members of the community. Addiction produces a general dissolution of character. Whole families become relief problems when the breadwinner becomes an addict. The user becomes a human derelict, dirty, vile, a willing slave to any depravity. And because the drug is odorless, the victim may be far along before family and friends recognize the real trouble.

According to the Federal Bureau of Narcotics, New York City is the center of much of the illicit traffic in heroin, as it is smuggled through the port despite the constant vigilance of customs officers. Most of the heroin is cut to a small fraction of its original purity, and large quantities of it in highly adulterated form reach inland cities, where it is sold by local peddlers at exorbitant prices. A Senate subcommittee found that the United States has more narcotics addicts, both in total numbers and populationwise, than any other nation of the Western world. Enforcement officers point out that 50 per cent or more of all crimes committed in the larger cities are attributable to narcotics addiction and the illicit drug traffic.

The transport truck driver acts as the transfer agent between cities for the raw heroin or the prepared decks—



◀ Many drivers live in the tragic world of the "junkie" and the "hop-head," a life where a man has a "monkey on his back," in a screaming need for narcotics.

▶ This driver, typical of thousands manning long-haul trucks, has no difficulty in picking up the "goof balls" or "bennies" for his long hours of driving. Waitresses at his favorite truck stops often serve as his source of supply. (These photos were professionally posed.)



The transport truck has also become white slavery's long haul. Riding in the spacious rear quarters of a tractor cab are the girls who have been driven into prostitution for the means to finance their addiction. Pawns of the underworld, they stay one step ahead of police prosecution by hopping trucks. Ready for business anywhere, anytime, Syracuse today, Albany tonight, Boston tomorrow. A twenty-two-year-old girl in Houston, Texas, told Food and Drug Administration authorities of quitting school at the age of sixteen and frequenting hotels and tourist courts from that time on. She was the frequent "guest" of truck drivers, and she used barbiturates extensively and more recently had turned to heroin.

The misuse of barbiturates causes a type of intoxication which may lead persons who use them improperly or ex-

small squares of paper made into envelopes of "horse," or heroin. Heroin is an opium derivative, popular and dangerous. It is easily smuggled, highly profitable. Because the user builds up a rapid tolerance, the demands are for increased doses. Beginners "pop" at \$5 to \$25 a day, and veterans, craving for the drug will exceed \$50 a day. A pound of heroin reasonably pure will sell for \$4,000 wholesale, but after peddlers cut and resell it, it will be worth at least \$25,000. Pushers often give free "caps" to start. Then with the victims securely on the hook, they step up the charges, thus driving them into prostitution and crime.

The FDA has never been able to estimate how many people may be using drugs to excess. The annual domestic production is high, last year (Turn to page 23.)





Martin Hayes Bickham, Ph.D.

# is drinking unethical?

## ETHICAL PRINCIPLES THAT FAVOR THE

### ALCOHOL-FREE WAY OF LIFE

There exists today a conflict in American culture arising from customs that currently prevail in the use of beverage alcohol. Analysis of this conflict distinguishes three positions in respect to personal use of alcohol, as follows:

1. The "heavy indulgence" position.

In this position the drinker gives way to a habit, or to the desire for the reaction that comes from alcohol in the system. The actual choice of the drinker is no longer really free, but is knit with a stimulated appetite for alcohol. Approximately 7,000,000 persons are currently involved in this position. These are usually described as "heavy drinkers," "addictive drinkers," and "chronic alcoholics."

2. The "moderation" position.

Advocates of this position assume that drinking can be kept within reasonable bounds, that the taste for alcohol products can be restrained and not become excessive. Dietary drinkers, moderate drinkers, and occasional drinkers are included among those assuming this position. They are currently estimated to total close to 60,000,000 adults.

3. The "total abstinence" position.

This position builds on the conviction that the human personality, mind, and body are better off without the reactions that arise from drinking. Some estimate that about 65,000,000 persons above the age of sixteen years may currently be numbered in this group.

Evaluation of these positions brings out the sharp differences existing among advocates of the position. Here we discern the conflicts in the customs that prevail around the personal use of beverage alcohol. Many of these customs have arisen and are being strengthened in the American culture without intelligent reason. Many drinking customs are being encouraged and propagated by highly paid displays in the various mass media. By such means American culture is being saturated with beverage alcohol.

Under this pressure the adherents of the total-abstinence position, who refuse to share in the cocktail parties and the social drinking so prevalent among their compatriots, need to know why they refuse, and they should be able to defend their alcohol-free way of life. It is timely, then, to elucidate some sound ethical

principles that will serve to strengthen and uphold this position.

Ethics involves the criticism and organization of human conduct in terms of such concepts as "good," "right," "welfare." It concerns itself with the "condemnations" and the "justifications" that critical reason sets up. Out of these backgrounds and in these senses, three ethical principles appear which provide a sound footing under the position of total abstinence. These principles constitute vital safeguards against the weaknesses and betrayals which appear in the positions which advocate heavy indulgence or moderation.

1. It is sound ethical procedure to adhere to the principle of *the highest personal development*.

Since scientists have isolated alcohol and penetrated into its nature and characteristics and its influence when taken into the human body, no competent scientist has staked his reputation upon the claim that alcohol is necessary to facilitate the ordinary processes of growth and development. Neither has alcohol been proved to be necessary to the operation of the human mind. Psychiatrists have not shown that alcohol is an essential ingredient in the development of the human personality.

It is, therefore, clear that alcohol is not necessary to the highest personal development. Its nonuse is, then, no loss to the person and is not a negative action, but a positive assertion of freedom from a custom that is being foisted upon the American people by a highly commercialized "exploiting minority," to use Toynbee's term. Thus this principle is a positive one that aids the development of the person to his fullest capacities.

However, when set into relation with alcohol consumption there is an obverse side to the picture. Scientific evidence multiplies that alcohol taken into the human body burdens the human system and actually hinders full growth and development. Furthermore, when faced with the choice "to drink or not to drink," it is wise to keep in mind the scientific finding that any person who partakes of beverage alcohol opens the possibility of developing an "alcohol appetite."

2. It is clear gain to (Turn to page 23.)

# THE INSIDE STORY

Cyril B. Courville, M.D.

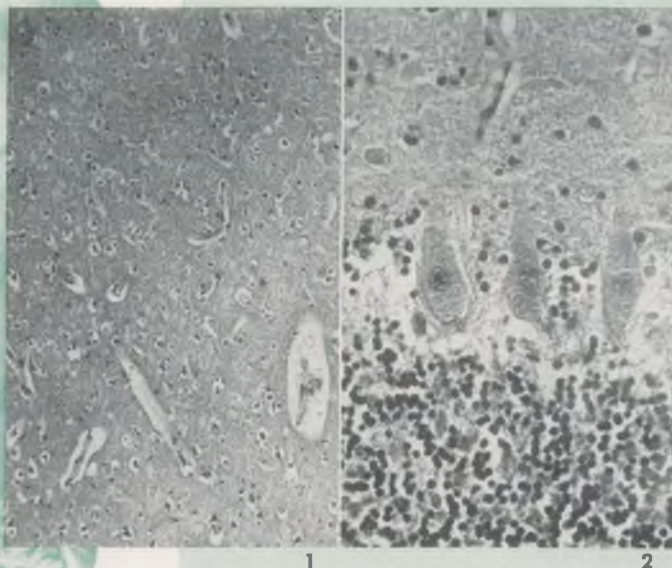
Director, Ramon Cajal Laboratory of  
Neuropathology, Los Angeles County Hospital

Alcoholism is the most common form of poisoning today. In fact, it is said that the number of cases of acute and chronic alcoholic intoxication surpasses by far all other cases of poisoning from all other toxic agents combined. Therefore it is evident that alcoholic intoxication, or drunkenness, is one of the greatest hazards to modern life and health.

Science shows that the immediate and primary effect of alcohol on body tissue is that of a narcotic, as indicated by its inhibitory action on individual cells. This action is six times as great on the nerve cells as on other cells of the body. It is for this reason that the brain, controller of body functions, is so directly affected by alcohol and so permanently damaged when drinking is heavy and constant.

In this feature, for the first time in any national magazine, *Listen* takes you by picture inside the brain itself to show exactly what the continued use of beverage alcohol does to the brain cells.

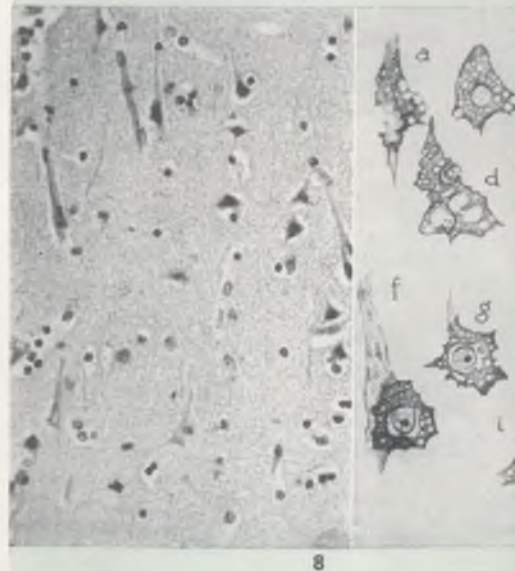
A L C O H



1. In drunkenness, or acute alcoholism, the small cells of the brain become engorged with increased numbers of red blood cells, indicating acute congestion of the brain. The reaction of the brain to most poisons, including alcohol, during a period of such congestion, the brain becomes waterlogged ("water brain") due to outpouring of fluid from the blood vessels. This condition is here shown by the widening of the spaces between the blood vessels and nerve cells.

2. The cerebellum (organ of balance) is also affected by alcoholism, which explains the unsteady, weaving gait of the drunk man. The large cells of the cerebellum lose their normal shape and also appear waterlogged, as indicated in this picture.

