

Metropolitan Life
INSURANCE COMPANY



YOUR
GUIDE
TO
GOOD
HEALTH

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your health—here's how!

Remember back when you were only 10 years old and all those grown-ups in their forties, say, seemed ancient? Well, now you're among those "ancient" forties (or thirties or fifties) and 65 or 70 probably seems just as far off to you, difficult to picture, not always easy to plan for. To some people, thinking ahead to old age while they're still young and vigorous sounds unnecessary or depressing, and so they hastily push any thought of it to the back of their mind. But if you are to enjoy the added years of life that medical science is making possible for so many of us, you owe it to yourself and to your family to plan for them right now.

If you're a 35-year-old woman, you may reasonably expect to reach 76, at least. And if you're a 45-year-old man, chances are good that you'll be around for another 27 years or more. So it simply isn't practical to assume that you won't live to a ripe old age—for it's entirely likely that you will!

Nobody wants to be considered a "health nut," a dreary bore about his diet, a chronicler of minor aches and pains. But planning for good health now and in the years to come need not be dull—nor difficult. We are healthy most of the time, thanks to our body's amazing adaptive ability. Most of the body's business is done without our even being aware of it. We do not need to tell our hearts to beat, our lungs to breathe, our tissues to re-

place themselves. Scurrying down the street to catch the bus makes us breathe more quickly, providing extra oxygen to burn body fuel faster for the extra spurt of energy. When we eat a meal, the flow of blood to the stomach increases, aiding digestion. And if germs enter the body, an efficient set of defenses goes into action to fight them off.

Being healthy is not the same as being not sick. Health is always relative, like beauty or success. No matter how much we have, we could do with a little more. And looking at some of the oldsters we know, we sometimes wonder if we are going to run out of our share of good health in the future. We may think that we, too, shall have to put up with a great many physical inconveniences (or worse) as we grow older. But some of the ailments that are blamed on "aging" can be avoided, or at least mitigated, by taking advantage of new health knowledge available and of wise medical supervision and guidance, beginning in our earlier years.

What is meant by "aging," anyway? The only generality about aging that holds true for all men and women is that every one of us begins to age at birth. But from that point forward our individual differences begin to appear and we age at different rates and even in different ways. All life involves change. In childhood the change is noticeable and dramatic: "My, how tall you've grown," is a recurring theme. The changes that occur in middle years usually are less apparent to others, but we ourselves are keenly aware that the print in telephone books appears to be shrinking, while the hill in front of the house unaccountably has grown steeper. But these are all normal changes to which most of us adapt readily. Our reflexes may be beginning to slow down a bit, but our reason and judgment are on the increase.

There just is no one set of rules that can guarantee good health for everyone. Each of us is unique and must adapt the general principles of healthful living to our own needs and our own limitations. The best way to increase our chances of enjoying good physical and mental health for a lifetime is to establish and practice health and safety habits that help keep us at our best most of the time.

The value of good health habits—an adequate, well-balanced diet, weight control, regular medical care, enough exercise and rest, adjusting to one's limitations and enjoying life's challenges—cannot be overestimated. None of this means slavishly following a set of inflexible rules. Making a sensible plan for good health is far different from being overly preoccupied with one's physical state, or being subject to hypochondriacal fears and worries. It means neither a boring routine nor an emphasis on health simply for health's sake. All of us want the by-products of good health—a sense of well-being, an enthusiasm for both work and play, the feeling that, despite everything, it's marvelous to be alive. The purpose of this booklet is to help you help yourself to good health now...and for a long time to come.

choosing a physician



Having a doctor is, of course, a "must" in your personal plan for good health. If you have a physician, you know how valuable he is to you, in health as well as sickness. Your doctor is familiar with your medical history, knows about any unusual reactions you may have to particular drugs, is alert to changes that may indicate illness. He acts as your medical adviser and consultant, performs periodic checkups, sees that you receive necessary immunizations against polio, "flu," and other preventable diseases, recommends ways to balance eating, exercise, rest. He is the one you turn to when "you don't know what ails you." When you are ill, he is the one who diagnoses your ailment, treats you, and supervises your recovery. When necessary, he refers you to specialists or consults with them.

You may not have a physician just now. Perhaps you are a newcomer in your town or neighborhood. Your usual physician may no longer be available to you for other reasons. Possibly you are one of those people who never has had a regular physician, even though you are careful to see that your youngsters

get necessary medical supervision. Perhaps you simply put the matter out of your mind for yourself because you usually feel well. That's understandable, but regrettable. An especially good time to select a physician is at just such a time—when you are well and can make your choice unhurriedly.

If you don't have a doctor, here are a few suggested ways to find the one who is right for you.

what kind of doctor?

Most of us want our doctor to be one we can turn to at any time with any health problem. A good many general practitioners fit this description; they can handle most of our usual health problems and will recommend specialists when necessary. Some people, especially those with chronic ailments, choose an internist as their personal physician. An internist specializes in the diagnosis and treatment of common internal diseases—heart and kidney diseases, arthritis, diabetes, infectious diseases, metabolic, endocrine, and nutritional disorders.

in solo practice or group?

