

patient department of the Toronto Western Hospital more than 60% were due to arteriosclerotic heart disease. Overweight was found to be a factor in 50% of the cases, a high-fat diet in 48%, and hypertension in 25%. In the age group 44-54 years, overweight was noted in 60% and a diet high in animal fat in 67%. One female was known to have had arteriosclerotic heart disease since age 35, at which time she had an acute myocardial infarction; she had normal endocrine function but had lived almost entirely on a diet of fried hamburgers and fried potatoes. The serum cholesterol level was elevated in 33% of cases but only markedly elevated in 15%. Hyperuricemia was not a common finding, occurring in 6 cases (10%); it was markedly elevated in only one case (1.7%). This is in marked contrast to the report of Kohn and Prozan (J. Am. Med. Assn. 170, 1909 (1959)), who found that 20 out of 35 males and 6 out of 15 females with acute myocardial infarction had a serum uric acid level above 6 mg. per 100 ml. They were reporting on cases of acute myocardial infarction, whereas this report was based on cases of chronic arteriosclerotic heart disease.

-- Cond. from author's conclusions

- 955 Environmental Factors in Coronary Heart Disease. An Epidemiological Study at Agra (India). K. S. Mathur. Circulation 21, 684 (1960).

Various factors relating to coronary heart disease were investigated in two groups of patients: 553 patients with clinical coronary heart disease and 1056 persons selected in a field survey of the general population of Agra, India. The incidence of coronary disease was higher in the urban population, in the upper socio-economic classes, and in persons with the highest amounts of total dietary fat and highest percentage of calories from dietary fat. Values for total serum cholesterol, serum phospholipid, and cholesterol/phospholipid ratio were higher in the coronary group. Finally, it seems that physical activity was less and emotional stress and strain greater in the patients with coronary disease. No relation between coronary disease and smoking or alcohol was established.

-- Can. Med. Assn. J. Absts.

- 956 Smoking Patterns of University Students in Canada. C. Culling, P. Vassar and A. M. Saunders. Can. Med. Assn. J. 83, 530-532 (Sept. 3, 1960).

This paper presents a survey of the smoking patterns of an undergraduate university population of 943 students (399 males, 544 females). It was found that 43.6% had never smoked, 46.1% are present smokers, and 10.3% were previous smokers. The mean age at which smoking was started was 16.25 years. There appeared to be no significant difference in the smoking habits between males and females. It is strongly urged that an anti-smoking program should be directed primarily at the age group 13 to 19 years.

-- Authors' summary

- 957 The Continuous Alternating Chemotherapy of Cancer. M. Aronovitch. Can. Med. Assn. J. 83, 355-364 (Aug. 20, 1960).

The hypothesis is presented that chemotherapy of carcinoma should be a continuous long-term process. The evolution of this concept is supported by illustrative case material where such therapy was not used and by examples and discussion from the literature. Some case reports are presented of improvement on continuous treatment, but the follow-up has been too short to form any firm conclusion. In the face of improvement it is, however, reasonable to continue further observations with this procedure.

-- Author's summary

- 958 The Pathologic Effects of Smoking Tobacco on the Trachea and Bronchial Mucosa. K. P. Knudtson. Am. J. Clin. Pathol. 33, 310-317 (Apr. 1960).

The author studied 150 lungs which were removed from men, aged 23 to 85 years, who had died at the Veterans Administration Hospital in Seattle, Washington, and on whom autopsies had been performed. A printed questionnaire was mailed to the next of kin of these men in order to obtain definitive data on the smoking history of the patients, their occupation, and place of residence. For microscopic examination, longitudinal strips of mucosa were