aggregated in spots resembling freckles. This discoloration might, by the unexperienced, be taken for lupus spots, both new and old, but is distinguished from these by not disappearing under glass pressure. It differs with individuals, and is a favourable sign. It is common to all forms of light treatment. X-rays, in short exposures, tends to make the skin rough, stiff and dry. Hopkins, of Brooklyn, in his routine treatment, only produces a blush of the epidermics, and itching sensation tending to return to the normal in 48 hrs. But on further exposure, the blush on the epidermis intensifies and takes on an even darker colour, and the part may appear scalded or roasted. Some degree of oedema is always present, which determines a sensation of fullness and weight in the part, most marked in warm weather, and when it is dependent.

The sense of touch is lessened *pari passu* with the sense of pain (Linnaeus H. Prince), and in any case of injury to the skin, the primary injury is to the nerves controlling its nutrition (E. A. Codman, Boston).

The action of the X-rays is cumulative on the skin in most cases, although many subjects will acquire a resistance to it well nigh surprising. Speaking of the general action of the X-rays, Chas. Lester Leonard says it is both stimulant and alterative. Normal tissues are stimulated to greater activity by a stimulus which injures gross embryonic tissue, malignant tissue and all tissue of low vitality. Schiff, in speaking of the action of the X-rays on lupus, says that the inflammatory reaction which it sets up is injurious to the micro-organic cause of the disease; Albers Schonberg considers inflammation and dermatitis as unnecessary. The desirability of obtaining a "reaction" has then thrown the X-ray therapists into two camps; one having Albers Schonberg and Hopkins as leaders and exponents, claiming that healing can be obtained without a dermatitis; whilst another and more numerous school looks upon hyperaemia and inflammation as the *sine qua non* of the reparative process. Gentlemen, what did your professor of pathology teach on the question of inflammation in relation to healing? Did he consider it necessary and helpful, or not?

Gentlemen, personally, I consider that we cannot adhere to a hard and fast rule, and that each case must be treated on its own merits, although speaking generally, the best and most lasting results follow an inflammatory reaction. Chas. Lester Leonard, of Philadelphia, thinks that the so-called harmful effects of "raying" in malignant