

Central pneumonias, that offer so many obstacles to a correct diagnosis by our ordinary methods, are easily recognized by an X-ray examination. In 72 per cent. of my pneumonias the pneumonic process began in that portion of the right lung lying between the second and fourth ribs, involving later the lower portion of the lung, rarely the upper.

Stomach.—I have not found the ray of great value in the diagnosis of gastric affections. The size of the cavity can be estimated by using a metal-tipped stomach tube. Translumination of the body with the tube *in situ* will afford fairly accurate information of the presence or absence of dilatation. It is of much greater value than Einhorn's stomach-lamp in the diagnosis of gastropnoia. I have not used Turck's gyromele. Where there is decided objection to the passage of the tube an ounce of pure subnitrate of bismuth, taken with a little bread and milk, answers very well. This salt is fairly opaque to the rays.

Liver.—The upper portion of the liver can be determined with certainty on the fluorescent screen, the lower border, however, except in children, requires a plate; enlargement, atrophy or displacement can be readily diagnosed.

Spleen.—In children and young adults the spleen can be seen with the fluoroscope, ascending and descending with the diaphragm. With each respiration it has the appearance of turning a somersault owing to the greater degree of movement of its anterior border.

Kidneys.—Both kidneys can be skiagraphed, the left more easily than the right, owing to the relation of the liver to the latter. In the examination of the abdominal viscera it is necessary for the patient to fast and for the bowels to be thoroughly moved.

PULMONARY TUBERCULOSIS.

The number of recoveries being about inversely as the duration of the disease, too much stress cannot be laid upon the importance of an early diagnosis. The outlook is decidedly more promising before there is either cough or definite