posure to CMME as a result of engineering improvements in the process. Over this period there was a decrease in the frequency of chronic cough but an increase in the frequency of dyspnea.[3] The symptom of dyspnea was not related to abnormality of the EEFR at the time of the spirogram: the frequency of dyspnea was 12% of 76 men with an EEFR of 60% or more and 15% of 27 with an EEFR less than 60% of predicted. There were 83 men who had no dyspnea at the time of the spirogram in 1965 and had questionnaires three years later. Among 63 men with an EEFR of 60% or more 14% developed dyspnea in the next three years compared to 25% of 20 with an EEFR less than 60%. Although this difference may be suggestive, it is not statistically significant.

The EEFR was not useful in heralding which men would later develop lung cancer. There were 11 men who were found to have lung cancer during the 12 years following the spirograms but only three had an EEFR less than 60%.

Stanton C. Kelton, Jr. Ph.D., and Lester DeFonso of Rohm and Haas Co. provided the CMME exposure data.

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Procrastinators All — But for Death

How often we hear the argument that death does away with the meaning of life altogether. That in the end all man's works are meaningless, since death ultimately destroys them. Now, does death really decrease the meaningfulness of life? On the contrary, for what would our lives be like if they were not finite in time, but infinite? If we were immortal, we could legitimately postpone every action forever. It would be of no consequence whether or not we did a thing now; every act might just as well be done tomorrow or the day after or a year from now or ten years hence. But in the face of death as absolute finis to our future and boundary to our possibilities, we are under the imperative of utilizing our lifetimes to the utmost, not letting the singular opportunities — whose "finite" sum constitutes the whole of life — pass by unused.

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