While many doctors practice alone, in some communities comprehensive medical service is available through a group of physicians who pool their training and equipment. In any such group, there will be some who normally serve as personal physicians, calling upon their specialist colleagues when necessary.

how to find your personal physician

Consult the local county medical society. You will find it listed in your telephone directory. (If you have a physician, but are moving to a new community, ask your present doctor to recommend someone.)

or

Obtain from a good local hospital (that is, one accredited by the Joint Commission on Accreditation of Hospitals*) a list of physicians associated with the hospital as attending or visiting physicians.

or

If there is a medical school in your city or community, ask if

it maintains a list of recommended physicians in the neighborhood.

Before you choose, visit one or more of those recommended. You may wish to start with the physician whose office is closest to your home. Ask him the questions you want answered: about fees, house calls, his hospital affiliations, anything else you need to know before you decide. You might visit several physicians before you decide *this is your doctor*—the one who inspires you with confidence in his ability as a physician and his humanity as an individual.

If ever, for whatever reason, you become dissatisfied with his services and if a frank discussion fails to settle your differences, do not hesitate to seek another physician who will suit you better.

But, remember, no reputable doctor claims to be a miracle worker. (Beware of those who do! Each year, quacks and cultists bilk the American public of an estimated \$1 billion and may be seriously endangering the health of their victims.) You are demonstrating your own sense of responsibility for your health when you consult your doctor early if illness is suspected, when you see him for periodic checkups, and when you follow his advice and give his treatment a chance to work.

when to consult your doctor

Once a year, or more often if your doctor says so, you will want to have a complete, head-to-toe medical examination. Of course, if something bothers you between checkups, get in touch with your doctor right away—don't wait until it's time for your annual examination.

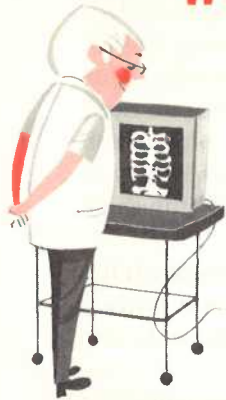
Although there are no exact guidelines, here are three valid reasons to consult your physician between checkups:

If what appears to be a minor illness seems to be getting worse, or if it persists for an unreasonable length of time.

If you are always tired, no matter how much sleep and rest you get.

If you notice what might be one of the signs of cancer.

what the doctor looks for



If it's your first visit, you can expect to tell the doctor the story of your life, so to speak! He's not prying when he asks all those questions about your health history, your past illnesses, your sleeping and eating habits, your work and what it entails, your recreations, even what you worry about. Actually, this information helps to give him a clear picture of your general health and a better idea of what to look for when he examines you. Don't be embarrassed to tell your physician about anything that is bothering you, whether it is a physical disturbance or something else you may be anxious about.

Your doctor will most likely weigh you, check your hearing and vision, and carefully examine your eyes, ears, nose, mouth and throat. He will record your blood pressure. He will also examine your heart and lungs, your abdomen and extremities, and test your reflexes. He will pay particular attention to hair, skin, and nails. A complete checkup in men will include a rectal examination, which also permits examination of the prostate gland. For women a complete checkup includes breast, rectal and pelvic examinations. Ideally the pelvic will include a cancer detection* ("Pap") test. Such checkups are particularly important for women over age 35 and should be done yearly. For persons age 40 and over a special examination of the eyes to detect the early evidences of glaucoma is desirable. If your own doctor does not make such tests, he may refer you to an eye specialist.

Routine laboratory tests usually include a urinalysis and a complete blood count. Your physician may want to have other diagnostic tests made—blood chemical determinations, for example—depending on what he finds on physical examination and the history you have given. X-ray examination of the chest and other parts of the body will be made when indicated.

An electrocardiogram is usually taken at periodic health examinations beginning at about age 40 but may be made at other times when your doctor considers it desirable.

This is preventive medicine at its best. Its purpose is not only to check on your present state of health, but also to spot any signals of disease that may develop to incapacitate you in the years to come. As was pointed out earlier, chances are you're going to live for quite some time so it is only sensible to plan, insofar as it is possible, for those added years to be healthy ones.

early detection

While the importance of regular physical examinations (and that includes periodic dental checkups as well) cannot be overestimated, that certainly does not mean that you are to worry about every little thing that might or might not happen. It does mean giving your doctor a chance to help you maintain your health by consulting him periodically. Here's just one example of how this actually works out: Many middle-aged people—without even knowing it—begin to lose sight because of glaucoma. But when the physician detects this disease early and starts proper treatment, blindness is almost always prevented.

