

development of this bacillus tuberculosis outside the body. That condition is full and complete ventilation, and the avoidance of stagnant air. In fulfilment of this requirement, the elevation above sea-level is naturally of importance, but it need not be more than a moderate elevation to ensure freedom from atmospheric stagnation. The breezes that ventilate the sea-side cliffs and island commons are quite as efficient for that purpose as are the colder draughts that sweep along the hillsides and valleys of the higher-lying mountainous districts.

But apart from natural ventilation, which must always be an uncertain factor in securing interchange of air, modern science has provided a means of ensuring thorough ventilation in closed spaces, which has been sufficiently long under observation to have proved its claim to recognition. The system of forcing filtered, warmed or chilled air into hospital wards or living rooms has been found to work with ease and completeness at the new Birmingham General Hospital and at Glasgow, where it was first used on a large scale. By its means the air in any given room can be kept constantly renewed, the continuous inpouring of fresh air giving rise to an equally steady outgoing of air, contaminated or otherwise, through the outlets provided. A simpler method of keeping the air in movement in rooms which are supplied with air by means of open windows, etc., can be adopted wherever the electric current is supplied by the use of fans worked by a small motor, which force a definite amount of fresh air into the room, and are capable of regulation according to the time of year and the amount of wind.

But pure air and good ventilation will not cure consumption. They must be used in an intelligent manner, and their use must be kept within reasonable bounds. Experience in London goes to prove that, while the disease is relatively more frequent amongst those engaged in indoor occupations, still there is a very large proportion distributed amongst outdoor workers. These are, however, of the poorer class—day labourers, porters, and jobbing workmen, who live a somewhat hand-to-mouth existence, and are rarely in a position to guard themselves properly against the common risks of chill, etc., during changeable weather. Amongst outdoor workers of a higher class consumption is by no means frequent.

It has been asserted that the damp and changeable climate of England cannot be suitable to the consumptive patient, but it must be borne in mind that the assertion rests on theory, and not on fact. No serious effort has until lately been made to place consumptives under strict hygienic discipline in this country. Only those who have actually experienced the fact can understand that a consumptive patient may lie out in the open air for six hours on a cold, foggy day in winter without taking cold, so long as he is protected by warm clothing and sheltered from wind. The fear of "taking cold" always oppresses the mind of the average patient, and amongst those who are least educated the fear leads to an inordinate use of clothing and a dread of open windows, and thus the patient is deprived of one of the essential factors for his recovery, viz., constant interchange of air. Well-rooted theories and opinions are very tenacious of life, and it is to be expected that a long time will elapse before modern knowledge prevails over ancient prejudice.