This insures the removal of impurities and unsaturated hydrocarbons, and produces an oil suitable for high speed machinery and non-oxidizing in a highly humid atmosphere.

The occurrence of oil cancer in other professional branches seems to be equally rare in the United States, if the available data give a reliable picture of the actual situation. Leonardo recorded in 1938 the presence of an oil cancer in a lens grinder who used an oil consisting of equal parts of kerosene and shale oil. In an analysis of 62 cases of cancer of the eyelids Sharp mentioned, that occupational contact with refined lubricating oils played an etiological role in the production of these tumors.

The total number of paraffin and oil cancers recorded in the United States so far is comparatively small, comprising approximately 50 paraffin carcinomas and a dozen oil cancers.

In commenting on the apparent rarity of paraffin and oil cancer in view of the immense extent of the oil industry, Kennaway (1925) suggested the following possible causes for this phenomenon: 1. In many countries medical inspection of industrial workers and publication of records on industrial diseases is not well organized. 2. The industrial growth of the petroleum industry is of rather recent date; consequently, an insufficient amount of time has elapsed for a development of oil cancers on a large scale. 3. In some countries, such as the United States, the number of native workers employed in oil is not very large. The unpleasant work is left to newcomers. 4. Many kinds of petroleum do not produce cancer. 5. Some petroleums (Californian) do not produce cancer when in the original state, but only after being heated during the distillation process, which forms aromatic compounds with carcinogenic qualities not present in the crude oil. These suggestions need only minor modifications to make them applicable to present times and existing conditions.

Brief mention may be made of the effects which have followed, in some instances, the medicinal use of paraffin and mineral oil. The subcutaneous injection of soft and hard paraffin for cosmetic purposes (cheeks, nose, ears, breast, and penis) has resulted in a number of instances in the development of chronic, foreign body granulomas, known as "paraffinomas." Ullman contended that such untoward tissue reactions are produced by the use of an impure paraffin and vaseline, as paraffinomas appear in only a small percentage of individuals subjected to this type of therapy (Fischer and Birt; Tanfiljew; Jaerisch; Hueper; Eitner; Masson; Körbler; Rose; Krohn; Cruickshank; Davis; and Schmorl). There are two cases on record in which the introduction of paraffin into the female breasts was followed, after a long latency period, by a mammary cancer (Schmorl; and Rose). The evidence connecting the two events is not conclusive. The malignant growth in Schmorl's case appeared many years after the intramammary injection of paraffin at the site of the previously amputated breasts, which at the time of the operation were