Aside from detecting any signs of possible trouble later on, regular medical examinations can reveal minor conditions and living habits which need correcting. This is the time to ask your doctor the questions that have been on your mind. You may wonder about smoking and whether it increases the danger of lung cancer, heart disease and other ailments. Excessive cigarette smoking is now widely believed to be an important health hazard. Studies are continuing to further clarify how cigarette smoking affects health. Recent research suggests that the age at which smoking is begun and the depth of inhalation are more important than the amount smoked. Authorities strongly advise teen-agers especially not to smoke cigarettes. Because heavy smoking has been shown to aggravate high blood pressure and hardening of the arteries and chronic lung disorders of all kinds, persons with heart and lung disease are often advised to cut down their smoking or to stop altogether. Excessive drinking too is damaging to health; even moderate drinking may be dangerous in the presence of certain ailments, such as hepatitis or gout. That is why you and your doctor will discuss how much

you eat, smoke, drink—as well as how you feel in general. He may make recommendations—to take off a few pounds, for instance, or to get more exercise or rest. It's up to you to follow through. Let's consider your eating habits first.



eating the right foods

What you eat has a decided influence on how well you are, how well you stay, and how much energy you have...at any age. Yet most people don't want to spend a lot of time thinking about whether the food they eat is good for them. Fortunately, you don't have to, for many foods contain the elements you need for good health, and eating a variety of foods is all that is necessary for a well-balanced diet. It is amazing that eating wisely is so relatively simple, because the human body puts food to a great many different uses. Food provides not only fuel for warmth and energy, but material to regulate many functions of the body. What you eat has an effect on whether you catch cold easily and whether you recover quickly from an illness. It influences to a great extent the quality of skin and hair and teeth. Feeling good, having enthusiasm and pep—even having a good appetite—depend a great deal on what you eat.

But often the effects of not eating the right foods in early and mid-life do not show up until many years later. So to avoid poor health in the years to come—and now, too, of course—you will want to see that your diet contains:

A food rich in protein at every meal for the maintenance and repair of body tissues. (Meat, poultry, fish, eggs, milk and milk products.)

A green or yellow vegetable at least once a day for essential minerals and vitamins.

A vitamin C food every day for healthy blood vessels, bones, teeth and gums. (Oranges, grapefruits, tomatoes, etc.)

Whole-grain or enriched breads and cereals for energy.

There is a wide range of choices among these foods. If you don't like spinach, a long list of other vegetables—from asparagus to zucchini—will do as well. If you like whole wheat cereal better than oatmeal, and tomato juice better than oranges, by all means have whole wheat cereal and tomato juice instead of oatmeal and oranges. If you don't like milk, that most useful of foods, you don't have to drink much if, instead, you'd rather have cheese and ice cream. And when you enjoy your meals and eat a variety of foods, you have the best recipe there is for wise eating. But wise eating is a matter of quantity, too.

how much is too much?

Perhaps at your last checkup your doctor advised you to cut down on your calories in order to reach or maintain your best weight. This is another important preventive health measure—and it's strictly up to you. Overweight has proved to be a very real health threat, especially in middle years when excess poundage is closely connected with specific health hazards—heart and circulatory disorders, diabetes, and other ailments. Studies show that young men, in their twenties and thirties, are susceptible to rapid weight gain, while women may start to put on extra weight in their thirties and forties. Prevention of overweight is the best answer for both sexes.

In addition to the potential threat to health and longevity, life is much easier in many ways for people who are not too fat. They have more fun buying and wearing attractive clothes, for one thing. They feel and look better. They are less likely to suffer from backaches, foot troubles, constant fatigue, and a host of daily discomforts. Normal weight is worth the effort it takes to reach and keep—worth it in terms of everyday comfort and of a healthier and longer life.

That's why it pays to keep tabs on your Appetite I.Q. But even the "educated appetite" can be deceived by hidden calories—those extras in fried foods, the second pat of butter in vegetables, cream in coffee. Yet these concealed calories are an invitation to overweight. By eating only 100 calories a day more than you need, you may gain as much as 10 pounds in one year!

Sometimes pounds start piling up when you don't get enough exercise yet continue to eat as though your work and play still demanded the same quantities of energy-giving foods as before. What many people do not realize is that the body's energy requirements usually change after age 30 or 40. As a person gets older, physical activity slows down, and fewer calories are needed to maintain weight. The trouble is that eating habits usually stay exactly the same as they were earlier. If you have a fairly accurate idea of what your desirable weight should be (see the Desirable Weight Tables on page 30), you can make a day-to-day effort to eat and exercise to keep yourself at that weight, for good. If you do start to gain, don't wait to lose weight. Take some action before it becomes a large problem. Here are several easy ways.

Eat smaller helpings than usual. Cut out rich sauces, gravies, desserts.

Be choosy about snacks. Select protein foods and others that contain nutrients instead of "empty-calorie" sweets.

Get some exercise every day. (More about that in the next section.)

You will find other helpful suggestions in *Metropolitan Life's Four Steps to Weight Control*.

sifting fact from fallacy

You may be tempted to try a particularly appealing "miracle diet" you've heard about, or to experiment with so-called health foods that promise amazing and rapid results for reducing weight...but don't! Exaggerated claims for special foods or reducing drugs are unscientific. Before launching any full-scale attack on overweight, be sure to consult your physician. Only under his supervision can you be sure that your weight-losing campaign is safe and effective.

