also The authors found it difficult to estimate the significance of the side effects, such as drowsiness, headache or dizziness. There seemed to be no difference in the degree of drowsiness regardless of the drug used, even with a preparation which has some stimulating properties, that is, the highest central depressant caused by dopamine; possibly these drugs was probably the cause. Slightly blurred vision was not uncommon with hyoscyine. Critical review of the results of nearly 1000 men gave the following results: The capacity of a drug to prevent travel sickness does not seem to be related to its antihistaminic action. Some of the drugs with a strong action of this kind had no value in motion sickness. The authors suggest that the anticholinergic action of some preparations may partly explain the effectiveness. Chlorpheniramine and "Perazil" also gave useful protection. The curative action of any of these drugs was hard to assess, as adaptation was so variable a phenomenon. It was interesting that despite increase in the turbulence of the weather few men took the drug on trial for the first time.

Encephalographic studies were also carried out on the ship. These showed that in the early stages of severe motion sickness cortical rhythms were not disturbed to a degree that was clinically significant, but there was an activation of the 

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...cancer and aging...

CANCER AND AGING.

In his now well-known book "Pathology of Tumours", which was published in 1948, R. A. Willis has devoted a chapter to a careful discussion of the statistical study of tumours. This chapter will repay careful reading by any who set out to present papers on neoplasms. Willis has formulated certain general rules relating to the degree of reliability of cancer statistics of various kinds, the chief of which have to do with the degree of accuracy of diagnosis and the degree to which the sample is adequate both in numbers and in representation. In presenting a survey of results from hospitals in St. Louis, Fred P. Handler and John Bauer have quoted Willis and have set themselves to observe, so far as is practicable, his ideal criteria. Their basic material was the autopsy records of 12,443 white persons coming to autopsy in the municipal and State hospitals of St. Louis during the fifteen years prior to their survey, that is, from July 1, 1935, to July 4, 1950. Their aim was to determine the incidence of cancers in relation to age in both sexes, and to chat to any changes in incidence within the fifteen-year period. The age distribution in the cases surveyed was closely parallel to that relating to the total reported mortality of the community; about 9% of deaths in the community were included in the survey. Diagnosis in all cases was based on study of microscopic sections. The 12,443 autopsy records revealed that a total of 2322 patients, or nearly one-fifth (18.7%) of those examined, regardless of age, bore cancers. The incidence increased from 18% to 26% per five-year period, and three five-year periods studied, and the increase could not entirely be accounted for by an observed shift in the distribution of cases towards a more advanced age. Saxton, Handler and Bauer conclude that cancer has increased with advancing age into the seventh decade of life but with the exception of elderly male subjects in whom the incidence of carcinoma of the prostate continued to increase, there was a decrease in incidence beyond this age. It is concluded that, except for cancer of the prostate, the incidence of malignant neoplastic disease does not increase directly and indefinitely as a function of age, and that after the seventh decade of life there is perhaps a lessened chance of bearing a cancer. However, Saxton, Handler and Bauer state, their evidence would not support the statement that if a person lived long enough he would not have a cancer. In the matter of age incidence each type of cancer exhibited a characteristic pattern; the ages of highest frequency were as follows: for carcinoma of the large intestine, eighth decade; of the lung, fifth decade; of the stomach, eighth decade; of the prostate, tenth decade; of the cervix uteri, fifth decade; of the breast, seventh decade; of the urinary bladder, seventh decade; of the esophagus, seventh decade. The incidence of multiple primary cancers was 55 in 2322 cancer-bearing subjects (2.4%). This incidence is stated to be in agreement with observations of others that multiple primary cancers occur more often than can be accounted for by chance. The frequency of multiple cancers increased with advancing age into the ninth decade of life. However, from the evidence of this and other surveys, it cannot be stated that the frequency of multiple primary cancers increases indefinitely as a function of age; available data reveal no case of multiple primary cancer in the tenth decade. All those findings are of interest—we could well have more surveys of similar type—and in general an attempt has been made to analyse the data critically. It may be noted, however, that despite general adherence to Willis's criteria, these investigators have used the term "cancer", which Willis views with disfavour, defining it as an ill-defined heterogeneous group of diseases. Fortunately only a few generalizations about "cancer" are made by them; most of their findings are restricted, primarily at least, to certain of types of tumours of specific organs or sites and can thus warrant more precise examination.

...the radiotherapy of oral cancer...

THE RADIOThERAPY OF ORAL CANCER.

In 1938 the Medical Research Council published a report on the progress and results of the Radium Beam Therapy Research Unit. This report described in detail the clinical methods and physical procedures which had been developed in the administration of radium beams emanating from quantities of radium of the order of four to five grammes. The results which were recorded in themselves were not such as would justify the assumption that all cases of buccal, pharyngeal or laryngeal cancer should be treated electively by radium beam therapy. The striking feature in the work was the degree of operation which had been achieved between the clinicians and the physicists. The treatment planning and the dose calculations were matched by the meticulous attention to detail at all stages of administration of treatment to the patient. The pathologists have, in general, found that when X-rays or gamma rays of radium have any "specific" action not possessed...