

erative form of either the columnar or sphaeroidal celled varieties.

As regards the malignancy of the varieties of cancer we can make an ascending scale as follows:

1. Rodent ulcer, which usually attacks the face, and always remains local, with no recurrence after free removal, and rarely causes death. If death occurs it is always from local causes.

2. Epithelioma of the skin. This form is at first local, but sooner or later gives rise to glandular infection in primary and secondary glands, but very rarely disseminates. Death is the termination if left alone, by exhaustion from ulceration or haemorrhage, or by bacterial infection.

3. Epithelioma of mucous membranes. This form is, as a rule, more rapidly fatal than the last. It involves the glands earlier and gives rise more frequently to visceral growths than when on the skin. Death is due to same causes as former.

4. Columnar celled carcinoma. In this we have fairly rapid local growth, with much tendency to a ring-like infiltration of the walls of the hollow viscera and a rapid local extension. The glands are involved later than in epithelioma, but there is a much greater tendency toward visceral dissemination. Death is most commonly due to local causes, but may be due to cachexia or general dissemination.

5. Scirrhus. In this form we have moderately rapid local growth with very early glandular involvement and a later marked tendency toward dissemination in the bones and viscera. Death may be due to local causes, to cachexia, or to the visceral involvement.

6. Encephaloid. Here we have very rapid local growth with very early glandular involvement and dissemination, with death due to exhaustion or visceral lesions.

The colloid form is always considerably less malignant than would be the variety in which it occurs, growing from same seat.

Now Carcinoma is in all cases first of local origin, and there is always a period before the surrounding structures are markedly invaded and before the lymphatics are involved. It is only rarely that extension occurs from primary focus via blood stream. Now as Carcinoma is of local origin and is essentially an atypical proliferation of epithelium, we have only two rational therapeutic