scientific equipment he would like to have if he wins. Then if the finalist later is chosen as a first-place winner, he gets his "wished-for" equipment. It amounts to a total value of \$125.

Second- and third-place winners, distributed between the sexes in proportion to the number of boys and girls entering each category, amount to \$75 and \$50 each in scientific "wish" equipment and literature.

Base Exhibit on Project

Getting into the competition is not hard. A student decides upon some project and builds an exhibit around it.

The project can be something especially thought up for the fair. Frequently, however, the projects are the outgrowths of scientific hobbies the students have been pursuing in their spare time.

As many as two winners of each local fair can be declared finalists to the national fair. They are sent to the national event on all-expenses-paid trips by their sponsors, most of which are newspapers.

They again display their exhibits at the national fair. Competent scientists judge the myriad exhibits for national recognition.

Presents Many Opportunities

The boys and girls themselves, however, seem to look upon national honor as a minor achievement. Most seem to feel that just getting to the national fair is the most important thing. During the fair program, the finalists have the opportunity of talking with outstanding scientists. They also tour scientific laboratories and industries. This helps each finalist expand his knowledge of science and to see how science fits into the picture of everyday living in America.

Questionnaire responses from past National Science Fair finalists also showed the teen-agers enjoyed and benefited from meeting each other. The National Science Fair provided the opportunity, for instance, for West Coast students to compare the quality of their work with that of East Coast students.

Presumably, the finalists return to their home towns with helpful hints to pass on to their classmates—hints that could help them win honors for themselves the following year.

Science News Letter, May 1, 1954

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GERONTOLOGY

Cortisone for "Stroke"

▶ PATIENTS STRICKEN by apoplexy, their relatives and doctors need no longer have a defeated feeling or, at best, one of waiting to see whether or not the patient will recover.

A discovery announced in the *Journal of the American Geriatrics Society* (April) seems likely to change that situation dramatically.

Cortisone, hormone chemical famous for its relief of pain-racked arthritics, may in future rescue many "stroke" victims from a helpless, vegetable-like existence.

"Striking" effects of cortisone treatment of nine out of 12 stroke victims have been obtained by Drs. Henry I. Russek, Burton L. Zohman and Allen S. Russek of the Department of Health, Education and Welfare's Public Health Service stationed at Staten Island, N. Y.

A rapid and nearly complete recovery may occur after a stroke with only good nursing care, the doctors point out. But their impression from their use of cortisone is that this hormone chemical "accomplished in one day what ordinarily might take several weeks under conservative treatment."

The patients who responded to cortisone were those whose strokes came from clots. Those who had hemorrhages on the brain were not helped. The treatment was given 15 consecutive patients, but three were dying when treatment was started and cortisone did not save them. These were the three with hemorrhages.

The cortisone was given either by mouth or by hypodermic injection starting on the first day of the stroke. It was continued for three weeks. In the patients helped by it, "dramatic" improvement came within the first 24 hours. Paralytic signs and symptoms began to lessen and difficulty in talking cleared rapidly.

The greatest effects were seen in those patients who were continually drowsing, in a stupor, mentally depressed or apathetic. In patients so afflicted, these symptoms were replaced overnight by a keen alertness and interest in their progress toward recovery. As a result of this and an improved sense of well being, active rehabilitation to overcome the disabling effects of the paralysis could be started after the first or second day.

Four patients were able to walk alone or with a cane after three days of treatment, four more walking at the end of a week, and two after 10 days. Two more were kept in bed because of heart trouble, but these were so improved that they could otherwise have been walking after a short time.

Supporting the view that the cortisone helped the rapid recoveries of the patients was the experience with two patients who had the drug stopped before the full course of treatment. Paralysis increased in these

after the treatment was stopped, and lessened when cortisone was started again.

The more seriously ill patients were the ones in whom cortisone seemed to have the greatest effect. The doctors believe the drug acts by reducing the watery swelling in the brain after the stroke.

Science News Letter, May 1, 1954

MAMMALOGY

Philippine Lizard Glides on Skin Wings

THE PHILIPPINE flying lizard glides through the air with the greatest of ease using two folding skin flaps for wings.

Dr. Austin L. Rand, curator of birds at the Chicago Natural History Museum, has observed the lizard "flying" more than 15 feet between trees. In a typical flight, the lizard will lose only about five feet of altitude.

At the top of a tree, the lizard makes a flat jump of three or four feet, then spreads its skin flaps and glides the rest of the way. It is a slender animal about three or four inches long.

Science News Letter, May 1, 1954

TOBACCO DICTIONARY

Edited by Raymond Jahn

The first such work in English, giving the complete definition of all terms and names relating to the field of tobacco and its accessories.

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—Sarah Dickson, Curator Arents Tobacco Collection, N. Y. Public Library

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