MEDICINE

Defect of "Blue Babies" Corrected by Operation

ONE of nature's rare oversights which, occurring at birth, may result in a "blue baby" and in early death for one-third of the victims, has been successfully corrected by surgical operation in two cases at the University of California Medical School, it was announced.

The operations were carried out by the staff of thoracic (chest) surgery, headed by Dr. Harold Brunn and including Dr. Brodie Stephens and Dr. A. L. Brown.

The condition for which the operation is performed is technically termed patent ductus arteriosus. Before birth, the baby's blood is not pumped through its lungs but is shunted through a passage, or duct, between the pulmonary artery and the aorta, main artery leading from the heart. At birth this passage normally is closed automatically but in rare cases the duct does not close.

This mishap is not always immediately fatal and the child may grow to comparatively normal adulthood with only a heart murmur to indicate that he has this defect in blood circulation. Usually, however, the California physicians point out, the child develops slowly and shows signs of malnutrition. One-third of them die of endarteritis (inflammation of the innermost lining of an artery) before they are 35 years old.

The operation to correct the defect consists in opening the chest and tying a strong silk cord around the open duct, thus making the closing originally designed.

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PHYSIOLOGY

Skin Test, as for Hay Fever, Reveals Alcohol Capacity

BY USE of a skin test, your physician can now tell you just how much alcohol you can take before you begin to act tipsy.

The method is very similar to that used to find out just what pollen or other protein gives a particular hay fever victim his sneezes. But instead of ragweed pollen, the physician injects a solution of 95 per cent ethyl alcohol. This brings up on the skin a wheal, something like that familiar to the sufferer with hives. Everyone gets this—it is not significant.

The thing that counts is the extent of the redness that surrounds the central wheal. If there is no redness, you have maximum tolerance. But if there is marked redness, you'd better go slow. You are beyond your limit when you have had two tablespoons of hard liquor. You still can drink, however, without running into difficulties, provided you stay within your limit.

This skin test for allergy to alcohol was described three years ago to the Association for the Study of Allergy by Dr. John M. Nagle, of Agnew, Calif. At that time, his colleagues warned that further confirmation of his results was needed before the test was put into general use.

The method has now been put to use at the New York State Psychiatric Institute by Dr. Douglas M. Kelley and Dr. S. E. Barrera in a research program for testing the effects of alcohol on personality. In this experiment it was necessary to be sure that each individual tested was in exactly the same state of intoxication. This meant a different dose of alcohol for different persons, and the amount was determined by Dr. Nagle's skin test.

It worked. After their drink all had a feeling of warmth and well-being, felt a thickening in the head without dizziness. They had practically no physical symptoms, but were conscious of having had a drink. In other words, they were mentally affected by the alcohol but were not too drunk to cooperate in the experiment.

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● RADIO

Thursday, October 23, 3:45 p.m., EST

On "Adventures in Science," with Watson Davis, director of Science Service, over Columbia Broadcasting System.

Dr. William J. Robbins, Chairman of the Board of Directors of the National Science Fund will discuss some of the rewards and results of fundamental scientific research.

Listen in each Thursday.

Monday, October 27, 9:30 p.m., EST

Science Clubs of America program over WRUL, Boston, on 6.04 and 11.73 megacycles.

One in a series of regular periods over this short wave station to serve science clubs, particularly in high schools, throughout the Americas. Have your science group listen in at this time.

NUTRITION

Square Meal Rule Aids Planning Meals in Wartime

YOU COOK some peas, beans or lentils; press them through a collander or sieve; mix with chopped parsley or watercress; moisten with a few drops of a strongly flavored sauce or catsup; cut in hunks to eat with crackers, or spread on bread or serve on hot toast. This gives a fair nutritional substitute for cheese and as such is one of the items suggested to English housewives in a book which has just reached this country, Food Values in Wartime, by Violet G. Plimmer. (*Reviewed, SNL, this issue.*)

American housewives, fortunately, do not have to search for substitutes for cheese, itself a substitute for milk. Nor do they need to struggle with the "discouraging business" of removing the seeds and hairs from rose hips in order to make a savory paste which when eaten fresh supplies vitamin C, consoling themselves with the thought that "a small amount of rose hips is equal to four times its weight of orange."

Many of them, however, are faced with the difficult problem of planning nourishing meals from limited food rations imposed not by war but by financial adversity. As Miss Plimmer points out, their only hope of success lies in knowing food values, so that nourishing substitutes can be found for foods that are not available. Her square meal plan is easy to learn and easy to follow. The square meal is made from foods in four groups: Bread, Butter, Flesh and Salad.

Bread includes flour, cereals, nuts, legumes, potatoes, bananas and root vegetables and dried fruits.

Butter includes all kinds of fat.

Flesh includes meat, poultry, fish, eggs, cheese and milk.

Salad includes fresh or canned fruits and vegetables, especially citrus fruits, berries and green leaves.

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