

sitic theory to be spoken of later, but that will receive separate mention). We all know how active a part irritation does play in the causation of cancer. Take cancer of the lip, tongue and fauces; the vast majority of such are in smokers, or follow irritation from a sharp or decaying tooth, or like irritant. We see an irritated scar becoming epitheliomatous. Primary cancer of the gall bladder is usually preceded by gall stones in its cavity. Cancer of the breast often develops after an old mastitis, follows injury, or attacks a simple mammary tumor, and so on.

But how is it that in some cases Carcinoma follows such irritation or such proliferative inflammation while in the majority of cases it does not? Why is it that in the case of so many irritated chronic ulcers the epithelial proliferation remains sharply defined off, from the underlying connective tissue by a distinct basement membrane, while in other cases we have developed the cancerous ulcer, with its loss of limitation of the epithelial elements and their invasion of the underlying parts? Cases, however, not infrequently arise where even the microscopist finds it difficult to decide whether the limits have been outstepped or whether the epithelial proliferation is still within bounds. Such is the so-called precancerous and initial cancer state; terms not capable of positive definition. Where then can we draw the line between this continent and incontinent cell growth? What is the factor at work which permits the bounds to be outstepped in the one case and sharply defines them in another? Is this factor a special growing and invasive power conferred on the epithelial cells, or is there a special vulnerability of the tissues rendering them open to such invasion? If this vulnerability of tissues exists, is it inherited or acquired? We can say for hereditary vulnerability as we can say for the cancerous process in general that such a tendency can hardly be hereditary, for an hereditary history can be obtained in but few cases. To the question of an acquired vulnerability, we can say little or nothing, as other factors then enter into consideration. For instance, cancer in females is certainly most common at or about the menopause, just when the nutritive activity of the generative organs ceases. It would almost appear that the energy hitherto directed to the generative organs, was now directed to neoplastic growth; or is