# Awake!

# MEDICAL EXPERIMENTS and Your Health

JUNE 8, 1968

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News sources that are able to keep you awake to the vital issues of our times must be unfettered by censorship and selfish interests. "Awake!" has no fetters. It recognizes facts, faces facts, is free to publish facts. It is not bound by political ties; it is unhampered by traditional creeds. This magazine keeps itself free, that it may speak freely to you. But it does not abuse its freedom. It maintains integrity to truth.

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Awake!
"It is already the hour for you to awake."
—Romans 13:11

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# Your Health— THE RESPONSIBILITY OF MORE THAN ONE

WHAT a blessing good health is! There is so much that can be accomplished, so much that can be achieved, so much that can be enjoyed when one is blessed with good health. However, sad to say, all too often good health is taken for granted until it has been lost or seriously endangered. Then it is but natural to hasten to the doctor for help.

But the matter of your health is not just the responsibility of your family doctor; it is your responsibility too. While heredity has a bearing on your health, even more so does environment, or how you conduct yourself. If you keep on violating the principles of good sense repeatedly and then go to your doctor for some pills, are you not asking for trouble sooner or later?

Besides, by doing so you may well be laying yourself open to be used as an object of medical experimentation, of which the press has had much to say. The manufacture of drugs is a commercial business, not an altruistic calling, and manufacturers are continually deluging the medical profession with new products. By your urging the doctor to give you a pill for fast relief, when what you need is sleep or more moderate habits, you may well become a party to medical experimentation.

After years of dependence upon pills you may next become the subject of surgical experimentation, which subject has arisen because of the recent heart transplants. According to *Science News*, March 9, 1968, the Board of Medicine of the National Academy of Sciences stated that even in the most extreme cases, when no other remedy is available, the procedure of heart transplants "must be viewed clearly for what it is, a scientific exploration of the unknown."

All of which underscores the responsibility the physician and the surgeon have by reason of their unique position of trust. People come to them in need of help and so are ready to put their trust in them. But these men are subject to the failings of mankind even as are others. What will they do? Will they put the interests of their patients first, or will they risk the patient's well-being for the sake of personal advantage, either in knowledge or of money?

What will govern their decisions? Should it not be the "golden rule"? Surely! We cannot improve on the maxim:

"Just as you want men to do to you, do the same way to them." By heeding that rule, neither the patient nor the doctor is likely to have cause for complaint. But, unfortunately, as is true of mankind in general, so too in these professions, not all are always governed by that rule, even as the following article shows.—Luke 6:31.

# Misuse of Humans for MEDICAL EXPERIMENTS

A BROOKLYN lawyer of international reputation was greatly disturbed. He had a philanthropic bent of mind and heart, as can be seen by his being one of the founders of the Jewish Chronic Disease Hospital of Brooklyn and for some thirty years one of its active directors. What had so greatly disturbed him? The resignation of three young doctors from this hospital. They had resigned rather than take part in certain cancer experiments that were to be made upon twenty-two aged and largely helpless invalids.

This director appealed to fellow members on the hospital board, but they turned a deaf ear. It was necessary for him to carry his fight against stiff opposition all the way up to the Supreme Court of the State of New York for him to get the right to investigate the matter. Upon his gaining this victory others interested themselves in the case, including the Medical Grievance Committee of the New York State Board of Education, which deals with questions of professional standards such as those of doctors and lawyers. What did it find?

In brief, it found that one of the foremost leaders of cancer research in the United States, a doctor associated with a number of the country's most respected medical institutions, had arranged for live cancer cells to be implanted in twenty-two aged chronic invalids without their knowing what it was all about.

Previous research with prison volunteers had established that a healthy organism generally rejects these live cancer cells quite quickly; also that the bodies of cancer patients reject them much more slowly. Now Dr. Southam wanted to satisfy his curiosity as to whether the cancer patients rejected live cancer cells much more slowly than others because they had cancer or because their bodies had been weakened by cancer. So through a friend he arranged to make human guinea pigs of these twenty-two old folks, nineteen of

whom were debilitated from causes other than cancer. They were not told that what was being injected in them were live cancer cells. Some were deaf, or so far advanced in debility, or so suffering from nervous afflictions and senility that they could not possibly have understood what it was all about if they had been told the truth. It was also all done in a great hurry. A few months later one of these died from cancer of the bladder.

Did the hospital director have good reason to be disturbed at what had taken place? He most certainly did, as can be seen by the statements of the officers investigating the case. Said one of the members of the three-man Medical Grievance Committee: "I am extremely concerned with the fact that these chronic, debilitated, sick patients were hurriedly and unexpectedly confronted with a verbal description of a technical procedure which, even to a normal, educated, intelligent, and healthy person, would have been inadequate and untruthful. This is fraud and deceit. I also believe that the omission from the hospital charts that these patients were injected with live cancer cells constitutes fraud and deceit. I further believe that the rights of these patients and their families were violated by the respondents . . . who resorted to trickery, false statements and deliberate deception."[1]

The chairman of the committee stated: "Every human being has an inalienable right to determine what shall be done with his body. This without regard as to whether he be confined to a penal institution, or free, or whether he be healthy or debilitated or confined to an institution or a hospital." If the patient is physically or mentally unable to do this, his "nearest of kin must be accorded the right to make this decision."[1]

The chairman of the New York State Board of Regents' Discipline Committee handling the matter, Dr. J. W. McGovern, ruled: "A patient has the right to know he is being asked to volunteer and to refuse to participate in an experiment for any reason, intelligent or otherwise, well-informed or prejudiced. A physician has no right to withhold from a prospective volunteer any fact which he knows may influence the decision. It's the volunteer's decision to make and the physician may not take it away from him by the manner in which he asks the question or explains or fails to explain the circumstances."[1]

### *Seek to Justify Selves*

How did these medical experimenters seek to justify themselves? By claiming that to tell these patients that they were being given live cancer cells would have needlessly alarmed them. Also, they contended that previous experiments with healthy subjects, as well as cancerous ones, had shown that the body rejects such cancer cells. The doctors further claimed that there was no likelihood of harm from these injections, although one of the patients did die later of cancer. However, since it could have been that the patient who died had cancer without its being known before he was injected with live cancer cells, the Grievance Committee made no issue of it.

Since the medical experimenters minimized the risk, Dr. Southam was asked whether he and his colleagues had ever injected live cancer cells into themselves. He replied that they had not because "there are relatively few skilled cancer researchers and it would be stupid to take even a little risk."[2]

That there is, indeed, risk is testified by authorities on cancer research. One of these has said: "The known hazards of such experiments include growth of nod-

ules and tumors and may result in metastasis [spreading growths] of cancer if the patient does not reject the cells."[2]

### *'Almost Universal'*

Dr. Southam and his colleagues could also have tried to justify themselves by stating that what they did was not entirely unusual. In this they would have been correct, for others in medical research are doing the same thing. Concerning this unethical experimentation on humans, Dr. Henry K. Beecher of the Harvard School of Medicine wrote: "What seem to be breaches of ethical conduct in experimentation are by no means rare, but are almost, one fears, universal." (By this he meant, as he himself later explained, that such experiments are taking place in all the various kinds of medical research, surgical, medicinal and psychiatric.) "Ethical errors are increasing, not only in numbers, but in variety, for example, in the recently added problems arising in transplantation of organs."[3]

Previously Dr. Beecher told of fifty cases appearing in the medical press in which such breaches of medical ethics had been made over a period of years. He gave the details of only twenty-two of them because of the limits of space, it being at that a lengthy article. Among these were one in which twenty-five young soldiers needlessly acquired rheumatic fever and another in which twenty-three patients unnecessarily died of typhoid fever.[4]

How dangerous such experimentation can be is seen from the experiment made with twelve premature infants. Six of them were placed under high oxygen and six under low oxygen. All the infants placed under high oxygen became permanently blind. Was this necessary? Absolutely not, for "a series of reports from medical centers appearing in widely distributed medical journals called attention to the apparent association between high oxygen exposure and the subsequent development of irreversible blindness in premature infants. The evidence was statistical but sufficient to cause those who made the observation to suggest that this kind of treatment should be avoided."[5] Then was it necessary to blind six persons for life to verify this evidence? Where is the fellow feeling? Where is the empathy?

Speaking out against unethical experimentation in England is Dr. Pappworth. In his book *Human Guinea Pigs* (1967) he tells of the many experiments made on humans, to their great harm, often, as in the foregoing, simply to confirm what was already known. He cites instance after instance of experiments, without knowledge or consent, on infants and children, pregnant women, mental defectives, prison inmates, patients awaiting operations and on the old and dying.

### *The Attitude of the Profession*

The New York State Board of Regents, in dealing with the cancer experiment case, stated that "some physicians believe . . . the patient's consent is an empty formality. With this we cannot agree." But this attitude is so widespread that one lawyer in the case asked: "If the whole profession is doing it, how can it be called 'unprofessional conduct'?"[6] And according to Dr. Pappworth, "the vast majority of the medical profession are either genuinely ignorant of the immensity and complexity of the problem or wish to purposely ignore the whole matter by sweeping it under the carpet." He also tells that Nazi doctors on trial at Nuremberg tried to justify their shocking experiments on Jews and others by citing examples of unethical American experiments. This, however, availed them nothing.

That the attitude of some in the medical profession is to ignore these abuses

can also be seen by a directive issued by the United States Surgeon General Dr. William H. Steward, February 1967. He found it necessary to order that "all institutions receiving grants from Public Health Service for clinical research must set up" panels to see to it that researchers do not conduct improper experiments.[7] Many of these experiments subject the patient to "a risk-posing procedure that cannot conceivably benefit him."[8] It is rare that doctors involved in such experiments are tried and found guilty. When they are, the penalties are often light. Thus Dr. Southam and his colleague were simply put on probation, for one year, for 'fraud, trickery and deceit.'

Disconcerting to many is what happens to those who dare speak out against such abuse. For daring to do so in connection with the experiments made at the hospital that he helped found and of which he was one of the directors, lawyer William A. Hyman was rewarded with loss of his position as one of its directors!