Few people are entirely immune to the widespread fallacies and superstitions surrounding the subject of food. Sifting fact from fallacy is even more difficult when half-truths and misleading information masquerade as scientific knowledge. But you can fortify your resistance to fraudulent claims by turning to reliable sources for information. The United States Depart-

ment of Health, Education and Welfare (Washington, D. C. 20025) publishes excellent literature on nutrition and food selection. Many state and local health departments also offer topnotch materials, as do State University Extension Services.

exercise, rest, relaxation

All three in proper balance are essential to health. In talking over your living habits with you, your doctor may have suggested that you get more rest or take more exercise or schedule more time for recreation. Responsibilities seem lighter, worries and tensions subside, pep and enthusiasm mount when you add relaxation to your plan for good health.

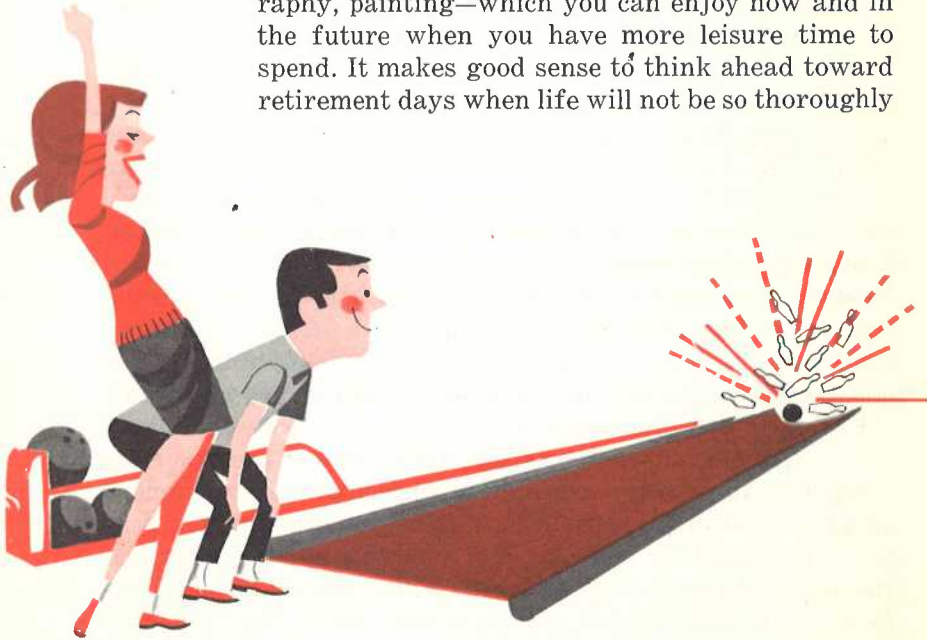
exercise

It's true that many people literally need to get moving. (Your physician may even have numbered you among them!) Today's living, with its sedentary work, spectator sports, and modern conveniences, makes it imperative for some of us to exert ourselves more. To be in good health, to maintain best weight and muscle tone, everyone requires a reasonable amount of physical exercise. This is especially true when work is of the push-button variety, no matter how much mental exercise it takes. But wait...don't go away tired before you consider a plan for action! Exercise does not have to be either laborious or time-consuming. One of the simplest ways is to make it a point to walk when you do not absolutely have to ride. You can walk to the corner store or to the station, for example, instead of hopping into a car or a bus for short distances. Walking is a fine way to keep yourself in good shape. Perhaps you may need or prefer a more energetic program for action. Your physician may recommend specific physical fitness exercises—designed for either a man or a woman—which take only 10-15 minutes a day. Remember, you do not have to overdo to get results. (Read *Metropolitan Life's Exercise Guide* for more about specific exercises and how to do them.)

If simple exercises do not appeal to you, you might choose instead an activity that you can enjoy regularly—such as swimming or bicycling or bowling. But don't hurl yourself into a weekend of strenuous sports after a week of little physical activity. Go at it gradually at first, until you become accustomed to the increased effort.

Converting exercise into recreation—golfing, gardening, hiking—makes it more fun for many people. Everyone needs an occasional break from routine, not only to keep life interesting, but to relieve minor tensions which the everyday world has a way of producing. Balancing work with play is a wise investment in health—both mental and physical.

You might also devote some thought to developing a truly absorbing hobby—carpentry, photography, painting—which you can enjoy now and in the future when you have more leisure time to spend. It makes good sense to think ahead toward retirement days when life will not be so thoroughly



work-centered, or family-centered, as the case may be. It's not just "busy work" to fill empty hours, but doing something creative and constructive that gives a person a sense of satisfaction.

rest

This is just a gentle reminder that nobody—not even a genius—can get by in the best of health for long without enough sleep and rest. Certainly there are exceptions, but most adults need seven or eight hours of sleep out of twenty-four. Older people usually require fewer sleeping hours than the young and the middle-aged.

