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HUMAN BUDDIES MAKE SURE RATS PROSPER, MULTIPLY HERE

(By Rose DeWolf)

Maybe a man's best friend is a dog, but a rat's best friend is a man.

Sure, men say nasty things about rats—call them disease-carriers and baby-biters and property-destroyers, and dirty no-goods and things like that—but the rats aren't insulted.

Deep down they know that man is their friend. Who else than their human buddies supplies them with more food, water and shelter?

The above theory belongs to Browne C. Lucas, chief of the environmental section of the Philadelphia Health Department. Lucas is being only a bit whimsical when he describes the lowly rat's warm feelings for Philadelphians.

Philadelphians are great litterers, for example. We don't just drop papers. "We have a lot of people who don't want to wait for garbage collection so they just put a bag of garbage in their car and on the way to work they deliver it by airmail . . . that is, they toss it out the window onto a vacant lot," says Lucas. "The rats get breakfast in bed . . . what more could they ask for?"

The subject of rats came up most recently because the U.S. House of Representatives considered and rejected a bill that would have provided $40 million over a period of two years for rat control projects.

Since the bill was defeated, there is no way of knowing what Philadelphia's share of this might have been.

Browne C. Lucas feels it might have been around $200,000 a year. The city now spends $150,000 a year on rat control and Newell E. Good, the city public health entomologist recently said that amount does not even enable the city to keep even with the rats.

Lucas says you can't really estimate how many rats there are in Philadelphia. New York City estimates their rats at one per person or 8 million rats, but Lucas says there is just no accurate way to count them.

Last year the city received 6,000 complaints about rats. The phone calls, Lucas says, do not accurately reflect the problem. There are undoubtedly more rats in the slums than in the Northeast, for example, but more rat complaint phone calls come from the Northeast than from the slums. The difference, Lucas says, may be due to the attitude of the residents in demanding service from a public agency.

Rats are a problem, not just because of their potential as disease carriers (in fact, there really haven't been any rat-type plagues of late), but because they gnaw and therefore damage so much property. They are also unesthetic to most tastes.

Rats gnaw constantly. They have to. A rat's lower tusks grow two inches a year and if he didn't wear them down by gnawing, they'd grow up into his head and he'd actually stab himself to death. Rats gnaw through anything except metal.

Lucas keeps urging people to enclose their garbage in metal containers with tight lids but he thinks a more extensive (and expensive) educational program is needed before he'll get results.

The average Philadelphia rat, incidentally, is of the rattus norvegicus variety (as opposed to the rattus rattus variety which dwells cleanly in laboratories), weighs about a pound, sees everything in shades of gray and is pretty smart.

Rats, says Lucas, are fussy eaters. They prefer clean, dry garbage to messy, rained-on garbage if they can get it . . . and they usually can. The city's sewer system is a big underground highway for rats, despite constant gassing and fogging efforts to discourage them. They go where they feel welcome—that is where food and shelter are easy to come by.

Philadelphia is never going to eliminate rats, says Lucas. As long as one male and one female escape the traps, ratdom can continue to flourish. But rats can be controlled if money is available for both rat-poisoning and man-educating projects, he says.

Meanwhile, as long as man is content to have the rat in his midst, the rat is perfectly content to stay there.

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## HEALTH CHECKUPS AND "MIDCAREER CONSULATIONS"

Mr. MONDALE. Mr. President, the Wall Street Journal of June 8 contained an informative article about the increasing effectiveness of periodic health checkups in facilities designed expressly for effective, pleasant, and timesaving screening procedures.

I believe that the article is significant, and I ask consent that it be printed in the RECORD. The article is timely because health screening is receiving more and more attention from doctors and others who believe that prevention of disease should be at least as important a health goal in this Nation as treatment of disease.

As the article says, periodic examinations can detect the earliest signs of disease that could become chronic without early, preventive methods. I am impressed, for example, with the finding at one clinic that 3 percent of the people examined at one clinic have ulcers. I am even more impressed with the American Cancer Society that 50 percent of the U.S. population has never had a thorough health examination.

Perhaps, in view of such neglect, we should not be surprised that recent surveys show that 87 million living Americans, or 46 percent of the population, suffer from one or more chronic disorders. And it is not surprising, although it is appalling, that the total cost of chronic disease costs our economy an estimated $57.8 billion annually.

