According to the study, most types of cancer show a greater incidence among men than women, which may result from a different degree of exposure to environmental factors. The difference in the incidence rates increases with age, especially for respiratory cancer, leukemia, and cancer of the buccal cavity. This suggests a difference between men and women in terms of the intensity or amount of exposure to certain factors such as occupational hazards and social habits. Only cancer of the breast, reproductive organs, and certain endocrine glands were found to occur more frequently among women than men.

Commenting on the sex variation in cancer incidence, John R. Heller, director of the National Cancer Institute, observed that the risk of developing cancer is 60 percent greater for men than for women if genital and breast cancer are excluded. "This greater risk is related, in part, to the survey findings that cancer of the lung and bronchus occurs more than five times as frequently, and laryngeal cancer twelve times as frequently in men as in women."

The data further indicate that the death rate from cancer is now definitely higher for men than for women in the white population. This reversal of the relative standing of the sexes that had existed for whites until a few years ago is also expected to occur soon in the nonwhite population, in which the margin of female deaths over male is rapidly narrowing.

The report notes a positive correlation between cancer incidence and chronological age—the older the person the greater the likelihood of cancer. Half the people with diagnosed cancer, both men and women, were between 50 and 70 years of age. But great variations were found between men and women in the relative occurrence of cancer of different parts of the body and age at which the disease manifested itself. Men appear to be more susceptible to cancer than women in the first two and the last two or three decades of the usual lifetime, whereas women have a higher rate during the childbearing years. In fact, at about age 35, relatively twice as many women as men are found to have a malignant tumor. After the childbearing period, however, the male rate catches up with and exceeds the female rate.

In women, nearly half of all cancers originate in the reproductive organs and nearly one-fourth in the digestive system. Among men, the reproductive organs account for only one in eight cancers, while one-third originate in the digestive system.

The reported incidence of cancer in the nonwhite population is less than two-thirds of that for the white group, a difference due largely to the lower susceptibility of Negroes to skin cancer (which is one of the more common neoplasms among white persons). However, the age-adjusted mortality rates are almost identical for both races.

The data indicate that the incidence of cancer was about one-third greater for white persons living in the South and the West than for those living in the North, due in large measure to the higher incidence of skin cancer in these areas. Twenty-eight percent of newly diagnosed cases of cancer among white persons living in the South originate in the skin. Corresponding percentages for the West and North are 20 and 10, respectively.

Argonne National Laboratory has announced that temporary positions are again available for members of universities and college faculties in the fields of biology, chemistry, engineering, medicine, metallurgy, and physics. Appointments will ordinarily be made in two categories: (i) for approximately 1 year, at the end of which the individual will return to his sponsoring institution; (ii) for the summer. Each candidate must be endorsed by his own academic institution. Applications should be submitted by 15 Dec. Further information may be obtained from the Associate Laboratory Director, Argonne National Laboratory, Box 299, Lemont, Ill.

At the 6th International Congress of Anatomy, held in Paris, 25–30 July, a revised draft of the nomenclature of human anatomy was presented by the International Committee on Anatomical Nomenclature set up by the Oxford Congress of 1950. This draft constitutes a moderate revision of the 60-year-old Basel Nomenclature (BNA)—incorporating, however, many improvements of the British and German revisions (BR and INA, 1933). It was accepted by an almost unanimous vote of the congress and was recommended to the constituent societies as the official terminology of human gross anatomy in Latin, to which the terminology of the respective vernacular languages should be made to conform as closely as possible.

A limited number of copies of the draft are available through Norman L. Hoerr, secretary of the American Association of Anatomists, Western Reserve University Medical School, Cleveland 6, Ohio. Formal publication of an edition for English-speaking countries is being arranged.

Eratom: In the issue of 2 September, page 421, the address of Herrmann Druckrey, coauthor of the paper "Light-dependence of fluorescence of solutions of cigarette smoke," was incorrectly given as Sloan-Kettering Institute for Cancer Research, New York. Dr. Druckrey's address is Chirurgische Universitäts-Klinik, Hugstetterstrasse 55, Freiburg im Breisgau, Germany.
Light-dependence of fluorescence of solutions of cigarette smoke

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