***Scientific Knowledge or Compassion?***

One of America's leading psychiatrists once stated that the kind of a man a psychiatrist was was more important than what he had stored up in his head. No question about it, for the average patient compassion on the part of his physician is as desirable as scientific knowledge. "What he is affects the patient more than what he does."[9] The Nuremberg Court decreed death sentences for seven Nazi physicians and prison sentences for nine others who had experimented upon humans. Included among these doctors were "outstanding men of science, distinguished for their scientific ability in Germany and abroad, . . . exemplifying in their training and practice alike, the highest traditions of German medicine."[10]

The result of these trials was the Nuremberg Code, consisting of ten rules. First and most important was the rule that only those who were volunteers in the fullest sense of the word, and who were fully informed, could be used for human experiments. Secondly, that only such experiments as held promise of benefits not obtainable in any other way were to be performed on humans. Thirdly, it ruled that all experimentation on humans must first be preceded by experiments on animals. (Hitler had banned animal experimentation but had no objection to the shocking experiments that Nazi doctors performed on the Jews and other concentration-camp inmates.) Among other rules was the one that all unnecessary suffering was to be avoided.

Discussing this subject in the *Journal of the American Medical Association,* Dr. H. K. Beecher wrote: "It is clear that many published studies should never have been undertaken in the first place. . . . A particular pernicious myth is the one that depends upon the view that the end justifies the means. A study is ethical or not at its inception. It does not become ethical merely because it turned up valuable data. Sometimes such a view is rationalized by the investigator as having produced the most good for the most people. That is blatant statism. Whoever gave the investigator the godlike right of choosing martyrs?" He concluded by observing that the patient's "great safeguard in experimentation as in therapy is the presence of the skillful, informed, intelligent, honest, responsible, compassionate physician. And one hopes and believes these are in the majority."[11]

In regard to medical ethics Dr. Irvine H. Page, Director, Research Division, Cleveland, Ohio, Clinic, and editor of *Modern Medicine,* had an interesting observation to make. Among oth-

er things, he stated that medical ethics "depend importantly upon the starting point, whether it is religious, existentialist or materialist . . . If there is an expert on medical ethics, we need him badly, but I suspect he is nonexistent."[12] But he is not nonexistent. Jesus Christ, who was raised from the dead, even as testified by many eyewitnesses, is the expert on all ethics, medical, legal, political, economic, social and domestic. He summed up ethics in what is generally called the "golden rule": "Just as you want men to do to you, do the same way to them."—Luke 6:31.


**ARTICLES IN THE NEXT ISSUE**

The Ouija Board—Harmless Amusement or Deadly Threat?

Summer Is Year's Happy Time!

Be My Guest for a Day at Gilead.

So You're Going to Move!


### *The Golden Rule*

This is not just a layman's view. Dr. Beecher said that what was needed was "a firm application of the Golden Rule."[3] And Professor of Medicine at the Oxford Medical School, London, Sir George Pickney stated: "The experimenter has one golden rule to guide him as to whether the experiment is justifiable. Is he prepared to submit to the procedure? If he is, and the experiment is actually carried out on himself, then it probably is justifiable. If he is not, then the experiment should not be done."[13]

This suggestion is not at all as radical as some might think. There was professor of surgery, Dr. Werner Forssmann, of Duesseldorf, Germany, who was presented with the Noble Prize for Medicine in 1956, for the method of heart catheterization that he had discovered or invented in 1929. Against the strenuous objections of his superiors, he used his catheter method of heart diagnosis first upon himself; it requiring the feeding of a long tube from the elbow into the heart.[14]

Similarly the physiologist wife of Dr. Fritz Fuchs, of New York, learned from experiments that alcohol given to animals intravenously shuts off the hormone that causes the labor contractions that result in birth. So when she found herself having premature labor contractions during her fourth pregnancy, she used this method on herself. She thus became the first human on which this was tried. It worked and now is recognized standard procedure in a number of hospitals, although the method has yet to win general acceptance.[15]

Of course, this does not mean that just because a doctor is willing to experiment on himself such experiment should be performed on someone else.

No question about it, important as scientific knowledge is, human compassion is even more important. Application of scientific knowledge without human compassion calls to mind the poet's words: "Grace abused brings forth the foulest deeds; just as the richest soil, the most luxuriant weeds." Bible principles are not only just, but they are wise and loving. Those who live by them are not only happy but also spread happiness to others!


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# What Kind of Doctor Treats You?

WHAT kind of doctor do you like to think that your doctor is? One who is greedy for selfish gain? One who is more interested in research than in people? Hardly! Rather, you would like to think that your doctor is a man of principle, who believes in doing to others as he would have them do to him; one who gets satisfaction out of helping people; in short, a doctor who is compassionate.

Compassion has been defined as "a feeling for the sufferings of others" together "with the urgent desire to aid." Surely it should be a basic requisite of all who would alleviate the sufferings of humanity, be they general practitioners, surgeons, specialists, chiropractors or psychiatrists.

The greatest Teacher and Healer ever to walk the earth, Jesus Christ, the Son of God, was truly compassionate. Concerning him the Bible says that "when he saw the crowds, he had compassion for them, because they were harassed and helpless, like sheep without a shepherd." (Matt. 9:36, *RS*) On another occasion, on seeing friends and relatives mourning the death of Lazarus, Jesus was so touched that he himself "gave way to tears." No question about it, he had empathy; he was able to enter into the spirit and feeling of people around him. He was compassionate, keenly desirous of helping them. What he himself preached, he practiced. "All things, therefore, that you want men to do to you, you also must likewise do to them." —John 11:35; Matt. 7:12.

### *Is He Greedy for Selfish Gain?*

Probably the greater part of those in the healing professions manifest to an extent the fine qualities of doing to others as they would have others do to them and of showing compassion. However, even as some who were supposed to look after the people's welfare in the first century were greedy for selfish gain, so today. (Luke 16:14) There is, of course, nothing wrong with earning a comfortable living while bringing relief to ailing humans. But it is something else for anyone to exploit the suffering

and misery of others for the sake of selfish gain, as when an unnecessary operation is recommended or performed, or a very simple operation is presented as having been a very complex and serious one. Doctors who do these things might rationalize their course by noting that ever so many people today are motivated by greed for selfish gain, and in a way this may largely be true. But is it doing to others as one would have them do to one? Far from being compassionate, is it not betraying a patient's trust?

That such men are not as rare as one could wish is apparent from the fact that repeatedly men in the medical profession itself feel the need to speak out against such abuses. For example, there are the books *The Interns* (1965), *Deplorable Doctors* (1965) and *The Healers* (1967). In the latter book the author, a gynecologist of long standing in United States medical circles, gives many instances of the greed of some of the men in the medical profession.

The latter two books are to be found in the library of the New York Academy of Medicine, which is careful of the kind of books it supplies to its members. And what is even more disturbing about these books is the fact that their authors feared to identify themselves. The books were written either under admitted anonymity, such as by "Dr. Anonymous," or under a pseudonym, that is, a fictitious or pen name. Regarding the revelations contained in the book *The Healers,* it was reported that "many doctors would like to speak out against bad practices but none felt able to do so without fatally compromising his career with the medical establishment."

No question about it, in the healing profession, whether orthodox or unorthodox, there are those whose chief concern is, not helping people get well, but selfish gain.

### *Is He Too Much Fascinated by Research?*

Also lacking in empathy and compassion, though undoubtedly less censurable than the foregoing, are those doctors with whom their practice is more a matter of the mind than of the heart. These are the healers who are overly fascinated by the scientific search for knowledge. For them this quest seems to be an end, rather than a means to the end of bringing relief to suffering humanity. These men become more fascinated by theories and experiments than by the prospects of doing good. It might be said that these men belong more in the scientific laboratory than in a hospital or doctor's office or at a patient's bedside.

Concerning this tendency among some modern doctors, the British physician Pappworth says in his book, *Human Guinea Pigs:* "The degree to which antihumanism dominates modern medicine can be judged by the significant fact that in most medical reports of patients having been submitted to experimentation, the patients themselves are collectively described as 'the material.'"

No doubt adding to the fascination of research for some is its rewards. Thus Dr. H. K. Beecher urged that experiments that violated patients' rights be denied publication in medical journals. Why? To discourage overeager young researchers out to make a quick name for themselves. "Every young man knows that he will never be promoted to . . . a professorship in a major medical school unless he has proved himself as an investigator."—New York *Times Magazine,* July 2, 1967.

A typical case of this appeared in the press as recently as March 20, 1968. Mr. Richard Doyle, a special agent for the New York State Investigation Commission reported: "I found that there were five [research] projects at Coney Island Hospital that did not have the necessary

approval of the Commissioner of Hospitals. They all involved patients." He also found that "a chief of service at Coney Island spent 100 percent of his time on research, according to grant applications filed by the physicians. Another physician spent 80 percent of his time on research. Both physicians are required by their city contracts to supervise their departments."—New York *Times*.

***The Compassionate Physician***

How different from the foregoing is the doctor who is compassionate! He does not let the desire for selfish gain interfere with his ministering to his patients. He does not view his patients as objects for experimentation. Instead, he has empathy, he is able to put himself in the place of his patients and to think and feel as they do. He therefore gives to his patients the impression that he truly does care, and he *does* care. He will take the time needed to get an adequate case history, will take time to listen to his patient's complaints, will do his best to explain to his patient how he sees the problem and what he recommends and why. He will see his patient as a whole and not merely view him as a case of this illness or that. He is not reluctant to make a house call if need be, knowing it may well help him to understand his patient better. In times past this type of doctor was far more often to be seen than now.

That there is a tendency for some young physicians to veer away from this role of being a compassionate friend is recognized by the "old-timers" in the profession. Both in private and in the medical press they speak out against it. Thus *Medical Economics*, said by some to be the medical journal having the highest circulation, in its issue of November 1966, carried an article entitled "Can We Teach New Doctors Compassion?" Then later it stressed the point again with a reproving title, a statement made by a patient who had lost her husband: "The Doctor Just Didn't Seem to Care!" Among the points made by the veteran practitioner were: "Compassion, I like to think, has helped many of my patients in their bouts with sickness." Often a sick patient needs emotional companionship.

This type of doctor is ready to cooperate with the Christian witnesses of Jehovah in their scruples against taking blood transfusions because of the Scriptural injunction: "Keep yourselves free from . . . blood." (Acts 15:29) Concerning this problem, *Inside Baylor Medicine*, No. 2, 1968, had, among other things, the following to say: "The challenge of religion versus medicine has been well met, and much has been gained. Doctors have learned that they may be called upon to modify their management of a patient's illness when there are factors more important to the patient than his own health or even his life. The patient's ideals and honor must be respected. Sometimes, as in the case of surgery for Jehovah's Witnesses, the modified procedures developed can be of wide benefit to other patients."