3. When a drinker experiences delirium tremens, an acute state is superimposed upon a chronic one. Some of

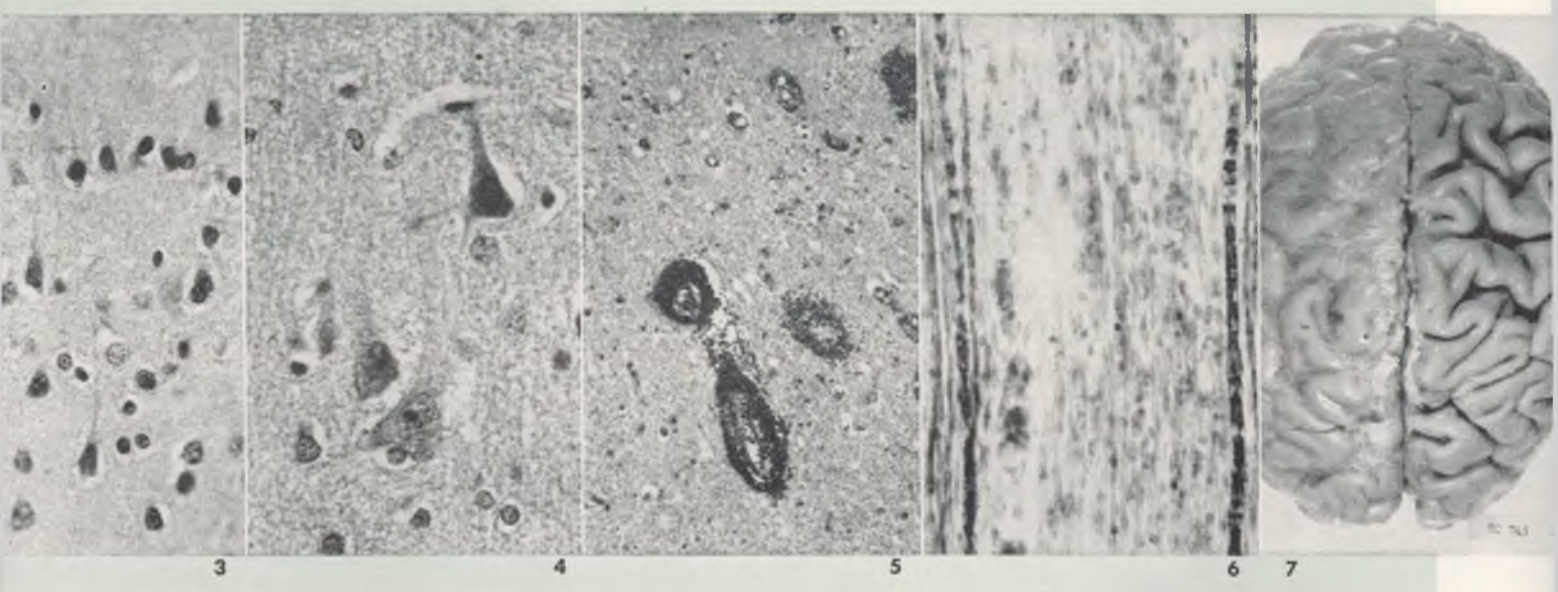


8. The cause of brain shrinkage is a degeneration of the nerve cells of the brain cortex. This picture is a section from the brain cortex of a chronic alcoholic, showing "shrunken cells." Some of the cells are present though shrunken, and the shadows of other cells which are undergoing degeneration can be seen. For some reason this degeneration seems to occur in clusters. Chronic alcoholism, as in the use of alcohol as a poison, gradually but progressively destroys the nerve cells of the brain cortex.

9. To show the process of progressive degeneration of the nerve cells of the brain cortex, a series of pictures has been prepared. The first picture shows a normal cell, and the subsequent pictures show the cell becoming progressively smaller and more fragmented, until it is completely destroyed.

10. To show the process of progressive degeneration of the nerve cells of the brain cortex, a series of pictures has been prepared. The first picture shows a normal cell, and the subsequent pictures show the cell becoming progressively smaller and more fragmented, until it is completely destroyed.

# 'S ATTACK ON THE BRAIN



cells of the brain cortex become narrowed and shrunken (acute effect), while others are almost invisible due to degeneration (chronic effect).

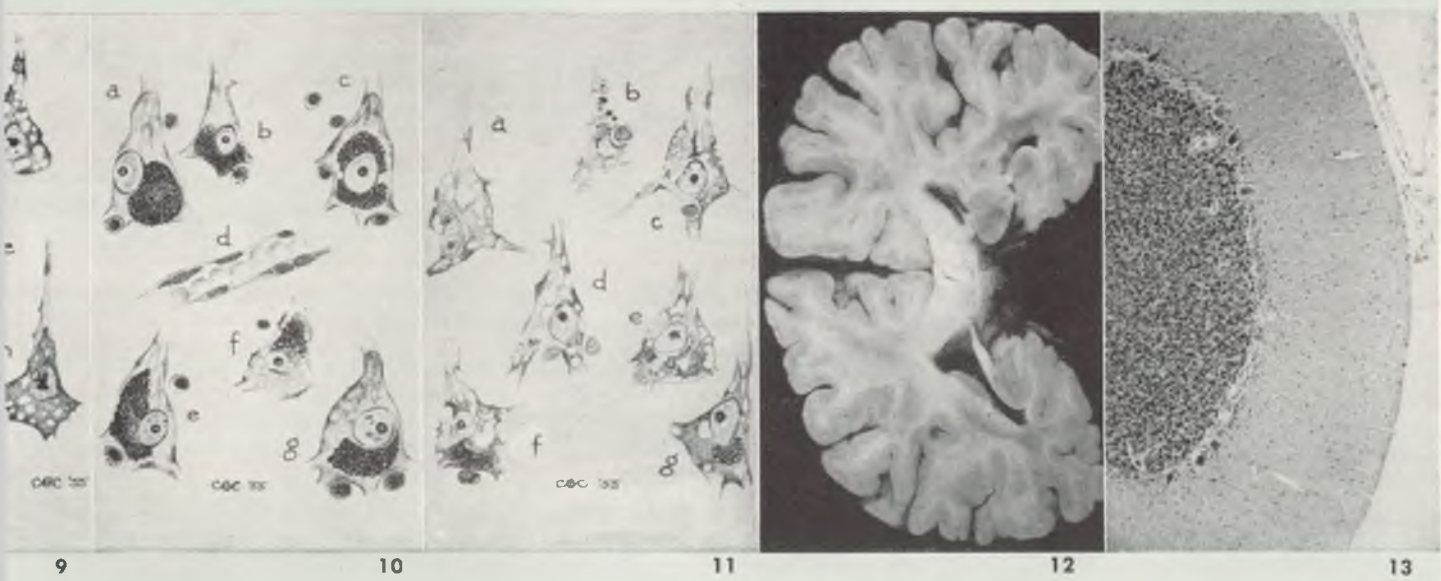
4. In this same form of alcoholism the larger cells of the cerebral cortex are also damaged. The upper cell appears shrunken and condensed, the lower one pale and swollen, having lost its normal granules. These changes are apparently the underlying cause of the acute hallucinatory state in delirium tremens.

5. In some chronic alcoholics prolonged bouts of alcoholism with limited intake of food result in small hemorrhages in the nerve-cell groups of the brain stem as well as in poisoning the nerve cells of the cerebral cortex. When severe, this condition, known as "hemorrhagic encephalitis," is fatal. This picture shows small hemorrhages (slightly enlarged) in the basal ganglia of the brain adjacent to the

third (central) ventricle. They are found to be located about small blood vessels from which the bleeding has occurred. Malnutrition, secondary to alcoholism, seems to be the essential cause of this disorder.

6. Many alcoholics develop a peripheral neuritis with numbness and weakness of the hands and feet. This condition is due largely to a lack of vitamin B in the reduced diet. When the alcoholic drinks excessively, his food intake is often materially limited because of loss of appetite. The normal fibers are darkly stained. Most of the nerve fibers are degenerated in this case.

7. In many chronic alcoholics there results a shrinkage (atrophy) of the convolutions of the cerebral hemispheres. This is shown here by a narrowing of the cortical ridges with a corresponding widening of the intervening grooves or sulci. This atrophy is ultimately ac-



cells in chronic alcoholism this drawing of a group of individual nerve cells of the cerebral cortex has been prepared. The loss of granules, irregularity of the cell membrane, the formation of vacuoles (spaces) in the cell, and degeneration of the nucleus are all indicated. The cell at the bottom of the drawing represents a "ghost cell."

10. Some types of insanity result from the chronic use of alcohol associated with malnutrition. One of these has been named "Korsakoff's psychosis." In this disorder practically all the nerve cells of the brain undergo fatty degeneration. This drawing shows the nature, location, and amount of fatty substance in the cortical nerve cells in this disease. This form of fatty degeneration is also a result of the aging process.

11. Chronic alcoholism in elderly persons often hastens the process

of the deterioration of old age, resulting in a psychotic state. Advancing age with arteriosclerosis combines with chronic alcohol poisoning to cause more rapid degeneration of the nerve cells of the cerebral cortex. This drawing shows such a degeneration.

12. A rather rare form of alcoholic degeneration of the brain in this country involves the central white substance, especially the corpus callosum (bundle of nerve fibers connecting the two cerebral hemispheres.) The victims undergo intellectual deterioration and may become totally demented.

13. In some chronic alcoholics the conspicuous changes in the brain occur in the cerebellum instead of in the cerebrum. The large nerve cells of the cerebellum disappear one by one until only a few remain. Here are shown some of these cells, all of which appear contracted or shrunken. Some "ghost forms" can also be seen.



Adapted and condensed from a monograph by F. Verzar, University of Basel.

## Nutrition as a Factor Against Addiction

The sensation of hunger, as also the effect of starvation, has in its acute as well as in its chronic form deep psychological consequences.

Men may try to solve the pain of hunger in other ways than by acquiring more food. For example, I shall describe the dangerous habit of coca chewing as one method used to inhibit chronic hunger sensation by an undernourished population.

In several regions of South America, such as in Peru and Bolivia, in some smaller regions of Colombia, formerly also in Ecuador, and occasionally in mining regions in Argentina, coca leaves are chewed by several millions of people. A person might rightly say that this habit is one of the most-discussed social problems in some of these countries, especially in Peru and Bolivia, since it has very serious economic aspects. The question has produced an enormous amount of discussion in popular and medical journals during the last fifty years.

It is of special interest to the physiology of nutrition, because it gives a unique demonstration of how complete nutrition may be the clue to abandoning a dangerous and deleterious habit of a whole population.

*Erythroxylum coca* is a small shrub which is cultivated in large and carefully kept plantations in the eastern and northern valleys of the Andes under about 6,000 feet altitude. The leaves contain about .5 per cent cocaine, calculated for the sun-dried material. The plantations are owned by rich families of Spanish origin, but there are also small landowners, Indian aborigines or mestizos, who plant a few shrubs for their own use and for small business.

The leaves are plucked several times, up to five or even six times a year. This makes coca a continuously paying plant. The leaves are dried on stone floors by the tropical sun, quickly packed, and sent on mules or, more often, on trucks to the Altiplano. Here the larger part of the population lives

at an altitude of 10,000 to 12,000 feet under hard climatic conditions, and here coca is consumed. Only a few roads lead over the passes of the Andes, and on those are situated the coca-tax offices, which make a rich revenue from this trade.

Coca leaves are mainly chewed by the Indians, but also by many mestizos. Whites generally do not chew, although exceptions are known. The region in which it is chewed, the Altiplano, is the plateau between the two Andean Cordilleras, where the greater part of the indigenous population lives. It is a cold climate; trees are scarce.

There are two different Indian tribes here: Quechua, openhearted, extroverted people, who live from agriculture, who keep llamas and a few cattle, and plant chinua, beans, and several different sorts of potatoes. Their number is about 2,500,000 in Peru and 1,165,000 in Bolivia.

The other tribe is the Aymara, who speak a different language and are said to be more introvert. They are mixed among the others. A large group occupies the region around Lake Titicaca. There are in Peru 315,000, in Bolivia 862,840. They also live from

### ANTI-COCA CAMPAIGN

A campaign is under way to abolish the coca-chewing habit among Peru's 4,000,000 Indians, led by two physicians, Dr. Luis N. Saenz and Dr. Carlos A. Ricketts, who have organized the Anti-Coca League.

An extended tour of Peru convinced them that nothing can be done to raise the living standard of the Indian until he stops chewing the juicy leaf.

Main features of this current campaign are to reduce plantings of the coca plant and to educate the Indians against the habit.

agriculture. For comparison, the population of Peru is about 6,500,000, and of Bolivia nearly 4,000,000.

Thus from about 10,000,000 inhabitants of the two countries, more than half are pure Indians, and about one fourth or more are mestizos.

