a canvas strained tight on top. Under this I have my tube rigged up on a traveller, which enables it to be placed at any point from end to end or side to side of this couch, and its position can be raised up nearer or lowered from the canvas so that it can be placed with the platinum antikathode vertically under any part of the body. Then, in a room absolutely dark, the screen is placed over the body and any and every part can be examined and compared with the normal. Even the light from the tube should be screened off.

The normal amount of luminous appearance on the screen for the different parts of the body should be first ascertained and then on examination any aberation from normal can be recognized. A normal line or wire should be placed over the patient lying on the couch from head to foot and indicating the median line. A wire with two light weights attached answers well and should be placed carefully along the median line. A similar wire may be placed across the body at right angles to the previous one; a piece of ordinary flexible electric lamp cord answers the purpose and will throw a shadow on the screen.

The *head* it is difficult to see through, so as to show any tumour within the bone, but there may be a difference on the two sides, so that a fore and aft view will show a little increase of thickness or density of the two sides.

The *thorax*. The ribs are seen distinctly, both the back and front portions with the clavicles, scapulæ and shoulder joints. The lungs being inflated are very transparent, and the heart and vertebræ can be readily made out. The movement of the diaphragm is very clear and can readily be compared on the two sides to see if it be normal or reduced. The heart can be seen pulsating and the movements of both auricles and ventricles can be seen well. The roots of the lungs can generally be seen and, if a skiagraph be taken, the larger bronchial tubes can be made out and the great vessels and vertebræ.

Having determined in your own experience the normal condition it becomes easy to determine the abnormal. If there be any affection of the lungs the earliest symptom is decreased movement of the diaphragm on the affected side, increase in density from inflammatory deposits or adhesions.

In pneumonia there is generally some consolidation of the lung on the affected side clearly shown and even localized.

In pleurisy, if there is effusion it shows in a remarkable manner. On examining the patient in a sitting position the liquid assumes a surface level with the floor, and you see the chest completely dark with a perfectly straight line across; but if the patient be placed on the back the lung will float on to the side uppermost and will show more as a trans-