344 Is There a Way of Preventing Arteriosclerosis? G. Hartmann. Schweiz. med. Wochschr. 95, 555 (1965). German.

The author outlines a procedure for the evaluation of patients who are high-risk candidates developing arteriosclerosis, and lays down a plan for the correction of these risk factors. The risk factors which have to be considered are hypertension, hyperlipemia, overweight, smoking, diabetes mellitus, inadequate physical activity, mental stress and a familial histo of the disease. Correction of most of these risk factors will rest with the family physician. Establishing the presence of hyperlipidemia is conveniently done by determination of the be lipoprotein levels. -- Can. Med. Assn. J. Abst

345 The Physician's Incompleat Guide to Atherosclerosis. I. H. Page, J. G. Greene, and A. L. Robertson. Ann. Internal Med. 64, 189-203 (Jan. 1966).

The authors have attempted to summarize for physicians some current thinking about the causes and proposed treatments for atherosclerosis. After only some 30 years of progressively increasing interest, solutions to these problems cannot be expected. But enough evidence has now accumulated to delineate clearly many of the areas requiring intensive study. It appears profitable to think of atherosclerosis as a "disease of regulation" in a person hereditarily conditioned. Its prevention must begin at birth. In a disease so widespread, prophylaxis must take precedence over treatment. The time has come for more extensive and penetrating studies of the cellular elements of the arterial wall, coagulation mechanism and experimental control of environmental factors. The heart and blood vessels should be studied in their entirety and not be artificially partitioned according to man-made discipline There are 27 references. -- Authors' summary

346 Drug-Induced Liver Disease: A Penalty for Progress. H. Popper, et al. Arch. Internal Med. 115, 128-136 (Feb. 1965).

A revised classification of drug-induced hepatic injury is proposed after study of 155 cases. The groups proposed are: (1) poison injury exemplified by carbon tetrachloride; (2) uncomp cated cholestasis, exemplified by anabolic steroids; (3) nonspecific drug hepatitis with or without cholestasis, exemplified by chlorpromazine and PAS; (4) viral hepatitis-like reactio exemplified by iproniazid and pyrazinamide, (5) drug-induced steatosis, exemplified by tetr cycline, and (6) reactive hepatitis, associated with drug-induced diseases of other organs. Drugs which produce cholestatic jaundice in some persons cause a subicteric injury to the bi secretory apparatus of the liver cells in all persons. It is proposed that a superimposed hypersensitivity reaction to the same drug leading to nonspecific drug hepatitis results in the development of the commonly seen cholestatic drug hepatitis with jaundice. Both nonspecific drug hepatitis and the hepatitic reaction resembling viral hepatitis, possibly represent immunologic injuries. The difference between these two reactions may be only quantitative, an they should be considered as variants of the same group. -- Ann. Rev. Resp. Dis. Abst

347 The Association of Alcohol and Tobacco With Cancer of the Mouth and Pharynx. A. Z. Keller and M. Terris. Am. J. Public Health 55, 1578-1585 (Oct. 1965).

A study of 598 cases of cancer of the mouth and pharynx, and an equal number of age-matche controls, admitted to the three Veterans Administration hospitals in New York City from 1953 to 1963, demonstrates that: (1) Cancer of the mouth and pharynx is associated with cirrhosis of the liver. (2) This cancer is associated independently with heavy alcohol consumption and heavy smoking. (3) A marked deficit in its occurrence is found among Jews. These findings are consistent with the conclusion that both heavy alcohol consumption and heavy smoking are independently and significantly related to cancer of the mouth and pharynx There are 31 references. -- Authors' summary

348 Smoking Habits, and Disease in Minnesota. E. C. Hammond, L. Berglund, and Ruth Kaslo Minn. Med. 48, 44-50 (1965).

The smoking habits in relation to the physical complaints of 31,733 Minnesota men aged 40 to 89 are reported. The mortality and hospitalization experience of this group during the first 35.5 months after they were enrolled as subjects in a prospective epidemiological study is presented. The findings are in good agreement with those previously reported in other epidemiological studies. Cigarette smokers report physical complaints (particularly cough, shortness of breath, and loss of appetite) more frequently than nonsmokers, and have far higher death rates than nonsmokers. Among cigarette smokers, the frequency of physical