

Carcinoma in the Overseas Soldier. JUDD, E. S. *Proc. Staff Meet., Mayo Clin.*, 20:289-291. 1945.

A brief discussion of the problem is presented together with a report of a patient with carcinoma of the colon.—J. L. M.

Cancer in Cows' Udders Extremely Rare. [U.S.D.A. Research Admin., May 29, 1945] *J. Am. Vet. M. A.*, 107:75. 1945.

Federal meat inspection service disclosed that there were 32,709 cattle in 1944 which were found to have tumors, many of them malignant, but none occurred in the udder. This is especially striking in view of the frequency of breast cancer in many other species.—E. E. S.

STATISTICS

Cancer Mortality and Marital Status; an Analysis of Deaths Attributed to Cancer Among the White Population of New York City During 1939-41. DUFFIELD, T. J., and JACOBSON, P. H. [Bureau of Records and Statistics, Dept. of Health, New York, N. Y.] *J. Nat. Cancer Inst.*, 6:103-112. 1945.

The recorded deaths from cancer among the white population of New York City, 15 years of age or older, during the 3-year period 1939 through 1941, were analyzed with regard to marital status. The over-all mortality rate for cancer of all types and in all sites was slightly higher in the unmarried population both male and female. In the female population, cancer of the breast and genital organs other than uterus was more prevalent among spinsters, while uterine cancer occurred at a higher rate among married women. Of the tumors in the male, prostatic cancer resulted in a higher mortality rate in the married group, while cancer of the buccal cavity and pharynx had a 73% higher rate among single men. In the case of cancer of the stomach, the married group showed the higher rate, 5% for the males and 20% for the females. The mortality rates for cancer of the peritoneum and digestive tract (other than the stomach) and the respiratory system were not significantly different in the married and unmarried groups, although cancer of "other and unspecified organs" was slightly more prevalent in the unmarried group. Some of the implications of these statistics were discussed.—R. A. H.

The Susceptibility of Indians to Cancer. KHANOLKAR, V. R. [Tata Memorial Hosp., Bombay, India] *Indian J. M. Research*, 33:299-314. 1945.

The information regarding the incidence of cancer in India has been very conflicting in the past. The author has, therefore, reviewed the clinical experience of trained observers from different parts of the country, as well as his own experiences covering 3,919 autopsies performed at the King Edward Memorial Hospital, Bombay, and clinical cases at the Tata Memorial Hospital. He has analyzed the official vital statistics after noting the limitations and

shortcomings of such data in India. He finds that wherever reasonably accurate information is available the total incidence of cancer in India, Europe, and America shows very little difference; and that any apparent difference disappears when comparable age groups are considered. He further shows that even though there may be no racial difference regarding the total incidence of cancer in human beings, there exists a considerable difference in the incidence of separate forms of cancer, or of cancer of various parts of the body in the different peoples of India.—Author's abstract.

CANCER CONTROL AND PUBLIC HEALTH

Interim Report of the Joint Advisory Committee of the Cotton Industry. Mule Spinners' Cancer and Automatic Wiping-down Motions. GT. BRIT. MINISTRY OF LABOUR AND NATIONAL SERVICE. May 17, 1945.

A Committee was appointed to consider among other things (a) the prevention of mule spinners' cancer and (b) the provision of mechanical means of wiping-down the carriage tops and roller beams of the mules in order to eliminate manual methods. The Committee recommended (1) that the oils used for spinning mules should conform to certain specifications of refractivity and specific gravity (2) that devices be provided to prevent the splashing of oil from mule spindles (3) that a private medical examination be provided every 6 months for all persons engaged in mule spinning and (4) that mechanical means of wiping-down be provided as stated under (b) above.—E. L. K.

The Tumor Clinic. Its Function, Organization and Operation. ZIMMERER, E. G. [Division of Cancer Control, Iowa State Dept. of Health, Des Moines, Iowa] *J. Iowa M. Soc.*, 35:396-399. 1945.

The tumor clinics serve a humanitarian role by providing the best available treatment for the patients, and also give an opportunity to collect data on cancer. Furthermore they serve as important educational opportunities for physicians. The author urges more tumor clinics for Iowa.—M. E. H.

The Expansion of the Connecticut Cancer Program. GRISWOLD, M. H. [Division of Cancer Research, Connecticut State Dept. Health, Hartford, Conn.] *Connecticut M. J.*, 10:18-21. 1946.

At the present time there is scarcely a home in the State of Connecticut more than 25 miles from a cancer center. The percentage of individuals with cancer receiving treatment within 1 month of the first symptoms has steadily increased, and the number of individuals who received treatment within 4 or 6 months of this disease is also greater. Twenty-one hospitals in Connecticut have provided the facilities for the diagnosis and care of cancer patients. As of July 1945, 27 hospitals have complete registries, 3 others have partial registries, and the remaining will start this service as soon as time permits.—M. E. H.

Correction

Volume 6:282 (Abstracts) 1946. Effects of Implantation of Methylcholanthrene in the Brain of the Dog, the second line "dogs provoked a chronic granulomatous reaction on the" was omitted.