more chances to develop cancer than homologous, (2) the development of a tumor does not depend on the general dissemination in the organism of the carcinogenic substance, but is due to the local action of this substance.—R. J.


A hemangiendothelioma of unusual morphological appearance is described and its behavior in tissue culture is discussed. This particular neoplasm is regarded as manifesting itself in the form of a primitive or somewhat de-differentiated vascular endothelioma.—J. G. K.


A simple technic for the preparation of vaginal smears is reported. It is so simple that patients themselves can make the preparations.—A. K.


A histological study of clinical material.—G. H. H.


Evidence is presented that interstitial cell tumors are derived from Leydig cells, tubular adenomas from Sertoli cells, and seminomas from germinal epithelium.—J. G. K.


These graphs are based on the values of the mass absorption coefficients and the classic elementary absorption formula. The ordinates represent the half-value layer, experimentally determined for copper or aluminum, and the abscissas, corresponding to the points where the ordinates meet the curves, indicate the effective wave length of the beam of x-rays. Two other scales are placed beneath the graphs, one indicating the kv. corresponding to wave lengths, and the other the maximum kv. corresponding to the effective wave lengths.—M. H. P.


Sulfonamides, administered locally, orally, intravenously, or intramuscularly, proved useful in controlling infection of cancerous areas, especially as an adjuvant to surgery or radiation. Sulfathiazole given orally was preferred.—M. H. P.


Two methods are recommended for prevention of cancer of the skin: (1) pigmentsing the skin physiologically by sunbaths graduated in accordance with cutaneous sensitivity, measured previously; (2) protecting the skin with pomadics, pastes, or oils containing a substance, preferably chlorophyll, that absorbs the long ultraviolet rays of sunlight.—M. H. P.


Tests of Roffo’s neutral red reaction in 36,961 instances have given correct positive results in 96% of patients with cancer, and false positive results in 16% of patients without cancer. The reaction is positive from very early stages of the disease, becomes negative within 1 month after complete surgical extirpation of the growth, and becomes negative more slowly after radiotherapy. When the Roffo reaction does not change after treatment, this indicates that the treatment has not modified the course of the disease.—M. H. P.


A plea for cooperative investigations in cancer research for the purpose of exploring fully existing leads which contain promise of something of practical benefit to the cancer patient.—R. B.
neoplastic disease that differed markedly from the results for 25 patients with other illnesses: in the former group, the weight of the spleen of the test rats on the fourth day after injection ranged from 1/70 to 1/185 of the body weight while in the latter group spleen weights varied from 1/185 to 1/400 of the body weight. Blood from pregnant women also produced spicoid hyperplasia, but this is not regarded as a serious drawback to the use of the reaction for cancer diagnosis. Literature on chemical and biological tests for cancer is reviewed, and 45 references are given.—M. H. P.


The Bologna (J. Lab. & Clin. Med., 27:1522. 1942) gave correct positive result in 66.21% of 79 patients with cancer of various organs, and correct negative results in 91.66% of 108 patients without cancer.—M. H. P.


Preliminary report on the use of intravenous injections of small quantities of histamine base as a means of diagnosis is given.—J. G. K.


The accuracy of diagnosis of carcinoma of the colon is estimated to be about 90% by some radiologists. The importance of knowing the results of proctologic and rectal examinations before the roentgen examination is undertaken, is stressed.—W. A. B.

Therapy—General


From the standpoint of pediatrics, conservative treatment, especially of the hypertrophic type of angiomata, seems indicated, since these frequently regress spontaneously. Surgery is recommended for the cavernous type, and CO₂ show for flat angiomata.—W. A. B.


Case report of successful radium treatment of epitelio- ma of the lower eyelid treated with a specially devised heavy metal cup with rubber radium container. Sixteen of 19 patients with carcinoma of the esophagus with obstruction were cured within 14 days after application of radium. Results of treatment of carcinoma of the stomach are likewise gratifying, especially with the bleeding type of malignant gastric lesion, by daily radium treatment using the rubber capsule technique. Obstructing pyloric cancer is similarly relieved. Cancer of the rectum was benefited in 1 instance with radium. The radiodiaphone gave correct positive result in 66.21% of 79 patients with cancer of various organs, and correct negative results in 91.66% of 108 patients without cancer.—M. H. P.

