

It is interesting that the simultaneous occurrence of tuberculosis and carcinoma in cattle when carcinoma is so rare, has also been noted. (Loeb and Jobson, *Medicine*, April, 1900).

The second part of Rokitansky's postulate is more difficult of proof. From *a priori* considerations its correctness would, however, seem very probable. Tuberculosis is notably a disease of childhood and the active period of life. The average age in simple tuberculosis in my figures was thirty-four. Carcinoma is still more preeminently an affection of the degenerative period. In sixty-eight cases only three were under forty. About a third of the tuberculosis patients reached the cancer age, a sufficiently large number to render the association of the two diseases with some frequency quite a possible event. In the few cases I have seen I have not been able quite to satisfy myself as to which disease began first, although I am inclined to think that in all cases the tuberculous infection was antecedent. It is difficult in many cases to be sure of the age of a tuberculous process from the gross appearance of the lesions, for the disease may remain latent for years in the glands before an active process is inaugurated. From our general knowledge of tuberculosis, however, we recognize that it commonly begins in early adult life and lasts for years, so that when carcinoma does occur in such patients, it is much more likely to be superadded to the tuberculosis than the reverse. This view is also supported by the fairly numerous instances recorded where carcinoma has developed in the lesions of lupus of the skin, cases which Ribbert has cited in support of his theory that the exciting cause of carcinoma is to be found in irritation or inflammation. The few cases described where tubercle bacilli have been discovered in a carcinoma do not negative this general conclusion for the infection is not primary but traceable to a previously existing tuberculous lesion somewhere else in the body. Considering the great frequency with which the two diseases, tuberculosis and carcinoma, occur, it is surprising that they are not more often combined. In what the relative antagonism exists is hard to say. It is clearly not a question of age, for as I have shown tuberculosis is common enough in advanced life, and we can eliminate the age factor without upsetting our general conclusion. It can, farther, be scarcely due to a condition of the soil, for in this case we would expect that where persons had suffered and recovered from tuberculosis they would be less susceptible to carcinoma, but as a matter of fact healed tubercular lesions are proportionately as common in cancer patients as in others. Either, then, considering that the antagonism only exists where there is active or latent tuberculosis, the antagonism