the relationship between cancer and occupational activity has given rise to the idea that other factors of a more general nature, such as environmental conditions connected with the social status or with some general extraneous factors, are of more importance in determining the variations in the incidence of cancer found in different groups of people. Brown and Mohan, as well as Heron, investigated the relationship of the social and economical status of different sections of the population to cancer incidence. Heron claimed that conditions of prosperity and culture which lead to a low birth rate were conducive also to a high cancer death rate, so that cancer incidence could not be taken as a measure of that unhealthy environment with which a high birth rate seemed to be associated.

Brown and Mohan, on the other hand, concluded from their analysis that cancer is less fatal among the higher social or economical classes; but the data on which these conclusions were based were somewhat irregular. In support of their statements, these investigators cited observations made in Hamburg, where the average income was found to be related negatively to the rate of cancer mortality. In 1923, Stevens commented that, generally speaking, there appeared to be evidence of a moderate increase in the cancer death rate down the social scale, while showing marked exceptions in favor of the very specially situated occupations of mining and agriculture. Maynard (1909) reported from American sources that the lowest death rates from cancer were observed among occupations belonging to the highest social status, while Dublin (1924) concluded, from the data of the Metropolitan Life Insurance Company (U.S.A.), that the cancer mortality rate at the ages where the cancer rate is significant decreases with the rise in the economical status.

Cramer revived, in 1927, the idea of the "social cancer" in contradistinction from the "occupational cancer." This investigator pointed out that the incidence of gastric cancer increases as one goes down the social scale, so that in the two lowest classes this type of neoplasm is responsible for two-thirds of the total cancer mortality, while it accounts for somewhat more than one-third in the highest social class. Cramer based his conclusions on data provided by statistical analyses of the cancer mortality in Bavaria (Hang, 1924-1928) for different occupations. The following tabulation by Cramer illustrates the relationships observed:

Social Class, Description of Occupation	Percentage of Gastric Cancer in Total Cancer	Absolute Number
I. Merchants, high officials, doctors	38.8	2084
II. Office workers	40.1	970
III. Publicans, brewers, small officials	48.5	2140
IV. Skilled workmen	56.8	4247
V. Unskilled workmen	63.4	2423
VI. Agricultural laborers	68.5	6907