Of course, not every Indian and mestizo is a chewer of coca. Boys start at about fourteen years and are proud to show that they are grown up. Not as many women chew, perhaps about one fifth of them. Thus, since the number of children below fourteen in Peru is 21.4 per cent, one might say that at least 2,500,000 people are regular coca chewers, not counting the mestizos, who must increase this number at least to 3,000,000. It is mainly the heavily working population, agricultural peasants and miners, the proletariat, who chew.

The leaves are bought on the market, and a handful is taken each time. They are kept in a special bag, carried about the waist. The usual daily dose, according to the experiences of several observers, is about 25 or 50 grams. In-veterate chewers take 100 or 125 grams, and real addicts even 200 grams per day, or 1 gram of pure cocaine per day. But the latter are rarely found. There is not a continuous dose of coca leaves, nor is there an uninhibited drive to obtain the drug. In the huge tin mines of Catavi in Bolivia, official shops owned by the Patino Mining Company sell to the miners packages containing 125 grams of coca leaves. They generally buy two for one week. It costs about 25 per cent of their weekly income.

The leaves are taken carefully, almost with ceremony. One by one they are pushed into the mouth, and then from a special little flask made from a gourd, *lipta* is taken. This is a strong alkali mixed with water. With a spoon or horn the *lipta* is pushed between the leaves in the mouth. The bolus of leaves is kept on one side of the mouth and mixed with saliva. The cheek

shows a characteristic bulge, so that one recognizes the chewer in the street. Chewing goes on for two or two and a half hours. After that a new dose will be taken. The alkali of the *lipta* helps to destroy the walls of the leaf cells. A more important role may be that it makes the extract of the leaves alkaline, and this is swallowed with the saliva, neutralizing the hydrochloric acid of the stomach. The alkaloid is thus not hydrolyzed and will therefore be absorbed in its active state as alkaloid salt.

Cocaine has an inhibitory action on peripheral nerves and on sensory nerve endings. It also has a specific action on the central nervous system even in low concentration. It has been much used for its local anesthetic action and is still preferred for this purpose for the cornea of the eye, on mucous membranes, and on serous membranes. It abolishes the sensations of pain and also of taste and smell. An anesthesia of the stomach with cocaine takes away the sickish feeling in stomach disease. Mucous membranes after cocaine show also a vasoconstriction. Stomach secretion is stopped.

This anesthetic action depends on the presence of the free alkaloid base. At a very acid reaction, as in the gastric juice, a dissociation of the alkaloid takes place and the action is destroyed. Only in alkaline solution is the alkaloid stable and active and absorbed in the active state. Obviously this must be one of the reasons why the addict mixes a strong alkaline substance (*lipta*) with the leaves.

The action on the central nervous system is what is desired by the addicts, the cocaineists. The effect from cocaine has been called a "euphomania," and it is believed that cocaine is more euphorically active than morphine, heroin, amphetamine, benzedrine, or alcohol. One writer describes the central cocaine action and also the result of coca leaf by chewing, saying: "It satisfies the starving, gives new strength to the tired and exhausted, and makes the unfortunate forget his unhappiness."

It is equally certain that cocaine stops the painful sensation of hunger. The frequently quoted story of the Indians who walk for days without food and rest over enormous distances may be true.

The actual working capacity of a coca chewer is not increased, as has lately been proved with experimental evidence. This has also been confirmed by different engineers of the mines. Their opinion was that coca chewing is useful for the Indian to keep him steadily working, but his total output

(Turn to page 34.)

#### FOURTH QUARTER



Life is hard, and the narcotic effects of coca seem to ease the burdens of many South Americans in the mountain areas. This Indian has pasted the leaves under his eyes for a hyperopic condition, but the effects of coca are only internal.



In the Bolivian mountains a coca harvest is in progress. As the women work, they chew in an effort to obtain warmth and energy.



Even the youngest children are pressed into service during the coca harvest. When their young bodies tire, they will be stimulated with a coca leaf.



Once coca leaves are harvested, they are spread on burlap mats to dry. Coca is not to be confused with cacao, from which chocolate is made.



After drying, the leaves are stuffed in bags and then wrapped in palm leaves to protect them from moisture. Here a worker tamps the palm leaves to serve as a base for the bag of coca leaves.

In La Paz, capital of Bolivia, coca sellers do a thriving business.

In the Yungas below Chulumani in Bolivia the terraced fields are all devoted to raising coca, adding to the continental narcotic habit.





"I have absolutely no use for the drinking of alcoholic beverages. Neither do I smoke, not only because liquor and tobacco are harmful to the body and character, but also because the purchase of them is a ridiculous waste of money, and I hate waste. My friends all know of my attitude and never offer me either. They know I just won't accept either, and that's flat.

"Furthermore, I think it is reprehensible to make use of the photos of attractive young people to advertise liquor or cigarette smoking, especially when such are used as inducements to get other young people to take up these habits which are highly dangerous to health."

## he takes new york's portrait

INTERVIEW BY MADELINE GEORGE

**C**•MANLEY DeBEVOISE of Little Neck, New York, is a man who turned his hobby into a full-time job. When only fourteen he received from his mother a box camera as a birthday present. It was the kind that used glass plates, common in those far-off days. Now he is official photographer for Queens Borough, New York.

After C. Manley finished high school, he went to work in his father's brass foundry. When later the foundry failed, he advertised for work with a photographer and secured a job as apprentice in a studio. Finally he opened his own studio on Fifty-Ninth Street in Manhattan, where he specialized in portraits.

After a stint in the Army during the war he bought a studio in Flatbush, Brooklyn, but before long was appointed as official photographer to the City of New York.

Such a photographer might be sent on any sort of assignment. For example, photography is used extensively to protect the city against claims by contractors, property owners, people who have had accidents on public property, and other kinds of trouble that may mean litigation. Therefore photos are made before construction jobs are started, after they are done, and sometimes during construction. The whole area will be photographed, and the pictures kept for possible future use.

One illustration of how such photos are used is a case involving flooding in the cellars of houses in Glen Oaks community.irate homeowners sued the city for neglect. The city, however, had photos on hand showing the area to be a natural drainage for rain water. The photos thus proved the builders and not the city to be at fault.

DeBevoise is photographing every place of major interest in Queens, the photos to be used to supplement the slogan, "This Is Queens—a Place to Live, a Place to Work, a Place to Play." Some of the photos are enlarged to four by five feet, hand colored, and placed on display in exhibits, home shows, and other places.

(Continued from page 16)

being about 798,000 pounds. This would make more than three billion capsules of one and one half grains of the usual-size dose, or an average of about eighteen doses per year for each man, woman, and child in the United States.

The maintenance of addiction is so expensive that most addicts cannot possibly maintain their supply of drugs without resort to vice. For the roadie, the need for narcotics grows with his need for money. He has to work long hours to meet his pressing financial problems. To keep awake on the long hours of driving, he has to take amphetamines. With narcotics as his copilot, there is an increasing need for them in order that he may maintain the pace he has established. He finally becomes involved with criminals. There is no way out. He is caught by the narcotics he uses and the underworld he flirts with, in drug traffic or hijacking operations, and the end is death at the bottom of a muddy ditch.

The total number of addicts in the United States today is estimated as between 50,000 and 60,000, or an incidence of about one in three thousand of the population.

When two Government departments opened a sweeping drive to stamp out the illegal sale of drugs to truck drivers by cafés, service stations, truck stops, and drugstores, United States attorneys in ten Federal districts and six states simultaneously filed twenty-two criminal actions and requested bench warrants for the arrest of forty-two individual defendants, aided by Attorney General Herbert Brownell, Jr., and Secretary Marion B. Folsom of the Department of Health, Education, and Welfare.

FDA inspectors worked as employees of co-operating truckers, and also used a truck-trailer borrowed from the Army and painted to look like a commercial vehicle. From their contacts with other drivers the inspectors learned where the drugs were being sold. The inspectors then made numerous purchases, buying as many as 4,000 tablets from one of the defendants. Highway accident reports and information furnished by safety directors of trucking firms and associations led to the investigations.

Dressed in the typical leather jackets and familiar worn cap that seem to distinguish the majority of long-haul drivers as a race apart, the drug inspectors struck up friendships in places along the major truck routes. A motel and restaurant in Fort Wayne, Indiana,

was typical. Talking with the young women employees and the owner of the place was the first step. Friendship blossomed rapidly when the need for narcotics was expressed. These needs were met with more than sympathy and the good advice to see a competent physician. Instead, the owner and his assistants offered "pills that would make things better"—for a price. The owner found little gratitude, but did get out of the subsequent charges with a light \$500 fine. His assistants settled with the court for lesser sums.

Operators of a truck stop in McCormick, South Carolina, possibly lost all faith in humanity when the testimony of FDA inspectors convinced the Federal courts of the evil intention of any

## Teen-Agers' Hero

**Sonny James, popular entertainer and singer for teen-agers, won't even sing in places where booze is sold. One of his two reasons is religious, on which basis he says, "I don't believe in drinking."**

**The other reason is, "I don't want to appear anywhere that young people couldn't enter; I wouldn't want to be the reason teen-agers were brought into a place where there was drinking."**

person who would peddle narcotics illegally in any form, without a physician's prescription, for the courts fined the operator \$4,000, gave him a four-year suspended jail sentence, and placed him on probation for five years.

All truckmen are not narcotics addicts. All truckmen are not participants in crime and vice. Most of them are sincere, hard-working, respectable family men. Most trucking organizations are legitimate operations. But enough of these men are addicts and peddlers and participants in vice to make the trucking industry a major source of concern to the FBI, the Federal Narcotics Bureau, and the Federal Department of Health, Education, and Welfare.

The concentrated efforts of these departments of our Government, with the co-operation of local and state enforcement agencies, will someday restore good health to the nation's trucking industry.

In the meantime, give a wide berth to the next trailer you meet on the highway. Narcotics may be its copilot!

(Continued from page 17)

adhere to the ethical principle of *personal concern for the highest good of others*.

In view of the risks of addiction and the degeneracy that frequently follow from the personal use of alcoholic beverages, no person who really values his influence among his fellows will, by his example, influence them to drink.

This significance of personal example becomes of vital import in one's own family and among siblings. It also holds in one's position before youth. It reaches wider proportions within the various circles in which one moves, whether in church, or club, or business organizations. The making of a decision not to drink alcoholic beverages for the sake of others is a positive sign of a disciplined intelligence and ethical integrity.

Here, then, a person who takes the total-abstinence position may safely base his decision on the sound ethical principle that every man has a clear duty to refrain from activities and social customs that might lead others to think that beverage alcohol may be taken into the human body without fear of the potential consequences.

3. The ethical principle of *nonparticipation in destructive processes* becomes of vital importance.

This principle has wide-reaching and positive aspects. The adherent to true ethical principles, therefore, will not be satisfied with personally refraining from consuming alcoholic products. He will also be concerned about their distribution to others and work to secure more effective controls over these distributive processes, especially where children and minors are involved. Beyond this, the principle of nonparticipation involves care as to one's business investments. With the vast amounts of money now being invested in corporations producing alcoholic products, it is easily possible to become an actual participant in the production of beverage alcohol.

This principle of nonparticipation leads to the conclusion that it is sound ethics to refrain from any and all share in the production and distribution of beverage alcohol products. It is related directly to the premise that the production and distribution of beverage alcohol is detrimental to the highest welfare of the American people.

I venture to paraphrase in part the hope that Abraham Lincoln expressed in 1842 when he said, "Let us look forward to the time when there shall not be a drunkard in all the earth."



