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food and drink, drinking, smoking, and nutritional deficiencies.) Nippon Rinsho 26(3) : 1827-1828, August 1968.


CANCER

APPENDIX TABLES
<table>
<thead>
<tr>
<th>Author, year, country, reference</th>
<th>Sex of cases</th>
<th>Number of persons and method of selection</th>
<th>Collection of data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muller, 1939, Germany (1966)</td>
<td>M</td>
<td>86 lung cancer decedents; 86 healthy men of the same age</td>
<td>Cases: Questionnaire sent to relatives of deceased. Controls: Not stated.</td>
</tr>
<tr>
<td>Schaller and Schaller, 1941, Germany (222)</td>
<td>M</td>
<td>82 cancer decedents autopsied (average age 55.9) + 270 men aged 50 and 61</td>
<td>Cases: Questionnaire sent to next of kin. Controls: Questionnaire sent to 700.</td>
</tr>
<tr>
<td>Putter and Tullis, 1943, U.S.A. (412)</td>
<td>M</td>
<td>45 male patients over 40 years of age; 1,647 patients of same group with diagnoses other than cancer</td>
<td>Cases and controls interviewed in clinics.</td>
</tr>
<tr>
<td>Wasink, 1944, Netherlands (844)</td>
<td>M</td>
<td>126 male clinic patients with lung cancer; 100 normal men of same age groups as case</td>
<td>Cases: Interviewed in clinic. Controls: Not stated.</td>
</tr>
<tr>
<td>Schrek et al., 1950, U.S.A. (246)</td>
<td>M</td>
<td>82 male lung cancer cases among 8,000 patients recorded, 1943-48; 521 miscellaneous tumors other than lung, breast, pharynx, etc.</td>
<td>Smoking habits recorded during routine hospital interview.</td>
</tr>
<tr>
<td>Mills and Foster, 1950, U.S.A. (186)</td>
<td>M</td>
<td>446 respiratory cancer decedents; 430 sample of residents matched by age in Columbus, Ohio, from census tracts stratified by degree of air pollution.</td>
<td>Cases: Relatives queried by mail questionnaire or personal visit. Controls: House-to-house interviews.</td>
</tr>
</tbody>
</table>
TABLE A3.—Outline of methods used in retrospective studies of smoking in relation to lung cancer (cont.)

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Wynder and Graham, 1950, U.S.A.</td>
<td>M-F</td>
<td>605 hospital and private lung cancer patients in many cities. 780 patients of several hospitals with diagnoses other than lung cancer.</td>
<td>Nearly all data by personal interview; a few cases by questionnaire; a few from intimate acquaintances. Some interviews with knowledge or presumption of diagnosis; some with none. 250 diagnosed by tissue examination, nine by sputum, and one by pleural fluid examination.</td>
</tr>
<tr>
<td>McConnell et al., 1952, England.</td>
<td>M-F</td>
<td>100 lung cancer patients, unselected, in 5 hospitals in Liverpool area. 300 inpatients of same hospitals, matched by age and sex, without cancer.</td>
<td>Personal interviews by the authors of both cases and controls.</td>
</tr>
<tr>
<td>Doll and Hill, 1952, Great Britain.</td>
<td>M-F</td>
<td>146 patients with lung cancer in hospitals of several cities. 145 patients in same hospitals, matched by sex and age group; some with cancer of other sites, some without cancer.</td>
<td>Personal interviews of cases and controls by almoners.</td>
</tr>
<tr>
<td>Sadovsky et al., 1952, U.S.A.</td>
<td>M</td>
<td>477 patients with lung cancer in hospitals in 4 states. 615 patients in same hospitals with illnesses other than cancer.</td>
<td>Personal questioning by trained interviewers.</td>
</tr>
</tbody>
</table>