

Rapid Growth Of Highway Signals

Standardization of Signs Eliminates Great Deal Of Confusion

"Danger—Sound Klaxon!" L. R. Fisher, director of the Highway Safety Division of the North Carolina Department of Motor Vehicles, cites the present obscurity of this once-familiar highway sign as an example of the rapid growth of our system of traffic signs and signals during the past 35 years.

"Motoring in America," he said, "is a perfect example of an innovation that grew too fast for its own britches. We had the vehicle before we had the roads to accommodate it; by the time we started getting enough roads, other difficulties were rapidly being created."

One of the chief handicaps plaguing the pioneer motorist, according to Fisher, was the absence of directional and warning signs on existing highways.

The widespread boom in the construction of inter-state arteries preceding World War I, however, speeded installation of such signs accordingly.

"Ironically," Fisher said, "this rapid outcropping of traffic signs was almost as much of a curse as a blessing. Shapes, sizes, and colors of the signs were left to the discretion of the local, state, or county authorities, and official imaginations ran wild."

The amazing strides that have been made in the standardization and use of traffic signs and signals are being emphasized this month by the North Carolina Department of Motor Vehicles as part of its August program of traffic safety education.

"Standardization of traffic signs and signals was the only solution to the confusion that resulted from the early hodge-podge of the vari-shaped and colored road markers," Fisher said, "but the present degree of standardization has still failed to reduce accidents as much as it was originally envisioned."

Reliable, and wisely engineered, signs and signals are useless, if drivers ignore them. As proof that this is the case, the North Carolina Department of Motor Vehicles reports that, in 1949, out of 720 fatal accidents there were 44 instances of a

sign, signal, or traffic officer having been over-looked or ignored.

"We now have a good, nation-wide, system of signs and signals," Fisher said, "let's not nullify all the good work that has been done to protect us in this respect by ignoring them. Most important—let's stay alive by heeding these 'Signs of Life!'"

Navy "Freezes" All Enlisted Men

Also Lifts Ban on Civilian Commission Applications

The Navy Department announced recently a 12-months "freeze" of regular Navy and Naval Reserve enlisted personnel effective until July 9, 1951.

The order which applies to both active and inactive regular Navy and Naval Reserve enlisted personnel (with the exception of one-year enlistees who were accepted under the Selective Service program), extends their period of enlistment for 12 months from the expiration date of their current enlistment.

At the same time, the Navy Department announced it has partially lifted its temporary ban on accepting applications from civilians for commissions in the Naval Reserve. As a result, the Navy is now accepting applications from doctors, dentists, nurses, medical interns, medical and dental students, and electronics specialists for reserve commissions.

The temporary ban did not affect applications from civilians in specialized fields for active duty commissions in the regular Navy. The Navy will continue to accept applications or regular Navy commissions from doctors, dentists, nurses, lawyers, ministers, qualified medical technicians, and women college graduates qualified to become Wave officers.

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TB AND MENTAL REST

The major question in the mind of the person who finds out he has tuberculosis is what his chances are of getting well.

Tuberculosis can be cured, but it is easiest to cure when it is discovered early and treatment is started promptly.

Basic in the treatment of the tuberculosis patient is rest in bed under supervision. This is best undertaken in a tuberculosis hospital. When doctors insist on complete rest, they mean just that—rest and relaxation of the body and the mind as well.

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possible without mental rest and relaxation. This means that the patient should not worry or brood about his own illness, his family, his job, or anything else—if he wants to get well. Worrying or fretting causes great strain on the tuberculosis patient. A patient who is mentally distressed, even though he continually lies in bed, can cancel out all the good that the physical rest might be doing him. As a matter of fact, chronic worry is a kind of illness and the tuberculosis patient who suffers from it is fighting two illnesses instead of one.

It is not easy for the tuberculosis patient to dismiss all worry and mental unrest. But peace of mind can be a big help to the patient while he is trying to regain his health.

