remains as for common clinical radiographs. Thus, if a skull was present, a paranasal sinus series and a skull series would be completed. Mastoid air cells and frontal sinuses have extraordinary variability and are excellent sources of X-ray matching. As views of the chest, wrist, ankle, cervical and lumbar spine are common, these were completed when possible. The scout scoliosis films often demonstrated unexpected findings, such as osseous structures from more than one victim. These were separated appropriately.

A group of psychiatrists, psychologists and social workers sent from NMCSD made up the U.S. Naval sprint team sent to provide psychological support. They were critical to help our teams working full time. They met with each individual at least once every three shifts and with the entire team as a group daily. We followed their advice to take short breaks every two hours, change our clothes before going home, refrain from eating in the warehouse and to look out for each other. To date, no team member has reported difficulty working or sleeping, nightmares, or other signs indicative of lasting adverse emotional consequences of the work completed. We X-rayed every single remain brought to the morgue. Even the smallest fragments were examined with an attempt to identify anatomic origin. The anthropologists would further examine the remains and not infrequently would ask for additional views of individual bones known to aid in age estimation. As explained to us, all efforts were to be made at identifying the remains including DNA testing of all remains not otherwise positively matched with a victim.

Several weeks later our job was complete. The Radiology team was made up of members from many different commands around the Pacific Rim. All became quickly focused on expeditiously and expertly doing everything we could to unite victim’s remains with loved ones. This maintained the esprit of the teams quite high throughout. Many attributed the success of arduous work at the morgue site to military readiness training and attention to the preventive measures recommended by the NMCSD sprint team. We were proud to learn that many of our exams had been critical in identification of remains.

Major Berg is a Staff Radiologist assigned to U.S. Naval Hospital, Guam.

Editor’s Note: This is a must-have and must read for every health professional in Hawaii.

The Honolulu Heart Program, An Epidemiology Study of Coronary Heart Disease and Stroke
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It is my pleasure to review and recommend strongly the newly published book, The Honolulu Heart Program, An Epidemiological Study of Coronary Heart Disease and Stroke as edited by Dr Abraham Kagan. The Honolulu Heart Program study has gained international recognition over the past 30 years for its thorough and ongoing research and has become probably the second most frequently quoted study to the Framingham study on coronary artery disease from Massachusetts. As a practicing cardiologist in Honolulu, I have had many patients who have been enrolled in this study, as I am sure most clinicians in our community have been touched one way or another by this study. I have heard many of the authors speak at conferences over the years, and its is a pleasure to have the data all in one place in a book form. It is much welcomed.

The book is edited by Dr Abraham Kagan who has coordinated the efforts of 13 contributing editors. It is 204 pages, well organized and very readable. The Honolulu Heart Program has followed the epidemiology of coronary heart disease and stroke in 3,006 Hawaiian men of Japanese background for more than three decades. This is a monumental task of organization and persistence, and has yielded some very valuable data which we can all translate into our day-to-day care of patients in the prevention of heart attack and stroke. The most significant conclusion from this study was to confirm a gradient in coronary heart disease prevalence, incidence in mortality among Japanese males living in Japan, Honolulu and California, with the highest incidence of coronary artery disease being in California, the lowest in Japan, and moderate in Hawaii. The correlation with changes in diet and lifestyle with increased Westernization correlates very well. There is also confirmed a reverse gradient for the prevalence of stroke from the same three