

The "dispersion factors," the antilogs of the log standard deviations, appeared to be independent of the median lengths of the incubation periods. The degree of dispersion was proportionate to the usual length of incubation.

Sartwell, using controlled studies where observational errors were at a minimum and noncontrolled studies where errors in estimation were considerable, found that the dispersion factors were approximately the same size in both. He concluded that "observational errors do not materially contribute to the variation of incubation periods but that such variation is an innate biological characteristic."

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## NUTRITION IN OPHTHALMOLOGY<sup>1</sup>

THE author has surveyed the literature on nutrition in ophthalmology between 1922 and 1949 in the main. The three chapters have anatomical division headings with sub-headings indicating the various vitamin deficiency diseases and the eye, specific ocular clinical diseases and eye disorders in possible relation to faulty metabolism.

The survey brings together adequately in one monograph the present knowledge of the role of nutritional deficiencies in the causation of functional and anatomical ocular symptomatology and, the author with due consideration indicates the presumptive, the assumptive, and the dubious in the various claims for clinical recognition and acceptance.

The monograph, although in no sense exhaustive of the subject, has value in pointing out what is presently being discussed and pointing to the failure of ophthalmologists, nutritionists, and biochemists to utilize a readily observable organ in research and the paucity of gross, let alone the intimate, knowledge of metabolic disorders of the eye.

The bulk of basic, even clinical, information in the field has

<sup>1</sup> Stern, John J., M.D.: NUTRITION IN OPHTHALMOLOGY. Nutrition Monograph Series #1. June, 1950. New York, *The National Vitamin Foundation, Inc.* 130 p. \$1.50.

evidently been derived mostly from the work of internists whereas contributions from the ranks of ophthalmology is evidently meager.

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## CANCER MORTALITY TRENDS<sup>1</sup>

**D**ISPASSIONATE analysis of mortality from cancer is very much needed. McKinnon has presented annual age and sex specific cancer death rates for the period 1921–1947 for seven of the provinces of Canada. For one province the period was 1926–1947. The province of Prince Edward Island was excluded. According to McKinnon, “Propaganda and publicity of official, semiofficial, and voluntary organizations of national scope aimed at stimulating earlier diagnosis and treatment of cancer have been spread through all the provinces; and increased activity in any province is likely to so influence routine practice of medicine and public health in other provinces.”

The provinces varied widely, however, in the development and the breadth of their programs for the control of cancer. For example, in province A there was a relatively inactive organization; on the other hand, province B initiated its program in 1929 and by 1944, complete diagnostic and treatment services and care (all tax paid) were provided for all cancer throughout the province. Between these two extremes there have been various gradations of facilities, services, and activities. McKinnon concludes that if any of the programs had been effectual in reducing cancer mortality to any significant degree, differences should be found in the trends of cancer mortality in the different provinces.

A comparison of the trends in breast-cancer mortality and for all cancer mortality in the different provinces from 1921 to 1947 revealed a similarity of pattern throughout the period. McKinnon’s conclusion was “Program or no program, increase or no increase, acceleration or no acceleration, early treatment

<sup>1</sup> McKinnon, N. E.: Cancer Mortality Trends Under Different Control Programs. *Canadian Journal of Public Health*, January, 1950, 41: No. 1, pp. 7–14.