been used. The condition of melancholy often induced by such a proceeding may, even in the most favourable cases, outweigh any slight advantages that might be derived from the climate. This is doubly true when for financial reasons the patient is unable to procure not only the comforts but even the bare necessaries of life in his new location. But having admitted that climate is a useful adjuvant in the treatment of Phthisis, we can perhaps decide more readily what classes of patients are suitable for this treatment by the negative process of deciding who should be treated at or near home. The following points are pretty well agreed on by Osler, Weber, Knoff and other authorities.

1. No patient who is unable to assume the financial responsibility that would be incurred in moving to and living in another country should be allowed to leave home.

2. When the disease has reached that point where the lung tissue is breaking down and there are night sweats and rapid wasting the case should be treated at home.

3. When the disease is still in the early stages, but shows signs of running an acute course, the case should be treated at or near home until the process becomes less acute.

The physician having decided that the case would be benefited by a change of climate, or the patient having taken the responsibility of deciding to move to another climate, the question arises where had the patient better go?

According to Osler, three conditions are required to render a climate suitable for treatment of Phthisical cases.

1. Pure air in abundance.

2. Equability of temperature.

3. A maximum amount of sunshine.

It is obvious that such conditions may be found in hot, cold, moist or dry climates, at high or low levels. Regarding the therapeutic effects of heat and cold on pulmonary tuberculosis we are to a great extent in the dark. "Ingals" gives a very good working rule, which is approved of by Knoff, *i.e.*, if the patient enjoys better health during the summer season at home send him to a warm climate. If he enjoys better health during the winter season at home send him to a cold climate. Knoff, however, gives a more general rule, *i.e.*, send the patient to a place where he can remain outdoors more and longer at a time than elsewhere.