drive a car or ride behind a bus or get caught in traffic or just go outside his apartment.

Mr. WINN. Wouldn't you say that is true of all of us? Would you say that this air pollution, you, in your opinion, would be responsible for irritating or the start of emphysema or a source of these respiratory diseases?

Dr. GEIGER. Speaking particularly of emphysema I think this is a disease which is caused by a number of factors. There is probably in some individuals some hereditary tendency to develop it. All of us are aware of the fact of the large factor of cigarette smoking. Air pollution is an added factor. I don't think anyone could consider it the sole factor.

Mr. WINN. You have heard the questioning or my line of thinking on the nose and throat irritations. Do you get into that in any way, or do you see the results of this because of air pollution?

Dr. GEIGER. Only indirectly in that people who have for instance and allergic difficulty with the nose and throat will have added difficulty again if they are caught in traffic.

Mr. WINN. You might well get those driving across country from many types of altitudes.

Dr. GEIGER. That is true.

Mr. WINN. Have you talked to any ear, nose and throat specialists about what they have found, in your conversations along this line?

Dr. GEIGER. Not specifically, Mr. Winn.

Mr. GUDE. Doctor, you are associated with the clinic that specializes in pulmonary work?

Dr. GEIGER. Yes, sir.

Mr. GUDE. Nose and throat also?

Dr. GEIGER. No; of diseases of the lower respiratory tract and lungs and trachi and bronchi and not so much for the nose and throat. Although those are almost all common with chronic lung disease.

Mr. GUDE. What sort of a patient load do you have?

Dr. GEIGER. At this particular clinic that I mentioned we see perhaps ten to 15 patients a week, which is not a very large caseload. But it is a specialist clinic, functioning primarily on referral of patients with specific pulmonary problems from their hospital centers. The type of patients that we really see are two, those with acute problems which may be diagnostic in nature and not particularly germane to this kind of discussion, and the others are those with chronic lung disease, emphysema, chronic bronchitis, people who continually cough and have shortness of breath and are distressed by many, many things including air pollution.

Mr. GUDE. Well, then the average caseload on the average per week is about ten to 15.

Have you noticed an increase in certain periods?

Dr. GEIGER. Yes, in warm, summer weather there is a definite fall-off where you may not see perhaps not more than five or six patients at a given clinic. When the weather turns damp and colder, when people are exposed to these factors, when there is heavier smoke or fog in the air, the caseload is greater and many of these patients tend to report to the emergency room with acute difficulty when the clinic is not in session.