

upon large numbers of men with diseases of the chest. He found very many soldiers who had been returned from overseas because of the diagnosis, "tuberculosis suspect," whom he found to be really suffering from non-tuberculous pulmonary disease. There is no doubt, he thinks, that 60 to 80 per cent. of the cases returned to Canada from overseas as tuberculosis suspect must be classified as not suffering from tuberculosis. He classifies and gives differential diagnostic points on a number of conditions that may stimulate the symptoms and signs of pulmonary tuberculosis. These conditions fall under the following heads: Intranasal complications, dental complications, diseases of the bronchial tree, pulmonary diseases, pulmonary abscess, diseases of the pleura, empyema, gunshot wounds of the chest, other pulmonary conditions, conditions secondary to heart and circulation, Graves disease and gas poisoning. He also has a few words to say about the malingerer.—*Am. Rev. Tuberculosis.*

CANCER DECALOGUE.

The Arkansas Committee appended to its printed report, the "Cancer Decalogue", published some months since by the Massachusetts Medical Society in the *Boston Medical and Surgical Journal*, as follows:

1. The Classical Signs of Cancer are the signs of its incurable stages. Do not wait for the classical signs.

2. Early Cancer Causes No Pain. Its symptoms are not distinctive, but should arouse suspicion. Confirm or overthrow this suspicion immediately by a thorough examination and, if necessary, by operation. The advice, "Do not trouble that lump unless it troubles you" has cost countless lives.

3. There is No Sharp Line Between the Benign and the Malignant. Many benign new growths become malignant and should therefore be removed without delay. All specimens should be examined microscopically to confirm the clinical diagnosis.

4. Precancerous Stage. Chronic irritation is a source of cancer. The site and the cause of any chronic irritation should be removed. All erosions, ulcerations, and indurations of a chronic character should be excised. They are likely to become cancer.

5. Early Cancer is usually curable by radical operation. The early operation is the effective one. Do not perform less radical operations on favorable cases than you do on unfavorable ones. The chances for a permanent cure are proportionate to the extent of the first operation. Make wide dissections, incision into cancer tissue in the wound defeats the object of the operation and leads to certain local recurrence.