about the positive pole is drier than that about the negative, and other changes are apparent. But besides these it will be found, upon applying the proper tests, that the gases are of a different nature, that collecting about the positive pole being oxygen, while that about the negative is hydrogen; in addition it will be found that at the needle connected with the positive pole are the *acid* constituents of the compound salts of the tissue, while at the negative are the *alkaline or basic* constituents. As may be surmised from this the therapeutic effects of the two poles are dissimilar in many respects. Without stopping to give the reasons, I shall merely say in passing that where the positive pole is employed in puncture that it will have the action of an acid escharotic, while the negative will have the action of an alkaline escharotic. The cicatrix resulting from a positive puncture is firmer than that due to a negative puncture, is more liable to retract; that from the negative is more plentifully supplied with vessels, softer, more apt to disappear.

The indications for the use of the respective poles are briefly as follows: Where you wish to promote absorption, or to block up the capillaries, and thereby cause atrophy, or where a scar is to be particularly avoided, if possible, the negative pole is employed. Where you wish to remove redundant tissue, or to cause an artificial thrombosis, the positive pole is generally used.

A detailed description of the requisite apparatus is unnecessary; of course, the galvanic or continuous current is the one to employ, and everything must be in perfect order, some means must be provided for turning on, increasing and decreasing the current without shock to the patient; a meter to measure the current strength is absolutely necessary, and your fine needles must be suitably insulated and of the proper material. Where it is desired to employ the positive pole you must never use a needle of steel, or you will probably leave an indelible stain as a memento of your experiment. An alloy of iridium with platinum is the most usual material in these cases; with the negative pole the needle may be of steel.

Sometimes both needles are inserted in the tissue to be acted upon, this is called the bipolar method; in other cases one needle is inserted and the circuit is completed by an electrode held in the hand in the case of adults, and placed upon the back; usually in the case of children, this is called the monopolar method; the needle is generally termed the active electrode, the one by which the circuit is completed is termed the indifferent electrode. The inactive or indifferent electrode may be made of brass wire gauze, covered on its face with a layer of absorbent felt, and with a backing of sheet rubber, which serves the purpose of protecting the clothing from moisture, and also insulates the electrode on the surface which might come in contact with parts which it is not desirable that it should touch; this indifferent electrode should be thoroughly wet with warm water before applying and the superfluous moisture squeezed out. In the case of infants and young children I consider it advisable to operate under an anæsthetic, not so much on account of the actual pain of the procedure, but in order that the parts may be in as quiet a condition as possible; a sudden movement of the child might start a troublesome hæmorrhage, which might undo much of your work; undue crying might also act in the same way. In the case of an adult I rarely employ an anæsthetic, unless occasionally in the region of the eyelid, nose or some equally sensitive part. I have removed a papillomatous nævus from the eyelid of a lady at the level of the lashes, without using an anæsthetic, the lady being a most interested spectator through the agency of a handglass. I mention this to show that the operation is not necessarily