

he collaborated with Sédillot. This work reached its fourth edition in 1870.

By his own desire, Legouest was buried without the customary funeral orations.

INDIA AND THE COLONIES.

INDIA.

THE DRAINAGE AND WATER-SUPPLY OF BENARES.—Mr. A. J. Hughes, superintending engineer for municipal works of the North-West Provinces and Oudh, has presented a report descriptive of the insanitary state of the city, and containing a scheme for its sewerage, and the introduction of a pure water-supply from the Ganges above the town. Benares is the most sacred city of the Hindus, and attracts many pilgrims to its sacred shrines and bathing places. Like many other resorts of especial sanctity and holiness, the sanitary condition of the city is most deplorable. The present sewers are elongated cesspools or tunnel middens, discharging their foetid filth at or near the bathing-places, and the whole town reeks with stinks and sewer gases. At least half the population drinks well-water from a surface saturated with the filth of centuries. The population is now over 200,000, and the last recorded death-rate was 35 per 1,000, of which 7.5 per 1,000 was from cholera, and 29 per 1,000 from fever, bowel complaints, and preventable causes. Benares is now recognised as one of the permanent homes of cholera, and one of the centres for its spread by means of the flocks of pilgrims who travel to and return from its shrines. Mr. Hughes's scheme provides for the abolition of the old defective sewers, and for the laying of new ones on the most approved modern principles. But in an oriental city there are racial and caste habits and prejudices which do not readily permit of the sudden and wholesale enforcement of rules and regulations, however necessary to the carrying out of a successful sewerage scheme. Consequently, a choice of alternatives must be offered to the inhabitants, in the hope that they will gradually be persuaded to adopt that one which is most conducive to their own health and comfort. If the householder will provide water for flushing purposes, he may connect his own house-drain with the municipal sewer. Otherwise he may dispose of his filth in cesspools; by having it conveyed to street dépôts provided for it; or he may make use of the public latrines provided for the outside public who are not householders. The cesspools are nuisances, and are dangerous from the pollution of the subsoil and well water to which they give rise; but it is found impossible to abolish them, and their use must be tolerated under proper regulations. The rule of not allowing house connections with the sewers to be made unless water is provided for flushing purposes is a very necessary one in a hot climate, for the proper dilution of the sewage must be ensured if nuisance is to be avoided. It is to be hoped that the great advantages of the water-carriage system of excrement disposal will gradually be made manifest to the dwellers in this crowded city, and that the present filth-polluted condition of water, air, and soil may give way to a purer and better state of things. Mr. Hughes anticipates a reduction of the death-rate to 20 per 1,000 after the sewerage and improved water-supply are established. There are many precedents even for this large diminution; but even should it be much less, an enormous saving of life from preventable diseases may be effected—a saving which has already been accomplished in some of the large towns of India, and which has been spoken of as the greatest benefit to our Indian fellow-subjects which English rule has in its power to confer.

HOSPITAL AND DISPENSARY MANAGEMENT.

GLASGOW PUBLIC DISPENSARY.

THIS is an institution which embraces provident features, and was founded to test the acceptability of an institution on such a basis to the poor who were not in receipt of parochial relief. Advice and, if need be, medicine also are given. During the year the total of consultations was 2,630, of which 685 were connected with diseases of the throat and chest, 1,052 of skin and ear, 275 of kidney and urinary organs, and 618 of women and children. The monetary help received from the public was £85, and there is a deficiency of income to meet expenditure of £18 Os. 1d.

UNIVERSITY INTELLIGENCE.

OXFORD.

EXAMINATIONS IN MEDICINE AND SURGERY, 1889.—The Regius Professor of Medicine gives notice that the Final Examination for the Degree of Bachelor of Medicine will commence on Monday, June 10th, at 10 A.M. The Examination for the Degree of Master in Surgery will take place on Thursday, June 20th. The first examination for the Degree of Bachelor of Medicine will commence on Monday, July 1st, at 10 A.M.

EDINBURGH.

GENERAL COUNCIL.—The statutory half-yearly meeting of the General Council of the University of Edinburgh takes place on Tuesday, April 16th, within the University. The subject of the necessary qualifications for appointment to physicianships in the Royal Infirmary and the Dispensaries will again be before the Council, and communications from the managers of these institutions with reference to the matter will be read. It is also to be moved that the hour of meeting of the General Council of the University be in future 3 P.M. instead of one o'clock as hitherto.

GLASGOW.

EXTENSION SCHEME.—While the courses of lectures in the university in the evenings have not been attended by much success, large numbers of students have been enrolled in some of the suburban classes. In the east-end of the city, a course of lectures on English Literature, delivered by Mr. Mortimer Wheeler, M.A., was attended by 97 students, and a similar course at Pollokshields is being attended by 280.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

THE COMPULSORY NOTIFICATION OF INFECTIOUS DISEASES.

SIR,—Dr. Biddle declines to "attempt to verify or overthrow" my calculations of the increase or decrease of scarlet fever in the twenty towns taken separately. He also omits, though he does not say so, to challenge my demonstration that, taking the groups of towns as a whole, the decrease has been greater in notification than in non-notification towns, whether we deal with group death-rates, averages of death-rates, or total deaths. He still passes over in silence the objections to his method, or rather to his conclusions, which I have twice pointed out. I need not, therefore, trespass much further upon your space.

His attempt to impale me upon the "horns of a dilemma," due to his own inclusion of towns whose true statistics are unknown, is ingenious, but will scarcely bear examination. The missing data are for the most part pre-notification data, and could prove nothing for or against notification except by the determination of increase or decrease which I advocate, and Dr. Biddle does not accept. Six out of the seven are notification towns, and I quite agree that "if the death-rates were higher in the first half of the period.....the death-rate which I gave for Group III ought to beraised." In other words, if in these towns it should prove that the scarlet fever death-rate has diminished under notification, Dr. Biddle's method will make the figures look worse for notification than if no reduction had occurred. This "dilemma," or rather fallacy, is a forcible illustration of one of the weak points in his method. Notification ought not to be made responsible for high mortality in years preceding its introduction. When Dr. Biddle demurs to Portsmouth and Sunderland being regarded as notification towns in the 1882-88 period, he surely forgets that for the whole of his 1877-87 period he has included these same towns as examples of notification, notwithstanding the fact that for respectively seven-elevenths and nine-elevenths of that period their notification was non-existent. Of the 1,415 deaths from scarlet fever in Sunderland during the eleven years in question, only forty-three occurred in the two years of notification.

I have been careful to limit my share in this discussion to purely statistical points, but lest silence should seem to give consent, I wish to say in conclusion that I cannot accept Dr. Biddle's