While complete mental rest may be hard for some patients, the modern tuberculosis hospital has a staff of experts who help the patient acquire the mental relaxation as necessary to his cure as physical treatment. Frequently the patient worries because of problems at home. It is important, therefore, that assistance be given in the solution of these problems by the patient's friends, the public health nurse, and the social worker,

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to relieve the patient's anxiety. Cure of tuberculosis is a two-way process. It takes the work and skill of doctors and other specialists at the hospital and, in turn, requires the full cooperation of the patient with these experts. In no phase of his treatment is the patient's cooperation more important than in complying with the efforts of the hospital staff to help him gain mental rest and relaxation.

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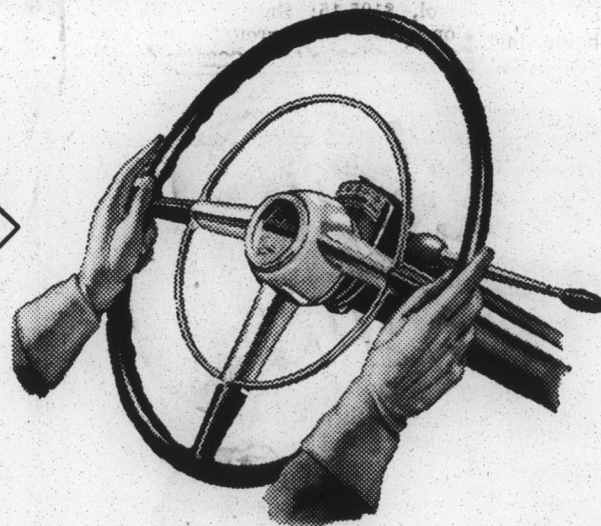
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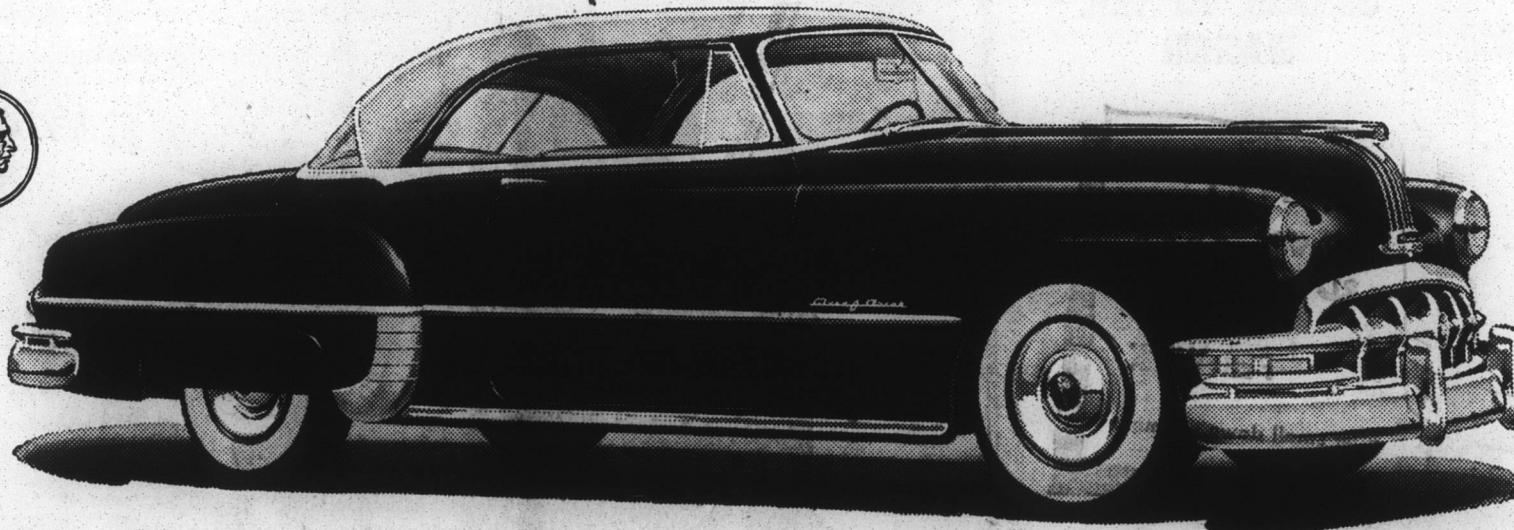
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