## Past Without

IT WAS a dream. It could be nothing else. Not so long ago Donna Abrillo read that those hopes, ambitions, and wishes that are not realized in reality are fulfilled in dreams.

But this dream was not constructed out of her thoughts and wishes. It was strange how in this dream she could see her mind unwinding itself, image by image, thought by thought, day by day, year by year.

The dream was *young* now, so was Donna, seventeen. Dominic was young, too. He was tall. His smile flashed often, but not enough to brighten his dark and restless eyes. He was impulsive, romantic.

Dominic came from a home in which parental affection, distributed among eight children, touched him sparingly. Donna came from a family of three children, a family dominated by a tyrannical, violent, drinking father. Dominic and Donna were married while in their teens, both hoping that in a life apart from their unhappy families they would find security and happiness.

At the wedding reception Dominic reached for the wineglass time after time.

"Dom, please, no more wine, please," Donna pleaded.

"No more wine, that's it. No more wine! I'm going to switch to whisky. Hey, Tony, a double whisky!"

"But, Dom, you—"

"I'm married now, Donna, and man enough to drink, to drink in the open, not just in basements, parked cars, and washrooms."

"You never told me that you drank."

"Granted, my bride, granted. But you should have taken my drinking for granted. After all, who doesn't? Look around you, just look around you! Who isn't drinking? Ah, you're not drinking, Donna. Come on, drink to your groom, just a sip."

"Dom, please!" Donna's lips tightened and her chin trembled as he lifted the glass to her mouth.

"O.K., Donna, I won't try to reform you, won't try to make you drink. But remember, I want you to treat my personality and tastes with the same respect by not trying to reform me either."

Though on their wedding night the smell of alcohol was heavy on Dominic's breath, it became heavier and sharper the next night, and the next. It clung to his lips, smile, words, and poured out with his laughter.

A year after their marriage their first child came. In the maternity ward of

the hospital all the mothers were comforted by their husbands—all except Donna, that is. Dominic was busy in a tavern celebrating his fatherhood.

When finally he did come home, he was oblivious of the time that had elapsed since he had seen Donna.

"I see you're up and around already." Dominic was red-eyed and bearded.

"It's been six days now since—"

"Six days?" He scratched his beard and laughed. "I guess I must be getting reformed. Last time it was more than a week. The kid, what is it, boy or girl?"

"Boy, eight pounds, Michaelangelo."

"Michaelangelo? Who gave him that name?"

"I did. It's a beautiful, poetic name. Besides, you weren't here to suggest any names."

"What's wrong with my name, *Dominic*? It was good enough for my father, for me, and it's good enough

for my kid. I'm going to change it. Don't I count around here for anything? I'm going to change the kid's name, do you hear me?"

His words spilled close to Donna's ear. Sickened by the smell exuding from his shabby clothes, Donna stepped back. He clutched her by the hair and kissed her. Nausea twisted her face.

"You miserable—. Don't treat me as if I am some unwanted wretch!" He slapped her. Blood started to trickle from the corner of her pale lips.

"You're *my* wife, remember? Come here. Come here! You'll be sorry for trying to get away!" He caught her by the arm and tried to kiss her again. She covered her face with her hands. He struck her behind the ear. She fell unconscious to the floor.

Then other images rose in her memory in their order. The pattern was the same—drunkenness, desertion, argument, brief reconciliation, quickly followed by greater excesses, longer desertions, more violent quarrels, and more frequent beatings.

Dominic drifted from one job to another—truck driver, electrician, carpenter, laborer, stevedore. His tendency to boast made him unpopular with his fellow workers. And his employers and



foremen, soon to recognize the cause of his frequent and prolonged absences, discharged him.

Even during his unemployment, however, the flat, the food, the light, had to be paid for. Only by designing and making dresses and wedding gowns at home was Donna able to provide for herself and Michaelangelo.

Dominic began to complain of "walking on fire" and of having trouble with his legs. Donna finally persuaded him to see Dr. Kimball, who she knew had done successful work at the Bellevue Hospital with alcoholics. Leaving Michaelangelo in the care of Mr. Sposito across the hall, Donna went with Dominic to the doctor's office.

"Polyneuropathy," he told Dominic after the diagnosis. "That means a breaking down of the nerves in the soles of your feet because of your drinking." But Dominic couldn't respond

to the urgent recommendations to stop drinking, or to take the tablets given him, or to adhere to the diet prescribed. Nor was he able to keep his next appointment.

One evening Dr. Kimball visited the Abrillo flat.

"Mrs. Abrillo, I thought you and your husband should know all the facts concerning the ailment he is suffering. Where is Mr. Abrillo now?"

"I don't know, doctor."

"When did you last see him?"

"The night I came with him to your office."

"H'm. I thought so. What did he do with the tablets I gave him?"

"He didn't take one. He threw the bottle into the street after leaving your office." Her lips trembled.

"I examined your husband thoroughly. Those tablets contained what would help his condition—vitamin B

complex. Mrs. Abrillo, are there any children?"

"Yes, doctor. One. He's three years old. And another one is, is—"

"I understand, Mrs. Abrillo. I'm concerned not only about your husband, but about you."

"Me? Why? I'm all right, at least I think I am."

"Those welts on your face, and those blue and yellow bruises on your nose and around your eyes are not birthmarks. I have been told that your husband beats you. His kind usually do."

"But what can I do, doctor, what?"

"I don't know. Not much I guess, that is, not by yourself. He needs treatment, mental and medical. You see, although your husband has average intelligence, his ambitions and the things he wants are far above his ability to achieve.

"He feels small and inferior. He can't adjust himself to an average income and to ordinary comforts and pleasures. So alcohol is the means he uses to change that feeling of smallness and inferiority into a feeling of great importance.

"Outside of his home he can't dictate, can't give orders, can't have his own way in everything, can't play the 'big shot.' The tavern is his fortress. There he arms himself with the courage to beat his wife and his child. With every act of brutality against you he convinces himself that he really is important, superior, and that he measures up to the exaggerated value and regard he has for himself."

"It's strange, doctor, I've always felt that that is what is wrong. That's why I've never asked him for anything outside of our bare needs. I've done many things against my will just to make him feel that he is wanted and important. But how long can I go on like this, acting against my will, pride, and self-respect without losing my mind, without doing something terrible?"

"Not many women are capable of the patience and understanding you have shown, Mrs. Abrillo. I wish I could follow through with more help, but I'm leaving tomorrow morning for New York for a permanent assignment at Bellevue. But I'll give you the card of a good friend of mine, Dr. Dorin. Perhaps he'll be able to help."

"It was very kind of you to come here tonight, Dr. Kimball, and thank you for everything."

"Good-by, Mrs. Abrillo." He paused at the door. "And take care of yourself. Unless he's put together again, you might fall apart yourself."

In due course another boy, Andrew, was born. And two years later Niño followed. Donna was as devoted and

# Future

## CHARLIE BLANK

Desperate and despairing, Donna was driven to violence, but behind the scenes lurked the real criminal.



kind to her children as Dominic was neglectful and cruel.

In January, 1943, Dominic enlisted in the Armed Forces without telling Donna. She learned of it four months later when his first allotment check reached her. But from him she received no word.

Often Donna felt guilty for the happiness she experienced during the months that followed. With her children and her work she felt proud, safe, secure, and she even managed to save nearly every allotment check.

At first she wondered where Dom was stationed, what he was doing, and how he felt. She hoped for his sake that military discipline had succeeded where she and civilian life had failed. But later she found herself hoping that he would find happiness elsewhere, that he would never return to disturb the peace and happiness she and her children had created independently of him.

But fourteen months passed, and Dominic returned. He wore the khaki uniform of a private in the infantry.

"Well, Donna, here I am back again, back to stay!"

Yes, Donna thought, he *was back*, back with his haughty air, his shoddy grin, his restless eyes, and his stinking breath. She entertained the wishful thought that he was only on furlough.

"I often thought it was time you had a furlough."

"Furlough? That's a laugh! I've had two of them already. But you did not think I was going to come to see you, did you? I joined the Army to get away, far away from you. But—"

From his bag he pulled a bottle of whisky, from which he gulped. Then he threw a large envelope on the table.

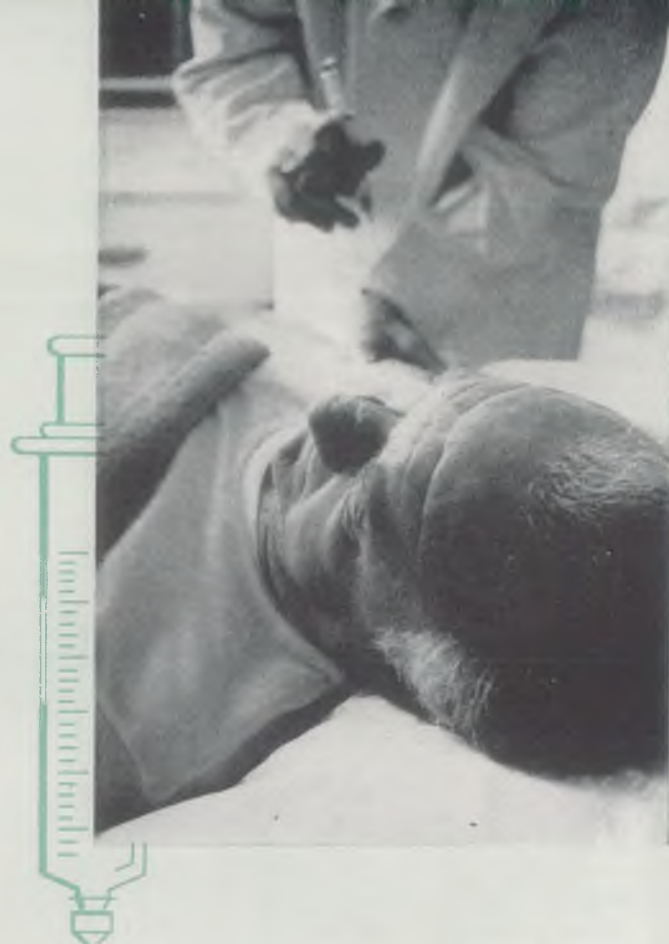
"Here it is, my diploma. And what a diploma! Go on, read it! You should enjoy it. It's not a medical or a yellow discharge. It's worse. It's a section 8. Yea, I'm a psycho. Read it, 'Emotionally unstable, . . . alcoholic psychosis.'"

Donna searched her heart for some trace of pity. To himself he was all that counted. The safety, health, and security of wife and children didn't enter his world, a world shrunken and warped, motivated only by alcohol.

Yet she was still his wife, obliged to feed his saturated ego, tolerate his brutality, endure his abuses.

The money she had saved, Dominic "invested," as he described it. Donna would have burned the money if she had known that he would buy a partnership in a tavern with it. And to cut down expenses, he worked there as a bartender.

Such images that now unreeled them—  
(Turn to page 33.)



## a new weapon in the fight against alcoholism

**S**erpasil, a drug tested as a therapeutic agent in the treatment of diverse mental disorders, from anxiety neuroses to schizophrenic psychoses, has been found to be of value in the treatment of chronic and acute alcoholism.

The drug may well replace some compounds in use up until now, such as paraldehyde, barbiturates, chloral hydrate, and morphine sulphate, which are sedatives and have been known to become habit forming. Further, they are slow acting. Alcoholics treated with them remain in a stupor for two to six days before tremors, agitation, and hallucination subside. Nor do these drugs provide any means of controlling the tensions and internal conflicts that lead the released alcoholic right around the corner to the nearest bar.

