

AERONAUTICS

Flying Nine Times Safer

► IT IS nine times safer to fly today than it was in 1931, Adm. E. S. Land, president of the Air Transport Association, reported in Washington, D. C.

His conclusion is based on awards just issued by the National Safety Council to 41 U. S. scheduled airlines in recognition of their contributions to safe air transportation in 1951.

The Admiral's statement may seem contradictory to one made recently by Harry F. Guggenheim of the Cornell-Guggenheim Aviation Safety Center. He said that flying is no safer now per passenger mile than it was five years ago.

Adm. Land's statement is based on a comparison of fatalities in flying on scheduled airliners in each of the four five-year periods since 1931. Mr. Guggenheim's figures are based on recent accidents compared with those of five years ago.

Figures used by Adm. Land are those of the U. S. Civil Aeronautics Board and do not include accidents to planes flown by individuals or companies which do not operate on definite schedules. Fatalities of scheduled airlines have dropped from 15 per 100 mil-

lion passenger miles in the five-year 1932-6 period to 1.7 for the five years 1947-1951.

In Mr. Guggenheim's statement, he acknowledged that the number of accidents have been cut in half, but fatalities are at about the same level today as five years ago because today's larger planes carry greater passenger loads. He is head of an organization that is trying to stimulate the cooperation of all agencies in making flying the safest form of transportation.

The annual awards made by the National Safety Council, with headquarters in Chicago, go only to domestic, territorial and overseas carriers which fly scheduled runs. The 41 which received recognition include 15 trunk lines, 11 territorial lines and 15 feeder lines.

To qualify for an award, any one of three ways was required. An airline could have completed the year 1951 without a fatal accident; flown 2,000,000,000 consecutive passenger-miles without a fatality, or completed five or more consecutive years of safe operations, even though an accident terminated its record in 1951.

Science News Letter, July 19, 1952

NATURAL RESOURCES

Survey for African Oil

► AFRICA IS foreseen a larger source of petroleum in a report issued by the U. S. Geological Survey which covers an extensive area in northeastern Kenya.

No drilling has yet been undertaken, no seepages of oil or gas have been found, but petroleum geologists engaged in the survey have come to the conclusion that this Kenya area is a reasonably good petroleum prospect.

The survey, in which F. M. Ayers of the Geological Survey took part, was made possible by the Economic Cooperation Administration and the British Colonial Office.

Geologists had previously shown some interest in this region for oil and gas possibilities. Oil exploration licenses were issued to British concerns just before World War II but very little was done. ECA assistance made the intensive survey possible.

Africa today produces relatively little petroleum, the more active wells in existence being in northern Egypt. Kenya is an equatorial country south of Ethiopia and Somalia and bordering on the Indian Ocean. The region explored is a large primitive area of some 17,400 square miles known as the Wajir-Mandera district. The survey included both field work and aerial mapping.

A drilling program is advised by Mr. Ayers in his report. Four locations are suggested for drill-hole sites. An important prerequisite to the discovery of petroleum in this area is the establishment of the

presence of a thick series of sediments, the report states.

Equipment for drilling should be of the type that would make a hole approximately six inches in diameter to a depth of 5,000 feet. The Kenya government is prepared to consider applications for concessions in the area studied.

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MEDICINE

Spot Anemia Victims With Stomach Test

► EARLY RECOGNITION and treatment of pernicious anemia, aided by an easy-to-take stomach test, should become "practically universal," Dr. William P. Murphy of the Peter Bent Brigham Hospital, Boston, predicts in the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION (July 5).

The test is a chemical test for stomach acidity. Victims of pernicious anemia have no acid in their stomachs and the simple test makes it much easier to discover this lack.

The patient does not have to swallow a stomach tube, the usual method for checking on stomach acidity. All he swallows is about half a teaspoon of an "indicator compound," a cation chemical containing a quinine derivative. Tests of the urine, collected hourly for two or three hours after

taking the chemical, tell whether or not the patient has acid in his stomach.

This test simplifies the problem of diagnosing pernicious anemia, Dr. Murphy reports. And with present knowledge of how to treat the disease through the use of liver and its extracts, it is possible to prevent the occurrence of the most incapacitating and hazardous features of the disease which result from the destruction of nerves of the central nervous system.

The stomach-acidity test was developed by Dr. Harry L. Segal and associates of the University of Rochester School of Medicine.

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