

duction of the tumor, or the cicatrix may be left imperfectly healed.

In a vascular naevus the positive platinum needle should be introduced over the site of the principle vessels to secure its drying, coagulating effect and firm eschar where it is most needed. The after-treatment of the sore, which is really a burn, conforms to simple surgical rules, but healing may take place slowly.

In cases where there is a smooth growth of skin over the plexus of vessels, we seek to destroy the vessels but not the skin. For this purpose the needles must be insulated near the point so that no electrolytic action takes place at the seat of puncture.

It is a rather difficult thing to do. The positive needle should pierce through the centre of the tumor and be held stationary, while the negative may be inserted first on one side and then on the other till the tumor has a hard, elastic feeling, but no surface discoloration should take place. If there are no signs of softening in a week or so, repeat the process. Some cases have a tendency to return and treatment is not always satisfactory. Occasionally a slough is produced before eradication is complete.

Moth patches, port wine birthmarks and all pigmentary moles, etc., are removed in a somewhat different manner, although the same principle of polar action still applies.

Instead of working through the base we here simply puncture into the nevus, at intervals of say one-sixteenth of an inch, and continue over the surface until the action around each of the needles merges and forms a continuous patch.

Very slight punctures and a small amperage only are required, and it is important that the new integument which is to cover the area should start from healthy borders. While not distressingly painful or requiring an anesthetic, yet if the mark is large the removal may be tedious, as several operations will be necessary and each allowed to heal before another is begun.

If a mole has a hair growing in it remove the hair first and wait for it to heal before attempting further. The steps for the removal of superfluous hair are as follows:

The most important point is the introduction of the needle, and the experienced operator will depend more upon his sense of feeling than on his sight. The needle should be inserted down alongside the hair to the bottom of the sack, but no further. If it is in the follicle it glides smoothly along with but very little pressure until it reaches the bottom. If it does not properly enter the follicle it will require considerable pressure to get it through the epidermis. The needle is attached to the negative pole and should be inserted while the circuit is broken, closing the circuit by having the patient bring his or her hand in gradual con-

tact with an ordinary electrode placed conveniently near.

As to the current strength, less than 4 M. A. will be all that is required, but the intensity should not be intolerable to the patient. Usually in less than a minute of time a little frothy substance will be detected around the needle, and it indicates that electrolytic action has taken place. No destruction of tissue should be caused by using stronger currents for longer periods, but the needle should be removed and the hair withdrawn by the epilation forceps. If it comes out easily the follicle is destroyed, and the hair will not return. If force is required the hair is not destroyed, and the needle should be re-inserted and the current applied again.

Avoid too frequent operations. Sitzings that repeat treatment of the same site should first permit the part to fully heal. With the best operators probably 5 to 10 per cent. of the removed hairs will return. In removing one blemish avoid making another that is worse.

All this treatment takes time, and unless patients are informed of the necessity for patience they will not be prepared for the apparent delay in achieving results. Haste is often made very slowly in this branch of electrical work.--*Times and Reg.*

FORCIBLE APEX EXPANSION IN INCIPIENT PHTHISIS.

It is generally conceded that a suitable soil is absolutely necessary for the life and development of the tubercle bacillus. It may be asserted also that this suitable soil is usually found in the apical alveoli, and exists there as the result of a sluggish circulation of air in the air cells and of blood in the blood-vessels. Statistics of the mortality of tuberculosis show that the disease is most active and frequent among those who occupy a stooping position, which drags down the upper chest by the weight of the arms and diminishes the capacity of the apices. This is a sufficient explanation for the location of the disease in the apical tissue.

Hyperæmia of the parenchyma, together with the exudation of a thick gelatinous and albuminous fluid into the alveoli with large and small cells and some red blood-corpuscles, go to make up the suitable soil or consolidated area. Some time during the existence of this consolidated area the tubercle bacillus gains access and begins its destructive work. The miliary tubercular deposit probably comes later in the progress of the disease.

Dr. Prudden has shown in a recent article that when other pyogenic germs infect the tubercular lung the process of destruction is greatly accelerated, and cavities form rapidly. Before the destruction of tissue begins the consolidated area is