

elbow was taken some few months previously, and it was ascertained that the disease at the time was confined almost entirely to the synovial area.

These affected joints (Figs. 2 and 3) were excised and the X ray diagnoses confirmed even to the minutest detail. An exceedingly useful limb was the result in each case.

Nor is the diagnostic ability of the ray confined to tuberculous disease of the osteal and synovial structures alone. The chest, too, gives up some of its uncertainties. Here, however, with the exception of perhaps thoracic aneurism, radiography yields to fluoroscopy. On account of the prolonged exposure

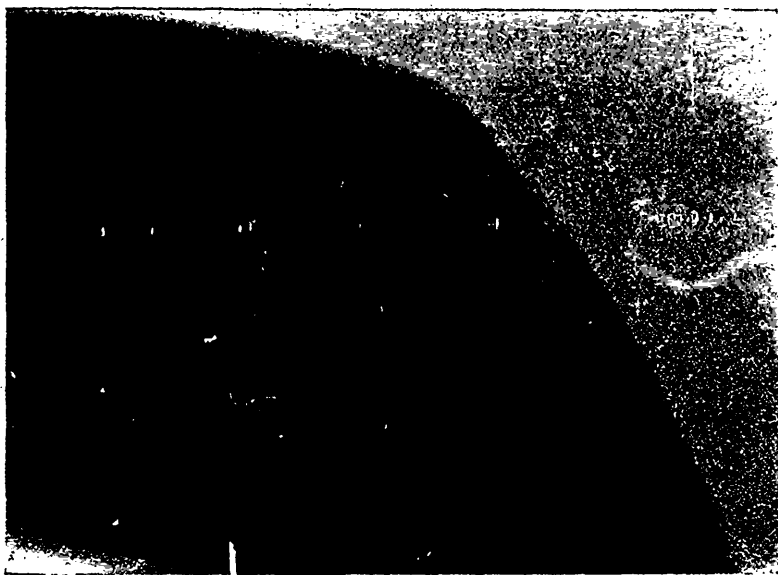


FIG. 2. Synovial Tuberculosis.

necessary it will be apparent to all, that organs endowed with motion the result of respiratory activity cannot be satisfactorily radiographed. By a rather ingenious arrangement, however, Séguy (*Science Abstracts*, Feb., 1898,) has obtained a radiograph of the thorax in thirty seconds. His method is briefly as follows:—Coat a thin glass with bromide emulsion on both sides. Make two flexible screens of linen with Becquerel's violet sulphide of calcium suspended in celluloid. Put one of these