CASE 3 was that of a man thirty-five years old, a driller, who had returned from two or three years in the Far East. He had paralysis of the flexor muscles of the right foot, and came under treatment two or three weeks after the attack. In this case I relied nearly entirely on the spark, with an occasional treatment with the wave current. Treatment began Oct. 19, 1904, and by November 7 he was able to flex his foot nearly as well as the other.

CASE 4.—Miss McC., a young lady with chronic synovitis. Fourteen weeks before coming under treatment she had been kicked by a cow just below the knee-cap. During this time she was under active medical attendance, consisting of poultices, evaporating lotions, blisters, etc. The knee was then twice its natural size, and the tendons behind the knee so drawn that she couldn't touch the toe on the ground. In this case I used a combined treatment, using the X-ray every other day, and the spark every day, for over five weeks. At the end of three weeks she was able to place her foot on the floor. One week later she could walk on it with the use of a cane, and at the end of five and a half weeks walked a mile without the use of a crutch or a cane.

Before saying more regarding the therapeutic action of the X-ray, I will refer to its use in diagnosis, etc. In the treatment of fractures great advantage may be gained as to the position of the end of the bones. It is also of great service where there is dislocation or impaction of a joint. There are three ways in which the case may be examined. First, the radiograph, where a permanent record is taken. Second, the fluoroscope, and commonest way of examination. Third, the screen, which, though it requires the room to be dark, has the advantage that two surgeons can easily confer as to the conditions present. As an illustration of the advantages of this method, I would draw your attention to radiographs Nos. 1 and 2. The first was a case of a boy of 4 1-2 years, who got caught in a disk-harrow. At the time I first saw him there was considerable swelling, and I could not be very sure of my work, so I placed temporary splints, and arranged to have him brought to my office next day. With the assistance of the ray I had no difficulty in bringing the bones into apposition.

In the case of No. 2, I took the radiograph partly as a safeguard. As you see, it was a green-stick fracture, and the boy coming to my office alone, I thought it best to have a permanent record, lest, after it had been set, doubt might arise as to its having been broken. There is no small degree of satisfaction in