Fortunately, Congress has already received a proposal that would make health screening available to many Americans. The chairman of the Senate Special Committee on Aging, the Senator from New Jersey [Mr. WILLIAMS] has been persuasive and energetic in his efforts to advance the Adult Health Screening Act, or, as it is called in the Wall Street Journal, "Preventicare."

When Senator WILLIAMS first advanced the Preventicare bill early last year, he was pioneering in a new area. But within a relatively few months, the "Preventicare" concept had won many supporters. At a hearing last September of the Subcommittee on Health of the Elderly of the Committee on Aging, for example, distinguished experts from medicine and related fields made a compelling case for action along the lines suggested by the Williams legislation.

Health screening, to be effective for large numbers of people, should make full use of modern equipment now available. The Williams bill proposes the establishment of regional centers with links to satellite centers. Computers, automatic blood chemistry analyzers, and semiautomated equipment could be used effectively and economically. As the Wall Street Journal article implies, such arrangements would save the time of physicians by relieving them of many routine tasks now associated with the traditional physical examination. Under the "Preventicare" proposal, Americans past 50 would receive such screening if they wish to do so. Their physicians would analyze the findings provided by screening.

Mr. President, the new advances in health screening are directly related to a study now underway by the Subcommittee on Retirement and the Individual of the Senate Special Committee on Aging. At its opening hearing on June 7, the subcommittee heard from John Gardner, the distinguished Secretary of Health, Education, and Welfare. One of his major proposals called for midcareer clinics "to which men and women can go to reexamine the goals of the working life and consider changes of direction." As the Secretary said:

> Consultation has a great deal to do with retirement because if the individual reaching retirement is fully alive and accustomed to thinking constructively about life's transitions, he will be far better fitted for the next stage of the journey. All too often the man reaching age 65 has spent much of his work career in a routine or a blind-alley job, has been denied the opportunity to think actively and constructively about the use of his abilities, and has learned no new skills or interests for years. Then we plunge him into one of life's toughest adjustments and expect him to make it easily.

As chairman of the Retirement Subcommittee, I have since asked for opinions on whether health consultation should also become part of the midcareer assessment. Knowledgeable witnesses have agreed with my premise that screening for incipient disease can indeed be effective in middle age or even before—or at just about the time a person should receive midcareer consultation. I shall continue to gather testimony and opinions about the relationship of screening and preparation for retirement, and I shall also seek more information about the possible relationship of the "preventicare" proposal to comprehensive midcareer planning. I believe that the two ideas could well complement each other, and I think that the time has come for serious thought to be given to each.

The PRESIDING OFFICER. Is there objection to the request of the Senator from Minnesota?

There being no objection, the article was ordered to be printed in the RECORD, as follows:

SAY "AAHHH"—MORE AMERICANS RELY ON PERIODIC CHECKUPS TO SPOT AILMENTS EARLY—HOW A THOROUGH HEALTH EXAM IN A PRIVATE CLINIC DIFFERS FROM THE ROUTINE "PHYSICAL"—A PROPOSAL FOR "PREVENTICARE"

(By Jerry E. Bishop)

NEW YORK.—The room is small and quiet, and the young lady is blonde and comely. She places a cool hand on the reclining man's forehead, looks into his eyes and says gently: "Look up and don't blink."

Then she touches a pressure gauge to his eyeball.

An anticlimax, perhaps, but one only to be expected. The young woman is a medical technician using the small cylindrical pressure gauge to administer a tonometer test—that is, to check the man's eyes for signs of glaucoma.

The tonometer test is one of more than 30

different tests and examinations that make up a comprehensive health examination—commonly known as the yearly checkup. It is administered about midway through the four-hour-long checkup given by technicians and physicians at Manhattan's big Life Extension Institute, a 54-year-old private organization that specializes in providing periodic health examinations to corporate executives, employee groups and individuals.

The exam includes X-rays, blood and urine analyses, electrocardiograms, lung tests and a host of other procedures aimed at spotting tell-tale signs of afflictions ranging from cancer and heart disease to ulcers and gout. Usually diseases that are detected early enough can be cured or arrested more easily.

