time was quite normal in appearance, and has occasioned him no discomfort since.

Psoriasis.—Psoriasis has been very successfully treated by radium, either alone or in combination with other methods of treatment, and in some cases it may succeed where the X-rays have proved ineffectual. In dealing with obstinate patches the most suitable form of apparatus is the naked plaque, applied for short periods at a time. The scales are generally loosened, and fall off in from eight to ten days, the slight residual stain rapidly disappearing. When the eruption is on the face a thin aluminum screen should be used in order to prevent pigmentation. As a rule radium therapy is indicated in the forms of psoriasis associated with pruritus. In some cases very weak doses may relieve this symptom, and anti-pruriginous treatment may therefore be beneficial even in the most extensive cases. Retrogression and finally complete disappearance of the eruption may be expected in from six to eight weeks after the commencement of the applications, but unfortunately with this, as with all known methods of treatment of psoriasis, recurrence is very likely to take place. In spite of this, however, the great relief afforded by even a temporary cessation of the intolerable pruritus and irritation render the treatment justifiable in every case of psoriasis.

Lupus Erythematosus.—Radium therapy constitutes a comparatively new departure in the treatment of this obstinate skin affection, and it frequently proves successful when other methods have failed. In this condition, as in lupus vulgaris, Wickham and Degrais recommend fairly large doses, and that in all cases the applications should include from two to three millimetres of tissue outside the apparent limit of the lesions, in order to obviate as far as possible the possibility of recurrence. A combination of irradiation with other forms of treatment usually gives the best results, although several cases are reported which were cured by radium alone. Wickham and Degrais have had good results from the injection of radium bromide in one case, but this appears to be an isolated instance.

Barcat recommends (*Precis de Radiumtherapie,* Paris, 1912, 148) that in cases with but slight infiltration the doses should not be sufficiently large to entail any ulcerative reaction, whilst in those associated with extensive infiltration much stronger doses should be employed. In his experience irradiation has resulted in improvement in all instances, and in complete success in many cases.