



**OPERATION IN KOREA**—A captured North Korean getting front-line attention from a medical corps team of the First Mobile Army Surgical Hospital, X Corps, in Korea.

## MEDICINE

## Artificial Kidney in Korea

➤ AN ARTIFICIAL kidney has been flown to Korea and is now being used in the hope of saving lives of wounded men. The men are those threatened by a kidney ailment that develops as a result of prolonged shock and repeated blood transfusions.

The kidney ailment is called lower nephron nephrosis. It is a condition in which the kidneys as a result of shock cannot eliminate the body wastes brought to them by the blood. The artificial kidney might take over this job temporarily while the wounded soldier's own kidneys recover from their shocked condition.

This kidney condition is one of the big hurdles Army surgeons would like to get over in order to save still more of our wounded. When surgeons saw this condition in World War II they had nothing to fight it with. Now they are trying the artificial kidney.

Fortunately, this kidney ailment is not common, but it occurs much oftener in military than civilian surgical patients because the shock factor can be controlled better in civilian patients.

Wounded soldiers, however, get effective treatment faster than the average civilian accidentally injured on the streets of cities here at home, Lt. Col. Kenneth Judy, surgical consultant to the Army Surgeon General, declared on his return from an intensive seven-weeks tour of hospitals and front-line battalion aid stations,

Within one and one-half hours after being wounded, the soldier is on the operating table at a MASH hospital and during that hour and a half he has had first aid dressings on his wounds, splints, whole blood transfusion, glucose and salt or plasma, morphine, anti-tetanus shot and other essentials in treatment of an accidental type of wound.

Science News Letter, April 12, 1952

## MEDICINE

## Tall Men More Likely To Get Leg Vein Clot

➤ TALL MEN, six feet or over, seem likely to get a dangerous type of clot in the veins of their legs, Dr. Meyer Naide of the Hospital of the University of Pennsylvania, Philadelphia, reports in the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION (April 5).

The clots in six patients he reports on developed after severe physical strain or for no reason at all, but not after operations, cancer, prolonged illness or involved superficial varicose veins which are conditions that often precede clots in leg veins.

Thrombosis, or clots, in the leg veins of tall men are more likely to result in pulmonary emboli, plugging the lung artery or one of its branches, Dr. Naide states. This dangerous result came to five of his six patients.

Science News Letter, April 12, 1952

## BIOCHEMISTRY

## One Chemical Speeds Healing of Wounds

➤ TO SPEED the healing of a wound, whether in battle or in an operating room, the human body needs one particular chemical, a protein building block called cystine.

Dr. Martin B. Williamson, of Loyola University School of Medicine, Chicago, announced to the American Chemical Society meeting in Milwaukee that without this amino acid chemical, or proteins containing it, in the diet the wound will heal more slowly, stealing the chemical needed from other body tissues.

Experiments by Dr. Williamson and Dr. Herbert J. Fromm on rats, whose food could be controlled, demonstrated that wound healing is promoted by diet additions of cystine, or methionine from which cystine can be made in the body, or proteins that contain these substances.

Science News Letter, April 12, 1952

## MEDICINE

## No Upset With New Aureomycin and Terramycin

➤ A NEW medicine has been found for patients who are bothered by nausea and vomiting when taking aureomycin or terramycin by mouth. It is an aureomycin preparation called aureomycin calcium caseinate.

Trials of the new preparation at the Mayo Clinic, Rochester, Minn., show that the aureomycin of the new preparation reaches the blood stream in about the same amounts as from regular aureomycin taken by mouth. This means it should be equally effective in stopping disease germs.

In a group of 24 patients given the new preparation, 20 had no loss of appetite, nausea or vomiting. Loss of appetite only occurred in one patient, nausea in two and nausea and vomiting in one. Of six who had previously suffered nausea and vomiting while taking regular aureomycin, five were completely free from these symptoms when taking aureomycin calcium caseinate. One patient was not helped. A seventh, who had nausea only with regular aureomycin, had considerable but not complete relief with the new drug.

In three patients who could not take terramycin because of nausea and vomiting, the new preparation was substituted with complete relief.

The results with the new preparation were reported by Dr. Paul R. Manning, a fellow in medicine at the Mayo Foundation.

Milk and sodium bicarbonate given with aureomycin have usually controlled the nausea and vomiting, but, Dr. Manning points out, these cannot be given to patients on a low salt diet. Having the antacid and the aureomycin all in one pill is a further advantage for the patient's convenience.

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