and was maintained at, that of the surrounding tissue on the eighth day. The transplantation of normal connective tissue gave essentially similar results, but when normal liver was transplanted its vascularization exceeded that of the surrounding tissue by the seventh day, reached a maximum equal to twice that of the surrounding tissue on the eleventh day, and receded to the "normal level" by the fifteenth day. Transplanted malignant tissue called forth a vascular response similar to that of normal liver tissue until the tenth to eleventh day when, instead of returning to normal levels, the degree of vascularization remained at a high level as long as observations could be continued (16 to 18 days). The possible importance of this abnormal reaction of vascular tissue to tumor transplants is discussed. It is suggested that the malignant cell differs from the normal one primarily in its capacity to elicit continued growth of new capillary endothelium from the host.—R. A. H.


The origin and significance of these giant cells (sometimes 150 µ long), as seen in sections and tissue cultures, are discussed.—G. H. H.


This article presents a general review of the aims and attainments of a research project on the precancerous lesions produced by methylcholanthrene in mouse epidermis.—R. B.


A report on the activities of the hospital, including publications, lectures, administrative and financial aspects of the research policy, and advances in research projects on the calcium hazard in surgery, the properties of precancerous lesions, the chemical analysis of cancer, and the influence of hypersensitivity, age, and radioactive isotopes on carcinogenesis.—M. E. H.


A review with 58 references. Among the subjects discussed are: transplantation of tumors; the biochemical constitution of cancer tissues; heredity in cancer and its interaction with hormones and the milk factor; the stimulating factors; age and cancer; the effect of nourishment on the development and growth of tumors; and viruses, somatic mutations, and graded cell changes as causes of cancer.—M. H. P.


A memorial review of the work of Claudius Regaud, with a portrait photograph.—G. H. H.

Clinical and Pathological Reports

Clinical investigations are sometimes included under Reports of Research

**Radiation**


Curves and tables for depth doses for 400 kv., half-value layer 4 mm. Cu, in a "presdwood" phantom are given for various fields. These are found to represent the average of measurements reported by other observers.—R. E. S.


Two severe cases of post-irradiation necrosis were treated with estrogenic ointment (Menformon Dosules) with complete healing of the ulcers. The rationale for such treatment seems to be the vasodilating effect of follicular hormone plus its selective, growth-promoting action.—R. E. S.


The tumor dose that proved to be adequate in the 2 cases reported was 1,200 r given in less than 3 weeks; x-ray therapy of 200 kv. administered to children less than 1 year of age may cause regression of the growth. Preliminary tracheotomy is indicated. Should irradiation fail, surgical removal preferably by thyrotomy must be considered.—M. E. H.

CANCER CONTROL AND PUBLIC HEALTH


The International Cancer Research Foundation has established in the city of Philadelphia a series of clinics for the conservation of health, where complete physical examinations are given with special emphasis on conditions that may lead to cancer. This has been done on an experimental basis and for a 5 year period. The major part of the paper discusses the organization of the clinics. Up to December 1, 1944, just under 5 months of service, 919 examinees have been seen. Among 616 patients referred for medical or surgical care, 9 malignant lesions were discovered.—M. E. H.