On the whole, how you feel is probably the best gauge of whether you are getting enough sleep. If you have plenty of pep for the day's work with energy to spare for recreation as well, you know you're doing all right. But if you feel tired and out of sorts too often, the answer may be as simple as going to bed earlier. Why not try it and see if it doesn't give you a lift and brighten your outlook besides. The answer is not so simple, however, if worries and tensions continually interfere with your getting a good night's sleep. Most people have occasional bouts with insomnia, but persistent sleeplessness is something to discuss with your doctor.

relaxation of tensions

Emotional tensions can and do play a prominent role in many physical ailments. This is easy to understand when you realize that your mind and body work together—not as separate units. Feelings influence the body's functioning, just as surely as the body's working order reacts upon the mind.

Tension, of course, is inevitable in life, and not always undesirable. A healthy amount of tension serves us in two ways. First, it is a kind of shield against danger or trouble, because it usually makes us act to protect ourselves. Second, tension heightens pleasurable emotional experiences. That is shown in the difference between watching a close ball game and a "shoo-in," for example.

Not all tensions are this pleasant, but most of us can find ways to relieve those bothersome ones we are aware of. Talking troubles out, working off tensions in physical activity, learning to accept what cannot be changed—all these are useful in helping us cope more successfully with many problems. But sometimes it is not that easy. Emotional conflicts and tensions may often become buried because they are too painful for a person to acknowledge. More and more physicians understand this connection between tension one is unaware of and physical health, and they try to help their patients to recognize those tensions and live with them more comfortably.

Physicians will often call upon more expert help when it is indicated. Mental hygiene clinics, guidance clinics, family service agencies, psychiatrists and clinical psychologists specialize in helping to get at the root of emotional disturbances. Cutting tensions down to size and living with those that remain can make the fundamental difference between enjoying life or enduring it... now and in the years ahead.

Knowing where to turn for assistance is one of the greatest assets you have in protecting and improving your health. Most people do not become acquainted with community health resources until they need them. Often they are not even aware of the scope and quality of services that can be called upon. Yet learning about available health facilities can be reassuring—and important, if you should ever require them. In the section that follows you will find a guide to the kinds of health resources generally found in most communities.

community health resources

“No man is an island,” a celebrated preacher-poet wrote. Although being healthy and staying that way is pretty much up to each of us as individuals, we can’t always “go it alone.” When we or members of our family are ill, we become more than ever aware of our dependence on others—for diagnosis, treatment, care, advice and help.

Very likely the first person you will consult is your own doctor—who knows you and your health needs. When necessary, he will draw on his wide experience with hospitals, voluntary and official health agencies and social service agencies in your area and elsewhere. In addition, he may consult directories of community resources which are available in many cities and counties for use by physicians, nurses, social service workers, clergymen and other professionals. The general public can usually find these directories in public libraries.

In some areas the existing health facilities may be in need of improvement. If this is so in your community, you may wish to participate in or help to form groups that seek to strengthen local health resources. Working as a volunteer in a hospital or agency is a concrete way to contribute to community health.

hospitals

More and better medical care is being given in hospitals than ever before, owing to unparalleled advances in medical and surgical discoveries and techniques. Some of today’s hospitals are community health centers. They offer comprehensive health services that range from prenatal care through diagnosis and treatment of disease, and beyond that, rehabilitation services, emergency and other outpatient services, patient and community health education and, in some instances, home care.

Although many are expanding and improving their services, more than half of the 7,000 hospitals in the United States have fewer than 100 beds. Whatever the size of the hospital, the number of its beds, the magnitude of its staff and programs, the first concern is: *How effective are its services?* Many hospitals

carry on vital health research and train doctors, nurses, medical technicians, therapists and others. These efforts contribute to their *chief* function — providing patient care of high quality.

quality of hospital care

To use the inpatient facilities of most hospitals, customarily a patient must be admitted under the care of a physician who is a member of the hospital's attending medical staff. That is why it was suggested earlier that when choosing your physician, you might ask him about his hospital affiliations. As a member of its staff, he shares the responsibility for seeing that the hospital meets professionally acceptable medical care standards.

A reliable shortcut to help you determine the quality of a hospital's medical care is to learn whether or not the hospital is *accredited*, that is, approved by the Joint Commission on Accreditation of Hospitals. At the request of a hospital, members of the Joint Commission — the American College of Physicians, American College of Surgeons, American Hospital Association, and the American Medical Association — survey its medical and nursing care, safety practices and other facets of administration. If Commission standards are met, the hospital is accredited — subject to periodic reappraisal. Four out of five of all admissions to hospitals in the United States are to hospitals accredited by the Joint Commission. Look for a certificate of accreditation in the hospital's lobby, or ask about it.

Another index of a good hospital is the fact that it is a "teaching hospital." Most of these hospitals have affiliations with medical schools, and are approved by the American Medical Association for training resident physicians, interns, medical students and nurses. Care is likely to be of high quality and to incorporate the most up-to-date medical knowledge.

In many communities, no choice of hospitals exists. Perhaps you must travel a considerable distance to reach *any* hospital. If, on the other hand, you are so fortunate as to live in an area served by several hospitals, you may find the variety of possible choices somewhat perplexing. On the next page is a simple guide to the kinds of hospitals that may be available to you.

kinds of hospitals — who sponsors?

