

period he had spent in the asylum in the exalted state I have described. He had been a *gunja* smoker and spirit drinker, and his insanity had lasted only 25 days before his admission. His exaltation continued without abatement till he was taken in to the hospital on the 13th March, 1877, with the symptoms mentioned, and he was discharged from the asylum on the 31st October, 1877, clothed and in his right mind."

This is one of the most remarkable cases of recovery in the annals of lunacy, and seems to defy rational explanation.—*Indian Med. Gazette.*

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*Correspondence.*

ERYSIPELAS IN COUNTY ASYLUMS.

*To the Editors of the Journal of Mental Science.*

GENTLEMEN.—As you have lately admitted into your columns a somewhat acrimonious letter signed "T. McDowall," reflecting upon me for entertaining an opinion on a medical question with which that writer does not agree, will you do me the justice to insert a few words by way of reply?

Without my permission, and somewhat inconsistently, he prints a letter of mine to another journal, having previously decided to let it pass into oblivion; and applies to it the terms "too ridiculous," "feeble," and "absurdity." The opinion I have expressed which has given such offence is that the epidemics of erysipelas which have lately prevailed in some well-constructed modern asylums may be closely connected with the practice of performing numerous and indiscriminate post-mortems therein by the medical officers. In other words, that the performer of these operations may communicate a poison which shall excite erysipelas in those predisposed to it.

At University College Hospital, London, so great is the fear of the communication of this poison, that students who attend midwifery cases are required by the Professor to abstain from making post-mortem examinations and dissections, and to avoid the surgical wards of the hospital, as well as the dissecting rooms and mortuary. Many great authorities on obstetrics aver that some forms of puerperal fever are identical with erysipelas. It may be taken for granted that erysipelas may be the result of post-mortem examinations, either directly or indirectly. A perusal of the later reports of the Commissioners in Lunacy corroborate this conclusion. Seven or eight years ago, previous to the crusade in favour of post-mortems, erysipelas was almost unknown, or of so little importance as not to deserve recording. In 1870, the Commissioners in Lunacy first obtained a full return as to the number of post-mortem examinations, and as to the practice of making them in each institution. Since then they have annually published such returns, and have always, to the best of their ability, encouraged their being made. These have mounted up from 1,230 in 1869, to 2,400 in 1876, in County Asylums. They are now the rule in pauper asylums, but in licensed houses, notably open to pressure, where the rich are treated, only one post-mortem in five deaths takes place—a sign that the intellectual classes do not appreciate the movement. A comparison of the reports published in 1871 and 1877 shows some remarkable results as regards the occurrence of erysipelas. In the former report there was not a single case recorded as occurring in Lunatic Hospitals, and only one fatal epidemic in a County Asylum, and that where such might have been expected—that is, where post-mortems were the rule, and 172 made out of 182 deaths. It was officially remarked in the same institution that the ventilation was good and the air untainted.

After an interval of seven years, in the later report published in 1871, concurrently with an increase in the post-mortem examinations, we find an enormous development of erysipelas; the disease being rife or fatal in fifteen county and borough asylums; as many as seven patients in one of the former being killed by it. During this period commissioners and architects, magistrates and county surveyors, physicians and surgeons, had been occupied in perfecting the sanitary arrangements of these institutions in respect of extension, ventilation, overcrowding, sewerage, and diet, with practically an unlimited supply of the public funds. Mark the paradoxical result. An increase of hygienic improvements has resulted in the furtherance of disease. In Lunatic Hospitals, where money is with more difficulty obtained for such purposes and only by dint of charity, these epidemics do not occur in the same proportion. It is a curious circumstance that in the only hospital, Wonford House, where erysipelas is recorded, it ceased in that year when post-mortems were abandoned. I do not deny that various unsanitary conditions may predispose to erysipelas, but there is still required an exciting cause, which in the instances referred to, I believe to be the post-mortem poison. I would therefore suggest that these examinations should be discontinued in asylums for six months after the recurrence of a case of erysipelas; and if one should be required to meet the ends of justice, then some surgeon outside and not in attendance on the patients should be called in to perform it.

