

PSYCHOLOGY

Users of Narcotics

Users of marijuana, benzedrine or cocaine are not addicted, but habituated, the specialists say, and there are no withdrawal symptoms when these drugs are withdrawn.

► NOT ALL users of narcotic drugs are drug addicts.

This is one of the popular misconceptions about drugs dispelled in a booklet published by the Committee on the Use of Narcotics Among Teen Age Youth of the Welfare and Health Council, New York. The booklet was prepared for the guidance of physicians and the public by Dr. Hubert S. Howe, chairman of the Subcommittee on Treatment, and Lynn Stratton Morris, secretary of the Committee on the Use of Narcotics Among Teen Age Youth and the Committee on Public Health Relations, New York Academy of Medicine.

In the booklet, methods of treatment for narcotic addicts to "get them off the drug" are brought together and described. Its title is "Treatment of Withdrawal Symptoms of Persons Addicted to Narcotic Drugs." (See SNL, July 3, p. 12.)

The user of marijuana, the pep drug, benzedrine, or cocaine is not addicted, but habituated to the drug in the language of specialists. These drugs are not addicting; there are no withdrawal symptoms when they are taken away from the user.

People habituated to large doses of barbiturates should never be treated by abrupt withdrawal, however, the booklet states. Some individuals abruptly faced with withdrawal of the barbiturate will have convulsive seizures. Gradual reduction of dosages over a week's time will prevent these "fits."

Use of even addicting drugs does not necessarily lead to crime, the booklet asserts. Those who have no difficulty in obtaining their drug, and to whom the cost is not a burden, do not as a rule constitute a danger to society. It is when the cost of the drug is beyond their means, as it usually is, that addicts may turn to crime for the drug money.

"Experts agree," the booklet states, "that narcotic users should not be judged by accepted moral standards."

The individual addicted to opiates or the synthetic pain relievers, except Demerol, can be spotted by the physician by their expressionless eyes. The eye pupils show no animation and do not dilate in the dark. They have been called "fish eyes" or "dead eyes." Cocaine, by contrast, causes dilation of the eye pupils.

Proof of addiction is in what happens when the drug is withdrawn. About 14 to 18 hours after the last dose, the addict begins to yawn. Then tears flow, the nose runs and he sweats. After 24 hours, pupils dilate and he has wave after wave of goose-flesh—origin of the term "cold turkey" for abrupt withdrawal.

Once the physician is certain his patient is a drug addict, he should make every effort to get him into an institution in order that the patient will have the proper treatment, the booklet advises.

Science News Letter, July 24, 1954

MEDICINE

Heat Danger Signal

► DURING HEAT waves, watch out for sudden stopping of sweating. Doctors have found this is the most important warning sign of impending heat stroke.

If it appears, get the person to bed and make him as cool as possible. Urge him to drink lots of water. If sweating does not start soon, call a doctor.

Drinking lots of water is important during hot spells because when you perspire, you lose water from your body. Studies made a few years ago showed that taking a drink of water regularly every hour helped people keep up efficiency and avoid fatigue during hot weather.

Loose fitting clothing of porous or mesh weave is best for hot weather because it helps let the heat escape from the body.

Heat stroke is the most serious of the three conditions that result from extreme summer heat. The other two are heat cramps and heat exhaustion. "Sunstroke"

may be either heat exhaustion or heat stroke.

When a person is overcome by heat, lose no time in calling a doctor.

Heat cramps do not end fatally. Heat exhaustion comes when the circulation in small blood vessels fails. Normal persons do not usually die directly from heat exhaustion, especially if removed from the excessive environmental heat. However, old persons, those sick with weakening diseases and those with impaired circulation may have their deaths hastened by heat exhaustion.

Heat stroke results from failure of the sweating mechanism, through involvement of a part of the brain called the hypothalamus. Heat stroke alone may be responsible for deaths caused by excessive heat in previously normal persons.

Symptoms of heat stroke include headache; red face; hot, dry skin with no

sweating; strong and rapid pulse; very high body temperature and usually unconsciousness.

Symptoms of heat exhaustion include pale face; moist, cool skin with profuse sweating; weak pulse; low temperature and sometimes nausea, vomiting and giddiness.

Treatment for heat stroke is get the patient as cool as possible by removal to a shady spot, sprinkling with water, removing most of his clothes. Treatment for heat exhaustion is to get the patient warm by covering with a blanket, and give him such stimulants as warm tea or coffee, or smelling salts.

Science News Letter, July 24, 1954

DERMATOLOGY

Cortisone Effective for Severe Skin Disorders

► CORTISONE, USED effectively in the treatment of rheumatoid arthritis, can help patients with severe and distressing chronic skin diseases, two New York physicians report in the *Journal of the American Medical Association* (July 10).

This use of cortisone in many cases prolonged the life of patients with skin disorders ordinarily considered fatal. It brought relief and rehabilitation to other patients suffering from chronic diseases that ordinarily would incapacitate them.

Four years' experience by Drs. Marion B. Sulzberger and Victor H. Witten shows that those being treated did not acquire resistance to the drug, and that there was no need of continued increase in the dosage. Neither was there any addiction to the drug.

In most cases, the amount given could be progressively decreased and the disease was kept under control while the patient was being slowly weaned from the hormone.

The disorders treated were first, those not ordinarily fatal but in their severe forms often ruinous to life, such as severe atopic dermatitis or exfoliative erythrodermas or exudative discoid and lichenoid chronic dermatoses, and second, the ordinarily finally fatal but often chronic dermatoses, such as various forms of pemphigus, and acute disseminated lupus erythematosus.

Science News Letter, July 24, 1954

MATH IS FUN

By Joseph Degrazia, Ph.D.

Here is a treasury of brain-teasers. You need not be a mathematical genius to solve these problems and puzzles. What you need is to know how to THINK LOGICALLY—how to REASON. This is practically a "course" in applied logic and reasoning—besides being an immense amount of fun that will keep you absorbed for many hours. You will find not only that MATH IS FUN, but also that learning math can be fun!

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