1. Voluntary non-profit hospitals: Governed by an unsalaried board of trustees composed of community leaders or members of a religious order, this type of hospital is supported by patients, private endowments, and contributions. About half the hospitals in the United States are in this category. Most Americans receive treatment in such hospitals.
2. Private (proprietary) hospitals: Frequently operated by laymen as a business, private hospitals generally are run for profit. In some areas a private hospital may be organized by a group of physicians as a convenient place to treat their patients. Only a small fraction of total hospital care in this country is given in private hospitals.
3. Public (governmental) hospitals: Supported by federal, state or local tax funds, or a combination of these, for use by special groups such as servicemen, veterans, patients with long-term illnesses.

meeting costs

Each year one in every eight Americans seeks hospital care — a lot more than in grandfather's day. It's not that we are becoming a sicker nation, but rather that hospitals today are able to provide more effective services leading to better health and longer life. Just about every time a hospital improves a service or adds a new one, its costs go up — for more highly trained personnel, for new equipment and other improvements. Even though hospital rates too mount steadily, they seldom cover the entire cost to the voluntary non-profit hospital of providing high quality care for those who can afford to pay as well as those who cannot. Other sources — community chests, private philanthropy and tax funds for care of those without resources — help make up the deficit.

Keeping hospital costs within bounds is a challenge to hospital administrators, physicians and patients alike. Efficient hospital administration helps keep costs down. By refraining from unnecessary use of hospital facilities, physicians and patients help keep hospital insurance rates from rising.

Virtually all of us have a stake in this problem, since most self-supporting Americans meet their hospital bills through some form of hospital expense insurance. This arrangement assures both the hospital and the patient that a substantial part of the bill—in some instances, the entire bill—will be paid without causing hardship. But plans vary. Be sure you know how much protection your insurance gives you and review it from time to time to see that it meets your changing circumstances.

nursing homes

When a patient cannot be cared for at home yet does not need hospital care, a nursing or convalescent home may be the answer. Increasingly they are caring for aged persons, as well as those of all ages recovering from surgery or serious illness. Before you choose a nursing home, ask your doctor about it or check with the government agency charged with licensing it.

All states require that nursing homes be licensed. They must meet standards regarding medical and nursing requirements and safety and sanitary regulations. State or local departments of health or welfare usually carry out the inspection functions and assist nursing homes to improve their facilities and services.

As the number of aged in our population increases, nursing homes are being called upon to accommodate more people than they were originally built to house and serve. Sometimes facilities are inadequate. There may be a shortage of professional and other trained workers to care for patients. Voluntary and official community agencies, the AMA, the American Nurses Association, the American Nursing Home Association, the U. S. Public Health Service and others are developing standards of patient care and safe construction for nursing homes, and offering assistance. Through their joint efforts and the interest of the public, we may look forward to steady improvement in nursing home facilities and services.

voluntary health agencies

Americans are noted for their generosity and willingness to help one another. This trait is especially responsible for the growth of voluntary health agencies. These organizations are

supported by you—the individual—through contributions to community chests and fund-raising drives of single agencies. Familiar examples are: the National Foundation (formerly the National Foundation for Infantile Paralysis), the American Heart Association, the American Cancer Society, the National Tuberculosis Association, the National Association for Mental Health. There are many, many more.

A good deal of the money these organizations raise goes into health research and public education. Many of these voluntary health organizations also offer direct services to those who need them, to supplement the services of their own physicians. Although these organizations have national headquarters in large cities, many have local affiliates offering service programs geared to local needs. If you or a member of your family has a chronic disease or disability, chances are there is a voluntary health agency that can provide valuable assistance and counsel. Your physician or a family service agency (see page 22) can help you locate the most suitable one. Check your telephone directory too for the local chapter of a health agency that specializes in the disease which concerns you.

visiting nurse associations

In many communities, visiting nurse service is available to supply part-time nursing care for patients at home, with charges adjusted to the patient's ability to pay.

The visiting nurse who gives care in the home may be a registered nurse with additional formal training in the broad problems of community health. Or she may be a licensed practical nurse working under the supervision of a professional nurse. She gives care under the direction of the attending physician and teaches someone in the home how to give care between her visits. She helps others in the family too—with health instruction and referrals to other agencies that may be of help. Families may request her services for one of their ailing members. Physicians may ask her to visit their patients who need care and treatment that only a nurse can give. Hospitals turn to her to help patients continue their recovery at home, rather than prolonging their hospital stay unnecessarily.

family service agencies

These agencies have staffs of social workers trained to recognize many kinds of problems that disturb a family's peace of mind. They are concerned with physical and mental health and family relationships. They provide a professional and sympathetic yet realistic "listener" and adviser in the problems of daily living, and also are excellent guides to other community resources. Social service workers can suggest where to get help for a handicapped child, for an aged parent, for a marital problem, to name only a few instances.

Family service agencies usually operate on a sliding fee scale, adjusting their charges to the financial means of their clients. Families of all income levels have found these services invaluable.

official health agencies: health departments

The major functions of health departments are to prevent disease and to control its spread. Everyone is in favor of those aims. Sometimes disagreements arise concerning the specific programs proposed to accomplish them. Safeguarding the purity of the food, drug, and public water supply is a basic duty of health departments. Most perform many other kinds of needed services such as initiating community accident prevention programs.