Serpasil, however, is not a sedative. The patient remains conscious and thus accessible to psychotherapy. Serpasil is not habit-forming and usually ends the symptoms of acute alcoholism, such as delirium tremens, within eighteen hours. Finally, serpasil taken in an oral preparation helps to combat the tensions that have in the past made the alcoholic go back to the bottle. It may in time eradicate a sight one cannot help but deplore—the unfortunate drunk lying stretched out on the sidewalk with his hat crushed under his head.

## WHAT DO WE REALLY MEAN?

(Continued from page 14)

excessive drinkers whose dependence upon alcohol has attained such a degree that it shows a noticeable mental disturbance or an interference with their bodily and mental health, their interpersonal relations, and their smooth social and economic functioning; or who show the prodromal signs of such developments. They therefore require treatment."<sup>11</sup>

The criticism of the 1950 definition of alcoholism also applies to the definition now (in 1952) called the definition of "excessive drinking," because it gives a political and not a physiological measure of what is "excessive." However, the 1952 definition of an *alcoholic* is an acceptable one. It is not a political definition and is scientific in that it applies to all drinkers any place in the world and provides a measure so that an alcoholic can be differentiated from a drinker whose repeated drinking has caused no obvious difficulties.

More recently (1955) in an article in *The Journal of the American Medical Association* an *alcoholic* was also acceptably defined as follows: "In essence, any individual who relies on alcohol to meet the ordinary demands of living and continues to drink after alcohol has caused him marital or occupational difficulty is an alcoholic whether he drinks only in the evening, has never taken a drink when alone, or has not touched anything but beer for five years."<sup>12</sup> This definition of an alcoholic is somewhat more restricted than that by the WHO Subcommittee. In the book entitled, *The Etiology of Chronic Alcoholism*, the expression "chronic alcoholism" is defined like the preceding definition of an "alcoholic."<sup>14</sup> The current medical dictionaries define an alcoholic as a drinker who is *addicted* to alcohol, which is still more restricted. (I prefer the WHO Subcommittee definition.)

It is surprising that the WHO Subcommittee apparently considers "alcoholism" when unqualified by "chronic" to be synonymous with "alcoholic." If this is correct, then the committee considers "alcoholism" to be synonymous *only* with the historical and accepted meaning of chronic alcoholism.<sup>8</sup> To consider "chronic alcoholism" and "alcoholism" as synonymous represents a new departure in the definitions of these terms.

That this is intended by the Subcommittee to be a new departure in fact is indicated by a 1955 "Report of an Expert Committee" of WHO on alcoholism, which states: "The Committee has also considered certain forms of excessive drinking which by definition do not constitute alcoholism but which can, nevertheless, have grave consequences and form, in certain countries, the main problems relating to alcohol."<sup>13</sup>

This new departure is odd, and the reason for it is hidden because such a definition of "alcoholism" would exclude the various degrees of the *acute effects* of alcohol on the mind and body. It would exclude those effects which result in increased accident proneness and in a tremendous amount of moral, social, legal, and economic difficulties, which probably cause more social harm even than chronic alcoholism. This newly proposed definition, if adopted, would exclude all the degrees of acute alcoholism or of acute alcoholic intoxication from being considered, as previously, under the broader term of "alcoholism," and would exclude from use the expression "acute alcoholism." This is true because no one would be so ridiculous as to claim that the occasional or moderate drinker who consumes one or two beers or cocktails, or just enough to impair his or her learning ability, sense of caution, judgment, and skills, is an alcoholic. On the other hand, it cannot be denied or rationally questioned that such a person is afflicted with acute alcoholism or acute alcoholic intoxication or is under the influence of alcohol to a mild extent in the ordinary medical or physiological sense.

If this new definition of "alcoholism" offered by the WHO Subcommittee is accepted, it would mean that those who are interested in the prevention of alcoholism would be terminologically restricted by the new definition to the prevention only of heavy nonaddicted and addicted drinking or what has been commonly called "chronic alcoholism." Such groups as the National Committee for the Prevention of Alcoholism and the International Commission for the Prevention of Alcoholism, unless they changed their names, could not be interested terminologically in the prevention of what is now called "acute alcoholism" and which is responsible for so much human misery and economic waste.

*Quite obviously, then, this unnecessary, unphysiological, and unscientific restriction of the definition of "alcoholism" by the WHO Subcommittee cannot be accepted by those who desire to prevent all the evil consequences of the consumption of alcoholic beverages, or the consequences of the physiologically correct definition of alcoholism, or of both acute and chronic alcoholism.*

Alcoholism exists when the concentration of alcohol in the blood is sufficient to impair or to render abnormal any body function to a detectable extent. Judgment, the sense of caution, and skills are the most susceptible to the effects of alcohol, and are impaired when the drinker is *not* conspicuously or clinically drunk, or even before many drinkers begin to "feel" the effects of the alcohol. Such impairment

Bert Morehouse

### GOLDEN WINE OF AUTUMN

Drink with me the golden wine  
Brewed by autumn's practiced  
hand;

Fill today a ruddy stein  
With elixir of the land.

Pressed within, the flavor lies,  
Essence of a thousand sweets—  
Sparkling glow from sapphire skies,  
Giving life to all it greets.

Drink old autumn's golden wine,  
Take your fill of bracing brew,  
Till that weary heart of thine  
Throbs with merry life anew!

by alcohol represents an excess physiologically or scientifically, and this definition is in conformity with the definition in current medical dictionaries.

A classification of alcoholism will now be provided.

#### I. *Acute Alcoholism or Acute Alcoholic Intoxication.*

This condition exists when the functions or faculties of the mind or body are impaired to a detectable extent for a brief episode in the life of a person.

##### A. *Degrees.*

1. Mild—alcohol blood concentration equals .01 to .05 per cent.
2. Moderate—alcohol blood concentration equals .06 to .14 per cent.
3. Marked—alcohol blood concentration equals .15 per cent or more.
4. Fatal—alcohol blood concentration equals .5 per cent or more, as a rule.

##### B. *Types: Degree and Frequency.*

1. Subclinical, concealed, nonconspicuous.

Its presence is indicated precisely by chemical tests of the blood or breath and by psychophysiological tests.

- a. Occasional—less than three times per week.
- b. Moderate—three times per week, approximately.
- c. Habitual—daily with one or more meals (dietary), or daily at a tavern, club, or lounge (social).

2. Clinical, or conspicuous.

Its presence is observed by the signs of the presence of alcoholic intoxication or of acute alcoholism in a person, such as thick speech or tongue; excessive body sway; a staggering, scraping, stumbling gait; red eyes; odor of alcohol on the breath; irrational speech or conduct.

- a. Weekly (weekly or payday) in frequency, and from a few hours to several days in duration.

II. *Chronic and/or Periodic Alcoholism, or Chronic and/or Periodic Alcoholic Intoxication.*

*Chronic* indicates that the drinker is more or less constantly under the influence of alcohol and has been so for months or years.

*Periodic* indicates that the drinker remains under the influence of alcohol continuously for a period of several weeks or months and then remains completely or almost sober for a period. There are numerous types of periodic alcoholics or of periodic alcoholism of a chronic form.

*Chronic alcoholism* exists when a person is either more or less constantly under the influence of alcohol most of the day and night and has been so for a relatively long period of time, and in whom the signs and symptoms of the direct and indirect effects of alcohol consumption reveal an interference with his mental and bodily functions, his interpersonal relations, his usual normal social

and economic functions, or who shows the prodromal signs of such abnormal development.<sup>11</sup>

An *alcoholic* is a person who is afflicted with chronic alcoholism. This is apparently the view of the WHO Subcommittee on Alcoholism.<sup>11</sup>

An *alcoholic* is "a person who relies on alcohol to meet the ordinary demands of life and *continues to drink* after alcohol has caused marital, occupational, or other social difficulties, whether he drinks only in the evening, has never taken a drink when alone, or has not touched anything but beer for five years."<sup>12</sup> This is a slightly more restricted definition than the preceding one.

It should be stated that the following stages represent types of heavy drinkers or, as some say, "excessive" drinkers. Some<sup>4</sup> object to the term, "stages," because some alcoholics pass from total abstinence to addictive drinking in several months, and many remain heavy drinkers for ten to twelve years before they become dependent on alcohol and will continue to drink regardless of the difficulties it causes them and others. The border lines are obviously not clear cut. But, in the absence of definite psychopathology prior to drinking, the following stages have pedagogic, etiologic, prognostic, and therapeutic value—etiologic in that if the drinker does not stop drinking, addictive drinking or Stage C is very likely to occur.

A. *Periodic or Irregular Nonaddicted Heavy Drinkers* (Prealcoholic Stage of Chronic Alcoholism).

These can and do stop voluntarily if the conditions are right. They need treatment. Their drinking occasionally causes some trouble, which they rarely acknowledge. They are referred to as "prealcoholics."

# The Beer Alcoholic

Sewell E. Masoncup

IF IT is true that the best place to hide is in a crowd, perhaps it is understandable why the existence of the beer alcoholic has not been publicized more widely.

In 1956 more than 80,000,000 barrels of beer were bought and consumed in the United States, and of the millions who helped drink that sea of brew, many were as daunted slaves to the beer bottle as any barfly whose vision is limited to the bottom of a whisky glass.

Many are the reasons which the beer drinker gives to explain the insidious habit which has thrust its rootlets into every crack and niche of his social, financial, religious, and home life; but none will stand without fault under the close scrutiny of cold fact.

"I drink because I like it!" This answer is often given when one of the great horde is questioned about his drinking habits. But did he like it at first? Didn't he have to condition himself to the bitter, taste-killing flavor, and the thick, sudsy texture of the stuff? Didn't he serve a costly apprenticeship learning to like it?

"I drink it only to be sociable." Indeed the social set found in the usual tavern could well be broken up and dispersed, to the advantage of all in the community. The jobs thus reduced or eliminated would be more than compensated for by the millions of dollars saved by the frequenters of those places, and by whatever wholesome recreation would be chosen to take its place.

"Beer is a 'light' drink, harmless—not like liquor!" Ever hear that one? Over radio, television, in magazines, busses, papers, and on billboards the public, young and old, is besieged by an unceasing barrage of words, phrases, and pictures telling how gracious it is to join the crowd.

"Beer never harmed anyone; it's really a food." Don't let anyone tell the public that a person cannot become intoxicated by drinking beer. It just isn't so. Three bottles of beer contain about the same amount of alcohol as is found in a highball, and the capacity of the veteran "suds hound" is legendary. Many men can stand at a brass-railed bar by the hour and drink up to a case

of beer before leaving. An occasional time out is all they need. Another by-product of the so-called harmless, enjoyable practice of organized guzzling is the development of the "beer stomach" with its resultant overweight condition. Overweight is one of the nation's glossed-over health problems, and the confirmed beer alcoholic helps lead the parade.

As to the actual cost in dollars and cents, an ordinary bottle of beer, chilled and ready to serve, will cost a quarter, give or take a nickel. The so-called premium beers will sell for as much as a dime more, depending on the location of the bar. The exclusive places can often get much higher prices, and do so.

Multiply the cost of one beer by the number the entailed drinker gets away with each month, and the total will be amazing. Many families with a moderate income could trace most of their economic troubles to the steady drain on the family pocketbook in the care and upkeep of an unrecognized beer alcoholic in their midst.

