upon returning to London, are possibly confirmatory of this suspicion.

Advanced cases of phthisis will often be much happier leading an indoor life in their own unsuitable climate than an occasional outdoor life in a more favourable one. This is especially the case if the patient has very limited means. He gains sunlight and sunheat during the day, and runs a chance of his disease being arrested; but against this he must balance draughts and irksome travelling, a paucity of fireplaces, food and habits to which he is unsuited, and exile from his home-comforts and best friends.

I have previously referred to the question as to whether it is advisable or not to send cases of hæmorrhagic phthisis to Cairo. I have not yet seen any ill result from doing so, and though I do not wish here to quote medical cases, I will give the results of the only two patients I have met, with alarming history of recent hæmoptysis. The first case, a friend, but not a patient of mine, aged 27, had copious hæmoptysis. recurring several times, followed by cough, purulent sputa, dyspnœa, and loss of weight (171 lbs.). He was sent to Pau. Nice, Mont Dore, and eventually to Egypt. He was so weak that he had to be carried ashore at Suez, and he could not walk for more than ten minutes at a time. After six weeks in Cairo, he went to Luxor for two months in January, 1888. In March his cough and expectoration had quite ceased, and he could be out shooting for three hours at a time. He gained 193 lbs. weight while in Egypt, and spent the following winter at Cairo and Luxor, without cough, expectoration, or hæmoptysis, but still with old physical signs at the right apex.

The second case was that of a lady, aged 19, whose father, brother, and sister, had all died of rapid phthisis with hæmoptysis. She herself had had hæmoptysis for a year, with loss of flesh, night sweats, slight cough, and signs of incipient disease at one apex. After fifteen weeks at Cairo, she had gained 15 lbs. weight, and there was general improve-