

screens on each side of the coated glass plate and back both with black card. Put in a frame under pressure.

This method, interesting though it be as a scientific advance, is not likely to supersede the fluoroscope in thoracic work.

It is perhaps unnecessary to point out that it requires time, patience and perseverance to acquire anything like a moderate proficiency in the use of the fluoroscope in the diagnosis of tubercular disease of the pulmonary organ. Besides this experience what is necessary? A current of even potential giving steady fluorescence and a fluoroscope large enough to cover both

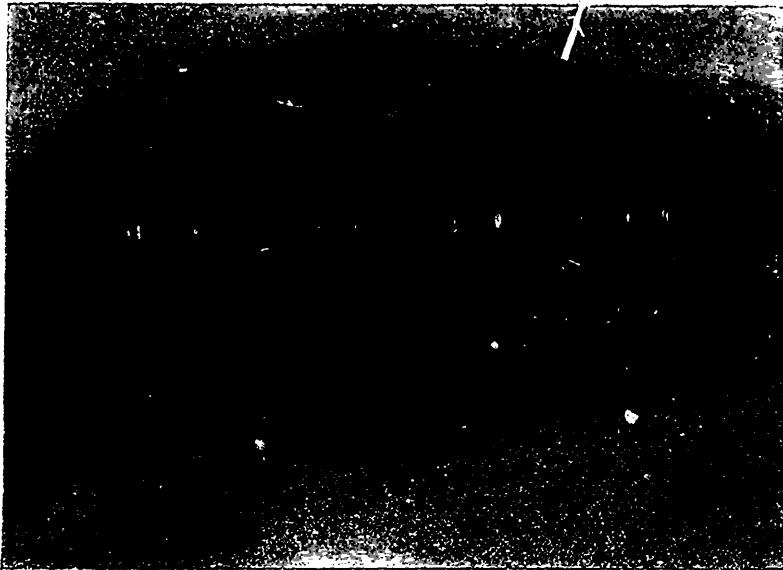


FIG. 3. Advanced Tuberculosis.

sides of the chest at one and the same time. The latter is necessary in order to establish comparisons so essential to an accurate diagnosis.

Having these requisites and applying the fluoroscope to the normal chest what are we able to discern? The ribs, the clavicles, the spine, the pulsating heart, and going a little lower the diaphragm rising and falling with each respiration and carrying with it the liver. The latter organ can be seen very distinctly—more so than any other in either cavity.

It will be readily understood, then, how easily the lung in