cized as being too simplified to serve as a screening test for physical fitness. In the light of Cooper's studies, it appears that the Kraus-Weber test is a valuable fitness screening test after all.

Two studies in which I participated myself revealed also some trends of decreasing physical fitness among Austrian children.[4,5]

The studies performed by Dr. Hans Kraus give an explanation for the difference in physical fitness between American and Austrian inductees.

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To the Editor.—Twenty years ago, we examined the minimum muscular fitness of children here and abroad (Switzerland, Italy, Austria). The key posture muscles of our children proved considerably weaker and less flexible than their counterparts abroad, proving that our children are too sedentary. These findings were submitted to President Eisenhower at a White House luncheon conference and prompted him to establish the President's Council on Physical Fitness, then called Youth Fitness.

Unfortunately, except for isolated programs, no national or even state efforts have been made except in the field of public relations. At this time, when the need for preventive medical care is of special interest, preventive programs should be started at once. We agree with Cooper that the time to keep the cardiovascular system in good working condition is before it starts to disintegrate, and would add exercise programs and training of exercise habits not at 18 years of age but even sooner, perhaps in elementary school.

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To the Editor.—In Graz, Austria, the second largest city in the country, a law requiring autopsies on all hospital deaths, and only one pathological institute to serve a population of 230,000 make this location unique for studying death patterns. About 75% of the total deaths in the city are autopsied each year. Some illuminating facts have emerged from a personal review of over 70,000 autopsy protocols covering 1930 through 1966.

Heart attacks have always been infrequent in Graz. In 1930, there were only 0.8% of the deaths from this cause. At the height of World War II, this fell to 0.3%. This drop was not the result of less atherosclerosis due to changes in the diet, since the coronary vessels showed approximately a fourfold increase in sclerosis in 1944. A marked rise in tuberculosis during the war was responsible for killing adult males with advancing coronary sclerosis before the heart attacks could occur.

The introduction of antibiotics at the end of the war curtailed deaths from infectious diseases; myocardial infarctions rose year by year until the incidence in 1966 was 7% of the total deaths. This is far below the rate in the United States.

These studies and other autopsy data from all over the world suggest that infectious diseases eliminate patients susceptible to premature heart attacks.

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Malaria in Drug Addicts

To the Editor. — We have recently observed eight cases of malaria due to the use of needles in common by heroin addicts. All eight were cases of *Plasmodium vivax* infection. Three of these were related as man, wife, and sister; the other five have not admitted to a common pathway, but have acknowledged the use of heroin intravenously during a six-week period. All eight of these individuals gave a history of long-term heroin use, and all have complained of chills and fever of approximately four weeks' duration. Two of these patients were admitted as cases of fever of unknown orign (FUO), one to a psychiatric ward for observation, one as a patient with hepatitis, and four as known contacts. The patient with hepatitis and one of the patients with FUO demonstrated a positive Australia antigen by latex particle fixation. The other patients were negative for Australia antigen.

Present studies are under way to find other contacts and a probable relationship to a returnee from Vietnam or some other world traveler. The appearance of malaria transmission via the use of common needles in narcotic addicts has been noted in the literature, the first case being reported by Eaton[1] in 1933, and another by Schoenbach[2] in 1942. However, Hussey and Katz reviewing the general topic of infections in drug addicts in 1950 noted 29 reported examples of malaria transmission, beginning with World War II.[3] We know of no reports in military returnees from the war in Korea of this nature, but think further cases must be expected with a Vietnam origin of the malarial parasite.

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Meigs' Syndrome— Or Meigs-Salmon?

To The Editor.—Meigs' Syndrome is a condition in which certain benign tumors of the ovary are associated with ascites and hydrothorax, resembling a malignant tumor with metastases. The condition is important out of proportion to its incidence because it is easily curable if recognized.

Most clinicians are apt to lump all benign tumors of the female pelvis associated with pleural effusions together under the term Meigs' syndrome. This would be historically inaccurate as we pointed out in a recent article in the *Archives of Internal Medicine*.[1] We described two patients who had fibromyomas of the uterus with hemothorax and were cured by hysterectomy. They do not fit the criteria for Meigs' syndrome and yet they belong nowhere else. Meigs restricted the syndrome to certain benign ovarian tumors.[2,3] He did not include benign tumors of the uterus in his definition of the syndrome that bears his name. Salmon[4] was the first to do this in 1934, in a report which appeared in a new and not yet widely known journal. In fact, Salmon antedated Meigs in reporting a patient of his own who had a benign ovarian tumor and ascites and pleural effusion. He drew the correct clinical lesson that an exploratory laparotomy should be