The great Teacher who commanded that we do to others as we would have them do to us, also wisely observed: "There is more happiness in giving than there is in receiving." All doctors who show empathy and compassion, as did the open-heart surgeons at the Baylor University School of Medicine, can hope, in one way or another, to realize the truth of that principle.—Acts 20:35.

# Experimenting with Transplants NOT NEW

TRANSPLANTS are not new. For about a hundred years now surgeons have been experimenting with them. Not even heart transplants are new. What is new is experimenting with transplants of hearts from one human to another.

A now-growing number of patients have received "new" hearts. On December 3, 1967, at the Groote Schuur (the name means "Big Barn") Hospital in Cape Town, South Africa, two surgical teams performed the first experimental human heart transplant. They took the heart of dying Miss Denise Darvall, who had been fatally injured in an auto accident, and transplanted it into heart patient Louis Washkansky, a grocer fifty-five years old. First reports were optimistic, but Washkansky died after eighteen days.

On December 6 Dr. Adrian Kantrowitz at the Maimonides Hospital, Brooklyn, New York, replaced the fatally defective heart of a two-and-a-half-week-old baby boy with the heart of a three-day-old baby boy who had been born with a fatal brain defect. "All vital signs appeared favorable. But inexplicably, 6 and ¼ hours after closure, the transplanted heart ceased to beat."[1]

On January 2, 1968, Dr. C. Barnard, in South Africa, performed his second heart transplant. He gave a fifty-eight-year-old retired dentist, Dr. Philip Blaiberg, the heart of a "colored" (racially mixed) man, Clive Haupt, who was dying of a brain hemorrhage. Blaiberg was dismissed from the Groote Schuur Hospital two and a half months after the operation and at latest reports is writing a book about his experience.

On January 7 Dr. N. E. Shumway at Stamford, California, transplanted the heart of Mrs. V. White, who died of a massive brain hemorrhage, into Mike Kasperak, aged fifty-four, who was seriously ill with a very faulty heart. He survived two weeks and then died of a series of complications.

On January 16 Dr. Kantrowitz performed his second heart transplant, a nine-hour operation, taking the heart of Miss Helen Kouch and transplanting it into Louis Block, a heart patient. "The donated heart was too small to handle Block's circulation and Block died hours after surgery."[2]

The sixth heart-transplant operation took place in Bombay, India, on February 16, 1968, when Dr. P. K. Sen and his forty-five-man surgical team took the heart of a nineteen-year-old woman who was scarcely alive after a fall and transplanted it into a farmer suffering from a fatal heart malady. Dr. Sen said "the op-

eration was technically successful, but death came three hours later from a lung infection."[3]

On April 28 at the Hospital de la Pitie, Paris, a team of surgeons performed the seventh heart-transplant operation. They took the heart of accident victim, 23-year-old Michael Gyppaz and transplanted it into retired 66-year-old Clovis Roblain. He died 51 hours later, not having regained consciousness.

Since then, reports of more of these operations have continued to be made.

***Fires Imagination of Public—But***

The first heart transplant (from human to human),* performed by Dr. C. Barnard, was hailed in the press as "The Heart: Miracle in Cape Town." It was further described as "opening a new era in medicine." Doctor and patient alike, it was said, "have been catapulted irrevocably into a new transplant age by the Cape Town operation."[4]

On the basis of his apparently successful operations, Dr. C. Barnard became an international celebrity overnight. He visited the United States and its president and appeared on TV. Later he took a tour in Europe. Two colleagues accompanied him, and he took along a Cape Town fashion photographer to make pictures for his coming autobiography. During his interview with Pope Paul VI, Dr. Barnard expressed concern about the moral aspects of heart transplants. The pope, however, assured him, saying: "I bless your achievement, and I invite you to proceed along the same road, as you have until now."[5]

Sensational as this news seemed to be, it was by no means met with equal enthusiasm by leaders in the medical profession. For one thing, many were highly critical of the publicity connected with it. Thus Dr. P. M. Spear, Director of Medicine of a leading New York City medical institution, complained:

> "It is indeed unfortunate that my surgical colleagues in South Africa, Stanford and Brooklyn have succumbed to the blandishments of publicity. Neither the interests of medicine nor of the public are served. . . . Such premature reports of medical research can only serve to raise false hopes in thousands of victims of intractable heart disease. It would be closer to the highest scientific traditions of the medical profession to . . . refrain from making grandstand plays to the public until there is more solid accomplishment upon which action can be based."[6]

Even stronger criticism was voiced by many, especially heart surgeons, on the basis that heart-transplant operations at this time were altogether premature. Thus Dr. J. Ankeney, surgeon at the Western Reserve University School of Medicine in Cleveland, stated: "Tremendous interest has been built up in something that hasn't been proven. . . . I think there are many physicians in the country that are disturbed by what's going on."[7] Dr. C. P. Bailey, one of America's foremost open-heart surgeons, stated that heart-transplant operations were at least a decade premature. And one of Canada's leading heart surgeons, Dr. Jacob Horowitz, said: "I don't think it is moral to experiment on humans . . . I don't think they will last. . . . There are just too many tissues that can reject the heart. Transplants have never really been successful on animals. Why should doctors try the same thing on humans?"[8]

In a similar vein are the observations of Dr. G. E. Burch, president elect of an American association of heart surgeons: "I would not select any patient for a cardiac transplant, because once you take his own heart out, you know he's going to die."[9] And said Dr. Werner Forssmann,

* In 1964 Dr. J. D. Hardy took the heart of a chimpanzee and transplanted it into a very sick man. The operation was "technically successful" but the patient died after two hours.

one of Germany's leading heart surgeons and a Nobel Prize winner, regarding heart transplants: "Unethical. Medically unsound. Criminal."[7] Many voices have also been raised against heart transplants in Great Britain, and the medical profession in Russia has so far refused to have anything to do with human heart transplanting.

***Experimenting with Transplants***

Why have so many voices been raised, not only objecting to the undue publicity, but also stressing that heart transplants are premature? Because the problem is not primarily technical but biological. What does that mean? In brief, it is easier by far to transplant a heart than it is to keep the patient alive for any length of time after the "technically successful" operation.

Thirty-eight years ago a leading Canadian heart surgeon, Dr. J. Markowitz, performed a successful heart transplant from one dog to another. The dog that received the heart transplant remained alive for six days. In the past three years Dr. Barnard performed this operation on fifty dogs, so as to perfect his technique. Yes, "long before they operated, the surgeons who have performed heart transplants knew that the actual surgery, though tedious and difficult, would be the easy part."[8]

Then why wait so long? Why did not Dr. J. Markowitz at once proceed to transplant hearts from one human to another? Because of what has been termed the "double-edged threat of rejection and infection." As another leading United States heart surgeon put it: "Until we overcome the fantastic problem of immunity, we'll have a tremendous mortality rate from transplants. So, until we improve the state of the art, I say the risk is too great."[9] And while Dr. C. Barnard gave a lecture at the meeting of the American College of Cardiology insisting that his operations were not premature, the fact remained that all the dogs on which he performed heart transplants died within a year.

What is this "fantastic problem of immunity," this 'double-edged threat of rejection-infection'? Simply this, that the Creator endowed the body with various powers to protect itself from invasion by foreign bodies. Among these are the phagocytes, white corpuscles in the blood that devour harmful bacteria. Another is the formation of antibodies by which the body rejects all foreign tissues, known as the principle of immunology. The forces of immunology or rejection can be weakened by means of certain drugs, but it appears to be impossible to weaken the forces of rejection without also weakening the body's defense system against invading bacteria. It appears that Dr. C. Barnard has had a measure of success in balancing these opposing forces, as is apparent by his second patient's being alive after several months.

This problem has been plaguing surgeons ever since they began, in the latter part of the nineteenth century, to graft skin from other persons onto patients who had been badly burned. It was found that while the patient's own skin or that of an identical twin "took," if the skin came from some other person the body sooner or later rejected it. By the time of World War I these facts had been firmly established, but it was first thirty years later that it was learned *why* the body rejects foreign tissue, because of the principle of immunity, a defensive process.

With skin grafts this has not been too great a problem for two reasons. The body usually tolerates these longer than other grafts. And then, too, their need is generally only temporary, until the body again grows its own skin. Also in a slightly more

favorable position than other kinds of transplants are those of the cornea, the outer shell of the eye, as it were. It is reported that about 3,000 of such corneal transplants are performed each year in the United States alone. These are taken from deceased persons and must be removed within three hours after death and utilized within tweny-four hours. It is said that the measure of success they have enjoyed has been largely due to the fact that the cornea has no blood vessels—or the pupil could not have unobstructed vision through it. The oxygen and nutrition the cornea needs are absorbed from adjoining tissues or membranes.

Even though thousands of corneal transplants may be performed each year, the results still leave much to be desired, even as can be seen from the following sobering report: "Poor Ratio of Success in Eye Transplants. Much excitement surrounds the successful transplant of an eye cornea and the restoration of human vision. But the sequel is seldom told. Forty percent of corneal transplants do not remain transparent and thus are eventually unsuccessful." Regarding this factor the report quoted Dr. David Patton, associate professor of ophthalmology at Johns Hopkins University School of Medicine, as saying: "The relative few dramatic successes with graft and protheses [artificial grafts] overshadow the deficiencies in grafting techniques and the dearth of knowledge as to how foreign tissues and substances can be made to form a compatible union with the cells of the patient's eyes."[10]

Among other kinds of transplants surgeons have been experimenting with are those of the organs of the body. There have been several transplants of lungs; in one the patient lived for eighteen days, in another, for seven days. There have also been transplants of the spleen and of certain of the glands. As of this writing three baby girls, two years old or less, have transplanted livers, one as long as nine months.

Far more frequent have been kidney transplants. Throughout the world a total of 1,200 of these have been performed, and it is estimated that between 600 and 700 of these are still alive. But here again there is a sobering side to the story. According to a late report, the kidney transplant "procedure remains experimental, with less than a 50-50 chance of functioning more than a year if a related donor is used." Actually 43 percent of kidneys taken from close blood relatives are functioning after one year, but only 19 percent of kidneys taken from unrelated persons and only 10 percent of kidneys taken from persons having just died. (Miss Denise Darvall furnished not only a heart for Louis Washkansky but also a kidney for a ten-year-old boy.)