Skin and Subcutaneous Tissue


The absence of enlarged regional lymph nodes does not exclude the possibility of extension or metastasis. When the lymph nodes are palpable, it is difficult to differentiate between an inflammatory and neoplastic process. For these reasons the authors suggest the systematic removal of the regional lymph nodes at the time of the treatment of the lip cancer. Frequently most of the lymph nodes on the neck have to be removed. A total of 53 patients treated in the manner prescribed by the authors have been followed since February 1934, and 13 cases followed for more than 5 years. Among these latter 6 did not have any recurrence of the disease.—R. J.


A review with 108 references, and a summary of clinical statistics relating to 1,066 cases of cancer of the lip, 137 of leukoplakia, and 118 of precancerous lesions are given. Among the 1,321 patients, 93.64% were males, 6.36% females, and 52.32% were 40 to 60 years old. Cancer of the upper lip, comprising 5.30% of the lip cancer cases, affected the skin (rather than the mucosa) almost exclusively, and had approximately the same incidence in women as in men, apparently being unrelated to the use of tobacco. On the other hand, cancer of the lower lip, comprising 94.70% of the cases, affected the mucosa or semimucosa almost exclusively, and occurred in males to the extent of 96%, and seemed closely associated with the use of tobacco. Adenopathy occurred in 44.44% of the patients with lip cancer, 12.71% of those with precancerous lesions, and 8.09% of those with leukoplakia. Raffo's neutral red reaction gave positive or doubtfully positive results in 86.08, 25.42, and 18.98% of the patients with cancer, precancerous lesions, and leukoplakia, respectively. Therapy with electrocoagulation, x-ray, radium or combinations of these measures gave cures in 30.39% of the patients with lip cancer, 65.25% of those with precancerous lesions, and 78.10% of those with leukoplakia. For 5-year cures, the authors refer to an earlier series of 2,500 patients with cancer of the lip treated between 1923 and 1937, 19.3% of whom are alive and well at the time of writing.—M. H. P.


Clinical discussion.—J. G. K.

Nervous System


This is a review of 82 cases of metastatic tumor in the brain. Metastases confined to the skull or dura mater and metastatic tumors causing compression of the spinal cord or spinal nerve roots have been excluded. The
majority of the tumors occurred in patients between the ages of 30 and 70, the sixth decade containing the largest number. About 60% of the tumors were in males. The most common primary site was the lung and the large preponderance of males in this group is noteworthy. The breast was the second in frequency, all in women, in whom the primary was almost invariably recognized before symptoms of cerebral metastasis were observed. Multiple metastases occurred in 41 cases and in 41 only single metastases were found. The cerebral hemispheres, cerebellum, pons, medulla, and subarachnoid space were the common metastatic sites. Complete autopsies were performed in 52 cases. Either primary or metastatic tumors of the lung were disclosed in 78.9%. This emphasizes the value of a complete physical and x-ray examination of the chest in the clinical differentiation of primary from secondary tumors of the brain.—M. E. H.


Multiple glioblastomas multiforme is described. An intrasellar meningioma was also present in connection with the pituitary body. The author presents various postulations as to the probable site of the tumors.—A. C.


The literature on lipoma of the corpus callosum is surveyed and two case reports are added. It is impossible to diagnose the condition from clinical evidence alone. Roentgenographic signs consist in increased radiovisibility of the tumor, calcification, demonstration of an expanding mass in the anterior part of the corpus callosum, and agenesis of the posterior part of this structure. Surgical treatment is contraindicated.—E. H. Q.


A case report is presented of a rare, third ventricle tumor which was removed with excellent results. The pathological characteristics of these "colloid cysts" prevent their confusion with other cerebral neoplasms. They are diagnosed and localized by ventriculographic study and, since they are perfectly benign, their successful removal results in a permanent cure.—V. J. L.


The primary description of the now well-defined clinical entity, subdural hydroma, has been reviewed by many authors. Such a lesion may be suspected with post-traumatic intracranial disturbance demonstrated by increased cerebrospinal fluid pressure, improvement following spinal puncture and encephalographic study. The symptoms are protein and inconstant following injury, but resemble those present in subdural hematoma. Fifty-one cases occurring in the past 2 years are cited and reviewed; the incidence of this lesion following depressed skull fracture of the "egg-shell" variety is high. Improvement is usually immediate when the hydroma is completely drained. Four cases are reported briefly to illustrate special points of interest.—V. J. L.

Eye


A general consideration dealing particularly with the pathology and histogenesis of primary tumors of the retina is given.—R. A. H.