So much for the question of erysipelas. I will now refer to the general subject of the propriety of superintendent officers making post-mortem examinations as a rule. I am not aware that the necessity for the universal dissection of the human race is the settled belief of any school of science or philosophy. If it were so, I should reserve for myself the right of joining it or not. At present there appear to be grave objections to it. I have no desire to be placed in the position of being accused of destroying evidentiary facts affecting my own conduct, or of that of my subordinates, in the case of those persons whose life and liberty are placed under my charge. The public are extremely jealous of aggression on the part of paid officials, especially on the point of unauthorised, unnecessary, or irregular interference with the dead; least of all do they expect it from the Superintendent of an asylum, who need not even be a medical man, the term Medical Superintendent not being used in any one of the Lunacy Acts. The public generally consider it an offence against decency to dissect a dead body, except under legal authority, and an insult to do it without the express consent of the relatives. The law authorising the bodies of murderers to be dissected has been repealed, and it would appear an additional hardship upon the lunatic poor, if to their double misfortune should be added dissection. The term "surgical atrocity" has lately been employed by the press in this town to an irregular post-mortem; and one of the most advanced schools of philosophy declares that an autopsy made without consent of friends and patient is an anatomical outrage, which those who advocate it have so little faith in that they seldom leave their own bodies to be subjected to it. The Local Government Board forbid it in workhouses, and reject the introduction of a new workhouse test. I deem it a positively indecent act to propose to the friends of a man whilst alive to dissect his body after his death. I understand that the Jews object on religious grounds to the proceeding. It is, therefore, not my intention to oppose all these interests, nor to have any of these contentions settled at my expense. I am at the same time fully aware of the importance of pathological investigations of which I have performed my share. But they should always be subordinate to the feelings of the public, performed under proper limitations, cause being shown for their necessity, and directed by competent legal authority. Doubtless zeal in the prosecution of lunatic pathology may be attended with renown, as in the case of the physician who has discovered that

the "cerebellum, pons, and medulla, as compared with the entire brain, are proportionately larger in the Church of England cases than in the Roman Catholics."

I am, &c.,

WILLIAM P. PHILLIMORE, M.B.

Nottingham County Asylum,  
7th September, 1878.

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*Appointments.*

BAKER, H. M., M.B., C.M., has been appointed Assistant Medical Officer to the Leicester Lunatic Asylum.

BARKEE, W. H., B.A., M.R.C.S.E., has been appointed Junior Assistant Medical Officer to the Southamptonshire Lunatic Asylum, Knowle, vice Robertson, resigned.

CRAMPTON, J. S., L.R.C.P. Ed., L.R.C.S. Ed., has been appointed Assistant Medical Officer to the Newcastle-upon-Tyne Lunatic Asylum, vice Brown, resigned.

DODDS, W. J., M.B., D.Sc., has been appointed Assistant Medical Officer to the Royal Lunatic Asylum, Montrose, vice Ronaldson, resigned.

EADY, G. J., M.R.C.P. Ed., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer to the St. Saviour's Middle-Class School, Ardingly, Sussex, vice Bowes, appointed Assistant Medical Officer to the Ipswich Lunatic Asylum.

FRASER, Dr. JOHN, Medical Superintendent Fife and Kinross Asylum, to be Deputy-Commissioner in Lunacy for Scotland, vice Dr. Paterson, resigned.

HODGES, W., M.R.C.S.E., L.S.A.L., has been appointed Medical Visitor of Fairford House Lunatic Asylum, Gloucestershire.

HOWDEN, T., M.D., L.R.C.S. Ed., has been appointed Superintending Medical Officer to the Haddington District Lunatic Asylum, vice T. Howden, jun., M.D., deceased.

LYLE, T., M.D., C.M., has been appointed Assistant Medical Officer to the Birmingham Lunatic Asylum, vice Whitcombe, appointed Medical Superintendent of the East Riding of Yorkshire Lunatic Asylum.

MITCHELL, H. S., M.R.C.S.E., L.S.A.L., Assistant Medical Officer to the Wiltshire Lunatic Asylum, Devizes, vice Tyner, resigned.

NIEL, J., M.B., C.M., has been appointed Assistant Medical Officer to the Cheshire Lunatic Asylum, Parkside, Macclesfield, vice Lyle, resigned.

SAVAGE, GEO. H., M.D. Lond., M.R.C.S., Assistant Physician Bethlem Royal Hospital, to be Medical Superintendent, vice Dr. W. Rhys Williams, appointed Commissioner in Lunacy.

THOMSON, D. G., M.B., C.M., has been appointed Assistant Medical Officer to the Derbyshire Lunatic Asylum, Mickleover, vice Gould, resigned.