a very painful one. In children of an age to appreciate what is being done, the employment of a local anæsthetic may be sufficient, in some cases by inunction of oleate of cocaine (which I have not used for several years) or by ethyl chloride ; but anything of a freezing nature is undesirable as it puts the parts in such a condition that they do not conduct the current as well, and it also masks your work ; for these reasons I resort to it as little as possible.

We will now come to the subject proper of my paper, the electrolysis of nævus, and will consider it in its relation to the classification to which I have referred.

NÆVUS PIGMENTOSUS.

*Nævus Spilus.*—The monopolar method is used, the needle is attached to the negative pole, and insulated where it will come in contact with the skin. To lessen the chances for scarring, having used antiseptic precautions, the growth is punctured from the lowest portion in a direction upwards, and the needle carried through the upper side of the growth. Care must be taken to keep the point of the needle below the surface of the skin, not allowing the latter to become transfixed ; in the case of an infant, the inactive electrode, already described, has previously been placed upon and between the shoulders, and the infant is lying upon it ; in the case of an adult this electrode is held in the hand by its uninsulated portion and applied to the other hand just before commencing operations. The current is now slowly and very carefully turned on until a slight blanching of the parts is noticed, shock is studiously avoided, and a strength of from one to five milleamperes is usually sufficient ; as a rule, the less current you can do the work with, the better will be your result, the action of the current may loosen the needle so that care must be taken lest it fall out. When well loosened it may be slightly withdrawn and introduced through another portion of the growth, using the former precautions, and when all of the nævus has been subjected to the process, and is blanched, the current is turned off, the inactive electrode removed, and the needle carefully and slowly withdrawn. It is not advisable to prolong the operation beyond ten or fifteen minutes, the smaller nævi may require only a few minutes. Where little work has been done, frequent bathing of the parts with water, as warm as can be borne, will allay irritation, favor absorption and healing. Where the work has been more extensive it is well to gently cleanse the surface, dry thoroughly, and apply one or more layers of acetanilid collodion which may be renewed as often as necessary until healing is complete. Should the first operation prove insufficient to remove the disfigurement, it may be repeated as soon as healing is completed.

*Nævus Verrucosus.*—Here the growth is transfixed with the negative needle, from below upwards, at the level of the sound skin, observing the former precautions. In this case more current strength, as a rule, will be required and destruction of tissue will be more extensive ; it may be necessary to mummify the whole growth ; the resistance of the tissue varies much according to the amount of moisture in the growth ; the drier the growth the more current will be required ; but care must be exercised lest the process being carried too far, there will be a depressed cicatrix in the place of the former nævus. In this, as in all cases of nævus, experience will be the only guide, no hard and fast rule can be laid down that will be applicable to every case. One wise rule in all cases is, that it is better to do too little and repeat, than too much and repent.

*Nævus Lipomatodes.*—This likewise requires the negative needle to