Ear


A review of 38 cases seen at the Mayo Clinic during the 20-year period ending December, 1941, giving symptoms, clinical findings, treatment and course of the disease is presented. The authors conclude that malignant tumors involving this region are more frequent and more amenable to treatment than generally believed. They consider combined electrocoagulation, radical mastoidectomy and radiation as the treatment of choice.—R. A. H.

Breast


A discussion is given, without bibliography, concerning the frequency of osseous metastases from cancer of the breast, the time of appearance and characteristics of these metastatic lesions, the anatomical and clinical types of breast cancer that spread to bone, and the various clinical syndromes. Among 300 cases of breast cancer, 36 showed generalized cancer, and in 20 of these the bones were involved. A consideration of diagnosis of these lesions and their treatment, the relation of hyperparathyroidism and hematologic disturbances to diffuse cancer of bone, and the mechanism of invasion of bone are also given.—G. H. H.


Detailed reports of 6 cases, with discussion is given. The authors conclude that bilateral orchiectomy may have been responsible for the temporary regression of the primary lesion in 2 instances. Metabolic observations revealed no changes in fluid and electrolyte balance, nitrogen balance and serum protein fabrication, urinary excretion of creatine, and the utilization of carbohydrate 12 to 18 days after operation. There was a marked lack of uniformity to endocrine treatment in the response of the blood changes caused by bone metastases.—J. G. K.


Various types of incisions are described, with diagrams, and the author's experiences in a few cases are summarized without conclusions. A photograph shows plastic reconstruction in a patient whose breast was amputated without axillary evacuation. Results are good in this type of case. Hindrances to plastic procedures are: (1) absence of skin, (2) imperfect circulation to the fleshly tissues left, as a consequence of the dissection and ligation of the blood vessels, and (3) previous radiation therapy.—M. H. P.


A general consideration of the occurrence, symptoms, pathology and treatment of breast tumors is presented.—R. A. H.
Abstracts

FEMALE GENITAL TRACT


Report of a case is given in which the patient died on the 11th post-operative day. Permission for autopsy was refused. The arborhennoblastoma and the adrenal cell tumor of the ovary are discussed.—J. G. K.


Three cases of granulosa cell tumors of the ovary are reported in which recurrences developed not less than 14 years after the original operation. The 3 patients died 18, 20 and 21 years respectively after the removal of the primary tumor, in spite of the fact that the growths were well encapsulated and showed no evidence of metastases or implantation at the time of the first operation. One case occurred in spite of a bilateral salpingo-oophorectomy and a hysterectomy. One case with widespread inoperable abdominal metastases responded well to deep x-ray therapy given over a period of 3 years, but subsequent recurrences proved refractory to treatment. Total urinary estrogen values were within the range of normal found in premenopausal women. The values were, however, above those for postmenopausal individuals, the group in which these present patients fall. All 3 cases exhibited clinical signs of estrogenic activity on recurrence of the tumor.—A. K.


A detailed analysis and discussion.—J. G. K.


A case report, with discussion.—J. G. K.


A case report.—J. G. K.


A statistical study concerning the location and time of extra-pelvic metastases in uterine cancer extending over a 19-year period (1919 to 1938) has led to the following conclusions: (1) Most of the metastases appear before the end of the third year. (2) There is no relation between the time at which the diagnosis is made and the treatment performed, and the frequency of metastases. A cancer treated early has almost the same likelihood of giving extra-pelvic metastases as an advanced case. (3) There is no evidence of increase of metastases following treatment of cancers, either by surgery or radium therapy, in comparison with untreated cases. (4) The topography of the primary cancer and its histological form have no prognostic value concerning the eventuality of metastases. (5) The abdominal metastases are the most frequent (periaortic adenopathies) among all localizations. (6) Some metastases have been successfully treated by surgery or radium therapy.—R. J.


Clinical discussion.—J. G. K.


Nine cases of cancer of the cervix after subtotal hysterectomy were observed from 1927 to 1937 at the Curie Clinic. The question of the predisposing effect of the hysterectomy is discussed. Concerning the therapeutic procedure, the main point is to detect the possible existence of a malignant process coexisting with a benign lesion which may conceal it. Hysteroagraphy, biopsy, and other appropriate diagnostic procedures should be done systematically before deciding on a subtotal hysterectomy.—R. J.


