



**Celestial Time Table for October**

Oct.	EWT	PHENOMENON
6	3:37 a.m.	Minimum of Algol*
	4:10 p.m.	Moon in first quarter.
9	12:25 a.m.	Minimum of Algol.
10	3:00 a.m.	Mercury farthest west of sun.
	2:00 p.m.	Moon nearest; distance 226,900 miles.
11	9:14 p.m.	Minimum of Algol.
12	12:00 p.m.	Venus at greatest brilliance.
13	9:23 a.m.	Full moon.
14	6:03 p.m.	Minimum of Algol.
17	11:41 p.m.	Moon passes Mars.
18	9:42 a.m.	Moon passes Saturn.
20	9:42 p.m.	Moon in last quarter.

22	9:00 a.m.	Moon farthest; distance 251,300 miles.
23	3:01 a.m.	Moon passes Jupiter (Occultation seen from northeastern part of U. S.).
24	10:50 p.m.	Moon passes Venus.
28	9:59 p.m.	New moon.
29	2:07 a.m.	Minimum of Algol.
31	10:56 p.m.	Minimum of Algol.

\* Algol is a well-known variable star which can be located on the maps, in the constellation of Perseus. These are the times of minimum brightness which occur in night-time hours.  
 Subtract one hour for CWT, two hours for MWT, and three for PWT.

Science News Letter, September 25, 1943

PSYCHOLOGY

# Tell Public the Truth

Arguments that gruesome battle pictures should be released or suppressed because of effects on the public may both be wrong.

► SHOULD combat films be censored, before they are shown to the American public, to cut out the gruesome and heart-tearing pictures of American soldiers falling to the ground, wounded or dead?

In the arguments centered around this question, one important factor appears to have been overlooked. That is, that the American public has a right to the truth, be it ever so painful to face. In a democracy, the hardships and the pain belong to the people just as truly as the fruits of victory.

Psychologists would agree, certainly, that pictures of killed and wounded American soldiers would be terribly depressing to the American people. Every mother of a soldier would see in the pathetic figures, the lifeless hands of the American fallen, the form of her own boy. They will make her weep.

Psychologists would also agree with those who argue that release of these pictures would tend to make the audi-

ence more willing to pay taxes, to buy bonds, to give blood.

But those who have made a study of the psychology of the American people are likely to question whether the decision to release or suppress the pictures should be made on either of these grounds.

In a democracy, the war is a war of all the people, not just of those in uniform who have reached the combat areas. Do they not have the right to know what war is like? And isn't a false idea given by pictures of a landing, an advance, a victory from which have been censored all views of wounded and killed? Is it intended that the people should believe that victories are to be won without cost?

Of course, they won't believe any such nonsense. But they are very likely to feel that the censor, in cutting part of the truth from the films because the truth is unpleasant, is depriving them of knowledge they need for an intelli-

gent understanding of what is going on. They may feel that they are being treated as children, to be shielded from "the facts of life." They may even feel, unfortunately, that their leaders do not trust them, that important facts are being withheld, that affairs are much worse than has been reported.

Later release of the pictures for the purpose of stimulating interest in a war bond drive or to cure the alleged "complacency" of the people would not necessarily erase the effect of the previous suppression. In fact, it might very well add to it.

In other words, the people are likely to feel that the truth should be told just because it is the truth, not for the effect it will have on the public.

Another aspect of the situation that has not been discussed is the effect on soldiers of the showing of combat pictures minus the American killed and wounded.

Evidence collected by psychologists indicates that such censorship might deprive the soldier who is later to go into combat of a mental preparation for the shock. Nothing is so frightening to the human mind as a sudden meeting with the unexpected. Before men go into combat, it is a distinct advantage for them to be prepared for what they will see and hear. One of the hardest things for a soldier to bear is to see his friends—other American soldiers—wounded and crying for help. He wants to stop and give first aid even though he can be of greatest help to the wounded man only by pushing on and repelling the enemy. Complete battle films showing the wounded and what is done to pro-

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tect them by advancing troops will teach him what he must face. They will shock him, yes. But it will be a sort of vaccination against the greater shock of real combat. Norwegian physicians report that the Germans showed their horror pictures of war in Norway before the invasion in the hope of demoralizing the people. They had the opposite effect. In communities where the films were shown, the people stood up under the crushing blow of invasion much better than the people who had not had

this preparation for what was ahead.