Guarding the health of the country as a whole is within the province of the Federal Department of Health, Education and Welfare, particularly through its Public Health Service. Part of the function of the Public Health Service is to help states and local governments through financial aid and technical assistance. Every state has a department specifically charged with protecting the public health. Most cities and counties have local health departments of their own. Some areas have health officers only; some small communities have no local health agencies at all. If there are no official health agencies in your area, or if the existing ones are inadequate, you may be interested in joining with some of your neighbors, with parent-teacher groups, with fraternal organizations you belong to, in

working through local government channels to establish the safeguards your community needs.

Throughout the United States there is a wide diversity of health department services. In some areas, the health department may not only perform the essential disease prevention functions, such as communicable disease control and sanitary inspections that benefit the community as a whole, but also may offer other services, such as home nursing care, well-baby clinics, school health services, safety programs, cancer detection-prevention examinations for men and women. By helping to raise the general level of health, such services benefit the entire community as well as the individuals who receive them.

occupational health programs

If you are a working man or woman, perhaps you receive certain health services from your employer, your labor union, or the two working together. Management and labor, whether separately or cooperatively, have developed many health programs for employees. As a prospective employee, you may receive a pre-placement medical examination. Often emergency care is provided on the job. There may be more extensive medical and nursing care for job-connected injuries and illnesses. A periodic health examination may be part of the employee health program. Some industries conduct extensive health and safety education programs for their employees, both on and off the job. Health insurance, hospital insurance, or both may be an added benefit of your employment.

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Thanks to the wide variety of our community health resources, no American need lack for health guidance and medical care. It remains for each of us, however, to seek out the care we need, to follow professional advice faithfully, and once the best possible level of health is achieved, to do all we can to keep it up. You will find in the following section useful guides to help you deal with the common health concerns of daily living.

YOUR HEALTH RECORD

Fragments of your health record may be available in numerous and possibly far-flung files: those of physicians, schools, hospitals, employers, armed forces and others. But only *you* can keep the essential highlights in one place, and it is well worth the effort. This record, kept accurate, complete and up-to-date (with the help of your doctor) will serve as a handy reference and reminder under many conditions: when consulting your own or a new physician, when hospitalized, when applying for a job or passport, to name a few. Be systematic about your health record and keep it handy. Although such a record cannot be considered official, its contents frequently are informative and time-saving.

Name	Date and place of birth	Blood type
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CHILDHOOD DISEASES

	<i>Approximate date</i>	<i>Degree of severity</i>	<i>Additional details</i>
Measles			
Mumps			
Chickenpox			
German measles			
Others			

FAMILY HISTORY

	<i>Hereditary and other important illnesses</i>	<i>Dates and causes of death</i>	<i>Age at death</i>	<i>Additional details</i>
Father				
Mother				
Brothers and sisters				

PHYSICAL IMPAIRMENTS

<i>Type</i>	<i>Cause</i>	<i>Date</i>	<i>Additional details</i>

CHRONIC DISABILITIES

	<i>Date first diagnosed</i>	<i>Doctor (name and address)</i>	<i>Additional details</i>
Diabetes			
Heart trouble			
Malignancies			
Digestive disorders			
Respiratory disorders			
Nervous disorders			
Others			

check your medicine chest

It's a good idea to clean out your medicine chest regularly, and to throw away all unused portions of prescriptions. They cannot be safely swapped around the family or saved from year to year. When you feel ill ask your doctor what medicine — if any — he wants you to take. Don't decide on your own to use the same prescription he gave you once before.

Label all medicines clearly, keep them in their original containers, and always turn on the light before taking medicine from the cabinet. It's a good idea, too, to read the instructions twice before using any medicines. Youngsters from one to three will put almost anything in their mouths. So, if you have young children in the house, keep all medicines beyond their reach way up on a high shelf. Remember that practically any medicinal preparation — even aspirin — can harm a young child if he takes enough of it. See that all medicines are safely in the cabinet and not left lying around.

If things tumble out when you open the door, it's surely time to work out a new storage system. Maybe all first-aid supplies should be kept together on a closet shelf instead of in the cabinet. Or perhaps all cosmetics should be banished to the bedrooms. There's bound to be a solution to the space problem somewhere — and it's wise to find it before someone gets hurt.

KEEP THE FOLLOWING SUPPLIES ON HAND

ABSORBENT COTTON

ADHESIVE TAPE AND BANDAGES *Ready-made dressings are available in a variety of shapes and sizes.*

ALCOHOL, RUBBING

ANTISEPTIC FOR CUTS AND SCRATCHES

} *Ask your doctor what he prefers you to use.*

APPLICATION FOR BURNS

AROMATIC SPIRITS OF AMMONIA *Useful when someone faints.*

ASPIRIN *Useful for relief of minor pain, but should not be used extensively without a doctor's advice.*

BICARBONATE OF SODA *Can be used in a solution as an eyewash and a gargle.*

PETROLEUM JELLY *For abrasions of the skin, chafing, sunburn.*

SCISSORS

THERMOMETER, CLINICAL

Cholesterol – fat-like substance found in all animal fats and oils as well as in the brain and blood.