Because of the high risks involved one of the leading kidney transplanters in the United States, Hume, for the past three years has refused to transplant any kidneys from unrelated donors. And *Science News,* July 15, 1967, told that the nurses at Aarhus Hospital, the only one in the Netherlands where kidney transplants are made, have refused to give any further assistance in kidney-transplant operations. Among the reasons the nurses gave was that "they feared transplant operations involved interference with bodies before they could be considered dead according to internationally accepted criteria."

### *Transplant Complications*

In view of the foregoing transplant record it is not at all difficult to understand why so many heart surgeons, in particular, have expressed serious doubts regarding heart transplants. The main problem, that of the body's tendency to reject for-

eign bodies, has not been solved. It simply is not possible, under the present state of knowledge, to weaken the body's immunological defenses without making it extremely susceptible to infection. Dr. Barnard's first patient died after eighteen days from double pneumonia. The British *Medical News* (January 5, 1968) quoted him as saying that his patient died because the drugs given him to combat rejection so weakened him that he was unable to fight off the pneumonia.

Among other complications that result from organ transplants is what is known as "transplant lung." It appears that the drugs used to combat the body's efforts to reject a foreign kidney may cause the body to try to reject its own lungs. Because of this it is necessary to watch patients very carefully so as to detect this condition as soon as possible and then remedy it by cutting down on the amount of drugs given, "because many of these patients develop secondary infections and die."[11]

Still another transplantation hazard just recently noted in the effect of immunosuppressive drugs, as they are called, is their tendency to play havoc with the bones. Thus one report told that of twenty-seven patients that had received kidney transplants "ten developed debilitating changes in the hip, shoulder or knee . . . Nine patients were left limping. The transplant has prolonged these patients' lives, but they are no longer able to hold jobs. This complication suggests the need to re-evaluate postoperative management."[11]

***Are There Alternatives?***

Even if heart transplants were biologically successful and morally and religiously acceptable to all persons, which they are not, their conditions make them available for but a tiny fraction of the world's millions of heart sufferers. The problems of heart transplanting have been well stated by the *British Medical Journal*, January 13, 1968:

> "The recipient must have a mortal affliction, in order to be a candidate for transplantation and the donor must be dead before the organ is removed. The conditions impose considerable difficulties of organization of the surgeons. It is necessary to perfuse and remove the organ to be transplanted within minutes of death to prevent the organ from deteriorating while the recipient is being operated on. This requires a large team of skilled surgeons, expensive equipment, and the presence of a suitable recipient, at a time which cannot be predetermined when a donor becomes available. The complications that follow organ transplantation and immunosuppressive therapy are numerous and often grievous."

It would seem, therefore, that more attention should be given to alternatives that may be less glamorous but are more practical and widely applicable. There are such, and it is indeed unfortunate that the sensational heart transplants have resulted in drawing attention away from them. For example, for some thirty years now Dr. C. S. Beck, a Cleveland surgeon, has mended hearts suffering from deficient blood supply simply by opening the heart sac and scratching the surface of the heart, which in self-defense builds up an increased blood supply.

Another technique has been developed by Dr. A Vineberg, a Montreal surgeon. He frees certain minor arteries of the chest and implants them in the heart muscle. This type of operation, with variations, is among the most common types of corrective heart surgery being performed in the United States and Canada. Each year some 2,000 of such operations are being done on adults.

Then, again, another team of doctors had been able, with use of recently improved X-ray techniques, to cut out the

damaged part of heart arteries and to replace them with parts of veins taken from the patient's own thigh. Of fifty-one performed so far, forty-nine have proved successful, supplying the heart with needed blood. Of course, one reason for these being so successful is their being autografts. The grafts coming from the patient's own body, there is no problem of rejection or infection and so no need to use dangerous immunosuppressive drugs.

And let it be noted that all such alternatives, and others that might be mentioned, have a still more powerful reason to be preferred to heart transplants. And what may that be? They do not raise the ethical, moral and religious problems that heart transplantation does, not to say anything of the abuses that it makes possible. Just what these are will be considered in the next article.


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# Heart Transplants Pose Staggering Problems

IT IS difficult to portray accurately all the moral and legal implications of heart transplants. For example, there is the question of who is qualified to perform the operation. Thus one press dispatch told that, "fearing a mass rush to the operating table by unqualified surgeons who want to join the heart transplant club, the American College of Cardiology urged today that doctors take a go-slow attitude toward the procedure."[1]

This "College," which consists of America's foremost heart surgeons, announced that it would be setting guidelines as to who is qualified to transplant hearts. Skill no doubt had something to do with the measure of success that Dr. C. Barnard had. He not only received much training in the United States in transplanting hearts but also, in South Africa, made fifty transplants on dogs in the past three years. However, let it be noted that fortuitous circumstance also entered into the matter, for example, the fact that Clive Haupt's blood and tissue matched Philip Blaiberg's.

Then there is also the question: Who is to benefit from the available heart? Will it be the most urgent heart case, or the one of greatest value to the community, or the one with the most dependents, or the one with the most money? On this

matter Dr. A. Senning, professor of surgery, University Hospital, Zurich, and an outstanding heart surgeon, stated: "We are afraid of doing a transplantation. Where would you stop once you started? There are so many people with damaged hearts. To whom would you give the one available heart? To someone who would pay a million dollars?"[2]

There is also the human element to consider. On this aspect of the matter the remarks of one of America's leading open-heart surgeons, Dr. E. M. DeBakey, are apropos: "The surgeon must scrupulously guard against taking inadvertent advantage, for purely experimental purposes, of the eagerness of a desperately ill patient to consent to almost any procedure suggested. The surgeon must be certain that the proposed transplantation"[2] has possibilities of success and for improving the patient's condition and chances for life. This sets up an exceedingly high standard. Who would be charged with the responsibility of seeing to it that doctors meet it?

Dr. C. Barnard, it is reported, claims that 'the authority to decide legal and ethical implications in cardiac transplants rests with the medical profession alone.' But not so! In the Jewish Chronic Disease Hospital case, although three doctors resigned in protest, it was a lawyer who forced the issue, with the result that two highly reputed doctors were found guilty of 'fraud and deceit.' By the very nature of their profession some surgeons are likely to become limited in their view of the issues.

If this were not so it would be impossible to explain the facts that came to light at the Nuremberg Medical Trials. Among those sentenced to death for their experiments on humans—none of which resulted in any benefit to medicine—was Dr. Karl Gebhardt, a professor of medicine, head physician of the Hohenlychen Sanitorium and president of the German Red Cross. Though some of these experiments were reported in the medical press, the profession by and large remained silent, even as it greeted with silence the book that catalogued them: *Doctors of Infamy* (1949), a revised edition appearing in 1962 under the name *The Death Doctors*. However, the World Health Organization highly praised the authors of these books, Dr. Mitscherlich and F. Mielke, for bringing these facts to the attention of the German medical profession.

### *When Does Death Take Place?*

But perhaps the most staggering question or problem facing the heart-transplant surgeon is, When does death take place? Yes, just what is death, medically speaking? According to one dictionary, death is "the total and permanent cessation of all the vital functions of an animal or plant." But it has been averred that there is no legal definition of death. Thus Dr. N. Bricker, a pioneer in kidney transplants, observed: "An acceptable, legal, medical and moral definition of death is needed."[3] Yes, just when does the dying patient, the potential donor, become a corpse whose organs can be used? These are among the most disturbing questions that the spate of modern heart transplants has raised.

Up until now doctors had their greatest tension when trying to decide whether a person should be kept alive artificially or allowed to die peacefully. It was also held that a doctor should do all in his power to restore the heartbeat to the patient, as by artificial respiration, by heart massage, or by other methods. All this was well and good, the only question involved being the life of the dying man. But with heart transplants this question has become highly charged with tension, for now the life of one patient is pitted

against the life of another! A truly terrible predicament for the doctor to face!

In fact, this is one of the reasons why Russian doctors have not yet proceeded with heart transplants. As an American doctor who recently worked with them reported: "When is the patient dead? When should heart or kidney be removed from a patient? These two questions are as unsettling in the U.S.S.R. as they are elsewhere. The Soviet scientists I worked with were reluctant to accept the proposals put forth in other parts of the world for using 'death of brain' as the moment of death rather than 'death of heart.' They are troubled by their experience with the famous physicist Dr. Lev Landau, whom they succeeded in rescuing from 'clinical death.'* A doctor working to save a life until all hope is gone now passes well beyond the point in time at which organs are salvageable for transplantation. He experiences severe tensions when he decides to abandon his efforts. The Soviets believe that these tensions will become nearly unbearable if, as he fights to save a patient's life, he must consider surrendering early enough to salvage a transplantable heart."[4] Yes, deciding how long he should try to save a dying man is enough of a burden for the doctor without having the added responsibility of making a choice between two lives!

### *The "Dead" Brought to Life Again*

How great the danger is of deciding too soon that a person is dead and proceeding to remove his heart can be seen from the following further examples.

The New York *Times*, March 12, 1968, stated that heart surgery restored a marine officer who had been hit in the heart, face and legs and who "died real fast. His heart stopped. So did his breathing." Clinically he was dead, but still he was brought to life again.

