of patients who have hitherto been prevented from coming. Out of 45 cases that I have seen with unmistakable phthisis, 69 per cent. improved, 20 per cent. remained stationary, and only 11 per cent. grew worse (including three deaths in Egypt).

My figures are, therefore, confirmatory of the results previously obtained by Dr. Williams. The three deaths which occurred in Egypt were cases in the last stage of phthisis, which died soon after arrival, and of course ought not to have been sent abroad. I can only repeat—what every one knows already—that threatened cases of phthisis, with or without a bad family history, can apparently be prevented from developing in a pure, dry, warm climate; that incipient cases can be improved and perhaps cured; that chronic cases can remain stationary, so that their lives are definitely prolonged; but that advanced cases with disease in both lungs and a temperature every night above the normal cannot be cured by a change of climate, though their disease may, under fortunate circumstances, be arrested, and their days consequently may be enlivened and prolonged.

Perhaps the most satisfactory case to send abroad is the overgrown boy or girl with winter cough, insufficient expansion of chest, and general lassitude. Such patients require little or no medical treatment, gain weight and breadth of body and mind, and return to their work at home with healthy vigour. Next, if any cases of phthisis are to be sent abroad, they must be either those which, though anatomically advanced, are chronic or quiescent, or those in the earliest possible stage.

Now, in the case of these latter, the patients and their friends are least likely to think of the scheme, or even to suspect the disease. It therefore rests with the medical attendant, where he thinks fit, to order for his patient a continuance for some months of an equable warm climate, such as is provided by a summer in England, a winter in Egypt, and a second summer in England. When a patient