

body. Light as developed by Finsen is the chief, though not by any means, the only agent employed. The treatment by light has many disadvantages. It is long-enduring, requiring from one and a half to two years for anything like an extensive case. It is tedious, for each sitting lasts an hour or more, and the sittings are frequent. It requires constant and accurate care on the part of the attendant, who has immediate charge of the patient, as the essential of the treatment is to keep the focus of light in the correct place, and also to keep the spot under treatment exsanguinated by pressure. This last is an important point, as otherwise the blood circulating in the tissues interferes with the action of the light. These two things, the accurate adjustment of the focus of light and the exsanguination of the tissues, mean that neither the attendant's attention nor her fingers may relax. Gentle reader, did you ever try to keep your attention on an uninteresting subject for an hour? or even on an interesting subject?

The treatment is not by any means always successful, and even when successful, there are frequent recurrences. With these drawbacks it is no wonder that the first enthusiasm aroused by the treatment has measurably subsided, and that some men whom I spoke to on the subject are decidedly opposed to the procedure.

The arguments in favor of the Finsen light treatment are : That it is frequently successful; that the scars following the light treatment are usually soft and inconspicuous; that the light treatment is often applicable when other treatments such as excision or cauterization are contraindicated or almost impossible, as around the eye.

The fact is that the light treatment is only a valuable addition to the treatment of lupus, and in the Finsen Institute itself they use many other forms of treatment, such as, the electrocautery, pyrogallie acid, and so forth.

A curious circumstance in regard to recurrences is that they often happen far removed from the original focus. This phenomenon would seem to be opposed to our usual conception of lupus being a strictly local disease.

I asked both Dr. Reyn and Dr. Francis if they found many cases where there was tuberculosis of other organs coexisting with lupus. They said they did not find many such, although they were convinced that tuberculosis was more frequent among lupus patients than among patients afflicted with other diseases. I also took occasion to ask both these men what they thought of the nature of lupus erythematosus. They both expressed them-