

others again which recur both locally and remotely ; and yet others which not only recur locally and remotely, but infiltrate and absorb into their own mass the tissues in which they occur and the adjoining textures too, whether hard or soft.

Our knowledge is not yet sufficiently accurate and comprehensive to enable us to fix the *relative degrees* of malignancy possessed by the several varieties of tumors ; but, if we should attempt to draw up a table of morbid growths, classified and arranged on that principle, perhaps, the following would approach the truth in its general outline, though, of course, it would not be accurate in all its details :—

*Scale of tumors according to their degrees of malignancy.*

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| Malignant .....  | <div style="display: inline-block; vertical-align: middle;"> <div style="display: inline-block; vertical-align: middle;"> Encephaloid<br/>Colloid<br/>Scirrhus<br/>Osteoid<br/>Epithelial </div> <div style="display: inline-block; vertical-align: middle; font-size: 3em; margin: 0 10px;">}</div> <div style="display: inline-block; vertical-align: middle;">Cancer. </div> </div> |
| Semi-malignant (they recur locally and remotely) ..... | <div style="display: inline-block; vertical-align: middle;"> <div style="display: inline-block; vertical-align: middle;"> Cartilaginous.<br/>Myeloid.<br/>Malignant-fibrous.<br/>Recurring-fibroid.<br/>Fibro-plastic. </div> <div style="display: inline-block; vertical-align: middle; font-size: 3em; margin: 0 10px;">}</div> </div>   |
| Locally malignant (they recur locally) .....           | <div style="display: inline-block; vertical-align: middle;"> <div style="display: inline-block; vertical-align: middle;"> Fibro-nucleated.<br/>Proliferous cysts containing vascular growths.<br/>Glandular tumors. </div> <div style="display: inline-block; vertical-align: middle; font-size: 3em; margin: 0 10px;">}</div> </div>  |
| Innocent.....  | <div style="display: inline-block; vertical-align: middle;"> <div style="display: inline-block; vertical-align: middle;"> Fibro-cellular.<br/>Fibrous.<br/>Proliferous cysts containing cysts.<br/>Barren cysts.<br/>Osseous.<br/>Fatty. </div> <div style="display: inline-block; vertical-align: middle; font-size: 3em; margin: 0 10px;">}</div> </div>                             |

You will perceive that I retain the fibro-plastic as a distinct form. I do so, because, it is not quite certain whether the tumors included under that designation by Lebert, can all be assigned either to the myeloid, recurring-toroid, fibro-cellular, or fibrous class. To refer now to this table: the growths which occupy its extreme ends certainly differ very widely from each other, so that we have no hesitation in calling a fatty tumor innocent, and an encephaloid malignant ; still, the several groups pass insensibly into each other, and tumors having identity of structure, may be found occupying places both in the benign class and the locally malignant, or in the semi-malignant and the malignant.

The transition of the semi-malignant into the malignant is well illustrated by the cartilaginous tumor, which occasionally not only grows with great rapidity to an enormous size, but recurs when removed, and appears both in the lymphatics and in remote organs, as the lungs. Epithelioma, on the other hand, placed amongst the malignant, has little tendency to propagate itself, unless to contiguous parts ; it occasionally does not recur when removed, and but rarely invades remote parts.

The fibro-plastic tumors placed at the lower end of the semi-malignant group, are plainly intermediate between that group and the locally malignant ; for although they now and then recur after removal, it is generally only at the original site, and but seldom in remote parts.