other means have been tried as a substitute therefor. Thus the electric light therapy has been introduced in Berlin by a chemist, Dr. Gebhardt, a pupil of von Helmholtz and Hoffmann, and only lately Dr. E. Below of Berlin (*Berl. klin. Woch.*, p. 265, 1898). The results are said to be very good. I myself have experimented in that field for years, but shall publish my observations perhaps sometime later, as they are by no means ripe for discussion.

We come now to another point—the quantity of fresh air. For the same reason that the sunlight is excluded, no air can get into the houses through the rear windows. And with the exception of the weekly cleaning, the front windows are to all intents and purposes always closed for fear that dust from the streets might get in and spoil the expensive curtains and still more expensive furniture. If such is the case in the so-called best houses, what can we expect of the others? Of the poorest of them, the tenement houses, so much has been said that I do not need to repeat it here. My object is to show that tuberculosis really can and does develop in the richer houses to the same extent as it does in the poorest. Nor is the dwelling the only place in which tuberculosis can develop. Look at the older school-houses, overcrowded, with poor ventilation and lack of light; look at the factories and all the other places where human beings are crowded together for hours every day, and you will not be surprised that many a disease develops under such conditions. One of them is tuberculosis, and another post-nasal catarrh. About the connection of these two diseases I have written considerable. Permit me for a moment to quote from a former paper on this subject:

In post-nasal catarrh, we find "ciliated epithelium, pathologically changed or entirely absent. We find a tenacious, adhesive, stagnating mucus, whose influence upon the development of bacteria can only be a favorable one. We finally find glandular tissues, which only too easily take up and harbor in their crypts all noxæ."

Later on, I said: "According to our present experience, there is no doubt that infection with tuberculosis most frequently takes place through the respiratory organs. But I agree with Ponfick, with whom, by the way, Ziem also coincides, when he declares that the lungs can no longer be looked upon as the principal organs for the entrance of the tuberculous poison. To me it was always incomprehensible how the tubercle bacillus, during respiration, should penetrate the many tortuous respiratory passages, to finally build its nest at the apices of the lungs, which are so difficult to reach. Why do not other microscopic particles, inhaled in the air, do the same? Why does not soot, for example, not only enter the nose but also all parts of the lungs? If we suppose that tubercle bacilli are drawn away mechanically by the air current, I will not admit that, when inhaled in moderate quantities, they reach the apices of the lungs without their progress being previously checked. I once more refer to the investigations of Arnold, Kayser and Hildebrandt: whether dust or bacteria had been inhaled was