

using the Prausnitz-Kustner technique. One hundred patients attending an allergy clinic for seasonal hay fever symptoms were also tested. All reacted to skin testing to a high dilution of grass pollens, and 51 gave some response to extracts of Sitophilus granarius; in 18 the wheal size was at least 6 mm. in diameter. The significance of the positive response in these 18 patients is at present unexplained. One of the laboratory workers was so sensitive to weevil dust that she had to leave the laboratory; the other worker, by using an extractor fan and wearing a mask, could remain free of symptoms. Sitophilus granarius, like other insects easily gives rise to inhalant allergic symptoms and may be a possible cause of bakers' asthma which has not been previously considered.

-- Authors' abst.

- 642 The Sense of Smell. A Critical Review. W. Gorman.
Eye, Ear, Nose, Throat Monthly 43, 54-58 (Aug. 1964).

The purpose of this article is to summarize some clinically applicable data on the sense of smell from studies in clinical physiology and applied neuroanatomy. There is a bibliography of 67 references to the literature. In this review, observations on man have been given greater emphasis over those on lower animals, as man's olfactory reactions differ both qualitatively and quantitatively from those of other species. The functional anatomy of the olfactory system is also reviewed. The olfactory bulb functions as a primitive "smell brain", and stimulation of the olfactory bulb dependably produces sensations of smell. What has been considered the rhinencephalon in the human subject is not primarily concerned with olfaction, but with arousal of sexual responses. The human fetus and some adult animals have three pairs of olfactory nerves. It appears that olfactory evolution produces a diminution in functional complexity and size of the olfactory apparatus.

-- APCA Absts.

- 643 The University of Manitoba Follow-Up Study: A Prospective Investigation of Cardiovascular Disease. Part I. General Description—Mortality and Incidence of Coronary Heart Disease. F.A.L. Mathewson, et al. Can. Med. Assn. J. 92, 947-953 (May 1, 1965).

A prospective study of cardiovascular disease was initiated in 1946 whereby 3,983 healthy North American males, 91% under age 40, were subjected to periodic electrocardiogram and medical examinations between 1948 and 1963. The health of all but five of the 3,773 survivors was known in 1963. There were 210 deaths: aircraft accidents accounted for 45%, cardiovascular disease 20%, cancer 11% and other causes 23%. The aggregate mortality closely resembled that of the Canadian Life Table 1955-57 (Male). Extra deaths were observed under age 40 owing to a high frequency of flying accidents. At older ages the mortality was lower than expected because congenital and chronic diseases were excluded at entry. One hundred and forty-three developed coronary heart disease. The case fatality rate was 31%. The incidence rate for coronary heart disease rose progressively from 0.277 per thousand per year for ages 25-34 to 26.5 at ages 60-69.

-- Authors' abst.

- 644 The University of Manitoba Follow-Up Study: A Prospective Investigation of Cardiovascular Disease. Part II. Build, Blood Pressure and Electrocardiographic Factors Possibly Associated with the Development of Coronary Heart Disease. F.A.L. Mathewson, et al. Can. Med. Assn. J. 92, 1002-1006 (May 8, 1965).

The relationship of selected physical and electrocardiographic factors to the occurrence of coronary heart disease was examined in a cohort of 3,983 healthy North American males followed up for 15 years. Variations in build or mean heart rate were not found to be related to the occurrence of coronary heart disease. The risk of coronary heart disease rose progressively as blood pressure increased. With readings of 160/95 mm. Hg or higher the risk was 1.77 times that of the population as a whole. Non-specific S-T or T wave changes in the electrocardiogram were associated with three times the risk of developing coronary heart disease. Individuals with the combination of a blood pressure of 160/95 mm. Hg and nonspecific T wave changes exhibited an augmented susceptibility to coronary heart disease, the risk being four times that of the whole population.

-- Authors' abst.

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