manufactured in sufficient quantity to be of use in the innoculation of whole populations, but it is deemed possible to solve this technical difficulty. It is doubtful that older people are less susceptible to colds than the young. There is definite evidence that tonsilectomy reduces one's susceptibility to respiratory infections although this is not recommended as a routine procedure. Antihistamines only relieve the symptoms of allergy. Antimicrobics are not indicated in colds except to combat bacteria complications. Polyvalent influenza vaccines should be given annually to as many people as can be reached, particularly the old, the debilitated, and those with chronic respiratory infections.

--J.Am. Med. Assn. References & Reviews

335 Urticaria and Asthma From Acetylene Welding. I. Kaplan and I. Zeligman. Arch. Dermatol. 88, 188-189 (Aug. 1963).

These manifestations occurred in an experienced welder within 15 minutes of exposure to acetylene welding, but not after electric-arc welding. They disappeared in 1 to 6 hours. They did not seem to be related to metal fume fever. The factors which might cause these conditions are discussed, in relation to the composition of agents used. Probably inhalation of gases or combustion products were involved. -- Bull. Hyg.

336 Clinical Implications of Chronic Hepatitis. E.D. Palmer. Military Med. 129, 235-238 (March, 1964).

Clinical experiences with 139 cases of chronic hepatitis, as defined, are recounted. Most of the patients considered themselves well, their disease having been discovered by chance detection of hepatomegaly. Twenty-three per cent of the patients had gastroduodenal ulcer. Portal hypertension and esophageal varices were important complications of the disease, and 25 instances of hemorrhage were proved to have varices as the source. The esophagoscopic anatomy and dynamics of the varices are discussed in a little detail. -- Author's summary

337 Mononeuropathies in White Collar Workers. H. Stevens. J. Occ. Med. 5, 520-527 (Nov. 1963).

A mononeuropathy is a condition in which the symptoms and the examination findings reflect isolated involvement of one nerve. It may occur in white-collar workers as well as industrial workers. Mononeuropathies receive scant attention in medical school, and they are not often seen in internship because hospitalization is rarely required. For these reasons, the industrial physician may not recognize the mononeuropathies he encounters. Often the worker claims the condition is related to his work; and sometimes it is. Many physicians recoil when confronted with any problem involving neuro-anatomy; yet, only relatively limited knowledge or experience is needed to identify the common mononeuropathies. Details regarding the orgin and course of nerves is readily available in almost any textbook of neurology. The average physician is not aware that even the most sophisticated neurologist leans heavily on his library. In the present paper 9 of the common mononeuropathies have been presented. Some are benigh and self-limiting. Others are caused by prolonged local pressure on the nerve and are corrected by removing the pressure and providing supportive treatment during the recovery of nerve function. The cause of some are unknown but may be cured by surgical release of the pressure. A mononeuropathy is often the first sign of underlying systemic disease. Elaborate knowledge of neurology is usually not needed. Mere awareness that these specific syndromes exist will prompt the physician to pursue the diagnostic problem to a successful conclusion. Adequate history, including mode and circumstances of onset, is most helpful. Diabetes, gout, and alcoholism should be suspected. "Stroke" is the common mistaken diagnosis. Prognosis is usually good. There are 45 references.