Why Auto Inspection? Questions And Answers About New Program

North Carolina's new safety inspection program for autos becomes effective February 16. R. B. Parker, an official of the Department of Motor Vehicles, administers the program which ultimately will assure a clean mechanical bill of health for the state's two and a quarter million vehicles.

Recently, Parker was questioned by a reporter.

Q—Mr. Parker, why is auto inspection so important? Most of the wrecks I've seen involve late model cars?

A—North Carolina has, and is constantly improving, an effective program of accident prevention. Inspection is a essential part of any such program, according to experts who study and analyze the facts. It removes unsafe vehicles from the road, persuades owners to keep their cars in good repair, turns up potentially dangerous conditions, helps prevent the state from becoming a dumping ground for relics as many non-inspection states do.

Q—Aren't many people still opposed to it?

A—They really shouldn't be, not when you consider that eventually every motorist whose car passes may drive assured that everyone else he meets will be driving a safety-approved car as well.

Q—How is the program set up?

A—Inspections will be conducted through more than 3000 service stations, dealers and garages officially licensed by the state and supervised by officials of the Department of Motor Vehicles. Such facilities will display an official emblem, will inspect your car anytime during normal business hours, will issue you an approval sticker for the windshield or tell you what's wrong if your car fails to pass.

Q—How much does it cost?

A—A standard fee of $1.50. And you won't have to pay it again if your car fails and you return to the same station for a recheck within 90 days. Or you can make repairs yourself and have it checked at any approved station you choose.

Q—What items will be checked?

A—Lights, brakes, the horn, steering, windshield wiper, directional signals.

Q—Will the inspectors be tough?

A—Well, let's say all these safety items must be in good operating order. They are required to meet certain performance criteria, of course, but nothing that ordinary maintenance doesn't provide. And if something else is wrong with your car, other than these specific items, it won't be turned down.

Q—How long will the inspection take?

A—I would think about 15 to 20 minutes.

Q—How about an example of a disapproved vehicle?

A—Your windshield wiper isn't strong enough to sweep off rain or snow. That's a good case. Or if there is more than three inches of "free play" in your steering wheel.

Headlight lenses half-masked by paint or shields will be turned down. These are a few of the defects that can cause trouble.

Q—After Ftbruary 16 when do I take my car in for inspection?

A—It will depend on your license tag—if the last number on your license is three, you go right away. By the end of March all such vehicles must be checked and approved. By the end of April, all cars with last number four must be inspected and so on through consecutive months until September 30 when the nines will have been inspected. Last digit zero is next, meaning a check up for those cars by October 31, then the ones by November 30 and finally the twos by the end of the year.

Q—How about trailers—must they be inspected, too?

A—Owners of trailers which weigh less than 2500 pounds are not affected by the inspection law.

Q—Can I get an iinspection before the advertised period for my car?

A—Yes.

Q—In other words if you have two cars you can get them both inspected at the same time. Right?

A—Yes, the main thing is to remember the deadline and not let it pass without having your vehicles checked.

Q—What do you feel will cause the most rejections?

A—Probably headlights and taillights. These items nearly always head the list of defective parts in auto inspection programs everywhere. Brakes, too are found in need of attention quite frequently.

Heady Situation

One of London's famed double-decker buses lost its top deck recently when the driver took a wrong turn leading under a low bridge. A lone passenger on the top deck ducked but, nevertheless, had to receive medical attention for a cut on the head.

Needs Repair

A Lubbock, Tex., radio sales firm received a transistor radio in the mail. There was a letter enclosed.

"Sir, I stole this radio from your company about 1957 or maybe later," the letter said. "I am truly sorry, so I am returning it and pray for your forgiveness."

Doc Griffith, owner of the store, said he had reservations about the sincerity of the note. The $80 radio was out of order.

Nazarene Pastors Set Annual Retreat

Nazarene church pastors and wives from this area are scheduled to attend the annual North Carolina district Nazarene Preachers' conference at the Church of the Nazarene in Graham on Monday through Wednesday, Feb. 14-16.

Nearly all 48 Nazarene churches on the district will be represented. These churches have a total of about 3,500 members and a combined Sunday School enrollment of 6,500 persons.