Forty-eight days after a Wertheim hysterectomy the patient developed intestinal obstruction due to a hard annular stricture just above the ileocecal valve. The muscular coats of the intestines were infiltrated with squamous-celled carcinoma.—E. L. K.


The history of treatment of cancer of the uterine cervix is given. Diagnosis, technic of irradiation, technic of operation, results of different procedures, fallacies of cancer statistics, and prospects for the future are all carefully considered and evaluated. In summary, it is pointed out that a greater number of patients are presenting themselves to the physician in the early stages of the disease, and that irradiation therapy is becoming more widely available and effectively used. It is noted that since there has been a reduction in the risk of operative procedures, surgical results will continue to improve. Transfusion technics, bacteriostatic agents, nasal suction, improved methods of anesthesia are factors in increasing the chances of the patient for survival in the radical operative procedures. It is thought that perhaps a combination of irradiation therapy and surgery will give ultimately the best results.—A. K.


In one year (1943) the number of patients with gynecologic complaints receiving surgery at the John Gaston Hospital was 696. Of these, 548 were colored and 148 white; there were 237 fibromyomas, in the ratio of 3:1, with predominance among the colored patients. Of a total of 67 ovarian cysts, fewer occurred in colored patients than in white. The figures for carcinoma of the uterus and chorioneplithelioma are not given in this series, but these tumors are discussed.—M. H. F.

Three cases of leukoplakia without cancerous invasion were treated by total vulvectomy. Roffo's reaction was negative in each instance. Attention is drawn to the importance of leukoplakia as a forerunner of cancer of the vulva.—M. H. P.

**MALE GENITAL TRACT**

**Teratoid Tumour and Carcinoma of the Testis.**


Case report. The malignant tumor and metastases were mostly of an undifferentiated cell type and believed by the author to be an undifferentiated adenocarcinoma all of an endodermal origin in either the intestinal or respiratory epithelium.—M. E. H.

**Cancer of the Prepuce.**


Simple phimosectomy, performed with the electrical bistoury, is recommended for cancer shown by dorsal debridement and biopsy to be confined to the internal surface of the prepuce. Diagrams.—M. H. P.

**URINARY SYSTEM**

**Multicentric Bilateral Carcinoma of the Kidneys.**


A case report.—J. G. K.

**Leiomyosarcoma Involving the Right Ureter.**


Report of a case.—J. G. K.

**Cystectomy for Carcinoma of the Bladder.**


The surgical difficulties associated with extirpation of the bladder, as well as certain discouraging features of neoplastic diseases of this organ, are considered. Admitting serious limitations of the procedure, the author advocates cystectomy in selected cases and presents the case histories of 5 patients so treated.—R. A. H.

**Adenocarcinoma of the Urachus Involving the Urinary Bladder.**


Report of a case.—J. G. K.

**ORAL CAVITY AND UPPER RESPIRATORY TRACT**


One hundred and three tumors were treated at the Curie Foundation. The authors emphasize the importance of radiographic exploration. Tumors extending to the skull were almost always beyond the resources of therapy. The treatment of localized cancers without adenopathy gave good results of long standing. A discussion follows on the technic which has to be used when applying Curieotherapy to such cancers.—R. J.


Among 407 histologically proved cases of cancer of the larynx, 99% were in males, 65% were in patients 40 to 60 years old, 77.42% gave a positive Roffo reaction, and 98% were in smokers. Radiotherapy gave poor therapeutic results. Of the 70 patients subjected to laryngectomy, with or without radiation, 57% were discharged as cured or have subsequently been found to be in good health.—M. H. P.


Technic employed by the author since 1939 for therapy of cancer of the larynx by laryngectomy are described.—M. H. P.


Radiotherapy, at its inception, was reserved for the very advanced cases of carcinoma of the larynx, while surgery was employed in the treatment of early cases: the situation is now reversed. In intrinsic laryngeal carcinoma the prognosis is dependent upon the mobility of the cord and the location of the growth (best results with centrally located growths), and not upon the histological character of the tumor. Extrinsic laryngeal carcinoma carries a much worse prognosis whether treated surgically or by x-ray; though the latter is more effective with undifferentiated, and the former with differentiated, malignancies.—V. J. L.

**SALIVARY GLANDS**


Report of 22 cases, with discussion.—J. G. K.