NEGLECTED CHECKUPS

For decades, doctors have been advocating—and most Americans have been avoiding—yearly health checkups. A recent survey by the American Cancer Society indicates that 50% of the U.S. population has never had a thorough health exam, and only 25% undergoes health exams regularly.

But periodic examinations are beginning to find new favor among Americans. Skyrocketing costs of medical care are being borne increasingly by health insurance and Government programs such as medicare and Medicaid. Acting on the theory that a disease caught in its early stages is less costly to treat, those who pay for or administer such programs—employers who pay insurance premium, insurance companies, medical care plans and others—are trying harder to prod people into making regular checkup visits to physicians.

More important, still, the chronic diseases that periodic exams are designed to detect and prevent have replaced fast-striking, unpredictable infectious illnesses as the major causes of death and disability. Heart disease, cancer and stroke currently account for 70% of all deaths in the nation. And health authorities estimate that more than 87 million living Americans, or 46% of the population, suffer one or more chronic disorders, ranging from arthritis and cataracts to diabetes and heart disease.

RAISING THE CANCER "CURE RATE"

Many medical men claim that new methods of disease detection and prevention can make periodic checkups a major weapon in stemming this rising toll. The Cancer Society says annual checkups using existing early detection and diagnotic techniques could help raise the cancer "cure rate" to half of all persons afflicted with cancer from the present cure rate of one-third.

Some lawmakers even are urging that the next big Federal medical program be oriented toward regular examinations of apparently healthy people. A Senate subcommittee has called for a Federal effort to promote mass screening programs to detect the more common chronic diseases. Sen. Harrison A. Williams (D., N.J.) has introduced a bill for a Federal "preventicare" program to provide health examinations for all persons 50 and over.

GRUMMAN'S PROGRAM

Many large corporations are convinced of the worth of providing periodic health examinations for valued employes. This year about 1,000 Grumman Aircraft Engineering Corp. employes over 50 will undergo complete checkups at New York City's Strang Clinic as a cost to the company of about $60 a person. Of the 2,333 Grumman employes examined in the last 12 years, about 50% have been found to have had some condition requring medical attention. "The findings resulted in the early detection and treatment of a great many disorders which might otherwise have been disabling or fatal," says a Grumman spokesman.

A periodic examination does more than just spot incipient illness. Medical researchers in recent years have learned that various living habits and physical conditions increase the risks of certain diseases later. For example, high amounts of fats in the blood, smoking and excess weight are known to increase the chances of having a heart attack. If nothing else, the annual checkups give doctors a chance to spot such high-risk people and to warn them to change relatively dangerous habits.

For most Americans, the annual checkup consists of a visit to the family doctor, who usually submits blood and urine samples to a medical laboratory for analyses and refers the patient to a radiologist for X-rays. For a growing number of persons, however, the exam means an appointment at a clinic specializing in health checkups.

One of the oldest of these clinics is Life Extension Institute, hidden away in a buff-brick building near New York's Grand Central Station. Some 15,000 persons, most of them middle-aged, go through the clinic each year, frequently at their employer's expense. Examinations range from a two-hour, $40 checkup for persons under 40 to an $85, four-hour session recommended for—but not limited to—those over 40.

I'm 36, and I recently had the four-hour checkup. It was a far cry from the ego-shattering physical that millions of naked, shivering American men have undergone in military induction centers. I disrobed only twice, for a few minutes each time, during my examination.

The exam began at 10 a.m. when an attractive brunette receptionist ushered me into a spacious, modern lounge that resembled the waiting room of many corporate executive offices. Several men were sitting in big, comfortable chairs, wearing thigh-length white cotton wrap-arounds, trousers and shoes. They weren't, as I first supposed, technicians waiting to pounce on me. They were only waiting their turns to visit various examining rooms down the hall.

I left my coat and shirt in a small dressing booth, donned a wrap-around and sat down at a table in the lounge to fill in a lengthy medical history form. It listed past illnesses and accidents, details of my smoking, drinking and eating habits, and what recent minor aches and pains I could recall. Later, a physician studied the form and used it as a guide while interviewing me.

