pecting parties in all parts of the world, many of them air-borne. Aerial prospecting crews using a Gulf-developed magnetometer survey hundreds of miles of territory a day.

Science News Letter, October 29, 1949

Active Despite One Lung

➤ A 21-YEAR-old girl who had one lung removed when she was a child is now a champion gymnast.

A 19-year-old boy, also with only one lung, is doing construction work at 4,000 to 5,000 feet above sea level. At this altitude the low oxygen of the air makes many a two-lunged person puff and pant on a short walk.

These two young persons were cited at the American College of Surgeons meeting in Chicago as examples of the outcome of removing an entire lung in a child. They are among 22 children who underwent this operation at Barnes Hospital, St. Louis. Studies of the present condition of the survivors were reported by Drs. R. M. Peters, A. Roos, H. Black, T. H. Burford and E. A. Graham

Of the 22, five died immediately after the operation. One lived eight years but died in an accident. Two are too young for satisfactory evaluation and four cannot be located. One has extensive disease in the remaining lung, which makes physiologic evaluation valueless.

The remaining nine include six girls and three boys. Their ages at the time of lung removal ranged from three to 14 years. Conditions for which the lung was removed were bronchiectasis, lung abscess, a granuloma, or tumor, of unknown cause, and the chronic infection actinomycosis.

These nine young people are all now leading a normal life, some having been operated on as long ago as 13 years. None has any significant curvature of the spine or other cosmetic deformity.

"One of the most striking and provocative findings from our studies," the doctors reported, "is that the best performance on all tests was found in the two most active patients, the gymnast and the construction worker, both of whom had made a concerted effort to overcome their handicap.'

Children whose parents did the most to keep them from activity seemed to be the poorest performers.

Science News Letter, October 29, 1949

MEDICINE

Skin Burns from X-Rays **Preview Atomic Exposures**

TREATING the common and dangerous skin burns caused by exposure to radiation gives doctors a preview on a small scale of what they will be called on to treat in the event that the atom bomb is used in another war.

These burns are at present most prevalent in doctors who use X-rays and fluoroscopes for treating patients, but this hazard is expected to decrease in this group, Dr. James Barrett Brown of Washington University School of Medicine, told the American College of Surgeons meeting in Chicago.

The burns are chronic, caused by repeated small exposures, and became progressively worse. It may take five to 25 years but cancer will eventually develop, Dr. Brown pointed out, if the burns are not removed by surgery.

If treatment is given early before the

ulcerated infected stage is reached it is effective and brings immediate relief of pain. It is necessary to cut out the burns deeply so that only healthy tissue is left and then repair the area with skin grafts.

Dr. Brown said that this type of burn will probably be seen on a mass scale we have another war in which the atom bomb will be used. But surgeons will be able to combat the destructive power of the weapon with the knowledge they have gained in peace time.

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