

EDITORIAL

- New England Surgical Society** 697
 Claude H. Organ, Jr, MD, Oakland, Calif

COMMENTARY

- The Surgeon and Colorectal Cancer Genetics: Case Identification, Surveillance, and Management Strategies** 698
 Henry T. Lynch, MD, Omaha, Neb

PAPERS READ BEFORE THE 70TH ANNUAL MEETING OF THE NEW ENGLAND SURGICAL SOCIETY, BRETTON WOODS, NH, SEPTEMBER 22 TO SEPTEMBER 24, 1989

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 Jeffrey M. Reilly, MD; Edward B. Savage, MD; Colleen M. Brophy, MD; M. David Tilson, MD, New Haven, Conn
 • The role of hydrocortisone is established in the induction of aortic rupture in a genetically susceptible mouse.
- Gallstone Lithotripsy vs Cholecystectomy: A Preliminary Cost-benefit Analysis** 710
 Janice G. Rothschild, MD; Ryan F. Holbrook, MD; Randolph B. Reinhold, MD, Boston, Mass
 • Extracorporeal shock wave lithotripsy is less costly initially, re-treatment may be required, and time to return to normal activity is shortened.
- Strictureplasty of the Small Bowel in Patients With Crohn's Disease: An Effective Surgical Option** 715
 Timothy J. Pritchard, MD; David J. Schoetz, Jr, MD; Fillor P. Caushaj, MD; Patricia L. Roberts, MD; John J. Murray, MD; John A. Collier, MD; Malcolm C. Veidenheimer, MD, Burlington, Mass
 • Strictureplasty is an effective surgical option in patients with Crohn's disease who have symptomatic small-bowel strictures.
- Surgical Therapy for Recurrent Liver Metastases From Colorectal Cancer** 718
 Michael D. Stone, MD; Blake Cady, MD; Roger L. Jenkins, MD; William V. McDermott, MD; Glenn D. Steele, Jr, MD, PhD, Boston, Mass
 • Surgical treatment of recurrent liver metastases for colorectal cancer can be safely performed and is associated with long-term disease-free survival.
- Clinical and Pathologic Correlations in Patients With Periapillary Tumors** 723
 F. Maureen Martin, MD; Ricardo L. Rossi, MD; Vittorio Dorrucchi, MD; Mark L. Silverman, MD; John W. Braasch, MD, Burlington, Mass
 • Surgical resection is advocated for resectable periapillary lesions without a positive histology.
- Resection of Cavoatrial Renal Cell Carcinoma Employing Total Circulatory Arrest** 727
 David M. Shahian, MD; John A. Libertino, MD; Leonard N. Zinman, MD, Burlington, Mass; Howard K. Leonardi, MD; Robert C. Eyre, MD, Boston, Mass
 • Radical resection of cavoatrial hypernephroma may offer excellent palliation in the absence of diffuse metastatic disease, lymph node involvement, or invasion of contiguous organs.
- Computerized Topographic Brain Mapping During Carotid Endarterectomy** 734
 James R. Elmore, MD; Jens Eldrup-Jorgensen, MD; William H. Leschey, MD; William E. Herbert, MD; Richard C. Dillihunt, MD; Ferris S. Ray, MD, Portland, Maine
 • Computerized EEG is a dependable criterion for selective shunting and for shunt patency confirmation during carotid endarterectomy.

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