"Often, we can learn more from talking with a person than by examining him; if he's sick, he's likely to tell us about it," says the institute's long-time director, Dr. Harry J. Johnson.

My first examination of the day was in a spartan, lead-lined room dominated by an awesome X-ray machine. Following advance instructions, I had skipped breakfast ("not even a cup of coffee") so that my stomach would be empty. My first "meal" of the day was a paper cupful of a pink, chalky-tasting liquid that contained barium. It coated my stomach and the entry to the duodenum, the upper part of the small intestine, to provide a detailed outline on the X-ray film that would reveal any abnormal narrowings or obstructions in those organs.

"HOLD IT"

Several X-rays were taken while I lay on the table, shifting to various positions and trying hard to heed the technician's instructions: "Take a deep breath. Hold it. Don't move."

Later, I was told to return to the X-ray room at the end of the checkup for a final gastrointestinal tract X-ray to see how much barium had gone from my stomach into my small intestine. "It normally takes about two hours for the stomach to empty," Dr. Johnson explained later. "If we find the barium isn't emptying from the stomach at the normal rate" another X-ray is taken. If the stomach still appears to be emptying abnormally slowly it may indicate an obstruction in the duodenum, perhaps a tumor.

"We find ulcers in about 3% of the people we examine, and in about a third of these cases there have been no symptoms," says Dr. Johnson. If an ulcer is detected, antacids and special diets can minimize the dangers of the ulcer perforating the stomach lining or causing internal bleeding.

A chest X-ray, aimed at detecting spots on the lungs, also was taken during my first visit to the X-ray room. "We don't see much tuberculosis anymore," says Dr. Johnson. Instead, he says, lung tumors are showing up more frequently—most often in persons who are heavy smokers, according to Dr. Johnson.

OVERWORKED HEARTS

The chest X-ray also reveals the size and configuration of the heart. The width of a normal heart is less than half the width of the chest. Anything larger could mean the heart has been overworked, indicating heart disease or a number of other circulatory system ailments.

"Enlarged hearts frequently are seen in conjunction with high blood pressure or overweight," Dr. Johnson explained later. An X-ray of an enlarged heart is even more meaningful when coupled with a blood pressure reading, an electrocardiogram, a blood analysis and the medical history form showing smoking, exercise and eating habits and whether there is a family history of heart disease. Taken together, these findings can help spot an apparently healthy man who is running a high risk of a heart attack.

After the X-ray room, I visited in quick succession several other examining rooms. At the stop where the tonometer test was administered, the blonde also gave me an extensive eye examination, a hearing test and an electrocardiogram.

The electrocardiogram seemed the most mysterious of all the exams I had. It was painless, took only a few minutes and required only that I lie quietly on a padded table with wires attached to my ankles, wrists and chest while the blonde bent over a small machine on a nearby table, occasionally turning a knob.

But, in the minds of most persons, electrocardiograms invariably are associated with impending heart attacks, and as I lay there staring at the ceiling I became acutely conscious of my own heart beat. Soon I was wondering whether the inked needle on the nearby machine was tracing out telltale signs of a damaged heart.

My curiosity never was fully satisfied, for physicians at the institute never show an electrocardiogram tracing to a client; they fear he will misunderstand the machine's capabilities and become alarmed about meaningless aberrations in the tracings. "We can't make cardiologists out of everyone," Dr. Johnson says, so there is no point in showing them the tracings. The institute, however, will mail an electrocardiograph to a person's family doctor.

The electrocardiogram records electrical nerve impulses that ripple through the heart muscle, causing it to contract, or beat. If the impulses fail to follow their normal pathways or lack normal rhythm, they produce an abnormal pattern on the tracing. Sometimes interference with the impulses is caused by the failure of disease-clogged arteries to supply sufficient blood to a section of the heart muscle. A variety of other heart disorders can also produce an abnormal tracing.

SIGNAL FOR A CLOSER LOOK

But a healthy heart can produce a seemingly abnormal tracing and a diseased heart doesn't always produce a suspicious tracing. Thus, doctors caution, an abnormal electrocardiogram result in an otherwise apparently healthy person is no more than a signal for more definitive tests, a closer look at the medical history for chest pains and other

symptoms, and a closer study of the chest X-rays and other examination results.

