

- PLATE IV. Page 160
 Young male adult chest showing changes due to early pulmonary tuberculosis. No physical signs. Note the extent of the shadows springing out from the hilum, the dulness of the apices, which during the screen examination did not brighten up on deep inspiration, and the small spots in both lungs due to small tuberculosis foci. The finer and more important details cannot be reproduced in a block. *See pages 156 to 159.*
- PLATE V. Page 160
 A more advanced case of pulmonary tuberculosis. Note the coarse mottled appearance of patches of infiltration on the right side. On the left side the lung is collapsed and the heart displaced to the right. Pneumothorax in the upper left chest.
- PLATE VI. Page 160
 A large aneurysm of the arch of the aorta, taken anteroposteriorly. Very little, if any, pulsation was observed.
- PLATE VII. Page 160
 The same case taken in the right-anterior-oblique direction. Note the "clubbed" form of the greatly dilated arch of the aorta, and how the normal space in front of the vertebræ is closed. *See page 162 and compare Plates III and IX.*
- PLATE VIII. Page 160
 A half-penny in the lower pharynx of a child age $3\frac{1}{2}$ years. A fairly common event in hospital out-patient practice. The coin may have been swallowed some days previously. *See page 163.*
- PLATE IX. Facing page 176
 Œsophageal Pouch. The patient is in the R. A.-O. position and as opaque food was swallowed it first made the semi-circular shadow at the root of the neck before any passed down the œsophagus, as seen by the sinuous broken line leading from the lower edge of the pouch shadow down between the vertebræ and the aorta. This condition of œsophageal pouch is not very common but it is very important that it should be recognised when present.
- PLATE X. Page 176
 Young female adult. The lower pole of the stomach is well below the line joining the top of the iliac crests. The tone of the muscular walls is good and during the screen observation peristalsis was normally active. The condition is that of Gastroptosis. The curved indentation of the upper part of the greater curvature is most likely due to pressure from without—new growth, or possibly an enlarged spleen.