

following tracheostomy. Eleven infections were due to staphylococci that were resistant to antibiotics and 5 were due to Pseudomonas pyocyanea. The nature of the infecting organisms clearly indicated the hospital environment as the source of the infection. The authors discuss factors that influence the development of infections, and they make recommendations about the management of tracheostomy patients.

-- J. Am. Med. Assn. References & Reviews

- 436 Chronic Obstructive Bronchopulmonary Disease. I. Clinical Features.
R. S. Mitchell and G. F. Filley. Am. Rev. Resp. Dis. 89, 360-371 (March, 1964).

One hundred and fifty subjects with clinical and physiologic evidence of chronic obstructive bronchopulmonary disease and at least a 50% reduction in maximal breathing capacity were carefully studied initially and followed for 2 to 6 years. Cases fell clinically into 3 groups: tussive—57% with a long history of cough and deep respiratory infections before the onset of unrelenting dyspnea; dyspneic—27%, cough occurring with or after dyspnea, including 7% (11 patients) with no chronic cough at all; and asthmatic—16% with a history of typical bronchial asthma for years before the onset of nonepisodic dyspnea. The sex ratio was 9:1, males predominating. The observed deaths were 66% and 92% at 10 and 20 years after the onset of dyspnea, by the life-table method. The expected death rate for a population of similar age and sex was 12% and 24% at 10 and 20 years, respectively. Sudden permanent loss of exercise tolerance was observed in approximately one-half of those 75 persons who gave a history of a pneumonia-like illness. The possibility that these attacks of "pneumonia" were complicated by, or were solely episodes of spontaneous pulmonary thrombosis was discussed. Thirty-one per cent of the patients had evidence of peptic ulcer. Ninety-five per cent were habitual cigarette smokers. Eight-five per cent had smoked more than 15 cigarettes per day for an average of 30.1 years before the onset of dyspnea. Forty-two per cent of the habitual smokers have so far succeeded in stopping smoking. Cough stopped or was markedly improved in 66% of those who stopped smoking and in only 2% of those who continued to smoke. Progressive loss of ventilatory capacity is usually accompanied by marked weight loss and intolerance for exercise, and is characteristic of the dyspneic type of patient. If the heart fails, it does so only terminally. Increasing hypoxia on the other hand, was more often accompanied by polycythemia, cardiac enlargement, and right heart failure, and was more frequently seen in the tussive type of disease. Future morphologic studies will be necessary, it is believed, to clarify these relationships. -- Authors' summary

- 437 Alcohol Consumption and Smoking Habits in Male Patients with Pulmonary Tuberculosis.
J. G. Lewis. Brit. J. Prevent. & Social Med. 17, 149-152 (July, 1963).

A comparison of the drinking and smoking habits of tuberculous and non-tuberculous patients has been made. A significantly greater number of regular drinkers was found among the tuberculous patients, although smoking was not more common than in the control group. The greater number of regular drinkers in the tuberculous group may be due to several causes: regular drinking may increase the chances of exposure to tuberculosis; an increased susceptibility to the disease may be produced by drinking; and there may be an indirect association whereby alcohol intake is linked with some other factor predisposing to tuberculosis.

-- Am. Rev. Resp. Dis. Absts.

- 438 Mechanical Properties of Lung in Normal Men Over 60 Years Old.
J. E. Cohn and H. O. Donoso. J. Clin. Invest. 42, 1406-1410 (Sept. 1963).

Mechanical properties of lungs in normal men over 60 years old were compared to normal men under 40. Dynamic lung compliance was significantly greater in the older subjects. Transpulmonary pressures at full lung inflation were greater in the younger

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