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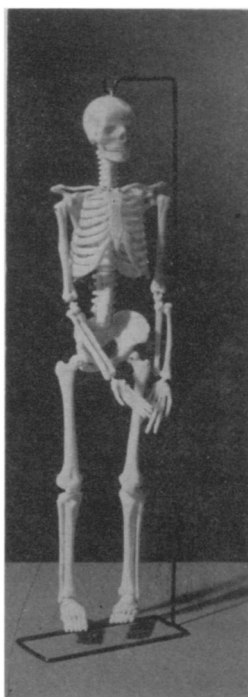
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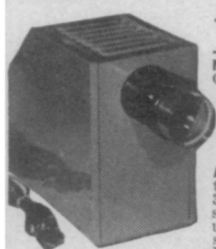
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Questions

BIOCHEMISTRY—How does deuterium affect normal cell division? p. 200.

CHEMISTRY—What developments have improved the United States' supply of uranium? p. 205.

EDUCATION—How many Russian students are reported to be studying English? p. 201.

GEOPHYSICS—What is the maximum altitude of the Vanguard satellite? p. 197.

MEDICINE—What is the scientific name for the disease in which calcium stones form in the kidney? p. 206.

ROENTGENOLOGY—What effect do X-rays have on the viscosity of synovia? p. 197.

Photographs: Cover, U. S. Department of Agriculture; p. 195, Kenneth Hunkins—Lamont Geological Observatory; p. 197, DuKane Corporation; p. 199, Westinghouse Electric Corporation; p. 202, left, U. S. Department of Agriculture, right, International Nickel Company, Inc.; p. 208, Western Artcrafts.

MEDICINE

Diet and Aspirin Stop Some Kidney Stones

➤ **REDUCTION** of milk and cheese in the diet and a daily dose of aspirin may restrict the formation of calcium stones in the kidney, Dr. Edwin L. Prien, assistant professor of clinical urology, Boston University School of Medicine, told a group at the American College of Surgeons' meeting in New York.

The exact nature of the mechanism by which calcium unites with other substances in the kidneys to form stones is still unknown. Some success, however, has resulted from restriction of milk and cheese plus daily doses of aspirin.

Originally, 19 patients were subjected to this treatment. Of the 19, five showed some increase in size or density of stones previously formed. One patient developed a new stone and stones continued to form at a rapid rate in another. There was no indication of new stone formation in the remainder, Dr. Prien reported, and neither was there any increase in size or density of pre-existing stones.

Dr. Prien cautioned that he did not recommend the use of salicylate drugs, the evidently helpful agent in aspirin, to patients who suffer chronic kidney disorders because there is a danger of toxicity from retention of the drug in the body. But if the drug is properly excreted, he said, it may prove beneficial in the prevention of calcium stone formation.

Urolithiasis, formation of stones in the kidneys, is a recurrent disease in many people. The recurrence rate ranges from about 15% or 20% for the common small calcium oxalate stone passed by patients with uninfected kidneys to the higher rate, 60% or 70%, for staghorn stones removed by surgery from chronically infected kidneys.

Science News Letter, March 29, 1958