Guest speakers will be three Nazarene leaders from Kansas City, Mo. They are: Dr. J. T. Gassett, in charge of wills and annuities; Rev. Alpin Bowes, of the home missions department; and Dr. T. W. Willingham, head of the radio broadcast program for 20 years.

The program will be in charge of the district superintendent, Dr. Lloyd C. Byron, Charlotte.

The Church of the Nazarene is the largest Protestant denomination that stands for scriptural holiness in the Wesleyan tradition. It has a world membership of 425,000 in more than 5,000 churches.

It maintains about 600 missionaries in 46 countries.

World offices and a publishing house are in Kansas City, Mo.

The denominational radio program, "Showers of Blessing," is broadcast over more than 700 stations including 205 in Latin American countries.

The Heart You Save

By DANIEL T. YOUNG, M. D.
President,
North Carolina Heart Association

This article by Dr. Daniel T. Young, of Chapel Hill, University of North Carolina heart specialist and North Carolina Heart Association president, is the third of a four-part series on "The Hearts You Save," distributed by the North Carolina Heart News Bureau. Earlier articles have been on guarding your husband's heart and your child's heart.

CHAPEL HILL — While coronary heart disease seems to afflict more men than women, other forms of cardiovascular disease affect both sexes about equally, or even in some instances, more women than men.

So, lest women lull themselves into a false sense of security by assuming that cardivoscular disease will automatically pass them by, now is a good time to sit up and take notice.

Hypertensive heart disease — a condition caused by high blood pressure — is more widely prevalent among women than among men. This form of heart disease incidentally, is the one most often encountered among the adult population of the United States; in 1962, a government survey estimated 6.9 million more have high blood pressure without without heart disease.

Women are substantially in the majority of those with hypertensive heart disease, outnumbering the men by nearly 2½ million. They are on a 50-50 footing with men in two other categories: high blood pressure and rheumatic heart disease; in fact, they have a slight edge over men in both these categories.

The other side of the coin is brighter, however.

Research advances of the past two decades have scored the greatest advances in just these areas of cardiovascular disease, with women getting the lioness' share of thedividends.

The death rate from hypertension and hypertensive heart disease for middle-aged women (45-64) went down 56 percent between 1950 and 1962; that for men dropped 50 percent in the same period.

Similarly, the death rate from strokes—sometimes related steadily over the past 20 years, to hypertension — has declined with the greatest decrease occurring among women in the 45-64 age group.

The decline in the death rate from rheumatic heart disease has been most pronounced—85 percent—among children and young adults, aged 5-24, over the past 20 years.

The discovery of new pharmaceutical weapons to keep these scourges at bay is liberating millions from the threat of crippling disease an dearly death. High blood pressure can be brought down to normal levels, and kept down, with suitable treatment (including drugs and diet). Prompt penicillin treatment of "strep" infection can prevent first attacks of rheumatic fever; long-term phophylaxis with penicillin and sulfa drugs can bar repeat attacks for those who have had the disease.

The American Heart Association played a key role in research leading to better understanding of hypertension and in formulating strategy for the war on rheumatic fever. But knowledge is only half the battle. Making certain that knowledge is applied on behalf of those who can benefit by it is the other half—perhaps an even more vital half. This is why your Heart Association devotes so much effort to educational work among both the public and the health professions and seeks to develop community programs so that what has been learned through research may be utilized as widely as possible.

The North Carolina Heart Association's key message is: see your doctor regularly. Only your doctor can tell, for example, whether you have high blood pressure, and prescribe treatment to help keep it under control. And for the men, there's a bonus: additional insurance against heart attacks if high blood pressure is detected and treated early.

NEXT: Guarding Hearts Everywhere)

Inlaid stone work made at Agra, India, is considered of such superb workmanship, a microscope is netded to find the joints.

Heart Facts

Q—Is there anything which a individual can do to protect h heart from disease?

A—One noted medical author ty put it this way: To avoid heart attack, keep your weigh low, eat less fat and exercis moderately and often. Your Hea Association adds: your own do tor can advise you best on ho to protect your heart. Arrang for a periodic health and hear check-up.

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