

ment in every respect, except that she occasionally had blood-stained expectoration in the morning. In September, 1889, her doctor reported that her improvement continued, both lungs were sound, and there had been no more hæmorrhage.

There is, as might be expected, great improvement in the cases of lung-disease which apparently begin as pleurisy, pleuro-pneumonia, or pneumonia, and anæmic, delicate-looking people go home sunburnt, and able to walk, ride, and play lawn-tennis, after two or three months' stay in Cairo. The cases which do not improve much are often those who will not stay indoors after twilight, and expose themselves to cold and damp during December and January.

I have seen considerable improvement in some cases of laryngeal phthisis, but more in the general state than locally. Most of the cases of advanced phthisis which have grown worse in Egypt have been complicated with chronic diarrhœa. There are several apparently healthy residents now in Cairo who originally came there from Europe for their health, some of them having had hæmoptysis and other lung symptoms.

*Chronic bronchitis.*—A good many emphysematous patients come to Cairo every winter, because they find they can get through the cold months with less cough, less discomfort, and far less confinement. Those whose bronchial tubes are irritated by the fine dust in the air on sand-storm days must then remain shut up in their houses, just as they would to avoid fog, rain, and east wind elsewhere.

*Asthma.*—All the cases that I have seen in Egypt have improved and done well, excepting two. Several former asthmatic patients have settled down as residents in the country, and one English lady, who has had dry asthma for twenty years, comes every year to Cairo and the Nile because she is quite well there. Her brother and other relations suffer from asthma, and she herself can live happily in London, but in no other part of England that she has yet