In a way, this does not apply to American civilians. It is to be hoped that they may never have actual personal contact with the enemy and the horrors of battle in their own backyard. In another way, however, every one of us does have this contact through the ones we love—husband, sweetheart, brother, the boy next door.

We all need to know just what we must expect before the final victory is won.

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PSYCHIATRY

## Mental Borderlands

Six million Americans suffer from illnesses in "Borderlands of Psychiatry," a field for neither mental specialists nor doctors of physical diseases.

► SIX MILLION AMERICANS are suffering from illnesses that are not exactly mental diseases and yet are not wholly physical—they are in a sort of no-man's-land called "Borderlands of Psychiatry."

This is an estimate by Dr. Stanley Cobb, of Harvard Medical School and psychiatrist in chief of Massachusetts General Hospital. It is he who has named this field of medicine "borderlands" because it is a frontier territory of modern medicine; much of it is claimed by neurologists, general medical practitioners, psychologists and even teachers and preachers, but much of it is disclaimed by any or all of them.

The army of sufferers in the border-

lands includes: epilepsy, 650,000; other neurological ills, 600,000; stammering 1,200,000; psychoneurosis, 2,500,000 and those who "can neither get along with liquor nor get along without it," 1,600,000.

What might be called a guide to the borderlands is provided by Dr. Cobb in a new book, *Borderlands of Psychiatry*, just published by the Harvard University Press. Of particular interest now is the section on war neurosis, an illness that may be expected to add to the two and a half million already estimated to be suffering from neuroses.

The first World War, Dr. Cobb explains, shattered the notion that patients with a neurosis are "weak" and "ought to snap out of it if they only had the guts."

"In the first place," he said, "these symptoms often appeared in men who were considered brave and strong; excellent officers were often affected. The moralistic attitude was manifestly nonsensical."

Heredity, Dr. Cobb concludes, probably plays a part only in that some men are born with more sensitive nervous systems than others. But "if the strain imposed on the soldier is severe enough, an average, sound person can break . . . of course, because of past experiences and individual conditioning, what is strain to one man is not strain to another, or at least in the same degree.

"The main common denominator is the internal conflict of the soldier between the instinct of self-preservation and the social urge to 'carry on': fear

versus duty. Other common conflicts are with discipline, dirt and killing. In some individuals with much 'repressed aggression,' killing may lead to great anxiety and complete invalidism. It seems that their whole carefully built up education against cruelty broke down and gave them insight into what cruelties they might perform if let loose. This they recognize as entirely incompatible with the personal integration they have achieved, and the conflict becomes unbearable."

Fatigue, poor diet, sleeplessness and illness may lead to a state of exhaustion that predisposes to mental ills, Dr. Cobb points out. He lists the main sources of strain for the soldier as danger of death, guilt over killing, responsibility, separation from family and sexual deprivation. It has been found, he said, that the type of man most likely to break down is the unsociable fellow who is self-centered and overconscientious.

Prevention includes keeping the nervously unfit out of the armed forces, providing in army routine for proper periods of rest and recreation and shortening the periods of tension whenever possible. Early adequate treatment is essential.

But although it is wrong to let psychoneurotics into the Army in the mistaken idea that "the Army will do them good," Dr. Cobb points out, it is also a mistake to say that "no neurotics are wanted in the Army." If such a blanket order were given, many useful men might be excluded.

"Ruling out the 'nervous' men might take out some of those who give elan to the group," Dr. Cobb said. "Their quick reactions might be invaluable in scouting or even essential for some types of individual combat. . . . In civil life it is certain that elimination of all neurotic persons would cause inestimable loss to art, science and the professions."

*Science News Letter, September 25, 1943*

INVENTION

### Novel Bath Tub Doubles As Mattress Cover

► A CONVERTIBLE bathing apparatus, invented recently, is designed particularly for bedridden patients, and provides a shallow open tank the size of a bed mattress. It is made of rubber. When not in use as a bathing tank the sides are folded down over the edges of the mattress forming, with the bottom of the tank, a protective covering for the mattress. It is patent No. 2,329,326 to Maxwell H. Bloomberg.

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