In another examining room, a few minutes after the electrocardiogram, I lay face down on a less comfortable examining table that suddenly tilted forward until I was upended. A pleasant, graying physician who specializes in diseases of the colon and rectum examined me. This exam is to detect cancer of the colon and rectum and the polyps that occasionally develop into cancer. Cancer of the colon and rectum are among the most common types, especially in persons over 40, and cause about 43,000 deaths a year, according to the American Cancer Society.

The examination was only uncomfortable—it didn't come close to being the agonizing experience I had anticipated. The exam is performed with a proctosigmoidoscope, a long, hollow tube with a light at one end. It can probe 8 to 10 inches into the intestines, past the rectum and into the sigmoid, the lower section of the colon. "About 80% of all the trouble in the intestines is within range of the sigmoidoscope," says Dr. Johnson.

Polyps are found in 6% to 7% of the persons examined at the institute, but actual malignancies are found far less often. Discovery of potentially cancerous polyps is crucial, however, for they can be removed by a simple operation to prevent the possibility that they will develop into a fatal disease.

Except for that final X-ray to check the stomach's barium content, the examination ended with the type of physical check performed routinely in doctors' offices: Breathe deeply while the doctor listens through a stethoscope; cough while he checks for hernias; blow a whistle-shaped device that measures lung capacity; stand there while he feels the abdomen to determine the size and tenderness of the spleen, liver and other organs. Then the doctor looked into my mouth for dental diseases and leucoplakia, tiny white dots on the lining of the mouth that often develop into cancer.

I was asked to return a week later at 2 p.m. to learn the results of my examination from one of the institute's physicians. In the intervening days, I occasionally envisioned X-rays with huge spots on the lungs and jagged spike-like electrocardiogram tracings. But on my return visit, half an hour with Dr. Johnson removed my fears. He said everything was normal.

My blood tests turned up nothing noteworthy; no signs of anemia, leukemia, diabetes or infection. There was nothing to indicate that an impaired kidney was failing to remove urea nitrogen from my blood. My cholesterol count was 189 milligrams per 100 cubic centimeters of blood. "The average is about 230 milligrams and anything with 150 milligrams to 280 milligrams is an acceptable range," says Dr. Johnson. A count above 300 milligrams may signal a need for dietary changes to reduce the risks of heart disease.

EVERYTHING LOOKED NORMAL

The urine analysis showed no signs of diabetes or kidney disease. The electrocardiogram was "within normal limits" and showed the upper and lower chambers were beating in tune, at a rate of 77 beats a minute. My blood pressure pushed the little column of mercury on the sphygmomanometer to 124 millimeters when the lower left heart chamber contracted and let it drop to 84 millimeters when the chamber relaxed, for a reading of 124/84. A reading within the range of 100–140/70–95 usually is considered normal.

But Dr. Johnson commented at length on one item on my medical history form—the one that said I smoke up to two packs of cigarettes a day. That explained the "congested mucous membranes" notation on my physical exam report, Dr. Johnson told me. In a firm but friendly way, he told me that lung cancer is 10 times more common among smokers than nonsmokers and urged me to stop smoking or "at least try to cut down on it."

But I forgot to ask Dr. Johnson about the X-ray report that said my gastrointestinal tract is normal except that "there is inconstant spasm in the antral end of the stomach and bulb." I don't know what that is, but nobody else in the office seems to have it.

## TEXAS SHEEP AND GOAT RAISERS' ASSOCIATION PASSES RESOLUTION FOR IMPROVEMENT OF PRODUCTS

Mr. YARBOROUGH. Mr. President, at the 52d Annual Convention of the Texas Sheep & Goat Raisers' Association, held in San Antonio, Tex., July 24 to 26, two resolutions were passed which express the continuing interest in the upgrading of agricultural products of that association.

The first calls for increasing efforts for the appropriation of State and Federal funds for agricultural research in Texas, in this point agreeing with an emphasis many of us in the Senate recently supported in the passing of appropriations for the Department of Agriculture.

The second calls for development of official mohair standards to insure the quality of this produce on the national market. This work has until now been passed over, to the detriment of the quality of the product.

Mr. President, I ask unanimous consent that the resolutions be printed in the RECORD.

