

sphere where they are not perpetually reminded of their sensitiveness to cold and to "taking cold." This last group includes those invalided home from India for malaria and other causes.

Cases of all these ailments have passed satisfactorily under the writer's observation during the last six winters.

But the most important question to try and solve is what kind of patients ought *not* to be sent to Egypt.

My personal opinion is that all cases of very advanced or rapidly advancing phthisis of both lungs would be better at or near home, unless the patients themselves express a decided preference for ending their days in a distant land. The friends of such patients often need to be reminded that mere change of climate will not cure the disease, but that wherever the sick man goes, he will undoubtedly take his disease with him.

Again, patients with dropsy and all the troublesome sequelæ of heart-disease are surely unwise to give up all their home-comforts and surroundings, unless their minds are wholly set upon going to a certain spot, and it seems cruel to prevent their carrying out the wish of their heart; but even then it is almost necessary that they should be accompanied by a trained nurse. A hot climate is perhaps too exciting for men with