Thus also a recent London medical report showed that, of 102 patients who were unconscious for more than a month because of brain injuries, 62 survived. Of these, 19 returned to their former jobs and 29 others returned home to lead useful lives.[5] Along the same line, Professor W. Forssmann, German heart specialist, told of an American corporal who, on July 16, 1967, was the victim of a mine explosion. After doctors tried in vain for forty-five minutes to revive him through heart massage and artificial respiration, they sent him to the morgue. A few hours later, as he was to be embalmed, it was noted that he had a weak pulse, although the electrocardiogram showed no heartbeat. After three weeks of deep unconsciousness, this apparently dead man fully regained his mental faculties.[6]

No question about it, heart transplantation poses staggering problems. As one British woman expressed it: "How can I ever be certain that doctors would do everything to save my life if I had a nasty accident, or a terrible disease, that they would not be influenced by what I could contribute to another person?" Apparently some doctors would have all patients entering hospitals sign statements that, in the event of death, surgeons would have the right to take any organs they chose for transplanting them into another patient![7]

No wonder that some of the more humane, more compassionate specialists are greatly concerned lest a doctor "pull the

* *Life*, December 7, 1962, under the heading "After 'Death' the Nobel Prize," told how Russian scientist Lev Landau had "died" four times. A severe accident left him unconscious, barely breathing; his skull being fractured, his cerebrum was hemorrhaging. A number of ribs were cracked, his right lung was ruptured and bleeding, his pelvic bones were broken. His heart, lungs, kidney and central nervous system had all but halted. Specialists from various parts of the world were summoned. Two months after the accident Landau opened his eyes for the first time. While he never regained the full use of his powers, he was able to give guidance to students and colleagues. After six years he died on April 2, 1968.

plug" on a dying patient in order to get a needed organ. To this end they urge that the transplanting surgeon not be the one attending the dying potential donor. Thus the *British Medical Journal,* in discussing such problems as "when to resuscitate a patient and when to stop resuscitation once it has been started," stated: "These problems are especially acute when the patient is a potential donor of a vital organ . . . There is much to be said for the entire care of the potential donor being in the hands of doctors other than the transplant team until death has been finally diagnosed."[2]

In the same vein Dr. DeBakey said: "The surgeon must be certain, beyond any conceivable doubts, that nothing further can be done to save the donor's life. This judgment should be made independently, by physicians who are not members of the transplant team. . . . The legal, moral and theological aspects of this problem are formidable."[2] Yet is not the likelihood of a dying patient's having a doctor solely concerned with his well-being diminished at a hospital where every member of the staff is infected with the heart-transplantation fever, as apparently was the case at the Groote Schuur Hospital?

In the first heart-transplant case it was the transplant surgeons who ministered to the dying heart donor. Just what took place appears to be dubious. According to *Science News,* Dr. Barnard proceeded to remove Miss Darvall's heart when the last brain wave was seen on the encephalograph.[8] However, according to *Time* magazine, he waited until the heart stopped beating.[9] But when a reporter for *Newsweek* inquired as to whether Miss Darvall was taken off the resuscitation machine before her heart stopped beating, he was told: "That is an impertinent question," and so did not get a direct answer.[7] But it was a most pertinent question to everyone who may someday become a heart-transplant donor due to the assent of close relatives.

Dr. Barnard testified: "A doctor has one duty and one duty only, and that is to treat his patient until he has no means left. If we feel a heart transplant is a method for helping a patient, we must do it." But what if that 'feeling' is not based on accurate knowledge? What if helping one patient means taking the life of another? There is much discussion as to the condition of Clive Haupt, whose heart was given to Dr. P. Blaiberg. According to Boris Petrovsky, Soviet health minister, "not everything is clear in the Cape Town experiment. Many things show that a beating heart was removed for the transplant."[10] It might be said that such is implied in that we are told that the doctors "said that when they determined he could not survive, the decision was made to attempt the transplant."

Have not patients time and again been restored to life after their hearts stopped beating? Dr. Lev Landau's heart stopped four times. And as for using 'death of brain' to determine death, patients have been restored to life after not having shown any brain activity for two hours! Particularly bothersome is the question: "If a body is all but dead, technically alive only because an artificial respiration maintains heartbeat, is it homicide to take out the heart or kidney before pulling the plug?"[11] In one case in England a man who was declared dead after an accident was put on a resuscitation machine just long enough to take out his kidney and then left to die the second time.

Nor is that all. The potential of making heart transplants could be exploited by selfish, ruthless men to a shocking degree. The possibilities for abuse are so vicious that they might be likened to the unforeseen consequences of the discovery of

atomic power. Thus Dr. Forssmann envisions criminals sentenced to death being kept alive until their organs are needed for transplant; then they would be executed by heart-transplant surgeons. Concentration camps would be filled with undesirables who live only until their hearts or kidneys are needed for transplant operations. He is deeply concerned lest "the doctor would finally be degraded to a hangman, a Lucifer, a fallen angel." According to Dr. Mitscherlich, that is the very use doctors were put to during the Nazi regime. They were employed to get rid of undesirables by injections of various things, such as gasoline or tubercule bacilli; in particular, were physicians on submarines used to get rid of troublemakers in this way.

***The Legal Aspects***

It is interesting to examine the question of the legal aspects of heart transplants. Doctors are concerned that there be new legislation to protect them from possible lawsuits because of performing heart transplants. In some lands it is unlawful to operate on any person except for that person's well-being. This would bar even kidney donors, as the taking of a kidney from a donor is not operating on him for his own benefit, but for that of another person.[12]

Then, again, conceivably one relative may have given consent but others may not have, and these might file a claim against the surgeon. In many states of the United States the wife as the closest of kin would have to give permission.[13] Thus because the Ochsner Clinic and Ochsner Foundation Hospital had performed an autopsy on a body contrary to the expressed wishes of the deceased and without permission of the widow, the Louisiana Circuit Court of Appeals awarded the widow $1,500 damages.[14]

While doctors are concerned about protecting themselves against such lawsuits, their patients are concerned lest they be murdered. Murder is the deliberate taking of the life of another; the fact that death is imminent is beside the point. The law does not distinguish between five minutes, five hours or five years yet to live. As one surgeon expressed it: "For the person who takes a vital organ too soon, society has a word—and that word is murder."[15]

Making a strong case for heart transplants as being murder is attorney H. M. Porter. Writing in the legal newspaper, the Los Angeles *Daily Journal,* February 2, 1968, he tells of being assured by a leading cardiologist that no surgeon would undertake the operation unless the person whose heart was to be used was still alive at the beginning of the operation. The heart must come from a living donor. The donor must be killed to take the heart; the taking of the heart must kill him.

Since it is deliberate killing, he argues, it must be termed murder. Murder can be defended on the basis of self-defense, but in the case of the heart transplant, not the donor, but the surgeon is the aggressor. Then, again, the defense for the murder might be consent, but the law does not recognize the right of consent in the case of murder, as in suicide pacts.

***The Scriptural Aspect***

Not to be overlooked are the religious, the Scriptural issues involved. There are those, such as the Christian witnesses of Jehovah, who consider *all* transplants between humans as cannibalism; and is not the utilizing of the flesh of another human for one's own life cannibalistic? Nor are they by any means alone in this view. Thus *Newsweek,* December 18, 1968, stated: "An artificial heart that could be mass produced would alleviate the shortage of

hearts and—the need to cannibalize bodies." And Dr. Donald F. Scott, consultant cardiologist at the London Hospital, condemned heart transplanting as "almost amounting to cannibalism . . . It is not a procedure within our bounds as doctors."[16]

The same point was made in an extensive review of the heart-transplant problems by two of the editors of the Miami *News*, January 22, 1968. The article, several pages in length, opened with the questions: "Medical miracle or cannibalism? New hope for man or a step to ultimate destruction? God's will or anathema?"

Truly by their heart transplants surgeons are posing moral, legal and religious problems of the greatest magnitude. And when one considers how few of all heart sufferers can hope to be helped by heart transplants, it is obvious that heart transplantation is not the solution. What each individual can do about his own heart will be considered in the succeeding article.


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## PROFESSIONAL RESPONSIBILITY

At a meeting of the American Psychological Association the following statement was adopted: "The psychologist's ultimate allegiance is to society, and his professional behavior should demonstrate an awareness of his social responsibilities. The welfare of the profession and of the individual psychologist are clearly subordinate to the welfare of the public."—*Bulletin of the Atomic Scientists.*

## MOSES AND MAN'S LIFE-SPAN

THE prophet Moses about 3,500 years ago wrote regarding man's life-span: "In themselves the days of our years are seventy years; and if because of special mightiness they are eighty years, yet their insistence is on trouble and hurtful things; for it must quickly pass by, and away we fly."—Ps. 90:10.

A Paris journal, commenting on heart transplants, stated that as a result of this development living a hundred years will soon become commonplace. But neither heart transplants nor anything else that man may be able to do is likely to make the words of Moses untrue. Commenting on modern man's life-span, Dr. Leonard Hayflick, professor at the Stanford University School of Medicine, stated: "The common impression that modern medicine has lengthened the human life-span is not supported by either vital statistics or biological evidence. To be sure the 20th-century advances in control of infectious diseases and of certain causes of death have improved the longevity of the human population as a whole. These accomplishments in medicine and public health, however, have merely extended the *average* life expectancy by allowing more people to reach the upper limit which for the general run of mankind still seems to be the Biblical four-score years. . . . Even if major causes of death in old age—heart disease, stroke and cancer—were eliminated, the average life expectancy would not be lengthened by much more than 10 years. It would then be about 80 years instead of the expectancy of about 70 years that now prevails in advanced countries."—*Scientific American*, March 1968.

# USING Good Sense in Caring for YOUR HEALTH


USING good sense in regard to our health does not seem to come naturally. It is something that must be worked at. That is why it is far from common. As Dr. D. A. Clark once observed: "We all know that poor diet, neglect of teeth, unwise recreation . . . adversely affect health. But with all this knowledge, how many individuals accept the responsibility of improving these conditions for themselves?"[1]

For example, lung cancer and heart trouble are far more frequent among heavy smokers than among others. No doubt this is in part due to the fact that smoking tobacco makes the heart work harder and at the same time cuts down the amount of oxygen that the individual cells get. As a result the Society of Thoracic (Chest) Surgeons could state: "The overwhelming evidence of a relationship between smoking and disease is most apparent to thoracic surgeons."[2] Yet in spite of this "overwhelming evidence," in 1967 adult Americans smoked 4,280 cigarettes on an average.[3]

Pinpointing the problem, Dr. L. R. Lee, United States Assistant Secretary of the Department of Health, Education and Welfare, stated: "Our thrust is to find those things that prevent the conditions necessitating transplants. We cannot accept the attitude that everyone should be left to smoke—and then given a new heart at sixty-five."[4] In a somewhat similar vein the American College of Cardiology stated that prevention, not repair or replacement, is the ultimate way of coping with heart attacks.[5] Simply stopping smoking would help ever so many more persons than can ever expect to be helped by a heart transplant.