**INTRATHORACIC TUMORS**


A description is presented of a very early “alveolar cell tumor” arising in a bronchiule and encountered as an accidental finding in an autopsy, and of a primary adenocarcinoma of the gall gladder with the classic gross and histologic alveolar cell distribution in the lungs. Furthermore, an analysis of 125 cases of metastatic pulmonary carcinoma in comparison with more than 100 cases of pulmonary carcinoma revealed that the macroscopic and microscopic distribution of the secondary neoplasms followed closely that of the primary growths.

With these observations in view, the author believes that all tumors presenting alveolar cell arrangement in the lungs are secondary to foci in other organs, or if they are primary in the lungs, that they arise from the basal cells of the bronchi and bronchioles, there being no justifica- tion for the assumption that they originate in septal cells.—J. G. K.
Surgical Diseases of the Lung. McGrath, F. J., and Woods, F. M. [Coll. of Med., Univ. of Cincinnati, Cincinnati, Ohio] West Virginia M. J., 42:145-150. 1945. This is a discussion of surgery of the lung, the indications for such surgery, and the results which can be obtained. Most tumors of the lung, as simple fibroma or lipoma, are rare. Bronchial adenomas, the nature of which is still a subject of bitter controversy, constitute 5 to 10% of all intrabronchial tumors. Primary carcinoma of the lung constitutes from 8 to 20% of all carcinomas; it is not a rare lesion, as was once believed. Squamous cell carcinoma accounts for 85% of these tumors, adenocarcinoma 10%, and "out cell" carcinoma 5% of primary pulmonary malignancies. It is important to assume that all unexplained pulmonary lesions in patients found 40 years ago, however slight, are carcinoma until proved otherwise. X-ray and bronchoscopy, with or without biopsy, are the chief aids in diagnosis; 25 to 30% of cases are, however, not accessible by bronchoscopy, and in these instances exploratory thoracotomy is warranted. The only justifiable therapy is total extirpation of the involved lung, with all accessible regional lymph nodes; the limits of operability are presented in detail. The authors report a current salvage rate of 54.6%.

Intrathoracic Hypernephroma Metastases Simulating Primary Pulmonary Disease. Contribution to the Differential Diagnosis in Cases of Hilus Lymphomas. Transpleural Gland Biopsy. Radner, S. [Lung Clinic, Lund, Sweden] Acta med. Scandinavica, 112:264-276. 1945. Following a survey of the symptoms of malignant renal tumors, a case of hypernephroma is presented, in which the pulmonary symptoms arising from metastases were the only clinical manifestation, and in which the correct diagnosis was reached at autopsy. X-ray examination revealed pronounced bilateral hilus lymph gland enlargement and parenchymal changes of at first limited, but later gradually increased, diffusion. Two cases are described in which intrathoracic hypernephroma metastases made their first roentgenological appearance in the hilus glands, without simultaneous parenchymal changes. Transpleural gland biopsy is recommended for those cases of hilus lymphoma in which it is urgent to obtain a definite diagnosis for therapy and prognosis. M. H. P.

Pulmonary Metastasis of Carcinoma Diagnosed by Bronchoscopy. Towny, W. S., and McDonald, J. R. [Rochester, Minn.] Minnesota Med., 28:554-558. 1945. Three cases are presented of metastatic carcinoma that ulcerated through a portion of the tracheobronchial mucosa and were diagnosed by means of bronchoscopic biopsy.--R. A. H.

Teratoma of the Anterior Mediastinum in the Group of Military Age. A Study of Sixteen Cases, and a Review of Theories of Genesis. Schlemberger, H. G. [Army Inst. of Path., Washington, D. C.] Arch. Path., 41:398-444. 1946. The clinical course and morphologic characteristics of teratomas have been studied in 16 instances in which the growth occupied the anterior mediastinum. In 10 of these cases the growth was benign and in 6 cancerous. All the patients fell within the military age group of 18 to 38 years; 15 were males; 1 was a female. In the specimens of benign teratoma the most frequently encountered organoid structures were skin, "intestine," "bronchus" and "pancreas." The incidence of well developed parasitic teeth in the 10 specimens is remarkable in view of its infrequent occurrence in specimens of teratoma of other regions. The specimens of cancerous teratoma of this series were characterized by almost complete absence of ectodermal derivatives, such as skin or nerve tissue. The connective tissue was loose, cellular and may have undergone cancerous change. The cancerous epithelium was arranged as adenocarcinoma in each instance. Well differentiated organoid epithelial structures were absent. Metastases were found in 4 of the cases.

