



TWO GAIN EAGLE RANK—Two members of Edenton Boy Scout Troop 164 were awarded their Eagle Scout badges July 11. Dillard Dixon, in picture at left, receives his badge from his mother, Mrs. Dick Dixon as Mr. Dixon looks on. Mrs. Tom Shepard pins the badge on her son, Tommy, with Mr. Shepard at right. Elbert Copeland gave a brief history of the boys' activities in Scouting and Rev. George Holmes gave the charge and presented the awards. Robert Rea is Scoutmaster for the troop.

Around Chowan County Farms

By HARRY VENTERS
Agricultural Extension Agent

The southern corn rootworm is the pest that does the most damage to the underground part of the peanut plant, especially the pods. Adults are known as the spotted cucumber beetle. A few spotted cucumber adults can usually be seen on peanuts in late June but the greatest movement does not occur until the second or third week in July. The adults are in the fields in the largest numbers and begin laying eggs. This generation of larvae is the one that does the most damage and therefore the one we want to control.

Diazinon 14 per cent granules applied in a band or 16 inches wide over the row for bunch peanuts and 18 to 20 inches wide in runner peanuts is recommended. If applied now, 14 to 18 pounds per acre is needed. If you wait and apply Diazinon between July 30 and August 8, then only 8½ pounds per acre is needed. Research has shown that Diazinon applied during this week (July 30-August 8) will control the largest number of larvae (corn rootworm) of the cucumber

beetle. By controlling this generation, the most damage is prevented.

Leafspot control is necessary if high yields are expected. The growers that have consistent high yields year after year dust a minimum of six times and some even more. I would like to urge you to continue to dust every 14 days with copper sulphur or polyram. Copper sulphur will also give pretty good control of spider mites which have done damage to our peanuts in past years.

The only hog cholera in North Carolina is in two areas—one in Gates County and one in Chowan and Perquimans.

Hog cholera in this area is still serious. Six new cases have been confirmed in the past week. One of the most important keys to eradication is early diagnosis. Often the disease shows up first in mature animals, especially sows. They will abort and go off feed for several days and it may be a week or longer before younger pigs are affected. We must continue to cooperate with federal veterinarians that are working in our area. Report any sick

hogs immediately. If your hogs do get cholera, the sooner it is diagnosed, then there will be less chance of it spreading to your neighbors. Also, indemnity is only paid on live animals, so early diagnosis helps you, too. Observe all precautions such as cutting down traffic (or visi-

tors) to your hog operation. Be sure to move pigs legally. If you are not in the quarantine area, you do not need a permit to sell hogs to slaughter, but do need a permit to buy or sell feeder pigs or breeding stock. Do something nice for someone today!

Vets Corner

(Editor's Note: Below are authoritative answers by the Veterans Administration to some of the many current questions from former servicemen and their families. Further information on the veterans' benefits may be obtained at any VA office.)

Q. Must the designation of the beneficiary for a veteran's GI insurance policy be witnessed?

A. Not usually, but it is a good idea. The witness should not be the beneficiary. If the veteran is blind or signs by mark (X), two disinterested persons should witness.

Q. Is the Veterans Administration issuing any type of insurance now?

A. Yes. If a veteran separated from service after April 25, 1951, has a service-connected disability, the VA

will issue "RH" insurance, which must be applied for within one year of notice of the disability rating.

Q. If a veteran sells his home obtained under a GI loan and obtains a release of liability from the VA, will he be eligible for another GI loan at his new location?

A. No. The granting of a release of liability by the VA does not make the veteran eligible for restoration of his loan entitlement. This can be done only by having the lender release the VA as guarantor of the loan. This is usually accomplished by requiring the new buyer to obtain his own financing on the home, thereby paying off the existing GI loan.

For Quick Results Try a Herald Classified

By Returning To School Physicians Keep Learning

A certified doctor of internal medicine goes to school attend residents' rounds. "The at age 60. Twenty-four other residents," he says, "find this internists—average age, 40—very exciting."

The physicians' typical day, according to Dr. Weit, might be: 8 A. M., read electrocardiograms; 10-12, make patient rounds; afternoon: make specialty conference. Sometime in-between, or afterwards: library research. The afternoon program might offer: Monday, a department seminar; Tuesday, a death (autopsy) conference; Wednesday, part of a lecture series; Thursday, grand rounds, and Friday, a seminar.

"Continuing Education in Internal Medicine," operating at all three North Carolina medical schools, is funded by the N. C. Regional Medical Program through the Department of Health, Education and Welfare. (It is one of 21 projects supported by the Regional Medical Program in this state to provide better care to more people at lower cost).

The project brings one internist at a time to Duke, Bowman Gray or UNC. To participate, he must have been out of medical school for 10 or more years.

The physicians "get away from it all"—and into it all—by participating in a program tailored just for them. Before their arrival on the medical school campus, they have indicated by questionnaire their special interests. They learn by working in both an academic and a clinical setting with problems they don't see routinely in their daily work.

"The burdens of everyday practice tend to make you lose sight of medical advances," says Dr. Ralph V. Kidd, a typical internist "on sabbatical," who has just returned to his home in Charlotte from the UNC School of Medicine. Dr. Kidd has been a practicing internist for 17 years.