B. *Habitual Nonaddicted Heavy Drinkers* (First Stage of Chronic Alcoholism).

These are alcoholics. They drink almost all day and evening. They outwardly appear sober, as a rule, but get drunk weekly or occasionally. They drink because it makes them "feel" better, more confident, more authoritative, more efficient. *They can stop voluntarily if the conditions are right.* They are sometimes also referred to as "prealcoholics" or "integrated alcoholics." But most of them will not stop although their drinking is causing difficulties which they usually will not acknowledge.

C. *Addicted or Compulsive Drinkers.* These cannot stop without outside help, and usually much outside help of a special personal type is required. They cannot live with alcohol; they cannot live without it. These patients are considered to be alcoholics by every physician.

Addicted or compulsive drinkers are sometimes considered to be of two types: (a) those without, and (b) those with physical or mental complications.

D. *Second Stage of Chronic Alcoholism.*

These addicted drinkers are without definite complications.

E. *Third Stage of Chronic Alcoholism.* These have definite complications. This stage is reached when the mental and physical deterioration is quite evident.

Some of the mental complications are high-grade psychoneurosis, psychosis, delirium tremens, Korsakoff's psychosis, intellectual deficit due to brain atrophy. All three of the above types of alcoholics may develop physical complications. Types B and C may develop mental complications.

Many chronic alcoholics die before they reach the third stage. In the United States it is the physically and mentally deteriorated drinker who is usually called the "chronic alcoholic." But some drinkers in the first stage develop early cirrhosis of the liver, and some in the first and second stage develop mental symptoms of deterioration. For this reason it would be best to discard the term "chronic alcoholic" and speak of chronic alcoholism and the alcoholic (a) without, and (b) with, mental or physical complications.

#### *Definition of Addiction*

Since the term "addiction" has been used in the above classification, it should be defined. The Expert Committee on Mental Health of the WHO has provided an excellent definition: "*Drug addiction* is a state of periodic or chronic intoxication, detrimental to the individual and to society, produced by the repeated use of a drug. Its characteristics are (a) an overpowering craving, desire, need, or compulsion to continue the use of the drug and to obtain it by any means; (b) a tendency to increase the dose; and (c) a psychic and sometimes a physical dependence on the effects of the drug" (withdrawal effects).<sup>14</sup>

#### *Why Do People Become Alcoholics?*

The foregoing classification is primarily descriptive in nature. Under the heading of acute and chronic alcoholism the effects of an increased consumption of alcohol in relation to the amount consumed and its more or less habitual consumption is outlined. A stagelike insidious increase in consumption usually leads insidiously to chronic alcoholism and alcohol addiction.

Quite obviously alcohol is *the cause* of acute alcoholism, and repeated exposure to acute alcoholism leads to chronic alcoholism. But individuals vary widely in regard to their susceptibility to the development of marked acute alcoholism

and of chronic alcoholism. The susceptibility of the individual depends on two types of *contributory causes*.

The first contributory cause is how the individual reacts to the external environmental factors which create a social pressure to drink, and to nervous tension states, and whether he has learned to escape or obtain relief by the use of the drug alcohol or by the use of physiological and wholesome methods such as physical and mental recreation.

The second contributory cause depends on the ease with which the repeated use of alcohol acts on the physiological and biochemical processes in the body of the individual to produce addiction. A range of susceptibility of individuals of the same species exists for all drugs which have a toxic action, including those which produce addiction. The range of susceptibility to morphine addiction is much more narrow than the range for alcohol.

Finally, the mental stress caused by the difficulties of heavy drinking, once this stage has been reached, is *an additional contributory cause*. But all the contributory causes may be removed from the external environment of the addicted drinker for years, and then one drink will cause the latent addiction or compulsion to become rampant again.

Obviously, alcohol is *the cause* of alcoholism in all its forms, including the production of alcoholics and addicts. The only way now known to prevent alcoholism in all its forms with certainty is to remove the cause by total abstinence. At the same time, physiological and wholesome ways for the amelioration and relief of *the contributory causes* in the external environment must be cultivated. If they are not cultivated, drugs will continue to be used.

The question, "Is Alcohol the Cause of Alcoholism?" will be discussed in more detail by the author in a subsequent article to be featured in *Listen*.

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**P**ICKING up the telephone, Jane Wilken heard the drawl of Gayle Ramsay's voice over the wire. "What are you planning to make for the Christmas bazaar, Janie?"

"Nothing," Jane answered stiffly. "Oh, come now, you don't mean that," Gayle remonstrated.

"I do mean it," Jane snapped. "You can have the Christmas spirit—*your* son is home after one year's service overseas. My Michel is still over there, after three years, too!"

"But Michel will be home one of these days, dear."

"Of course. Meanwhile you tell the women I am doing absolutely nothing for the holidays."

Jane clicked the telephone in its cradle and stood up, breathing hard. All this nonsense about Christmas and doing things for the underprivileged! Let Gayle and Carol and all the other women with their sons home do the work this year. She was done with it!

She crossed the living room, flicking her dustcloth recklessly. Last Christmas, and the one before that, how well she remembered them! She and Donald, exchanging the usual gifts for each other, sat in their lonely house, beside a still lonelier tree. No group of young people, rosy-cheeked and starry-eyed, came in out of the cold, demanding hot cocoa and her home-baked chocolate

frosted cake. No long-legged, sleepy-eyed Michel to rouse from sleep with the call, "It's Christmas, darling."

The doorbell chimed, and Jane scowled. "If that's any of the neighborhood youngsters with their useless Christmas cards, I'll send them packing," she resolved. She flung the door open. Mr. Eberhardt, the mail carrier, stood on the porch, an apologetic smile on his middle-aged face.

"I had to ring, Mrs. Wilken—see?" In his gloved hand he held up a letter. "It's from *him*. Maybe Michel's coming home this time; maybe that's what he's writing you."

"I doubt it," Jane said, but her voice was kind. "Thank you, Mr. Eberhardt." She closed the door, clutching the letter tightly.

In the living room she sank down, ripped open the envelope, and began reading:

"DEAR MOM,

"Christmas is almost here, and no sign of that discharge. Oh, I don't mind too much, and don't you mind either. One of these days it will come along, and then I'll be flying home to you and dad and Peggy. What a Christmas that will be!

"I remember last Christmas here in Korea, no decorations, no tree, nothing. Dick and I went to the PX to kill time, and we bought a lot of candy and gum. Then Dick got the idea of playing

# The Happy Mountain



Irma  
Hegel

(Continued from page 10)

four weeks. I then met a fellow named Greasy George. Up until now I have been buying it from him.

*Q.* You say you first started using marijuana cigarettes, is that right?

*A.* Right.

*Q.* How much did you pay for the marijuana?

*A.* I paid 50 cents a cigarette.

*Q.* How many cigarettes do you recall purchasing in a day?

*A.* About two or three. If I got three at one time, I paid \$1.25 for them..

*Q.* How many capsules of heroin have you used in one day?

*A.* Three.

*Q.* Would you be interested in taking the cure?

*A.* Yes.

*Q.* If you do not have the money for train fare to Lexington, the Crime Prevention Inc. will finance you, but you must go of your own free will. Do you understand?

*A.* Yes.

There are many heartbreaking stories, like that of the young Negro girl who began smoking "reefers" at thirteen, had an illegitimate child at fourteen, began using heroin the same year, and committed suicide at the age of sixteen at the Geneva State School for Girls in Illinois.

There is the story of Ralph, sixteen, who came from a good home, who became a strong-arm robber to get money for his addiction. He almost killed a young man before his case came to the attention of the authorities and his horror-stricken parents.

In the *Congressional Record* appears the case history of a young girl of well-to-do and refined parentage who became an addict while attending college in Los Angeles. She began by smoking marijuana in high school because "everybody did it." She married a dope addict and ran away from home. When her husband was sent to the penitentiary, she became a peddler to get money for her own habit. When finally arrested she was ensconced in a plush apartment, catering to wealthy film stars. For six months her parents had had no idea where she was or what had happened to her.

There was a young man arrested recently in Chicago in a raid on a "dope nest." The man, formerly an eighth-grade teacher in a Chicago school, was found in a room with two women. One was a secretary. The other refused to identify herself beyond her name and the fact that she had a master's degree in English.

Santa Claus, so we started giving the stuff to the kids here. Two boys were in rags that hardly covered them, and Dick and I bought them sweaters. The kids bowed in that funny way they have and said "Thank you" in Korean. All that day they kept following us because they had no home to go to. We took three of the little guys into our unit. When our outfit was ready to move on, we asked if we couldn't take the kids with us or send them to our folks in the States. We should have known better. There's never any hope of cutting Government red tape when it comes to kids.

"Some of the other units had adopted orphans, too. Like us, they hated leaving them behind. We got together and did the next best thing. Three Korean teachers helped us find an old, unoccupied building. We worked in our spare time, and we repaired the roof of the place with flattened cans, plastered up holes, begged and bought furniture wherever we could spot it, got blankets from the U.N. Civil Assistance Command.

"Before we left Pusan we had opened Happy Mountain Orphanage. I wish you could see the place today, mom—dad, too. You wouldn't know those kids that used to live on dumps and in rubble like animals. They're Boy Scouts now and Girl Scouts, giving as snappy a salute as the brass. Our whole gang is going back to see them for Christmas.

"I hope your holiday will be as full as mine is, and that somehow you'll find a Happy Mountain with dad.

"Love,  
"MICHEL."

Tears filling her eyes, Jane let the letter drop. Here in the midst of plenty she had been pitying herself while over there, with nothing whatsoever, Michel had found Christmas. She thought of the miracle in a long-ago stable—so little, and out of the lack, so much.

Rising, Jane placed the letter on the hall table where Donald could read it. She marched upstairs, then resolutely up still another flight to an arched dim attic. First she pulled out a trunk of toys she had been saving for Michel's unborn children. Silly! As if Michel's sons and daughters would ever play with trucks and dog-eared Teddy bears and horse-drawn wagons. These days youngsters want space helmets and interplanetary ships.

Jane found a basket and emptied the trunk of its hoarded treasures. Then she pulled open the drawers of an ancient bureau and began ripping open cedar bags and pillowslips to get at long-stored suits and sweaters and

jackets. Only last week she had been crying over the clothes a young Michel had worn. Now she hummed Christmas carols as she sorted and packed the lot of them. Let's see, where were those wrappings and ribbons for the presents she had never bought last year? She found them in a chest and carefully wrapped each article as if it were a special gift.

Dusty and weary, she bore her loads downstairs. Two o'clock in the afternoon! She hadn't even thought of lunch. No matter. She was too excited to be hungry. Happily she lugged up cartons from the basement and packed her gifts, proudly tying and addressing the bundles: The Happy Mountain Orphanage, Pusan, Korea.

Four o'clock—just time for a quick bath before she prepared dinner for Donald. It must be something he liked. She would make a roast, smothered in onions and gravy, tossed salad, always his favorite, potatoes in their jackets, a cinnamon-sweet apple pie.

In the living room she paused long enough to telephone Gayle.

"About the bazaar," she said casually, "I've changed my mind. I'm going to make a dozen aprons. Do you think that's enough?"

"Why, Janie!" The surprise in Gayle's voice was apparent. "That's wonderful. What happened? Is Michel coming home?"