During the past half century the experimental analysis of morphogenesis has made important advances. Outstanding among these has been the development of the concept of the organizer which holds that substances ("organizers") liberated by one group of cells may determine the differentiation and the organization of other groups of cells. The hypotheses of the genesis of teratomas have been examined in the light of advances in embryology. It is concluded that teratomas of the ovaries and the testes are due to abnormal growth and differentiation of undifferentiated precursors of the germ cells. Extraembryonal teratomas, however, are the results of a local dislocation of tissues during embryogenesis. Teratoma of the anterior mediastinum probably arises from tissue dislocations in the anlage of the thymus. Author's summary.--J. G. K.


Heart


Gastrointestinal Tract


Experiences with the Gastrooscope over a Period of Six Years. Howard, J. T. [Johns Hopkins Hosp., Baltimore, Md.] South. M. J., 38:293-302. 1945. The author summarizes the value of gastroscopy and gives several typical case reports with the findings on gastroscopy. He feels that a negative gastroscopic examination is valueless, and that gastroscopy rarely reveals an ulcer or tumor not demonstrable by x-ray: He reports two patients in the 6-year period in whom a gastric carcinoma was found first by gastroscopic examination and later by x-ray. The gastroscope, used as an adjunct to the x-ray, is of "great diagnostic importance in the study of the coarser lesions, such as ulcers, tumors, and the demonstration of bleeding areas."--W. A. B.

Evaluation of Gastroscopic, Roentgen, Sigmodoscopic and Laboratory Procedures in 500 Gastrointestinal Cases. Monat, H. A., and Thompson, C. M. [Gastrointestinal Service, U. S. Naval Hosp., St. Albans, L. I., N. Y.] Rev. Gastroenterol., 13:19-23. 1946. The author studied 500 patients who were subject to routine psychiatric, gastroscopic, sigmodoscopic and roentgenologic studies. Roentgen studies were found to be most conclusive in the diagnosis of peptic ulcer or new growth, gastrointestinal studies...
for the gastritides, and sigmoidoscopic examination for defects of the colon. Evaluation of symptoms, gastric analysis, and the presence of occult blood in the stool often appeared to be unreliable. The series studied includes one case of gastric and one of rectal cancer.—L. J. D.


There was hypertrophy and dilatation below the tumor for which no cause could be found.—E. L. K.


The literature is reviewed and a case is presented.—R. A. H.


A review is given of the pathology and clinical picture with a report of 2 cases.—R. A. H.


A perimal approach with preservation of the sphincter can be achieved only with carcinoma above the line of the anal canal because of the lymphatic drainage channels; this procedure is feasible only with well-localized malignancy and in the absence of widespread lymph node or distant metastasis. The difficulties of primary healing of intestinal anastomosis and infection have been overcome by greater operative skill and chemotherapy.

The 6 commonest methods of operation for dealing with carcinoma of the rectosigmoid are summarized: regardless of the technic employed the success of the operation depends upon adequate mobilization, a long mobile sigmoid, absence of sigmoiditis and mesosigmoiditis, and an adequate blood supply.—V. J. L.

LIVER


A case report.—J. G. K.


A review is given of surgical treatment with the detailed report of one case.—R. A. H.


Report of a case.—J. G. K.

Spleen


Report of a case with discussion of several additional cases from the literature is given.—J. G. K.

BONE AND BONE MARROW


A report is made of three cases, giving salient clinical, laboratory and sternal biopsy findings.—R. A. H.


Reports of 2 cases occurring in girls, 6 and 9 years old is presented. One child, who had lung metastases with a primary lesion in the sixth rib, showed dramatic improvement with roentgen therapy. There was no recurrence when she was last seen 11 years later. The other patient had a primary tumor in the region of the left lower premolars. After local surgical excision she also received roentgen therapy, but there were repeated recurrences in the mandible after 2 years, and extension to the cervical nodes. After the second recurrence, removal of the left mandible and a radical neck dissection were performed. Tumors appeared in the lungs 8 years after the first excision, and regressed completely following x-ray therapy. She has now remained free from metastases for 2 years.—W. A. B.


Surgical procedures for various ameloblastomas are described in detail.—J. G. K.


A case report, Osteosarcoma of the femur in a 80-year-old man suffering from osteitis deformans.—C. A.

MUSCLE AND TENDON


Five new cases are reported, along with a discussion of 157 cases from the literature.—J. G. K.
Clinical and Pathological Reports


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