



more about Mars than we did before. Perhaps we will know what exactly are the mysterious markings called "canals." Perhaps we will learn more about the constitution of its atmosphere, and can assess more accurately the possibility of some sort of life on that planet.

From this year's work, it should be possible to plan an even more comprehensive program for 1956, when the red planet makes its closest approach since 1924. Truly, the next few years should be memorable ones in Martian study.

On the evening of July 15 there will be a partial eclipse of the moon, but it will be over before the moon rises in the middle and western parts of the country. Even along the Atlantic seaboard, the moon will already be eclipsed when it rises.

The moon will only partly enter the shadow of the earth; at the height of the eclipse, which occurs at 7:20 p.m., EST, about 41% of the lunar diameter will be covered by the shadow, enough to make the moon look distinctly queer. At 7:31 p.m., the moon will be out of the shadow and the eclipse will be over.

**Celestial Time Table for July**

July	EST	
2	3:00 a.m.	Mars nearest earth, distance 39,740,000 miles.
3	9:53 a.m.	Moon passes Venus.
	3:00 p.m.	Earth farthest from sun, distance 94,500,000 miles.
6	midnight	Mercury between earth and sun.
7	8:33 p.m.	Moon in first quarter.
9	3:00 a.m.	Moon farthest, distance 251,000 miles.
	12:51 p.m.	Moon passes Saturn.
13	7:18 p.m.	Moon passes Mars.
15	7:29 p.m.	Full moon, partial eclipse of moon.
22	7:14 p.m.	Moon in last quarter.
23	2:00 p.m.	Moon nearest, distance 229,600 miles.
26	10:00 p.m.	Mercury farthest west of sun, visible around this time in eastern sky just before sunrise.
28	early a.m.	Meteors visible radiating from constellation of Aquarius, the water carrier.
29	5:20 p.m.	New moon.

Subtract one hour for CST, two hours for MST, and three for PST.  
 Science News Letter, June 26, 1954

**MEDICINE**

**Relieve Some Pain For Cancer Patients**

➤ **CANCER PATIENTS** and perhaps others with such severe pain that large doses of narcotics do not relieve it can be helped by a new drug called chlorpromazine.

The drug steps up the pain-relieving power of narcotics so that a large dose that was ineffective alone gives relief of pain. In some cases pain relief can be had from a smaller dose of the narcotic.

Results showing this are announced in the *Journal of the American Medical Association* (June 12) by Drs. Max S. Sadove, Myron J. Levin, Raymond F. Rose, Lester Schwartz and Frederick W. Witt of the Veterans Administration Hospital at Hines, Ill., and the University of Illinois College of Medicine, Chicago.

Chlorpromazine offers the extra advantage of helping to stop the nausea and vomiting that are frequent in advanced cancer.

The drug seems to alter the patient's reaction to pain, probably accounting for some of its effect in helping them get relief from previously ineffective doses of narcotics.

"We observed that patients, some of whom stated that the degree of their pain was not appreciably altered, were more relaxed and had a more cheerful outlook," the doctors report.

Drowsiness is the chief side effect of the drug. To a less extent, it may cause dryness of the mouth, heartburn and mild low blood pressure.

With continued use of the drug, patients need progressively increasing amounts for a constant effect. Whether this was because their pain was getting worse or because they were developing tolerance to the drug is not known.

In large enough amounts, chlorpromazine produced unconsciousness. It therefore should not be used, the doctors warn, in unconscious states caused by barbiturates, opiates, alcohol and other drugs that depress the central nervous system.

Chlorpromazine is a phenothiazine compound. Its ability to prolong and intensify the action of narcotics and anesthetics was first reported by French scientists. Recently Canadian and U. S. physicians have reported that it has a remarkable quieting effect on very disturbed mental patients, and even helped some improve enough to leave the hospital.

This developed from reports of its sedative action when used as an anti-nausea and anti-vomiting drug. French scientists have also used it to reduce the amount of narcotics, sleep-inducing drugs and anesthetics required for surgical operations.

The drug was originally developed by Rhone-Poulenc Laboratories in France. It is marketed as Thorazine by Smith, Kline & French Laboratories, Philadelphia.

Science News Letter, June 26, 1954

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**PSYCHIATRY**

**Neurotics Say "I" Most Frequently**

➤ **NEUROTIC PATIENTS** are "I" persons, it appears from how often they use the pronoun, "I," in speech.

This and use of pronouns generally more often than nouns are distinctive features of their language habit patterns, Drs. Maria Lorenz and Stanley Cobb of Boston reported at the meeting of the American Neurological Association in Atlantic City, N. J.

The manic patients use the fewest adjectives, reflecting lack of subjective qualifications.

The obsessive-compulsives are the most liberal users of adverbs, showing emphasis on quantity and degree.

The paranoid schizophrenic stands out least sharply in terms of characteristic language traits.

Science News Letter, June 26, 1954

