Schreiber, who finds that finely pulverized substances may in diseased lungs even find entrance into the alveoli, but in order that this may take place it is necessary to have a combination of pressure with aspiration. While the pressure can be readily supplied, when disease of the lung is present, the aspiratory influence is compromised or perhaps absent. "Thus if the lung has lost elasticity so that new air no longer enters, it follows that substances mixed with air will not enter."

"The diseased processes which so lessen the elasticity are not sufficiently considered. It has been found that in healthy animals exposed to air loaded with coal dust, the larger and smaller bronchi were reached in fifteen minutes; that in animals with diseases of the lungs, as bronchitis and miliary tuberculosis, substances mixed with atmospheric air enter in greater quantities than in healthy animals. But the distribution of substances is very uneven, for while coal dust can be seen in clumps in healthy lung nothing whatever appears in diseased foci."

"The general law applies not only for infiltrations and scars (that is, where there can be no air), but also for processes accompanied by ulcerated foci and cavities."

In the treatment of the diseases of no other organ has the study of bacteriology produced greater changes than in that of the lungs.

While lung diseases were supposed to be due simply to aberrations of ordinary vital processes, tuberculosis being due to inheritance and colds, and pneumonia and bronchitis to exposure—no indications existed for other than general treatment.

In the light of our present knowledge we realize that something more than inherited or predisposing factors are involved, and for this knowledge we are indebted to the science of bacteriology.

For instance, we now know that consumption is not a simple process, and that the lesions of tuberculosis invite the attack of various septic agents whose activities result in increased local and systemic difficulties. These germs of "secondary infection" and their lesions are what we hope to remove by local treatment. Its advisability and desirability is unquestionable, the only query is: when and how.

During the acute stage of bronchitis when the membranes are dry and congested and the secretions absent, local treatment is contra-indicated. When the stage of secretion is reached local treatment is invaluable. The other conditions in which we derive valuable aid from this method of treatment are: chronic laryngitis with or without ulceration;