"The most important single factor limiting a physician's education," he says, "is time. In this program, you simply have to make up your mind to leave your daily practice for a while so you can eventually give your patients much more. A responsible physician never completes his medical education. You can't cope with today's health problems by practicing yesterday's medicine."

During his sabbatical, Dr. Kidd concentrated on cardiology and endocrinology. According to Dr. Louis G. Weit, chairman of the UNC Department of Medicine and director of the N. C. RMP project, the established internists on sabbatical also do a lot for the residents in training. They relate their

problems in practice, as they find them, to the residents' rounds. "The residents' typical day, according to Dr. Weit, might be: 8 A. M., read electrocardiograms; 10-12, make patient rounds; afternoon: make specialty conference. Sometime in-between, or afterwards: library research. The afternoon program might offer: Monday, a department seminar; Tuesday, a death (autopsy) conference; Wednesday, part of a lecture series; Thursday, grand rounds, and Friday, a seminar.

"One big question," Dr. Weit asks, "is to what degree will 'the students' be able to carry on their own 'mini-university' once they return to practice? Inspired by the sabbatical, will they be able to keep up-to-date in the face of the information explosion and the shortage of medical manpower?"

"We would really like to attract the man in solo practice," Weit says, "but it's very difficult for him to get away. We have thought, though, of sending out a senior assistant resident to take over while the physician is on his sabbatical."

Like most of the sabbatical physicians to date, Dr. Kidd practices in partnership with another colleague.

Dr. Kidd estimates that a pool of some 50,000 resident physicians could be tapped to relieve the practicing physicians on sabbatical if the continuing education project were adopted in every state. Such a plan, he says, would serve the dual function of allowing the practitioner to catch up while the resident would gain practical experience impossible to match in a hospital setting.

Operational since 1968, "Continuing Education in Internal Medicine" is approved to operate for at least one more year. Internists from throughout the state have participated.

Health Hints

FROM BLUE SHIELD

Bike Riding

While bike riding this summer, follow these simple safety precautions: observe all traffic regulations, keep to the right and ride single file, have a headlight on front and a danger light on the rear of your bicycle, wear light-colored clothing at night, have a bell or a horn, give pedestrians the right of way, use proper hand signals, slow down at intersections, and never carry other riders.



Summer Sports

If you're an inactive adult, don't bypass some preparation before participating in summer sports. To safeguard your health, avoid eating for about two hours before you workout. Alcohol will blunt your reflexes, make you more accident-prone and tempt you to try what you're not up to. A proper warmup is essential. Remember, it takes four to seven sessions with a sport before your body can take the extra heat generated by the game and the sun. Start gradually, and you'll accomplish much more.

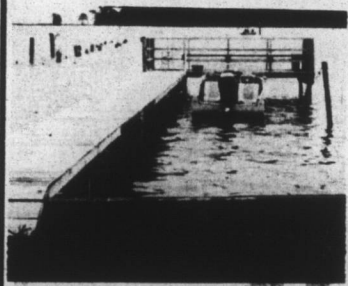


Hay Fever

Hay fever, an allergic reaction to some ordinarily harmless substance in the air, affects more than 10 million Americans. Sniffing, sneezing, running eyes and breathing problems are caused by an allergic sensitivity to ragweed pollens which become airborne during the summer months when pollination is occurring. Your physician can often identify the cause of your discomfort and provide you with temporary relief. Since approximately one-third of untreated hay fever cases develop into asthma, physicians warn against doctoring yourself with non-prescription remedies.



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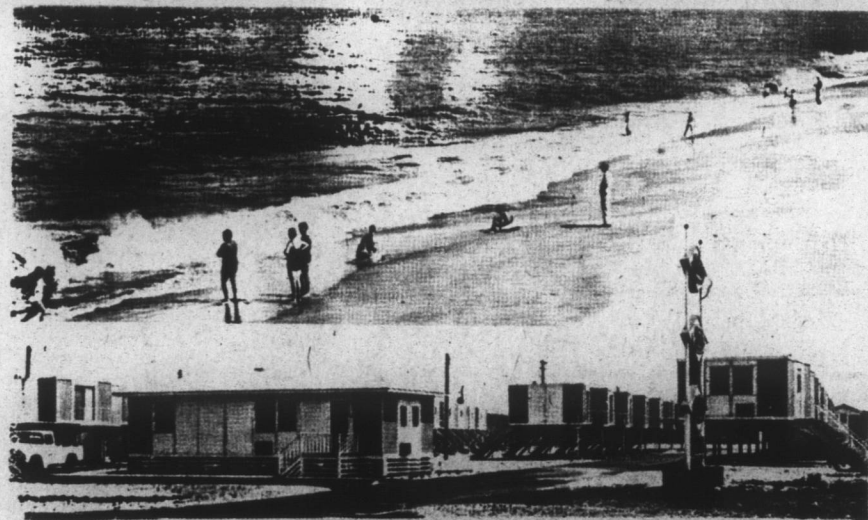
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