### *Exercise, Rest and Sleep*

Another basic cause of poor health and heart disease in particular is insufficient physical exercise. Thus Dr. R. Winter tells that fifteen to thirty minutes of exercise daily, the kind that results in 'huffing and puffing,' can keep a man alive. Of 300 men who had heart attacks, 49 percent of those exercising the least, or the least active, died, whereas only 2 percent of those exercising the most died during the same period of time.[6]

*Medical World News,* March 15, 1968, on its cover shows fifteen businessmen attired in running togs trotting, and in a five-page article tells of the benefits many are getting from exercise. Among other things, it tells that "medical attitudes toward exercise for heart patients are changing," "participants are enthusi-

astic," and "something is keeping these men alive."

Not that one needs to "go overboard" as regards exercise. Moderate exercise is especially recommended for overweight potential or actual heart cases. It is well for all persons to keep in mind the apostle Paul's observation that "bodily training is beneficial for a little." (1 Tim. 4:8) Up to a certain point exertion is good for the heart, so walk more, use the elevator or auto less.

On the other hand, good sense demands that we get sufficient rest and sleep. Wisely the Creator decreed one day's rest in seven for the ancient nation of Israel. In particular do the central nervous system and the heart need both rest and sleep, and so not without good reason do we find favorable mention made in the Holy Bible of sleep. It indicates that faith in God and a good conscience are conducive to good sleep, and that sleep has restorative value. But here again, self-control is involved. One must learn to control one's ambitions and one's love of pleasure, two of the things most likely to interfere with getting sufficient sleep.—Ps. 4:8; 127:2; Prov. 3:24; Jer. 31:26; John 11:12.

***Right Kind of Food—Physical and Mental***

Good sense in caring for your health requires moderation, self-control in the matter of what and how much you eat. Unfortunately the trend of modern civilization is to get away from wholesome eating habits. Thus the New York *Times* of February 27, 1968, reported that the eating habits of many in the United States are changing for the worse. Many are eating less and less protective foods such as fruits and vegetables and are eating more bakery goods, drinking less milk but drinking more carbonated waters, with their artificial colors and flavors.

The failure of many people to use good sense in their eating habits was highlighted by one writer as follows: "The body runs on food and oxygen much as an auto runs on gasoline and oxygen. But right there the comparison ends. If it is not to stall or sputter, the auto must be fed exactly what it needs when it needs it. The body's fuel system, on the other hand, is subject to the whimsical tastes and cravings of its proprietor. It can handle extra food when it is already full and can do without when it is empty. And it must tolerate doses of gin, smoke and red-hot chili. . . . It does this heroic job remarkably well. . . . The amazingly tough stomach . . . actually can handle almost anything within reason."[7]

True, the body may tolerate abuses for a time, but sooner or later we will pay the price in poor health or disease. Observed Dr. F. Hoffman, a cancer authority: "I am fully convinced that profound dietary influences in cancer are to be looked upon as a causative factor." And said Dr. Prinzmetal in his book *Heart Attack:* "One of the most important factors —if not the most important—in the incidence of coronary [heart] disease is the diet. It is palpably clear that we, as a rule, eat too much. Primitive people usually don't. They can't afford to stuff themselves. . . . They don't get coronaries." Among other widely known authorities who stress the importance of moderation in diet for the sake of one's health, and in particular as to cutting down on the use of animal fats, are heart specialist Dr. P. D. White and Dr. I. H. Page, editor of *Modern Medicine.*

Counsels a leading United States nutritionist, Dr. H. G. Bieler: "Moderation should ever be the golden rule in the diet, especially for the heart patient. He should remember that a meal of many courses and heavy food throws a sudden load on

the heart, which then is obliged to pump an extra supply of blood to digest it. Sweet desserts and fat foods, including fatty meats and gravies, should give way to vegetable soup, lean meats, vegetables, salads and fruits."[8]

More and more recognized as important in health and especially for the heart are certain vitamins. There is much evidence to show that vitamin E plays a vital role in health of the heart.[9] Also, niacin has been shown to be valuable in combating excess cholesterol in the blood vessels.[10] Then, again, widely read Dr. William Brady recommends very highly the vitamin B complex as one of the best of all heart tonics.[11]

There are also what are known as the psychosomatic factors. These are so called because of the interaction of the mind and the emotions, said to be the *psyche,* on the body, the *soma.* The inspired proverb commands that we should guard the heart above all else, "for out of it are the sources of life." (Prov. 4:23) This is true of both the figurative and the literal heart. Good sense therefore requires that we, on the one hand, avoid all such mental and emotional poison as envy, malice, self-pity, resentment, lewdness and rage. On the other hand, it requires that we heed the counsel of God's Word to have our minds and hearts dwell upon virtuous, praiseworthy and lovable things. These truly benefit us both spiritually and physically.—Gal. 5:19-23; Phil. 4:8.

What might be said to sum up the case for using good sense in order to enjoy good health are the words of Dr. James Mackenzie: "(1) Diseases are the result of long-developing processes which begin early in life and finally lead to saturation of the body with toxins. (2) Improper eating, living and thinking habits are the prime cause of this degeneration. (3) The same type of toxin when located in a joint causes arthritis; when localized in the liver, hepatitis; in the kidneys, nephritis; . . . in the brain, insanity."[8]

Doubtless heredity plays no small role in disease, and it most likely determines the vulnerable part in our bodies. But while we have no control over our genes, we can do much to minimize the hereditary factor by using good sense. We can avoid tobacco and other habit-forming drugs. We can see to it that we get enough exercise, rest and sleep. We can be moderate in eating and develop right mental habits. Using such good sense will help infinitely more persons than can ever be helped by medical experiments such as heart transplants.

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"Human Dignity and Moral Behavior"

"Dr. Bruce Bettelheim, a psychoanalyst at the University of Chicago, was interned with some 'Bible Students' under the Nazi regime in Germany. . . . He says, 'Jehovah's Witnesses . . . showed unusual heights of human dignity and moral behavior. But other persons, considered very well integrated by my psycho-analytic friends and myself were destroyed by the same camp experience.'"—*The Observer,* April 1, 1968.

# GOD'S PROVISIONS *To Heal Mankind*

THE Bible assures us that God will heal mankind of all its ills, physical and mental, emotional and religious. This is made certain by the words found at Revelation 21:4: *"He [God] will wipe* out every tear from their eyes, and death will be no more, neither will mourning nor outcry nor pain be any more. The former things have passed away."

What a comforting promise! What a bright prospect is held out for the human race! And yet, is not that what we should expect from the God whom the Bible tells us is loving, wise and almighty? Surely!

Sickness, suffering and death were not part of God's original purpose for humankind. His creation, upon completion, was "very good." Regarding God's work the prophet Moses wrote: "The Rock, perfect *is his activity, for all his ways are* justice. A God of faithfulness . . . is he." When he created the first human pair and placed them in the garden of Eden, they enjoyed perfect health of mind and body, and all their inclinations were toward doing good.—Gen. 1:31; Deut. 32:4.

What happened to bring about the sorry state in which their offspring, all humankind, finds itself today? Our first parents chose to disobey God and as a result, not only were they sentenced to death, but they also passed the unhappy state of sinfulness on to their children, even as we read: "Through one man sin entered into the world and death through sin, and thus death spread to all men *because they had* all sinned." Yes, Adam forfeited, not only his own right to life, but also the right to life of all his offspring; for how could his children inherit from him something he no longer had?—Rom. 5:12.

However, because Jehovah God is the personification of love, and for his own name's sake, he made provision that all humankind who had not sinned in the way Adam had might have an opportunity for life. How? By removing the disability placed upon them by Adam. To this end God sent his Son, Jesus Christ, to earth as a man. Having God, not an imperfect *human, as his father, Jesus had the right* to perfect human life. By voluntarily surrendering it in death he was able to provide the means to release the human race from the condemnation that it was under due to Adam's sin. And so John the Baptist announced Jesus as "the Lamb of God that takes away the sin of the world!" To *the same effect Jesus himself testified:* "The Son of man came, not to be ministered to, but to minister and to give his soul a ransom in exchange for many." —John 1:29; Matt. 20:28; Gal. 4:4.

### *The Great Physician*

Jesus Christ came to earth not only to give his life as a ransom for many but also to "bear witness to the truth," even as he told Pontius Pilate. (John 18:37) While serving as God's spokesman he brought much comfort to his people; the truths he spoke were spiritually or religiously healing. What he did was no experiment; he knew what would work. At the same time Jesus also performed many miracles of physical healing by which he illustrated the blessings that would come to humankind by means of God's kingdom for which he taught his followers to pray: "Let your kingdom come." And so we read that "he went around throughout the whole of Galilee, teaching in their synagogues and preaching the good news of the kingdom and curing every sort of disease and every sort of infirmity among the people. . . . and they brought him all those faring badly, distressed with various diseases and torments, . . . and he cured them." What a physician he was!—Matt. 6:10; 4:23, 24.

More than that, he had the power to bring back the dead to life. On one occasion he raised from the dead a little girl; on another occasion, the only son of a widow and her only support; and he even raised from the dead his friend Lazarus, who had been dead and in the tomb for four days. Among other things, he foretold that "all those in the memorial tombs will hear his voice and come out."—John 5:28, 29; Matt. 9:23-26; Luke 7:11-17; John 11:1-44.

Since Jesus could perform all these miracles while upon earth as a man, how much more can he accomplish now that he has been given all authority in heaven and on the earth! (Matt. 28:18) Fulfillment of Bible prophecy indicates that it will not be much longer before Jesus Christ will assume his Messianic role as the great Physician of humankind. As such he will put an end to this corrupt, sin-laden, sick and dying old system of things and usher in a new heavens and a new earth wherein righteousness will dwell.—Matt. 24:1-51; 2 Pet. 3:13.

### *God's Present Healing Work*

But mankind need not wait until that time before benefiting from God's provisions for healing. God is carrying on a spiritual healing program today. Mankind, for the most part, is sick spiritually, that is, religiously and morally, laden down with guilty consciences, bad habits, confused thinking as to what is right and what is wrong. Many people are sick at heart over the wickedness they see in Christendom. For this spiritual sickness Jehovah God is providing a healing by means of an understanding of his Word, his purposes and will for humankind. This understanding is being brought to the people in 197 lands and islands of the seas and in printed form in 169 languages. As a result literally hundreds of thousands of those once spiritually blind have had their eyes opened; those spiritually deaf have had their ears unstopped; those spiritually lame, crippled, have become strong in limb again, so that they can walk, run and even dance for joy.—Isa. 35:5, 6.

