



◄ EAST Face South WEST ►  
 \* \* ◦ • SYMBOLS FOR STARS IN ORDER OF BRIGHTNESS

orbit. Actually, it is a comet orbit—that of Swift's comet, which was seen in 1862. Other meteor showers move in paths of other comets, so it seems that they are cometary debris, left over after the comet itself has been depleted.

When we have a meteor shower, it is best seen after midnight. In the evening hours, we are on the "hind" side of the earth, and any meteors that reach us must be moving fast enough to catch up with us. But after midnight, when we are on the forward side, we meet them head on. So if you want to see the Perseids at their best, stay up late on nights around the 11th and 12th, and watch the northeastern sky.

Sometimes the moon is so bright that its glare interferes with the meteors, but this year it will be new on the ninth, just about the time the shower is reaching its height, and even a few days later, the moon will be setting during the early part of the evening.

Thus in the morning hours you will have

a completely dark sky in which to watch these fascinating "shooting stars."

**Celestial Time Table for August**

Aug.	EST	
1	10:16 p.m.	Moon in last quarter.
4	9:40 p.m.	Moon passes Jupiter.
5	9:10 p.m.	Moon passes Venus.
8	3:39 p.m.	Moon passes Mars.
9	11:10 a.m.	New moon.
		Partial eclipse of sun, visible in South Pacific and Antarctica.
12	early a.m.	Perseid meteors.
13	2:00 a.m.	Moon farthest, distance 252,200 miles.
	4:00 a.m.	Mercury farthest west of sun, visible for a few days around this date before sunrise.
15	6:13 a.m.	Moon passes Saturn.
17	3:08 p.m.	Moon in first quarter.
24	3:21 p.m.	Full moon.
25	1:00 p.m.	Moon nearest, distance 222,700 miles.
31	5:46 a.m.	Moon in last quarter.

Subtract one hour for CST, two hours for MST, and three for PST.

Science News Letter, July 25, 1953

PUBLIC HEALTH

**Rules to Avoid Infection in Blisters**

► BLISTERS MAY come from both ill-fitting shoes and ill-fitting stockings. But even with a good fit on shoes and stockings, the first long vacation hike or a new pair of shoes may produce a blister.

To avoid this, try using a liberal amount of talcum powder inside both shoes and stockings. Another way to guard against blisters is to strap adhesive plaster firmly over the part of the skin where you suspect rubbing will cause a blister.

A blister may seem like a trifling, if painful ailment, but blisters have been known to have a fatal result. The danger is that when the skin is rubbed off, germs may enter the body and cause blood poisoning. The unbroken skin over the blister gives protection against infection. Ideally, therefore, the blister should be covered with a sterile dressing and the affected part of the body put at rest so the skin will not be rubbed off.

Since this is usually not practical, medical authorities advise opening the blister under aseptic, that is germ-free, conditions. This requires sterilizing the skin by gently swabbing with an antiseptic solution, sterilizing the hands (or at least giving them a good soap and water scrubbing), and the needle.

The needle should be inserted in the skin just beyond the edge of the blister and the fluid pushed through the opening by gently pressing the edges of the blister. A sterile dressing then should be firmly bandaged in place.

If the blister has already been rubbed open, cleansing with a saturated solution of boric acid followed by the sterile dressing is advised by one authority. The solution is made by dissolving two teaspoonfuls of boric acid in a glass of water and is applied with sterile cotton swabs.

If this seems too complicated as a home remedy, see a doctor. Be sure to see a doctor if the blister seems inflamed or infected.

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PSYCHOLOGY

**Cleft Palate Parents**

► PARENTS of a child born with cleft lip, hairlip or cleft palate often need treatment more than the child, Dr. Herbert K. Cooper of Lancaster, Pa., reported to the American Dental Association.

This is because the parents may suffer more than the child in their unhappiness. If they feel guilty or to blame, though the condition is not their fault, they cannot give the child the kind of care he needs for developing a healthy personality.

"The over-protection which the average mother gives the patient is as great a hazard for the individual's future life as the deformity itself," he said.

Dr. Cooper, who has been widely honored for his activities as director of the Lancaster Cleft Palate Clinic, reported that one in every 700 infants is born with cleft lip or cleft palate or both defects.

He said the most effective treatment for the condition calls for specialists in various fields, working together.

Dr. Cooper said that while many states have recognized the problem of the cleft lip-cleft palate child by providing surgical care and hospitalization, it is now recognized that surgery alone is not adequate and, in some cases, is actually detrimental.

He described the longtime treatment of each case at the Lancaster Clinic and emphasized that decisions concerning treatment are made only at group consultations of all specialists concerned in the case.

Included are a child specialist or pediatrician, a surgeon, an orthodontist or dentist specializing in mouth irregularities, a psychologist and a speech specialist, all working as a team.

Science News Letter, July 25, 1953

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