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## U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

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LINDEN, GEORGE (California Tumor Registry), BRAGG, KAY, DUNN, JOHN E., Jr., and BRESLOW, LESTER: Cancer in California, 1942–56. Public Health Reports, Vol. 79, April 1964, pp. 346–350.

Highlights drawn from a monograph, "Cancer Registration and Survival in California," indicate that lung cancer, particularly among men, constitutes an increasing proportion of all cancer. Stomach cancer, however, is decreasing for both sexes. Survival rates for women are usually higher than for men for almost every cancer site.

The 400-page monograph, prepared by the California Tumor Registry, is based on a total of 110,229 cancer cases initially diagnosed in 37 California hospitals between January 1, 1942, and December 31, 1956, and reported to the registry.

The monograph describes the cancer patient, his treatment, and subsequent survival. Sections deal with the stage of disease, treatment, survival, comparison of patients in county and private hospitals, and with eight specific sites of cancer.

ANGULO, JUAN J. (Instituto Adolfo Lutz, São Paulo, Brazil), RODRIGUES-DA-SILVA, GUILHERME, and RABELLO, S. IVO: Variola minor in a primary school. Public Health Reports, Vol. 79, April 1964, pp. 355-365.

Sixteen cases of variola minor (alastrim) occurred among the 1,111 children attending a primary day school during a 54-case epidemic occurring in a school district of São Paulo, Brazil. Only 14 school children were infected or infected others at the school. The earliest introduction of infection in the school was not followed by a continuous chain of personto-person transmission; instead three separate chains began from three introductions. All 11 patients presumably infected at the school were unvaccinated.

Numerous unvaccinated children were spared despite close physical proximity with four patients attending school during exanthem. Only 5 of the 27 classes were affected, and cases occurred in 2

of the 5 barracks housing the school's 9 classrooms. Four classes were spared among the nine classes using the three classrooms where cases occurred, and in no room were all three classes affected.

The class apparently was the epidemiologic unit patterning the flow of the epidemic through the school population. No evidence was found that a threshold of susceptibles was needed for a class outbreak to occur. Contaminated desks did not seem to influence spread of infection; immunity status, class attendance during illness, and personal associations apparently were the factors responsible for the observed distribution, although none of these factors was found to operate alone.

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