

all I, the pathologist, am a very weak reed to have to lean upon. And I am glad that now, when I have no doubtful specimen before me to report upon, I can point out to the surgeons and the gynaecologists the state of affairs as it actually is, namely, that it is at times impossible to distinguish between chronic inflammatory and malignant tissue. And the reason, gentlemen, why it is impossible thus to distinguish between the two is that the difference between them is purely one of degree.

There can be no doubt that at times this inflammatory hyperplasia of gland cells—this development of embryonal or sub-adult gland tissue—passes on imperceptibly into cancer. Although it may be urged that in all cases of cancer the history of previous chronic inflammation cannot be obtained, this fact that antecedent chronic inflammation at times either escapes detection or is not present, in nowise weakens what is here stated, namely, that many cases of chronic irritation and long continued inflammation of moderate intensity, affecting epithelial and glandular tissues merge into carcinomatous manifestations. And so far as I can see, the line separating the one condition from the other, is that which separates continent from incontinent cell growth. In chronic inflammation as seen, for example, at the edge of an ulcer, we have a condition of increased blood supply and increased nutrition, and as a result we obtain that cell proliferation already described, associated with reversion to embryonic character, or almost I might state it otherwise and say, that we have reversion to embryonic character with associated embryonic powers of rapid cell multiplication, for the two conditions are inseparable. The only distinction between the inflammatory and the cancerous growth is this, that in chronic inflammation remove the cause of the irritation and the process of abnormal cell growth comes to an end. In cancer, the cells from frequent and rapid multiplication in a more or less embryonic state have gained the habit of growth, of unrestrained growth. It may be also that the vessels going to the region, from long dilation remain distended or have acquired persistent distension; so that even when the primary irritant is removed the part continues to receive nourishment in excess of physiological needs. This, together with paralysed nerve control, may well be factors leading to the first mentioned condition, but before all, it seems to me, that there is to be recognized this assumption of the habit of growth, so that once fully started upon the road of proliferation the cells continue to multiply utterly irrespective of the needs of the organism.

It may be said that this is an assumption on my part, and not