ing 20 years younger than the cryptogenic type in Great Britain. This is not an observation made in all oriental countries concerned, as other investigators noted that the average age is 52 years, although the tumor may attack young persons (23 years old) as well as very old ones (86 years old). The exposure time may vary from 3 to 60 years; but the average is 35 years.

The most frequent site of the betel cancer is the inner aspect of the cheek on the buccal mucosa opposite the molars and pre-molars, where ordinarily the quid is carried. Nevertheless, other parts of the oral cavity may be affected [cheek: 296 cases; lower jaw: 196 cases; tongue: 96 cases; upper jaw: 41 cases; lip: 40 cases (Orr)]. The neoplasm starts as an inflammatory thickening of the mucosa, followed by an elevated growth, which later ulcerates. The well-developed, cauliflower-like tumor is stained bright red contrasting vividly with the brown to black-colored teeth. The neoplasm may reach enormous dimensions and perforate the cheek to the outside. In the beginning, mild pains are connected with the tumor growth; but severe, radiating pains are characteristic of the advanced stages. As regionary metastases occur late and very rarely, the patient usually dies from pneumonia or septicemia. The prognosis is unfavorable. The betel cancer histologically is a cornified, squamous-cell carcinoma, originating from the downward growth of the thickened, epithelial lining (Davis).

III. TRAUMA

Chronic traumatism, in the form of defective and ragged teeth or defective and imperfect fillings of teeth, which have pointed or sharp edges or other dental flaws, causing friction and inflammation of the traumatized tissues, has been incriminated in the production of oral malignancy. Despite this, a single, accidental trauma has rarely been recognized as the cause of this condition. The development of a traumatic retention cyst, following a bite of the tongue, was reported by Michon. He observed the formation of a cyst, filled with clear, gelatinous material, several weeks after the accident, and believed that it originated from the local auto-digestion of the tissues of Blandin-Nuhn's gland.

A medico-legally recognized case of traumatic cancer of the tongue was recorded by Hauser. The tumor developed in a scar caused by a caustic burn sustained two years before. Traumatic carcinomas of the mucosa of the cheek were reported by Wainwright and Schabad. In the case record given by Wainwright, an automobile mechanic, 42 years of age, received a blow with a wrench on the cheek, which caused a break in the mucous membrane of the cheek, but not of the skin. Two weeks after the accident a pimple appeared at the site of the trauma, and 8 weeks later a walnut size tumor was found, which proved to be a squamous-cell carcinoma. Wainwright commented that it was hardly believable that a coincidence existed or that a blow called attention to a pre-existing neoplasm. He therefore accepted a traumatic etiology. The case reported by Schabad, also, suggests that a trauma mainly produced a cancer of