glass is an absorbent of these frequencies. The skin is rendered anemic by compressing it with a water-cooling compressor, as tissue rendered anemic is more penetrable to light.

At the Finsen Institute tests were made of several lamps as to their power of penetrating the skin. A sensitized paper was placed behind a varying number of rabbits' ears superimposed. With one rabbit's ear the Finsen light affected the paper in one second, whereas the Bang lamp which has iron electrodes, and emits radiations very rich in ultra-violet frequencies, required one minute. I may say that these laboratory experiments have been borne out by clinical experience, as the Bang lamp and other lamps, rich in ultra-violet rays, but with very little power of penetration, have been found of very little use in treating deeply-seated lesions, such as those of lupus vulgaris.

In my practice I use the Finsen light principally for the treatment of lupus vulgaris. During the last six months I have treated six cases, four of which are apparently cured — two being still under treatment. Three of the four cases which were cured were of the non-ulcerative type of the disease. An improvement was noticed in each case, even after the dermatitis, the result of the first exposure, had subsided. The improvement was gradual, but progressive. The treatments were painless, and the results, considered from a cosmetic point of view, were excellent. One of the patients at present under treatment had, when she came to me, a severe ulcerative lesion, which precludes the use of Finsen lamp. In this case the lesions were given short exposures to X-rays, which appeared to act excellently. As soon as the ulceration had nearly disappeared, the patient was given treatment with Finsen light. I made this change as I believe it is generally held that a permanent cure is more likely to be obtained with Finsen light than with X-ray treatment, although there is no doubt that some forms of lupus, particularly the ulcerative type, react well to Roentgen-rays.

ROENTGEN-RAYS.

My X-ray outfit consists of a fifteen-inch coil, the primary of which is connected to a wall-board, supporting a mercury interrupter, amperemeter, voltmeter, commutator, rheostats, etc. The electric energy is received from the street main (direct current).

In therapeutic work I use hard tubes, placed, except in cases of tinea tonsurans about eight inches from the patient. Exposures vary in length from five to fifteen minutes, and are given two to three times a week.