favor of my theory; I will only say that Pluder and Fischer,* in an article that appeared almost on the same day as mine, came to very similar conclusions. They believe that the five cases which they mention must be considered as latent and *primary* tuberculosis. They explain their ideas about the propagation of the tuberculous virus in the system in a very interesting manner, for details of which I would refer the reader to the original paper.

I have examined numerous patients and found that a great many have affections of the retropharynx, and that of these a certain percentage shows tuberculous lesions in the lungs. I did not draw any definite conclusions in regard to the percentage of cases of phthisis among those affected with nasal and post-nasal disease, but attempted to show that all the numerous facts brought out in favor of my theory, as well as my own and others' statistics, must convince everybody that we can no longer deny that a direct connection exists between affections of the retropharynx (this is especially my idea) or nose and general tuberculosis; in other words, that the disease commonly called "catarrh" frequently leads to tuberculosis.

And now comes Dr. E. Fletcher Ingals,† of Chicago, who, has asserted that "catarrh" has a tendency to prevent tuberculosis. As he alludes to my article, I am, in the interest of the important question involved, in duty bound to answer him. Dr. Ingals says that "38 per cent. of the human family at one time or another suffer from pulmonary tuberculosis, as against about 75 per cent. with diseases of the upper air passages, or nasal catarrh." This is as much as, or even more, than I expected, but he says further, that of these 38 per cent. with tuberculosis, a comparatively few suffer from nasal disease. Thus, for example, of his 830 cases of pulmonary tuberculosis only 237, or about 28 per cent, showed some nasal trouble. "Of the 237 cases which make up this 28 per cent., I find that 168 consisted of exostosis and deflection of the septum, which . . . is present in 50 per cent. of all persons of the European race; *therefore, many of these would have had no possible influence* in causing the pulmonary tuberculosis." I fail to see the logic of Dr. Ingals' conclusions. Because 50 per cent. of all Europeans have deflections of the septum, must we exclude them from our statistics? Are deflections of the nasal septum to be considered normal because so many civilized people have acquired them? We might as well say that gonorrhea in man is a normal condition because so many cases exist. Deflection of the nasal septum is a pathologic condition which also tends to produce post-nasal catarrh, and I consider it a very important etiologic factor in favor of our theory. But Dr. Ingals is not satisfied in deducting all these cases. He goes on to exclude other possibilities by saying: "Further, my records show that of all the cases of pulmonary tuberculosis, 1,272 in number, only 27 of the patients, or

*F. Pluder und W. Fischer: "Ueber primære latente Tuberkulose," etc., *Archiv fur Laryngologie*, Bd. IV., p. 372.

†*Annals of Otology, Rhinology and Laryngology*, February, 1898, p. 173.