interviews were not conducted in institutions which provide long-term medical or domiciliary care nor in penal institutions. During the interview, persons found to be on active duty in the Armed Forces of the United States were excluded, but members of their families were included. Also excluded from the interview were persons who had a home elsewhere. Therefore, vacationers to Oahu were excluded as well as persons who did not regularly reside on Oahu at the time of the interview.

INDUSTRIAL MEDICAL PRACTICE

Effect of Smoking on Asthma and Emphysema. G. A. Peters and R. Drew Miller. Proc. Staff Meetings Mayo Clinic 35, 353-358 (June 22, 1960).

Clinical observations, studies in laboratory animals and objective measurements of pulmonary function in smokers and non-smokers indicate that bronchial secretions and ciliary action as well as bronchial muscular tone may be unfavorably altered by cigarette smoke, so that impairment of pulmonary function may occur. The authors have described representative cases in which objective improvement of pulmonary function in asthma and emphysema followed cessation of smoking. Although the exact etiologic relationship of smoking to emphysema is not as yet clear, it is apparent that patients with asthma, bronchitis or emphysema should not smoke. Failure to advise such patients to stop smoking constitutes incomplete therapy. -- Authors' summary

Tobacco Amblyopia. C. W. Rucker. Proc. Staff Meetings Mayo Clinic 35, 345-348 (June 22, 1960).

Excessive smoking of tobacco causes dimness of vision in some persons. The nature of the visual loss is so characteristic that a careful examiner can usually be certain of the diagnosis even in the absence of supporting information. Although it impairs ability to read and to recognize faces, it does not lead to blindness. The exact means by which tobacco impairs vision is not known. A plausible suggestion is that it has a toxic action on malnourished cells in the retina. Nicotine is not alone responsible for the deleterious effects on vision. Other volatile alkaloids present in the tobacco or formed during its combustion also produce poisonous effects. The general health and nutritional state of the patient are determining factors. The majority of patients are elderly, or at least past the age of 50. A disproportionately large number have diabetes, which perhaps lowers their resistance. Many of those who smoke excessively also drink excessively, and this has posed the question of the relative importance of alcohol in this disorder. There is so much overlapping that it has been given the name "tobacco-alcohol-amblyopia". Treatment consists of abstinence from tobacco and an adequate, balanced diet with supplements of vitamin B complex. If the visual loss is of only a few months' duration and if there is no atrophy of the optic nerve as evidenced by pallor of the optic nerve heads, some restoration of vision is to be expected. The process is slow and may continue over a period of several months to a year. Optic atrophy precludes much return to vision.

Pathological Effects of Smoking on the Larynx and Oral Cavity. K. D. Devine. Proc. Staff Meetings Mayo Clinic 35, 349-352 (June 22, 1960).

The author discusses the subject under the following headings: Experimental Observations, Statistical Data, Clinical and Pathologic Impressions. He concludes his paper with some thoughts expressed by Dr. David M. Spain which in essence states that an event of staggering importance has taken place in the field of cancer research. For the first time,