

hydrogen gas evolved and so cut off the blood-supply to the part, and current sufficient to cause this is all that is called for; several spots may, with advantage, be attacked at the one sitting, provided the current has not been excessive. The operation should not be repeated until healing is completed. A protective dressing of collodion may be advisable in the interval.

*Angioma Cavernosum.*—In this variety I usually employ both positive and negative needle, carrying the needles a short distance from and parallel to each other, transfixing the growth just at the margin of the sound skin; current sufficient to partially destroy must be used, and here once more the greatest judgment will be required. Coagulation occurs, and in order that the thrombus may not be disturbed by the withdrawal of the needles, they should be removed with a twisting motion; the clot formed around the positive pole will be found to adhere to the needle, so that it is well to reverse the current for a few minutes (first turning it off); the bubbles of hydrogen gas liberated about what was formerly the positive pole will cause the clot to loosen, when the needle may be removed without disturbance of the clot and without causing hæmorrhage which would interfere with the success of the operation. A firm dressing of absorbent cotton and collodion is very important in these cases, renewed as often as necessary, and the operation should be repeated when all evidences of the former one have disappeared.

In many cases it will be found that there is considerable hypertrophy of the parts; here the positive needle may be employed with advantage to promote atrophy, while the negative needle transfixes or is inserted into the supply vessel in order that the bubbles of hydrogen may enter the vessel, be carried along by the blood-current and finally block up the capillaries, and so shut off the nutrition of the parts.

There is frequently a fibrous change associated with nævi that does not constitute a distinct type, although it is sometimes alluded to as such. The condition is amenable to similar treatment to that laid down above; when underlying the nævus proper, the tissue should be softened by the negative pole, absorption will thus be favored, and the material should disappear under electrolysis. A marked example of the efficacy of electrolysis, in what at first sight seemed a most hopeless case, was referred to me by Dr. J. A. Temple. It also illustrates the difference between correct and incorrect technique, as the case had the benefit of six previous electrical operations by another practitioner with little appreciable benefit. The child was one year of age; the left ear was full one-third larger than the right, and projecting. At the back of the lobe was situated an ugly, pendulous mass, while in front were three raised "strawberry marks," and a plentiful supply of very noticeably dilated capillaries. Chloroform having been administered, on careful examination I detected a spot on the back of the ear where, by pressure, I could lessen the circulation through the blemishes in front. In this I inserted a gold needle connected with the negative pole of the battery, while in the centre of the pendulous mass I inserted a similar electrode connected with the positive pole. Fifty milleampères were used for seven minutes, and seventy-five milleampères for eight minutes. That the negative pole had transfixed the supply vessels as intended was quite apparent, for the bubbles of hydrogen gas could be readily seen meandering through the dilated vessels in front and along the "strawberry spots." On turning off the current the needles were carefully withdrawn, and oozing controlled by pressure with iodoform-dusted pads. The sites of the puncture were then coated with iodoform collodion, which was renewed subsequently as often as necessary. The effect in this case was steady and progressive; the spots gradually paled; the pendulous mass atrophied; the hypertrophy of the ear became