There being no objection, the resolutions were ordered to be printed in the RECORD, as follows:

RESEARCH AND IMPROVEMENT COMMITTEE

Whereas Texas spends less money for research on agriculture than most other states,

Therefore, be it resolved that the Texas Sheep and Goat Raisers' Association contact the State and Federal agencies to request that more money be appropriated for research.

WOOL AND MOHAIR MARKETING

There is an urgent need for mohair grades and standards for use in classifying mohair for market, and it is recommended by the Texas Sheep and Goat Raisers' Association that work be accelerated, if at all possible, by the U.S. Department of Agriculture, Wool & Mohair Standards Laboratory, Denver, Colorado, for development of official mohair standards.

The Texas Sheep and Goat Raisers' Association wishes to express its appreciation to Mr. Elroy Pohle for his work on wool and mohair standards.

## SENATOR SCOTT'S RAT CONTROL BILL

Mr. PERCY. Mr. President, it was my great privilege to be present this morning at a hearing of the Subcommittee on Housing and Urban Affairs of the Committee on Banking and Currency to hear an eloquent statement by the able and distinguished Senator from Pennsylvania [Mr. SCOTT] in support of his bill, S. 2219, the Rat Extermination Act of 1967. I ask unanimous consent that Senator SCOTT's statement be printed in the RECORD.

There being no objection, the statement was ordered to be printed in the RECORD, as follows:

STATEMENT BY U.S. SENATOR HUGH SCOTT, REPUBLICAN, OF PENNSYLVANIA, ON RAT CONTROL BEFORE THE SUBCOMMITTEE ON HOUSING AND URBAN AFFAIRS OF THE SENATE BANKING AND CURRENCY COMMITTEE, AUGUST 7, 1967

Mr. Chairman, much has been said and written in recent weeks on the subject of rat control, thanks in large measure to the amazing performance by some members of the House of Representatives.

When the Rat Extermination Act of 1967 came before the House some members of that body used the occasion for some rather bad humor and poor jokes. Rats are hardly a topic for levity.

Shortly after the House refused to consider the bill, a touching, graphic story by Jimmy Breslin appeared in the Washington Post after he had spent an evening in East Harlem. I won't try to read the entire article but the last few sentences are something which everyone everywhere should read:

"Then there was this sound in the walls," Breslin wrote. "A scratching sound. The tumbling, scrambling sound when one of the rats moved quickly. It is a sound by itself. And when you are young, and you sleep on the side of the bed next to the wall and the rats scratch against the wall at your ear, you carry the sound with you for the rest of your life. It is something that is heard by people in every poor neighborhood in every city in the Nation. And it is one of the reasons why this is our longest of summers. Last week, the House of Representatives thought it all was a cause for laughter."

Rats in themselves are a problem which we must solve. But they are part of an even larger problem—one which has had violent, visible demonstration in the past few weeks. This is the problem of our cities, of people in poor housing and with little opportunity, of slums and blight.

All of us are concerned with this bigger problem. We are trying many different approaches to ease the problems of our cities and we must try many more. We are trying to improve the housing of people who are forced to live in surroundings which are a disgrace to this Nation. We are trying to improve the education and job training opportunities for those now denied such opportunities. We are trying very hard to remove slums and blight from our Nation. But much more needs to be done.

The proposal to mount a national program to get rid of rats is but one small tool in this overall attack on the larger problem. The proposal to set up a national program, which would assist local communities in their efforts, was never contemplated as the final answer to the problem of rodents. But it is a start and will encourage local communities and citizens in the affected areas to do a better job of housekeeping and the handling of refuse and garbage.

The proposal is another indication to all people that the Federal Government *does* care about their living conditions. All too many of them, I'm afraid, have the feeling that no one is concerned about them.

Rats know no socio-economic boundaries. Housewives living in expensive river-side homes feel the fear of rats as sharply as those living in city tenements. Mothers in elegant lakeside communities share the dread of rat infestation with those in meager urban ghettos. Poor conditions, however, do increase the rodent problem and rats become part of the overall problem of our cities, of slums and blight. Approximately 14,000 persons suffer rat bites each year in this country. The Public Health Service reported that cities like Washington, Baltimore, New York and Atlanta averaged nearly 200 rat-bite