Chronic illness – a long-lasting disease. (Example: arthritis)

Colitis – inflammation of the colon (large intestine).

Concussion – injury to brain, spine, or other part of the body, usually resulting from a severe blow.

Coronary – relating to the arteries which supply blood to the heart.

Coronary thrombosis – formation of a blood clot in the coronary artery interfering with the blood supply to the heart muscle. Also called coronary occlusion; heart attack.

Congenital – a condition existing at birth.

Diabetes mellitus – a disease in which sugar is inadequately used by the body.

Dermatitis – inflammation of the skin.

Dermatology – medical specialty concerned with skin diseases.

Edema – swelling caused by collection of fluid in tissues.

Electrocardiogram – a graphic record of the electrical currents produced by contractions of the heart muscle.

Electroencephalogram – a graphic record of the electrical currents developed by action of the brain waves.

Embolism – sudden blocking of a blood vessel by a clot or obstruction.

Enteritis – inflammation of the intestine.

Gamma globulin – a derivative of human blood which, when injected, gives temporary protection against a number of diseases, such as measles and hepatitis.

Gastritis – inflammation of the stomach.

Glaucoma – a disease of the eye marked by increased pressure, with damage to the retina and the optic nerve.

Glucose tolerance test – a test of liver function.

Gynecologist – physician who specializes in diseases of the female genital tract. May also practice obstetrics.

Heart murmur – any sound heard in the heart region in addition to the regular beat.

Hemoglobin – coloring matter in red blood cells.

Hepatitis – inflammation of the liver.

Hernia – a rupture; protrusion of part of an organ through its surrounding wall.

Hypertension – high blood pressure.

Hyperthyroidism – overactivity of the thyroid gland.

Hypotension – low blood pressure.

Hypothyroidism – underactivity of the thyroid gland.

Hysterectomy – surgical removal of the uterus.

Internist – a physician who specializes in diagnosis and treatment of internal diseases.

Jaundice – yellowness of the skin and eyes caused by an excess of bile pigment.

Laryngitis – inflammation of the larynx (voice box).

Mastectomy – surgical removal of the breast.

Mastitis – inflammation of the breast.

Mononucleosis – glandular fever.

Myopia – nearsightedness.

Nephritis – inflammation of a kidney.

Neuritis – inflammation of a nerve.

Obesity – excessive fatness.

Obstetrician – a physician who supervises pregnancy, delivers babies and gives care following childbirth.

Ophthalmologist (or Oculist) – physician who specializes in eye diseases and eye surgery.

Optometrist – person trained to examine eyes for the purpose of prescribing eyeglasses. Not a physician.

Optician – person trained to fill prescriptions for glasses. Not a physician.

Orthopedist – physician who specializes in diseases and deformities of bones, joints, spine.

Otolaryngologist – physician who specializes in ailments of the ears, throat, sinuses, and nose.

Patch test – test for allergy made by applying to the skin a piece of cloth containing the suspected substance.

Pathology – medical specialty concerned with studying the nature of disease, and the changes in tissues and organs which cause or are caused by disease.

Pediatrician – physician who supervises health and treats illnesses of children.

Peptic ulcer – an ulcer in the stomach or intestine caused by the abnormal action of digestive juices on the tissues.

Phlebitis – inflammation of a vein.

Polyp – growth on the mucous tissues, such as the lining of the nose, bladder, stomach, intestine, uterus.

Post partum – after childbirth.

Presbyopia – farsightedness.

Proctology – medical specialty treating diseases of the rectum.

Prognosis – prediction of the probable course and results of a disease.

Prostate – a small gland located just below the bladder in men.

Psychiatrist – physician who specializes in the diagnosis and treatment of emotional problems and mental illness.

Psychoanalyst – psychiatrist trained to use a special technique (psychoanalysis) in treating emotional and mental disturbances.

Psychologist – person qualified to administer and interpret the findings of psychological tests. A *clinical* psychologist also treats emotional disorders.

Pyorrhea – inflammation of the tissues around the roots of the teeth.

Radiologist – physician who specializes in taking and interpreting X-rays; using radium, X-rays and other radioactive substances in treatment of disease.

Retina – the inner coat of the eye on which light rays are focused.

Sinusitis – inflammation of the sinus.

Tendon – a white fibrous cord which connects muscle to bone.

Therapy – treatment of disease.

Toxemia – blood poisoning.

Trauma – an injury.

Ulcer – open, usually pus-producing sore.

Urologist – physician who specializes in diseases and disorders of the genito-urinary tract.

Wassermann test – a blood test for syphilis.

additional reading

You may be interested in the following
Metropolitan publications:

First Aid for the Family

Home Nursing Handbook

*Metropolitan Life's Four Steps
to Weight Control*

Metropolitan Life's Exercise Guide

Panic/or Plan?

Stress—And Your Health

Your Heart