"Not yet. Michel's busy. I've been busy, too. Be seeing you, Gayle." Laughingly she clicked off.

The pie was cooling on the table, the roast was waiting, when Jane heard Donald's key in the lock. In a breathless way she thought she had forgotten, she rushed to greet her husband in the hall.

"What's this? It smells like Christmas in the house." He glanced down at the huge wrapped cartons, ready to mail. "It *is* Christmas."

"Not yet," Jane said smiling. "It's still November, and Christmas is a good seven weeks away."

She hugged her arms tightly about his neck and kissed him.

Donald drew back, pleased and startled, holding her from him.

"You look like a girl tonight, Janie. A miracle must have happened."

"No miracle," she contradicted. "I just climbed a happy mountain and saw the Christmas star." She waved toward Michel's letter on the stand.

Donald did not reach for the letter then. Instead his arms enclosed Jane, and his kiss held all the warmth and ardor of their wedding night. And over the miles the sun-reflected brightness of a tin-roofed orphanage in Pusan was shining in Jane's eyes.

# The Book Shelf



## ESCAPE FROM ALCOHOL

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by J. A. Buckwalter

Over the years Mr. Buckwalter, former editor of "Listen," has interviewed nearly a thousand prisoners and heard from their own lips the horrifying experiences they have encountered in their travels on the road to addiction. The author here exposes the sinister snare that overshadows the unwary, and sounds a warning which cannot safely be ignored. None are free from the possibilities of narcotics addiction unless they are ever on the alert and ever ready to ward off the seemingly innocent devices which both lead and force one to follow on to the loss of all self-respect. "Merchants of Misery" will fill a very important place in the libraries of all alert men and women.

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Besides the frightful cost of dope addiction in broken lives, ruined health, nipped careers, and lost morals, there is the cost in dollars and cents to the taxpayer, the government, and business. "Dope costs Californians one billion dollars a year," said California Legislator Ralph Brown. "Addicts need twenty to thirty dollars a day. They steal \$750,000 a year in shoplifting alone."

How does *organized* crime fit into this picture? Senator Estes Kefauver, head of the Senate Crime Investigating Committee, and later vice-presidential nominee, says, "The Mafia lurks behind much of United States organized crime."

Charles Siragusa, Federal narcotics agent in charge of European operations, has traced the leadership of this almost legendary organization to Lucky Luciano, deported vice king of New York City. Siragusa has concrete evidence that Luciano directs an international dope syndicate from his base in Italy. Through United States agents, the smuggling of dope has been traced, from Trieste, Vienna, Berlin, Hamburg, Paris, Marseilles, to Luciano's agents in Naples. From Naples it is taken by members of the "mob" to other members in New York, Juarez, New Orleans, San Francisco, San Diego, Los Angeles, and other ports on the east and west coasts.

Harry J. Anslinger, U.S. commissioner of narcotics, sent U.S. treasury agents to Iran, Turkey, Italy, and France to trace dope smuggling through these countries and to work with local officials to stamp out the evil. Through this daring plan he brought the fight against narcotics to the home grounds of international racketeers. Local au-

The ex-teacher explained that he had started using heroin when he began to go around with a theatrical crowd. In an effort to "kick the habit" he quit his job in Chicago and went to Los Angeles, where he obtained a teaching position. Two months later he was seized in a dope raid.

His teaching career was ruined. He became a social worker, but was arrested again in 1954. Later he served ten months in Joliet Federal Prison on a conspiracy charge in connection with narcotics. His occupation was listed as "chef" when he was seized in his latest arrest.

Judge Gibson Gorman, after three years presiding over the Narcotics Court in Chicago, the first court of its kind in the nation, had this to say regarding dope and crime:

"Every addict is a potential criminal, not by choice but by necessity. Narcotics addiction necessitates crime. As a rule the addict is a petty thief, but in many instances when withdrawal sickness begins to manifest its terrible consequences, he becomes desperate and commits a major crime."

Proof of the relationship of crime to narcotics addiction is evidenced in this report from the Narcotics Bureau of the Chicago Police Department for the first six months of 1956. These were the crimes with which the dope addicts were connected:

Pickpocket	Total
Shoplifting	29
Purse Snatching	175
Larceny From Automobiles	31
Attempted Larceny	199
	9



thorities co-operated very well, and many shipments of dope were stopped at their source.

With Egypt's seizure of the Suez Canal, and Britain's and the United States' proposals to internationalize the waterway, the importance of this gateway to the Western World is emphasized. If an unfriendly power were to seize control, we might expect an unlimited supply of illegal narcotics to reach our shores.

Sailors on ships are the favorite runners for dope, although drugs are also smuggled by plane. False compartments are sometimes built into ships by ship carpenters who have been bribed by members of dope syndicates. Dope is also smuggled by seamen on their persons or ingeniously concealed in ship's supplies, the ship's galley, etc.

Customs agents often intercept supplies of heroin and marijuana being smuggled across the border from Mexico. There are many small factories producing heroin and processing marijuana in picturesque little towns close to Mexico City. Many of the quaint, sleepy-looking natives earn a living transporting the drugs in innocent-seeming donkey carts. U.S. agents are always on the alert, but the borders are long and the agents' numbers far too few. One of the most decisive blows against the drug menace would be a large increase in the numbers of customs agents and treasury men assigned to this work.

It is generally accepted that China's participation in the Korean War was partially financed by the proceeds of illegal dope traffic, and that the growing and harvesting of the poppy and the export of opium have been major projects of the new regime in China. The purposes of this are twofold: money to strengthen the war and propaganda machine, and moral enslavement and weakening of the fighting potential of China's enemies.

On January 19, 1954, Commissioner Anslinger declared before the Senate Crime Committee that Chinese Communists had offered for sale on the world market five hundred tons of opium, far more than the legal requirements of the entire world for a year. Official trade reports from the Department of Commerce reveal that during 1952 Chinese Communists earned \$70,000,000 from illegal drug traffic in the U.S. About \$30,000,000 went to Peiping, with the remainder being spent in this country and Latin America.

The greatest number of addicts are male and fall within the military age bracket. In the semiannual report of the Narcotics Bureau of Chicago, covering the six months from January, 1956,



## HOME PORT

Solveig Paulson Russell

In the evening when the fishing boats  
Are tied up in the bay,  
There's a sort of peace that settles  
In a permeating way  
Across their tired old gallant hulks  
And moors them inta rest  
Till you know their lapping whisper  
Croons, "Home ports are best!"

to June, 1956, the following figures on ages of addicts were shown:

Age	Total
17 years	29
18	67
19	131
20	153
21-25	1,699
26-30	1,422
31-36	522
36-40	267
41-45	129
46-50	60
51 and over	74
<b>Total</b>	<b>4,552</b>

These figures are for six months only and do not include juveniles, which are boys under seventeen and girls under eighteen. Multiply the figures by a probable two for the rest of the year, add the pitiful statistics for 13-, 14-, 15-, and 16-year-olds, and you have a fear-inspiring picture of dope addiction in only one of the large cities of the United States. Los Angeles, Detroit, New York, and many large—and small—communities have comparable figures. In 1935 there were 165 minors arrested in New York City for dope addiction. In 1952, 15,000 dope addicts among minors were arrested in New York City, and the numbers are increasing every year!

Now do you begin to wonder at the attitude of those who pooh-pooh the idea that dope addiction among our young people is serious?

## PAST WITHOUT FUTURE

(Continued from page 26)

selves to Donna, approaching the present, became more vivid. She watched Dominic stagger into the house, smelled the alcohol that preceded and trailed him. She saw him hurl against the wall the food she had prepared for him, felt her cheeks and head sting under his fists, felt her bones crack under the impact of the brass book ends with which he hammered her fingers.

She saw him caper grotesquely into the bedroom, heard him screaming, "Ice cream, you miserable, miserable. Gi' me some ice cream! Can't you hear me? Ice cream—ice cream!"

Then she saw herself pulling the .38-caliber pistol from under the linens in the chest, walking into the bedroom where Dominic lay in a stupor on the edge of the bed. Intently she watched herself lift his head and press the revolver against his temple. How long did she hold the gun against his head until it barked and jerked in her hand and he rolled from the bed and fell to the floor? She wondered where all the blood that swirled under his face was coming from.

"Mother, the gun, put it down. Mother!"

She stared for a long time before she recognized that it was Michaelangelo. She lowered her eyes to see Dominic lying on the floor. The gun slipped

from her right hand. In her left hand was a card, wrinkled and yellow with age, the card Dr. Kimball had given her years ago. The nightmare had begun with her marriage and ended in this unconscious but violent act.

She tried to clasp all her children together in one desperate embrace. The Spositos from across the hall came in. They looked into the bedroom. In a moment Mr. Sposito closed the door slowly.

"Dominic's dead," he said.

"Dead, Dominic, dead?" Donna spoke with her fingers over her mouth.

Mr. Sposito closed his eyes. Donna fell into a chair. She held the wet faces of her children against hers. Then she cried, cried because she couldn't find tears in her heart for the man she finally realized she had killed.

Three months later a criminal court jury deliberated. After only an hour and a half, the nine women and three men returned to the jury box with a verdict. The foreman rose. He looked first at Judge Granville, then at Mrs. Donna Abrillo.

"We the jury find the defendant *not guilty*."

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## NUTRITION FACTOR

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(Continued from page 21)

of work is always less than that of nonchewing European miners. The favorable action against tiredness is not a mysterious capacity to increase the energy production, but is the result of a central nervous inhibition of the sensation of tiredness. Similarly the capacity of coca to stop the feeling of hunger is not the result of some nutrient value of the coca leaves, but is the result of central inhibition of hunger feeling.

The thesis that coca chewing is necessary for life in high altitudes is contradicted by the fact that there are quite a number of chewers also in the lowlands. On the other hand, in the Altiplano, there are many hard-working people who do not chew.

All writers agree that "the food of the Indians throughout the South American continent is defective and utterly inadequate to compensate for the energy used up by their daily work," and that "malnutrition is the main cause of the misery of the indigent population and the cause of coca leaf chewing."

The nutrition of the Indians of the Altiplano is mainly based on the quinoa, or pigweed. Its nutrient value, based upon rat experiments, is said to be as good as that of casein. Other foods are potatoes and beans. Very little meat



## COMING HOME TO ROOST!

**At least one out of every four traffic crashes can be laid at the doorstep of the tavern and what it sells. The driver of this car decided to make his crash the "self-deposit" variety.**

and no milk products are eaten. No fruit or vegetables are available on the Altiplano, but lately bananas are brought up on trucks and sold at the markets.

Observations which might lead to an analysis of the cause of coca chewing are the following:

Higher-paid Indian workers do not chew. Thus the workers of a textile plant in Cuzco, who worked on modern machines, were all nonchewers. In the laboratories of a metal factory many Indian laboratory assistants were all nonchewers. Even in the mines, where it is said that every miner is a chewer, those Indians who were at the most responsible posts, at the mine lifts, did not chew. Nor did the leading miner who handled the electric drill and blasted the ore with dynamite. He was highly paid and did not chew coca. No chewer would be accepted for such a post. Of course one might ask whether nonchewing is the expression of a primarily higher cultural status which makes the person adapted for higher quality work. However, the general impression is that they do not chew because they are well paid and better fed.

In contrast to this, the ordinary miners, whom we visited deep under the earth, hammering the ore out of the rock under difficult conditions, are all chewers, and if questioned as to why they chewed, they answered: "Because

then I am not hungry and tired, and not afraid."

