

benign. As a result of irritation they may inflame and become ulcerated, or may develop into malignant growths. Carcinomata, especially of the melanotic variety, are frequently described as having resulted from inflamed pigment moles. Alarmingly hæmorrhage has been known to occur from a mole more than usually vascular, in which ulceration has been established by friction of the clothing." And again: "J. Müller has reported a malignant (recurrent) angioma. A case of melanotic degeneration of a congenital nævus in a woman, aged forty, has been reported by Dr. Stiles." James Nevis Hyde, in Hare's "Therapeutics," remarks: "In managing all such pigment anomalies one should never forget that there is always a scar left after removal of the disfiguring patch, and that, as in the case of warts, when treated after the fortieth year of life they may be followed by epitheliomatous or sarcomatous metamorphosis." The vascular nævi are also liable to undergo cystic degeneration, as well as ulcerative and suppurative, and may undergo spontaneous cure by ulceration, or by thrombosis; the fact that inflammation of a nævus generally leads to a cure, very naturally suggests that the work of nature should be imitated in the treatment of this condition; and most of the efforts of the practitioner have been along these lines, namely, the creation of an inflammatory process by an irritant introduced locally, or in some cases merely applied to the surface. As to any interference whatever, in the case of nævus, I think that the wisest course to pursue is this: When consulted as to the advisability of treatment, particularly in a very young child, it is well to keep the case under very careful observation for a few months; if the nævus should exhibit a tendency towards spontaneous involution in this time, interference may be unnecessary; if, on the other hand, it should exhibit a tendency to spread, immediate recourse should be had to some means to check or remove the growth, and first on the list, as a rule, I place electrolysis, *properly employed*. I advise early operation for several reasons, the case is more amenable to treatment than when the tissues are more matured, the operation is less prolonged, repetition of the operation may be avoided thereby, it will not be necessary to destroy as much tissue, the danger of sloughing and disfiguring cicatrices is much less, for milder currents may be employed with advantage, also if a scar should perchance result, it will be more apt to disappear as the child grows. These are some of the chief reasons why I advocate early treatment, if the other conditions are favorable. When catarrhal conditions of the mucous membranes are present, or where the skin is in an irritable condition or an eruption is present, it will be very unwise to proceed, and these conditions must receive attention before the operation is had recourse to, or healing will be retarded and suppuration set up and prolonged. The better the health of the child the more successful the result.

I will not attempt to enter fully into the chemistry of electrolysis, interesting though that phase of the subject is, but may be permitted to remind you that electrolysis carried to its limit means decomposition, though it means much more than that. The decomposition of electrolysis is also much more rapid than that of nature, and much more under our control. If two needles of a material which will not be attacked by the current or its products, are connected, the one with the positive, the other with the negative pole of a battery, and each thrust into a piece of meat, and the current turned on, a visible change in the tissue follows very shortly, bubbles of gas are seen around each needle, less numerous about the positive than the negative, provided the tissue is moist, for the presence of water is necessary for the process, and the more moist is tissue the better will it conduct the current, and the more readily will it be decomposed. After a short time it will be found that the zone of tissue