

year medical examination should be available, and some of these could become surgeon probationers, and thus make it possible to demobilize those who have served six months.

14. The Central Medical War Committee therefore strongly recommends that medical students who are registered as such in the books of the General Medical Council (or have been accepted as medical students by universities or the Conjoint Board, or, in case of doubt, present a certificate from the dean of their medical school), now serving in the navy or army as officers or privates, should be demobilized to continue their studies.

15. Further, in the opinion of the Central Medical War Committee, the calling up of more medical students, who are registered as such, or who are identified as such, as mentioned in the preceding paragraph, and who have completed their first year of study, should cease.

16. As the medical schools begin their new session in October, it is very important that an early decision on this question should be made by the authorities concerned, so that if it be determined to return enlisted students to their medical studies they may be placed at no disadvantage as compared with others.—*British Medical Journal*.

CANCER DECALOGUE.

The following Cancer Decalogue was recently prepared by the Standing Committee on the Control of Cancer of the Massachusetts Medical Society for publication in the *Boston Medical and Surgical Journal*:

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 now 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.

4. *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.

6. *Late cancer* is incurable, though not always unrelievable. Radium, X-rays, ligation, cautery, or palliative operations may change distress to comfort and may even prolong life.