225 Pulmonary Emphysema in a Non-Smoking Population. P. W. Dysinger, et al. Diseases of Chest 43, 17-25 (Jan. 1963).

Smoking and air pollution appear in the literature to be two etiologic variables most strongly associated with a risk for developing pulmonary emphysema. In most populations, however, it is difficult to separate these variables. This preliminary report presents the 5-year emphysema mortality experience in an essentially non-smoking population of 64,256 Sever Day Adventists (SDA) in California. They do not appear to differ greatly from the general popu lation in respect to exposure to air pollution. There were 4 deaths due to emphysema as the "underlying cause" among SDA men, whereas 22 would have been expected at concurrent California mortality rates for men. An additional 14 deaths attributed a secondary role to emphyse whereas 51 would have been expected. The deceased with such a diagnosis appear to be drawn primarily from the SDA minority with a long-term smoking history. Other population variables do not appear able to explain this degree of difference, and it is concluded that smoking, particularly cigarettes, may indeed be an important differential factor related to the risk of mortali from pulmonary emphysema. -- Authors' summary

226 Tetanus Prophylaxis in Treatment of Puncture Wounds of Patients in the Deep South. A. N. Houston, et al. J. Trauma 2, 439 (Sept. 1962). (Journal of Trauma, Williams & Wilkins Co., 428 E. Preston St., Baltimore 2, Maryland *).

Because of the endemic nature of tetanus in the Deep South, puncture wounds are a special problem in this area. The authors report a series of 2,583 cases of puncture wounds (of which about 90% were on the soles of the feet). No cases of tetanus were observed in this series. All wounds received adequate inspection, cleansing, and debridement (with cuticle nippers). Tetanus booster injections were given to 1,161 patients who had been previously immuni zed, and first tetanus toxoid injections were given to 1,075 patients. The remaining 347 patient were receiving incomplete active immunologic protection with an ill-timed second or third injection, or refused any injection. There was no infection on arrival in 2,303 patients; antibiotics were given to 506 of them either as prophylaxis or as treatment for subsequent infection. Of 280 patients infected on arrival, 221 received antibiotics. Tetanus antitoxin was administered to 172 of the entire group, but to only 35 (less than 2%) of the more than 2,000 treated since 1957. Only 12 of the 172 (7%) demonstrated reactions to the antitoxin. In 2,935 separate injections of tetanus toxoid there were only 7 reactions (0.24%).
-- J. Am. Med. Assn. References & Reviews

227 Some Comments Regarding the Allergic State. The Initiation of Antibody Synthesis. R. S. Farr. Arch. Environmental Health 6, 92-98 (Jan. 1963).

The "allergic state" is not an entity but has come to be applied to an ever increasing number of untoward physiologic events which are mediated through a variety of immunologic mechanisms. Many of the physiologic events associated with the allergic state are normal phenomena and can be elicited by non-immune mechanisms. Many allergic states are the predictable result of applying strong antigenic stimulation to otherwise normal immune mechanism Since allergic states due to circulating antibody exist only after antibody synthesis against the offending antibody is first initiated, special attention has been given to some of the factors whicl control the initiation of antibody synthesis. The factors considered during this brief presentation include: the antigen used; the dose of the antigen; the concentration of antigen to which the antibody synthesizing cells are exposed; the species of animal used as the test subject, the strain of animal used within a species, or as applied to humans, the individual person involved, and finally of course, the method used for immunization and whether the antigen is injected intravenously, subcutaneously, or perhaps even in an emulsified state. -- Author's summary

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