This spiritual healing even carries over into a measure of physical healing. How so? In that "godly devotion is beneficial for all things," for it "holds promise," not only of "the life . . . which is to come," but also "of the life now." (1 Tim. 4:8) For example, many and widespread are the ills afflicting mankind because of imbibing too much wine and other alcoholic beverages. In the subways of Paris appear government posters that urge people not to drink more than a liter of wine a day, which is more than a quart. Why

does the French government do this? Because its people are being harmed by drinking too much wine. Those who have been spiritually healed do not need such warnings, for they heed the Bible's counsel against overindulging in wine and other strong drink.—Prov. 23:20, 29, 30; Eph. 5:18.

Then, again, the Bible counsels Christians to cleanse themselves from all manner of uncleanness, to be free from enslaving weaknesses, to show neighbor love and to be good stewards of all God's blessings. On the basis of such counsel those spiritually healed today keep themselves free from tobacco and other drugs, and what a difference that makes in their health!—Mark 12:31; 2 Cor. 7:1; Gal. 5:1.

Further, according to the public press, there is today an epidemic of venereal diseases. What suffering these diseases cause, not to say anything of the consequences in old age and to one's offspring! Those spiritually healed are not plagued by such diseases, for they live by Bible principles governing sex relations. These strictly forbid sexual intercourse with anyone except one's own lawful wedded mate, and stigmatize all other relations as fornication, adultery, uncleanness, loose conduct. Moreover, the Bible warns that all those who practice such things not only are to receive God's judgment and are to be debarred from the Christian congregation, but will also be "receiving in themselves the full recompense, which was due for their error."—Rom. 1:27; 1 Cor. 6:18.

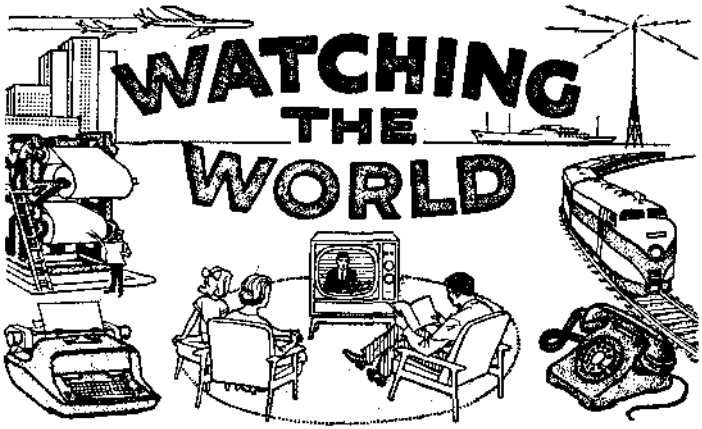
***Psychosomatic Benefits***

Those spiritually healed, on the other hand, benefit now in a physical way also by reason of the psychosomatic principle. They heed the counsel of Jesus: "Stop being anxious about your souls as to what you will eat or what you will drink, or about your bodies as to what you will wear." "Never be anxious about the next day, for the next day will have its own anxieties." All this is not only good advice for their peace of mind but also good for their bodies, for anxiety can cause as well as aggravate many physical ills, even as physicians well know.—Matt. 6:25, 34.

Those spiritually healed also benefit, among other ways, by heeding what the Bible has to say about not getting angry or provoked. "Love . . . does not become provoked." "Let the sun not set with you in a provoked state." "He that is slow to anger is abundant in discernment." (1 Cor. 13:4, 5; Eph. 4:26; Prov. 14:29) This benefits them physically, for getting angry does the body harm, even as a physician long ago pointed out: "Under the active stage of anger . . . the heart now aroused beats quickly and forcibly and the blood, rushing impetuously to the head and surface, the brain becomes heated, the face flushed, . . . the skin hot, and literally it may be said we burn with anger."

On the other hand, those spiritually healed stand to benefit by reason of their cultivating the "fruitage of the spirit," such as love, joy, peace, longsuffering, kindness, mildness, faith, goodness and self-control, all of which are conducive to health. "A heart that is joyful does good as a curer." "Anxious care in the heart of a man is what will cause it to bow down, but the good word is what makes it rejoice." "A joyful heart has a good effect on the countenance."—Gal. 5:22, 23; Prov. 17:22; 12:25; 15:13.

Many and rich indeed are God's provisions for the healing of mankind. In the near future he will bring perfection of mind and body and everlasting life in happiness and peace. In the meantime he offers to all lovers of righteousness, not a program that experiments with their lives but real spiritual healing, which also brings with it physical benefits.




**Blood Plasma Discouraged**

◈ The risk of transferring hepatitis by blood transfusions has long been known. Now research has turned up new evidence that known precautionary measures are inadequate. Early in April a panel of the National Research Council urged that transfusions with pooled human plasma "be discouraged and even discontinued" because of the danger of hepatitis. Noting the conclusions from the Los Angeles study, the National Research Council panel said: "The medical profession is confronted with an impasse, and serious doubt is cast on the safety of all pooled human plasma preparations."

**Why the Hurry?**

◈ Among the many leading heart specialists who hold that heart transplants at this time are premature is Dr. Geo. E. Burch, incoming president of the American College of Cardiologists, that is, America's association of leading heart specialists. According to him, "Performing transplant operations at this time is like sending a man to the moon without any hope of bringing him back, just to beat the Russians."

Then why the haste? Dr. C. Barnard had a very personal reason for not waiting any longer to do heart transplants. He is required to take drugs daily because of his arthritis, which may one day still his hands. As he himself expressed it: "I think this may be a stimulus to go ahead because I realize I have a limited number of years to spend . . . So I've got to do what I want to now, because I don't know when I'll be completely stopped from doing surgery as a result of arthritis."

**Heart-Transplant Cost**

◈ The bill for the January 6 heart transplant of Mike Kasperak was $28,845, which includes $7,200 for 288 pints of blood. Dr. Norman Shumway and the other physicians involved in the operation are salaried members of Stanford Medical Center and do not receive medical fees directly. Kasperak's health-insurance plan paid his bill.

**Experimenting with Pancreas Transplants**

◈ The pancreas is a small organ in the lower abdomen about the shape and size of a banana. In it are located the "Islands of Langerhans," tiny cells that produce the insulin the body needs to metabolize sugar. Failure on their part is held by many to be the major cause of diabetes. Recently four persons suffering from severe diabetes were given new pancreases taken from persons who had just died. Three of the patients subsequently died but one was living and apparently doing well at the end of a month. The operations were carried out by surgeons associated with the University of Minnesota Medical School.

**Mexico Bans Heart Transplant**

◈ According to the New York *Times*, March 27, 1968, on March 13 teams of specialists were ready to take the heart of a woman suffering from a fatal brain tumor and transplant it into a man considered certain to die from a damaged heart. However, the director of Mexico's Social Security Institute refused to give permission. He stated that, since the Mexican penal code did not specifically cover heart transplants, such operations should not be attempted until the legal aspects were clarified. At the end of two weeks the potential donor had died but the heart patient was still living.

**Dr. Barnard Quotes the Devil**

◈ "Did the Devil Chuckle?" With those words *The Cape Argus*, Cape Town, South Africa, told of the time when Dr. Barnard quoted the Bible. Thirteen young Londoners had volunteered to let their bodies be used for surgical transplants after their death. Hearing of this, Dr. Barnard commended them by means of a quotation taken from Job 2:4: "Skin for skin, yea, all that a man hath will he give for his life." (*AV*) But as *The Cape Argus* went on to point out, the trouble with using that scripture was that the words were uttered by Satan the Devil in speaking to the Lord God. Dr. Barnard's familiarity with the Bible leaves something to be desired.

**Blacklisted Drugs**

◈ Dr. James L. Goddard, commissioner of food and drugs in

the Department of Health, Education and Welfare, stated that it was his guess that "about 10 percent" of some 3,000 types of preparations might fall into the category of "ineffective." About four-fifths of these are prescription drugs and the remainder are preparations that can be sold without a doctor's order. The total number of drugstore items covered by the National Academy of Sciences "drug evaluation study" might be as great as 15,000 or 16,000. One-tenth of this number face blacklisting, Goddard explained.

**Coughs Up Towel**

◈ How could anyone cough up a towel? A 46-year-old farmer in Hageneau, France, claims he did. For days he complained about feeling a fullness in his stomach. X rays showed nothing. Then one day in the presence of neighbors the farmer coughed up a 17-inch towel. The farmer, Auguste Brenkle, claims the towel was left in his stomach during an operation at the local hospital.

**Success or Failure?**

◈ *Medical News* for April 19, 1968, stated that a prominent Sydney cardiac surgeon, H. Windsor, said recently that the heart-transplant patient Blaiberg should never have been operated on because he had "gained nothing from the transplant." At the present time, heart transplants cannot offer anyone an indefinite span of life. They are experimental, Dr. Windsor said. Dr. Windsor also stated that Dr. Blaiberg could have lived without the transplant. The recipient in a heart-transplant operation had to be given an extra life-span of years; if it was only another six months or a year, then, said Dr. Windsor, it was a failure.

**The Pilot Did Not Know French**

◈ In 1966 an Air India Boeing 707 airplane crashed into Mont Blanc. One hundred and seventeen persons died in that crash. An inquiry followed. The Indian pilot was given control-tower instructions in French so that he could correct his position in relation to the mountain, but the pilot did not understand French.

**Cars Get Blessing**

◈ Once a year all traffic is stopped in front of Rome's famed Colosseum for an annual blessing. On March 9 the ritual was performed once again. The battle of the streets briefly came to a complete halt. After listening to Msgr. Etorre Cuniel's exhortation to be patient and courteous, Roman Catholics crossed themselves and the poised vehicles roared away.

***Cost of Vandalism***

◈ There are 900 schools in the New York City school system. A large number of them are equipped with burglar alarms. Some have hardened glass, to help reduce breakage. The police regularly patrol school areas, especially on weekends, to discourage vandalism. But despite all preventive efforts by the school system and the police, last year the cost of vandalism to the city's schools was $1,950,000. The figure for 1966 was $1,500,000. The report did not cite the cost of such items as broken furniture or fixtures and defaced walls and desks because these could not always be ascribed to vandalism. However, the cost of such items would raise the total amount to about $5,000,000 a year.

