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Cornell University Medical College, Ithaca, N. Y., and
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**Influence of Sex and Sex Hormones on Lipoproteins
and the Pathogenesis of Atherosclerosis**

By David P. Barr

Clinical experience indicates that women, and particularly young women, possess a notable degree of protection from the more serious consequences of coronary atherosclerosis. In men angina is much more frequent, and myocardial infarction occurs five to ten times as often. Among one hundred patients under the age of 40 with coronary heart disease, *Glendy, Levine, and White* (1) saw only four in women. By dissections and injections of coronary arteries, *Schlesinger and Zoll* (2) showed occlusions to be more frequent in men at every age and, in the decades from 40 to 59, six times as great as in women. Mortality statistics (3, 4) reflect the same trend.

Susceptibility of men and relative immunity of women to serious complications of coronary artery disease are not readily explained on the sole basis of lipid deposits in arterial walls, since atherosclerosis is prevalent and extensive in both sexes. Meticulous study by *Sjövall and Wihman* (5) of the aorta and its branches showed that in Stockholm total deposit of lipid was slightly greater in men, while among the hard-working, well-nourished farm population of Lund the women were slightly more atherosclerotic. More significant sex differences were detected in coronary arteries. Women in the sixth decade had about the same degree of involvement as men in the fourth; in the seventh decade the degree of atherosclerosis corresponded to that of men in the fifth. It must be noted, however, that even in the fourth decade the women had more than 70 per cent as much coronary involvement as the men. Similar incidence was found by *Ackerman, Dry, and Edwards* (6). The conclusion seems justified that factors other than mere deposit of lipid must contribute to morbidity and mortality from coronary heart disease.