regulate and to modify them. Simultaneously, there is in progress a gradual but, I believe, an inexorable reorganization of what is perceived as the health needs of this nation and of the mechanisms whereby those needs will be satisfied. Our goal, I contend, is nothing less than the total health maintenance of the workers under our surveillance. Since the health of the worker cannot really be separated from the health of his family nor from that of the community in which he lives, this responsibility is indeed a broad one. Obviously, it is one that we could not possibly assume alone; rather, it is one that we must share with all other segments of the health professions, with community organizations, social agencies, and even government bureaus. The periodic examination is presently oriented almost exclusively to the detection of existing disease. Do we yet have really convincing evidence that even when this is successful it results in a measurable reduction in mortality and morbidity? Recent studies of isoimmunity phenomena suggest that it may be possible to trace the development of susceptibility to specific organ injury. Other studies involving repeating batteries of blood tests in healthy subjects indicate that each person presents a rather constant profile (different from that displayed by another normal individual), deviation from which may signal an onset of disease. The possibility that persons may have inherited susceptibilities of a rather specific nature, such as a particular proneness to permanent hearing loss following noise exposure or to the toxic effects of certain drugs and chemicals, is being investigated by geneticists. It seems quite probable that with additional research, we will soon be able to uncover other indices of potential disease so that corrective measures may be introduced even before the disease process is initiated. The industrial medical department is particularly suitable for such basic studies and also for the research needed to confirm both the validity of any disease predictors and the efficacy of appropriate preventive measures.

934 Pulmonary Atelectasis in Subjects Breathing Oxygen at Sea Level or at Simulated Altitude. T. Turaids, et al. J. Appl. Physiol. 21, 828-836 (May, 1966).

Seven subjects were exposed to atmospheres of 100% oxygen at 5 pounds per square inch (psi), 72 hours; 7.5 psi, 72 hours; or 14.7 psi (sea level), 24 hours. The symptoms of chest pain, decrease of vital capacity, and the platelike densities which occurred in two subjects indicated they had developed atelectasis sufficiently severe to require stopping the runs. The decrease of vital capacity in two other subjects and, perhaps, a third indicated that these subjects also probably developed atelectasis. These pulmonary effects occurred whether the subjects were at sea level or at a third of an atmosphere (5 psi). Vital capacity changes in one subject were far less after adding 30% nitrogen or 5% nitrogen to the gas mixture, ruling out the possibility that the atelectasis which occurred has been caused entirely by external compression of the lung, or by chemical action of oxygen on the alveolar cells, or on the surface-active material in the alveoli.
-- J. Am. Med. Assn. References & Reviews

935 Mortality in California Veterinarians. Elfriede Fasal, E.W. Jackson, and M.R. Klauber. J. Chronic Diseases 19, 293-306 (March, 1966).

The main findings were: (1) Total mortality was significantly decreased in the veterinarians. (2) Deaths from all cancer occurred in the study group at a rate comparable to that in the standard population. Among cancers of specific sites, only malignant melanoma of the skin, with three observed deaths, showed a statistically significant increase in mortality. (3) Mortality from nonsyphilitic aortic aneurysm was significantly increased in the study population. It is suggested that late sequelae of brucellosis, an "occupational" disease of veterinarians, were responsible for this increase. There are 41 references. -- Public Health Eng. Absts.

936 Health of Enrollees in Neighborhood Youth Corps. V. Eisner, C.B. Goodlett, and M.B. Driver. Pediatrics 38, 40-43 (July, 1966).

The medical examination records of the first 165 enrollees in one urban neighborhood youth corps were reviewed. The majority of the enrollees was in need of medical or dental services or both. Problems in the identification and treatment of medical conditions in this group are discussed. The importance of advanced planning of health care for this group is emphasized, and suggestions are made for such a health plan. -- J. Am. Med. Assn. References & Reviews

937 Community Psychiatry in the Canadian Air Division, Europe. A.S. MacVicar. Can. Med. Assn. J. 95, 307-312 (Aug. 13, 1966).

In the Canadian Air Division, a community psychiatric project used three methods to establish closer integration of the community's "caretakers" and was partially successful in establishing meaningful teamwork in each of its wings. The three methods were: First, "Human Problem Conferences" were held in which discussion was informal and very different from the usual form of military conference. Second, the psychiatrist increased his contact with all those identified