**Refused to Sign**

◈ Msgr. J. Stanley Ormsby, pastor of Our Lady of the Rosary Church, said that the Buffalo, New York, diocese had asked him to sign a bank note committing his parish to a $120,000 debt on behalf of the diocese. Ormsby was especially upset because he had been asked to sign the note without prior consultation with his laity. The priest said his parish recently had paid off a $150,000 mortgage. He spoke of this tyranny as existing in the diocese for more than three years. He predicted, on April 13, that he would be removed from his pastorate for refusing to put his church in debt.

**Miniskirt and Sex Crimes**

◈ A published Associated Press dispatch reported that the Tokyo metropolitan police blame the miniskirt for a 100-percent increase in reported sex crimes in the first nine months of 1967 over the same period of 1966.

**Coronary Disease**

◈ The Medical Director of the National Heart Foundation in Melbourne, Australia, delivered a paper to a medical conference attacking the theory that high-pressure executive and managerial occupations have the highest mortality rate for coronary disease. Dr. Ralph Reader's research was based on a study of a total work force of 608,483 men in the 45 to 54 age-group, and it revealed that clerical workers had the highest death rate, at 349 per 100,000 work force; professional workers, 329; administrative, executive and managerial, 262; miners, quarrymen, etc., 220; farmers, 206. Dr. Reader said that the figures indicated that actually the risk of coronary disease decreased as the physical activity in one's occupation increased.

**Priest Practices Magic**

◈ At first the traveling priest found his tent empty when he preached his religious views. Then one day he thought of giving a magic show before the sermon. Curious people began to flood in to see this magic-practicing priest. He drew coins out of ladies' noses, drew pigeons out of golden cylinders, did unchaining tricks and even displayed a

"suspended person." This Roman Catholic clergyman from Cologne, Germany, found that the higher churchmen did not approve of what he was doing, but they found it difficult to argue with his success. So the priest blends his sermons with magic, and the people love to have it so.

**New Heart Transplants**

◈ A rash of heart transplants took place in different parts of the world early May. Joseph Rizor, a 40-year-old carpenter, on May 2, became the world's eighth heart-transplant patient. A team of surgeons at Palo Alto–Stanford Hospital performed the operation. However, on May 5 the patient died. On May 3, a 15-year-old girl's heart was transferred to 47-year-old Everett C. Thomas of Phoenix, Arizona. The operation took place in Houston, Texas. Also on that same day in London, Britain's first heart transplant was carried out at the National Heart Hospital. This operation was described as "completely uneventful and the patient's condition" was pronounced as "entirely satisfactory." On May 5 two teams of surgeons at St. Luke's Hospital in Houston, Texas, completed simultaneous heart- and kidney-transplant operations. The heart operation was the world's 11th heart transplant and the fourth in as many days.

**Mental Illness Expensive**

◈ One proof that the world is sick was given by the National Institute of Mental Health. It stated that, despite improved treatment services and facilities, mental illness cost Americans more than $20,000,000,000 during 1966.

**Church House and Narcotics**

◈ The Honolulu police vice division raided a Protestant church-sponsored coffeehouse recently, revealing this to be a center of narcotic activity. Eighteen young men and women were arrested in the raid. All but two of the known sellers of drugs were found by the police either at or near the coffeehouse and charged with either possession of drugs or selling them to undercover policemen. What did the church minister think of all of this? Condemning present laws on narcotics, Delwyn Rayson commented: "I put most of the blame on the law itself. It's too bad the law doesn't discriminate between marijuana and hard drugs. I don't think it's (marijuana) the evil the present law assumes it to be. We never did think we should cut out the kids we thought were doing it. They don't think they're doing anything evil." He said the church will continue to operate the coffeehouse.

# "Good News for All Nations" District Assembly

Truly this assembly, soon to begin, is well named! From the chairman's welcome on Thursday, the opening day, to the grand climax in the public talk "Man's Rule About to Give Way to God's Rule" and the concluding comments that follow, this program promises to be the most stimulating and instructive ever arranged for an assembly of four days. To miss one session will be to miss a wealth of spiritually upbuilding information. Plan now to attend all four days. Write for accommodations to Watchtower Convention at the rooming address in the city listed below that is nearest to you. Addresses in each location are for rooming accommodations only.

### UNITED STATES

JULY 4-7: **Corpus Christi, Tex.** (Spanish only), 3602 Curtiss, Corpus Christi, Tex. 78405. **Fort Worth, Tex.**, 3312 Avenue B, Fort Worth, Tex. 76105. **Lewiston, Me.**, RFD #4, Box 273A, Old Hotel Rd., Auburn, Me. 04210. **Milwaukee, Wis.** (English and Spanish), 2306 South 98th St., West Allis, Wis. 53214. **Omaha, Neb.**, 5465 Fontenelle Blvd., Omaha, Neb. 68111. **Sacramento, Calif.**, 3333 I St., Sacramento, Calif. 95816. **Toledo, Ohio**, 224 Lemoyne Rd. (At Woodville Expressway Ent.) Toledo, Ohio 43616.

JULY 11-14: **Billings, Mont.**, 1603 St. Johns Ave., Billings, Mont. 59102. **Detroit, Mich.**, 17600 Chester, Detroit, Mich. 48224. **Pueblo, Col.**, 523 E. Pitkin, Pueblo, Col. 81005. **Rochester, N.Y.**, 274 Merchants Rd., Rochester, N.Y. 14609. **St. Petersburg, Fla.** (English and Spanish), 1695 42nd Ave. N., St. Petersburg, Fla. 33714. **San Angelo, Tex.**, 1502 N. Magdalen St., San Angelo, Tex. 76901. **Winston-Salem, N.C.**, 1455 Bethabara Rd., Winston-Salem, N.C. 27106.

JULY 18-21: **Fairbanks, Alaska**, 345 A St., Fairbanks, Alaska 99701. **Minot, N.D.**, 2 & 52 Bypass West, Minot, N.D. 58701. **Pawtucket, R.I.**, 825 Mineral Spring Ave., Pawtucket, R.I. 02860. **San Bernardino, Calif.** (English and Spanish) 7842 Grape St., Highland, Calif. 92346. **Wailuku, Maui, Hawaii**, Box 231, Kahului, Hawaii 96732. **Washington, D.C.** (English and Spanish) 2950 Arizona Ave. NW., Washington, D.C. 20016.

JULY 25-28: **Albuquerque, N.M.** (English and Spanish), 339 Pennsylvania NE., Albuquerque, N.M. 87108. **Memphis, Tenn.**, 3849 Elliston Rd., Memphis, Tenn. 38111. **Muskegon, Mich.**, 1947 S. Getty St., Muskegon, Mich. 49442. **Spokane, Wash.**, N. 2824 Lee, Spokane, Wash. 99207. **Ventura, Calif.**, 476 Cedar St., Ventura, Calif. 93001.

AUGUST 1-4: **Charleston, W. Va.**, 812 Bigley Ave., Charleston, W. Va. 25302. **Greenville, S.C.**, 1006 Rutherford Rd., Greenville, S.C. 29609. **Honolulu, Oahu, Hawaii**, 1228 Pensacola St., Honolulu, Hawaii 96814. **Tulsa, Okla.**, 120 S. Rosedale, Tulsa, Okla. 74127.

AUGUST 8-11: **Columbus, Ohio**, 580 Riverview Dr., Columbus, Ohio 43202. **Indianapolis, Ind.**, 2764 East 55th Pl., Indianapolis, Ind. 46220. **Inglewood, Calif.**, 413 Centinela Ave., Inglewood, Calif. 90302. **Santa Rosa, Calif.**, 1233 Rutledge Ave., Santa Rosa, Calif. 95404.

AUGUST 15-18: **Bakersfield, Calif.**, 2400 South P St., Bakersfield, Calif. 93304. **Burlington, Vt.**, 1416 North Ave., Burlington, Vt. 05401. **Eureka, Calif.**, 1324 5th St., Eureka, Calif. 95501. **Jacksonville, Fla.**, 6603 San Juan Ave., Jacksonville, Fla. 32210. **Kaneohe, Oahu, Hawaii**, 1228 Pensacola St., Honolulu, Hawaii 96814. **Medford, Ore.**, 2402 W. Main St., Medford, Ore. 97501.

### CANADA

JULY 4-7: **Kitchener, Ont.**, 96 Dunbar Rd. S., Waterloo, Ont.

JULY 11-14: **Chilliwack, B.C.**, 46956 Yale Rd. E., Chilliwack, B.C. **Haney, B.C.**, 21593 Dewdney Trunk Rd. at 5th Ave., Haney, B.C.

JULY 18-21: **Victoria, B.C.**, 2780 Shelbourne St., Victoria, B.C.

JULY 25-28: **Kamloops, B.C.**, 260 Leigh Rd., Kamloops, B.C.

AUGUST 1-4: **Glace Bay, N.S.**, 40 McLean St., Glace Bay, N.S. **Moose Jaw, Sask.**, 302 Athabasca St. E., Moose Jaw, Sask.

AUGUST 8-11: **Ottawa, Ont.** (English, French, Italian), 405 Gladstone Ave., Ottawa 4, Ont. **Winnipeg, Man.**, 1338 Main St., Winnipeg 4, Man.

AUGUST 15-18: **Calgary, Alta.**, 804 12th Ave. SE., Calgary, Alta. **Harbour Grace, Newfoundland**, 239 Pennywell Rd., St. John's, Newfoundland.

### BRITISH ISLES

JUNE 27-30: **Cardiff, Glamorgan, Wales**, Kingdom Hall, York Street, Canton, Cardiff, Glam., Wales.

JULY 11-14: **Sheffield, Yorkshire**, Kingdom Hall, 521 Pitsmoor Rd., Sheffield, S3 9AU, England.

JULY 18-21: **Belfast, Ireland**, Kingdom Hall, Magdala St., Belfast, BT7 1PU, Northern Ireland. **Bolton, Lancashire**, Kingdom Hall, 163 Crook St., Bolton, Lancs., England.

AUGUST 1-4: **Edinburgh, Scotland**, Kingdom Hall, 10 Pennywell Rd., Edinburgh 4, Scotland. **London (Twickenham)**, Rugby Union Football Ground, Whitton Rd., Twickenham, Middlesex, England.

### BERMUDA

AUGUST 1-4: **Pembroke, Bermuda**, Box 72, Hamilton, Bermuda.

Write: WATCHTOWER CONVENTION at any address above