

less apparent, and the ear less projecting. No other interference was necessary, and to-day, the other ear having developed with age, there is little difference between them, certainly not sufficient to constitute a deformity. The case was treated June, 1893, and the above report was written in August, 1895. The case is cited at length as it presents many interesting features, and illustrates the indications for use of the respective poles. (It will be noticed that gold needles were employed. I now use irido-platinum ones.) In April, 1892, I operated upon a case referred to me by Dr. G. S. Ryerson. The child was eight months of age and had a very disfiguring vascular projecting nœvus the size of a small bean on the left upper eyelid, and extending behind the orbit. Under chloroform anæsthesia, a negative needle was inserted in the growth on the eyelid, and carried in all directions through the nœvus, using five milleamperes for forty-five minutes. In July of the same year I employed a negative needle again to complete the blanching of the nœvus, at this time using merely one milleampere for fifteen minutes. Last August I received from her father a photograph of the child, recently taken, in which not a trace of a nœvus is to be seen. These two cases were each practically cured in one treatment (in the second case there was very little sign of nœvus left after the first operation, and that little would have most probably disappeared in a short time without further interference, but the father was a physician and wished the second treatment.) The cases will represent what may be accomplished with electrolysis in treating nœvus situated on such parts and of such extent that the use of the knife would be out of the question, and the employment of other means very hazardous; they also show the advantage of early operation; each, if left alone for a short time, would have no doubt resulted in deformities that would necessitate much more prolonged measures, with indifferent results, perhaps. But where a case has been allowed to go on until the person has reached years of maturity, and great disfigurement has occurred as a result, we may still accomplish much by electrolysis if patience and great care be exercised. In illustration of this, I submit the following instance: A young man of nineteen years of age was referred by his physicians for the removal of a very vascular nœvus on the right upper lid, which had been there since birth; it was one and a quarter inches long and three-quarters of an inch across; the upper overhung the lower lid, the lower tarsal cartilage was atrophied and the eye almost closed from pressure by the hypertrophied upper lid; the nœvus also extended for a short distance beyond the outer canthus, and there was a growth beneath the palpebral conjunctiva about three-eighths of an inch long, a quarter of an inch across, and about one-eighth of an inch in thickness; over this the conjunctiva was very vascular. On this case I operated six times in 1895, and three times in 1896, each time, except the first, under an anæsthetic; the affected eye can now be opened as widely as the other, and the atrophied cartilage was increasing in thickness when I last saw the case over a year ago. His physician wrote me in July, 1897: "There is still a varicose area on the upper lid and a little at the outer angle of the eye, but it is not at all increasing in size, and the result, as it is now, is to my mind most satisfactory," etc. The patient lives at some distance from Toronto, so that I am unable to say whether all traces of the nœvus have disappeared by this time; but I have no doubt that any disfigurement which may remain could be removed by similar means to those outlined above. Many more cases might be cited in support of the claim for electrolysis in nœvus, but time does not permit, and those above are fair samples of what may be accomplished by this means when proper precautions are taken and due judgment exercised.