transfix the growth in all directions, and a current of sufficient strength to mumify.

Nævus Pilosus.—Each hair will require removal before the nævus proper is attacked unless, as frequently happens, the removal of the hairs causes the blanching and subsequent disappearance of the nævus. The epilation is accomplished as follows: The hair to be removed is seized with epilation forceps, and gentle traction made; a very fine needle, or "pivot broach," held in a suitable handle and connected with a negative pole, is introduced to the bottom of the follicle alongside the bulb, the indifferent electrode is held in the patient's hand generally, the current is then turned on until small bubbles of gas are seen to issue from the seat of puncture, in time varying from a few seconds to a minute the hair will be found loosened; the indifferent electrode is then removed from the hand, the needle withdrawn and then the hair; if the follicle is seen to be adherent to the hair bulb and comes away with it, the operation has been successful, otherwise another hair will grow in that spot. If the indifferent electrode is not brought in contact with the patient's hand until the needle has been inserted into the next follicle, it will not be necessary to turn the current off and on each time a puncture is made. In some cases the needle has a device called an interrupter by means of which the circuit is made or opened while the needle is in the follicle, contact with the indifferent electrode being maintained throughout. Hairs should never be removed at one sitting which are closer than one quarter inch apart, and the operation should not be repeated until all redness due to the operation has disappeared. The parts should be bathed frequently in the interval with water hot as can be borne. If the epilation has not removed the nævus, it should be attacked when the hairs have all been successfully destroyed; the tissue below the skin may be found quite fibrous, and will be transfixed as described above. Where the interval between operations is prolonged, I generally keep the parts protected by a coating of collodion, renewed as often as it peels off.

NÆVUS VASCULOSUS.

Nævus Vasculosus Simplex.—This variety is the one most difficult to treat with success; great patience as well as great caution is necessary when the nævus is diffused in the form of a stain; it is wiser to attempt the removal of only limited portions at a time, otherwise much scarring may ensue. The negative electrode is usually a device holding a number of needles (sometimes twenty) set about a quarter inch apart with their points on a level; with this the naevus is punctured to a sufficient depth to penetrate the skin, and the current turned on until the skin begins to blanch; after about half a minute the current is again turned off and the electrode withdrawn and the parts bathed with the hot water. The effect of this treatment is to block up and destroy the capillaries which form the nævus; it should not be repeated until after an interval of about one month, when another portion of the nævus may be attacked. It should not be expected that the skin will assume a perfectly normal appearance, but much improvement should be looked for; here, again, great care is very necessary lest too much be attempted. Another method is to use a single needle as the negative electrode, and with it make a number of perpendicular punctures about a quarter inch apart. This is the method I prefer.

Where the nævus is composed of small dilated vessels which are seen ramifying on the surface, or as small prominences, the treatment is apt to be much more successful; here a single negative needle is used, we endeavor to insert the needle in the vessel, and block its lumen with the bubbles of