Another group of nonchewing Indians are the 4,000 or 5,000 Protestants around Puno, on Lake Titicaca. They have been taught by North American missionaries not to chew. They have better and cleaner houses; they eat better and are generally on a higher social scale than the other Indians of the region who are all addicted to coca. One might say that they are better fed because they can use 25 per cent more of their income for food, which they have saved on coca. It is difficult to prove, however, that the better nutrition keeps them from coca chewing, because it might be the primary spiritual influence which acted on them and had the secondary consequence of better nutrition.

Of decisive value is information from the leading military doctor of Bolivia and by several other military doctors in Peru: Practically all recruits of Indian or mestizo origin are coca chewers. When they enter the military service they find that in the barracks and in service in general coca chewing is prohibited. But from the first day they are well fed and receive much more meat than they were used to. They stop chewing and even outside the barracks do not try to get coca leaves. They simply forget about it, as the doctors explained. After a few days the habit is given up, and consequently the efficiency of these men is much increased. The general explanation is that it is the result of the better nutrition. I have lately asked and again received confirmation on this observation from a Peruvian colleague.

The following experiment was briefly described by Dr. Vicente Zapata Ortiz from the pharmacological laboratory of the University of San Marcos, Lima. In Huancayo, in the Peruvian Altiplano, eight coca chewers were kept under careful observation for one week. They received abundant food, and "it was found that they spontaneously did not take coca. Their nutritional status became obviously better and their weight increased. When they were asked whether they wished to continue coca chewing and have poor food, or stop chewing and eat well, they all decided for the latter." No doubt better nutrition would cause coicism to disappear.

From the point of view of the nutritionist it is satisfactory to see that complete nutrition can abolish this dangerous habit, which becomes an addiction and has doubtless an unfavorable influence on the psychological state of the individual and the cultural evolution of a whole population.



## OPINIONS



### Teetotalers for Bartenders

"There are five bars with three bartenders working at each in Room 206, 2239 E. Colfax, [Denver], but the strongest drink you can get is a martini made of colored water.

"'Absolutely no alcohol is permitted on the premises,' says Donald Howe, who's in charge. 'We of the Waitress and Bartender School of Denver encourage our students to be teetotalers. Smoking is forbidden, too.'"—*Denver Post*.

### Drugged Driving

"Alcohol is closely related chemically to the important anesthetics, . . . chloroform, ether, ethylene. No one would seriously propose that a person partially anesthetized with one of these

#### BISHOP FULTON J. SHEEN SAYS:

**"It is unfortunate today that some regard alcoholism as a disease like cancer. It may end as a disease, but it begins with an act of will, namely to take a drink."**

drugs could be a safe driver. Alcohol resembles these drugs not only chemically, but pharmacologically—that's a nice way of saying that it affects the body in a similar manner. Alcohol is not a stimulant. It is a narcotic, anesthetic drug, whose principal effects are on the higher nerve centers in the brain."—W. W. Bauer, M.D., director of health education, American Medical Association.

### Propaganda Line of Beer Business

"Beer will have to win the status of a regular item on food-store shopping lists if brewers are ever to enjoy sales gains proportionate to the current business boom."—Fred. C. Selzer, Jr., market research development manager, *Los Angeles Times*.

### Emily Post—"Water, Please."

"I have always insisted that a hostess must have a nonalcoholic beverage for those of her guests who may not want a strong drink. However, if none is proffered, you cannot really ask for one. The only thing you can ask for is a glass of water. Then the hostess could say, 'Would you like some lemonade?' or whatever she might have that is nonalcoholic."

### Pay Their Own Bills

"The cost of rehabilitating the alcoholic should be borne in full by the liquor industry, which has shown no disposition to come to grips with the disgraceful social problems the public sale of their products has promoted."—Judge Stanley Pulaski, municipal judge, Chicago, Illinois.

### A Good Reason

"Whisky—I like it. I always did, and that is the reason I never use it."—General Robert E. Lee.

### "A Regular Guy"

Turning down three separate network offers for a show of his own, two by cigarette companies and one by a brewery, Pat Boone, A.B.C. performer and singer, said: "I realized these people wanted me because of my influence with teen-agers. I am personally opposed to both smoking and drinking and do not want to be responsible for influencing anyone else in taking them up." "I don't have to start drinking and smoking and cussing just to prove I am a regular guy."

### Other Side of Prohibition

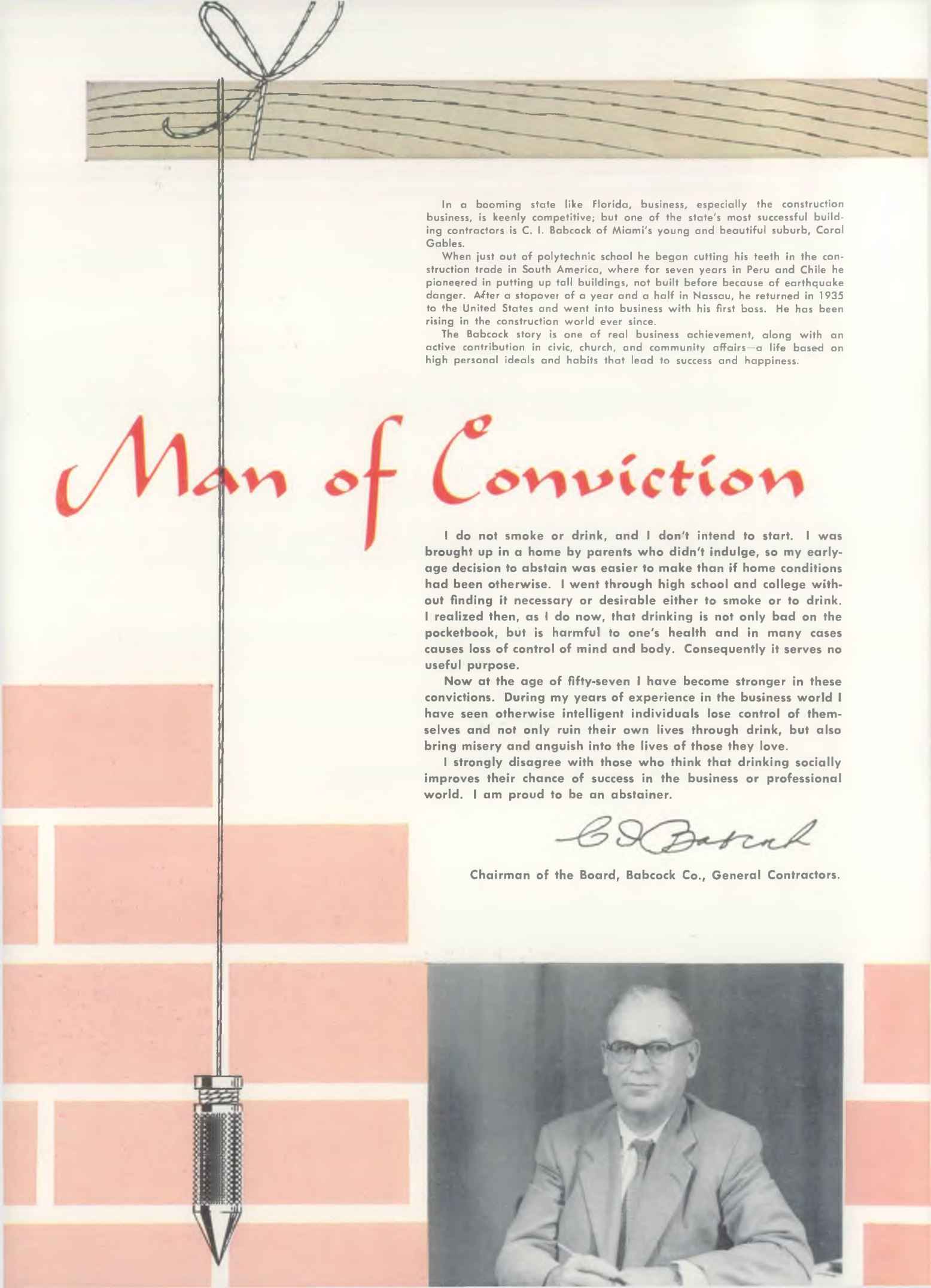
"The country would be better off if America should return to prohibition. There were no juvenile drinking problems during prohibition. There weren't so many winos. As for criminals, we have more of them today. The penitentiaries now have a record crop of convicts. The hoodlums are as bad as they were in the Chicago days."—C. D. (Red) Lindsley, supervisor of the Alcohol and Tobacco Tax Division for Wyoming and Colorado, and for thirty-three years a law-enforcement officer.

## ALCOHOL-- A MEDICINE?

**"There is scientific evidence that alcohol impairs the body structure, decreases the processes of immunization, diminishes the power of the tissues to heal, increases susceptibility to infection, and increases the mortality rate from pneumonia."—Dr. William Brady, medical columnist.**

**"Since alcohol cures no disease, it is not a medicine. It has no place in medical practice."—Dr. Howard Kelly, Johns Hopkins University.**

**"The medicinal value of alcohol has been disputed. But today with increasingly intelligent and fair study the verdict is certain. Little good can be said for alcohol as a medicine. Its worth seems almost nil. Even in emergencies when it might be of some help, modern physicians often have better remedies than alcohol. Moreover, its use as a medicine can involve grave danger. Dr. Carroll gives two instances of how liquor given as a medicine spelled ruin for two nurses. More significant still is his arraignment of physicians who 'think nothing of prescribing a little Scotch for the appetite, a warm toddy for indigestion, or—more dangerous—hot whisky for the monthly cramps of a neurotic woman, and a bedtime nightcap for sleeplessness. The list of entering patients who claim that their drunkenness was a personal contribution from their home physicians is disconcertingly long and humiliating to professional pride.'"—Joseph B. McAllister, S.T.B., Ph.D., associate professor of philosophy, Catholic University of America, Washington, D.C., in "What Price Alcohol?"**



In a booming state like Florida, business, especially the construction business, is keenly competitive; but one of the state's most successful building contractors is C. I. Babcock of Miami's young and beautiful suburb, Coral Gables.

When just out of polytechnic school he began cutting his teeth in the construction trade in South America, where for seven years in Peru and Chile he pioneered in putting up tall buildings, not built before because of earthquake danger. After a stopover of a year and a half in Nassau, he returned in 1935 to the United States and went into business with his first boss. He has been rising in the construction world ever since.

The Babcock story is one of real business achievement, along with an active contribution in civic, church, and community affairs—a life based on high personal ideals and habits that lead to success and happiness.

# Man of Conviction

I do not smoke or drink, and I don't intend to start. I was brought up in a home by parents who didn't indulge, so my early-age decision to abstain was easier to make than if home conditions had been otherwise. I went through high school and college without finding it necessary or desirable either to smoke or to drink. I realized then, as I do now, that drinking is not only bad on the pocketbook, but is harmful to one's health and in many cases causes loss of control of mind and body. Consequently it serves no useful purpose.

Now at the age of fifty-seven I have become stronger in these convictions. During my years of experience in the business world I have seen otherwise intelligent individuals lose control of themselves and not only ruin their own lives through drink, but also bring misery and anguish into the lives of those they love.

I strongly disagree with those who think that drinking socially improves their chance of success in the business or professional world. I am proud to be an abstainer.

*C. I. Babcock*

Chairman of the Board, Babcock Co., General Contractors.

