

namely, that there was a greatly increased recognition of the importance of the development of the brain, whether in relation to crime or mental defect. But even this belief proves to be an illusion. Anthropology is deliberately discouraged in one of its most important branches—cerebro-mental science. At a time when a really scientific use is made of crania and casts of heads, the Government decides that the supply shall be cut off from one source at any rate; instead of doing what one would have thought a much more likely course to pursue, to make this practice compulsory, instead of depending, as it has hitherto done, upon private effort. We sincerely trust that this embargo upon so legitimate a use of the scientific materials at our disposal in prisons will be removed, and that the study of criminal pathology will not be retarded by so un-called for a prohibition.

If any one requires to be convinced how much interesting work may be done in this field, he should read a paper by Drs. Crochley Clapham and Clarke on "The Cranial Outline of the Insane and Criminal" in the *West Riding Medical Reports*, 1876.

A propos of the various forms presented by the head in the insane and vicious, the following letter, written by Dr. Conolly, to Dr. D. Hack Tuke, shows the interest which he took in the investigation. It is dated "Hanwell, Nov. 29th, 1845."

"As regards the prognosis in cases of insanity, I think I can point out certain heads which never get well—a low and narrow forehead being combined with a high vertex inclining backward, and a large occiput. The *approaches* to these heads are all bad; often seen in troublesome young people, and *mauvais sujets*. In such cases I find there is frequently an hereditary taint, and that there has been a wayward childhood, some irregular display of talent, ambition greater than ability, and self-esteem enormous.

"We have many incurable cases at Hanwell with well-developed foreheads; and the recoveries between the paroxysms are in these cases much nearer completion than in others; after years of insanity they are not incoherent.

"In an idiot's brain, carefully examined, we found nothing remarkable but its smallness.

"We have several illustrations of a predominant organ with its natural manifestations, as of Veneration, Love of Approbation, Benevolence.

"I have been paying some attention to our cases of *Paralysie Générale*—so much more frequent in men than in women; and common, I suspect, in classes above my poor people at Hanwell. I find that the subjects of this disorder have generally very good heads, and I have not found the malady incidental to the ill-formed, I have vainly attempted to draw.

"If I could some day have the gratification of walking round Hanwell with you, other observations on the forms of the head might occur."

Correspondence.

ERYSIPELAS IN ASYLUMS.

To the Editors of the Journal of Mental Science.

GENTLEMEN,—Had Dr. Phillimore confined himself to expressing the opinion that "the performer of these operations [post-mortem examinations] may communicate a poison which shall excite erysipelas in those predisposed to it," I would have been content to let it pass as being "too ridiculous." He is, so far as I am concerned, at liberty to hold any opinion he pleases. But when he stated that his opinion was borne out by official returns, it became necessary for some one to state the truth, lest uncontradicted error might ultimately be accepted by the careless and ignorant as fact.

In my former letter I tried to show that Dr. Phillimore was not justified in

stating in his last Annual Report that "In the Blue Book of the Lunacy Commissioners for 1877 it is shown that erysipelas has been a fatal and troublesome epidemic in some well-constructed modern asylums. The coincidence between this and the practice of making numerous and indiscriminate post-mortem examinations would seem to point to some close relation existing between the two." Now, so far as I understand his letter in the October number of this Journal, he does not attempt to show that the Commissioners' Report for 1877 gives the slightest support to his assumption; but he proceeds to a general discussion of the whole subject, at the same time bringing forward fresh material in support of his position. He in fact changes his original ground. He now admits that imperfect hygienic conditions predispose to erysipelas, but he still maintains that the "post-mortem poison," whatever that may mean, is the exciting cause. I have much pleasure in meeting him on his new ground.

Bearing on the increased frequency of post-mortem examinations in County and Borough Asylums, Lunatic Hospitals and Licensed Houses, the following figures are interesting. They have been compiled from the Blue Books, and show the percentage of bodies examined after death:—

Year.	County and Boro' Asylums	Lunatic Hospitals.	Licensed Houses.
1871	50·2	23·3	4·4
1872	52·6	33·3	7·
1873	61·1	29·6	12·2
1874	60·4	31·5	17·5
1875	61·7	34·7	17·5
1876	64·9	35·3	21·7
1877	63·7	36·3	18·2

These figures show that the increase in County and Borough Asylums has been small, whilst it has been relatively large in Hospitals and Licensed Houses; indeed in the latter it has been four-fold. Why has there been an increase at all? Let us hope that Dr. Phillimore is mistaken in his suggestion that it has arisen from official pressure. I do not deny the existence of official pressure, and the Commissioners may be entitled to the credit of having compelled some men to assume at least the appearance of interest in this part of their work. But, if it be possible, let us have a higher opinion of our professional brethren, and attribute the result to an increased zeal for scientific research. Of course, I do not wish to be understood as implying that because men make post-mortems they are scientific either in their minds or methods.

In order to get at the truth, I have asked several gentlemen in charge of Lunatic Hospitals and Licensed Houses why it is that post-mortem examinations should be more frequent in County Asylums. The answers may be summarised as follows:—It is quite true that a man desirous of keeping up his scientific knowledge of medicine must study pathology. But he must have opportunity for collecting material, and he must have that material in sufficient quantity. Amongst the better classes there is really no difficulty in obtaining permission to examine the deceased patients, if the medical officer does his best

to obtain it, as in Bethlehem. But most Licensed Houses and the smaller Hospitals are very much like private houses; a death occurs but seldom, the conveniences for an examination are limited, and in the course of time the scientific zeal of the medical attendant dies out for want of fuel, as has occurred in the vast proportion of general practitioners placed like himself. We must rely upon men holding appointments in large asylums for the advancement of our special branch of medicine, just as we do upon the men in large General Hospitals for the chief additions to our knowledge of general medicine. As I once heard my old teacher, Professor Sanders, say, "If it were not for Hospital work, scientific medicine would become extinct."

But to proceed to the much more important question, Has erysipelas increased in frequency in asylums of late years? That surely admits of easy settlement. Any man who can count can give an answer which admits of no gainsay. He only requires to collect Asylum Reports, arrange the statistics for his special purpose, and he has the pleasure of arriving at the truth—the truth after which all truly honest and scientific men seek.

Now this is exactly what I have done. For every year since 1863 I have examined every asylum report within my reach, and I take this opportunity of thanking many of my brother superintendents for their kindness in furnishing me with all the information in their power. I have not succeeded in getting the causes of death in every County and Borough Asylum for every year; still the number is sufficiently large to give results which may be safely relied on. These I have for convenience sake arranged in the following table:—

Year.	Asylum Reports Examined.	Average No. Resident in these Asylums.	Total Deaths from Erysipelas.	Death-rate from Erysipelas per 1,000 of Asylum Pop.
1863	26	11,798	12	1·017
1864	26	12,802	18	1·406
1865	32	14,004	11	·785
1866	33	14,910	8	·536
1867	35	16,583	21	1·266
1868	36	17,588	11	·632
1869	39	21,064	17	·807
1870	39	21,745	15	·689
1871	45	24,435	25	1·023
1872	48	28,022	23	820
1873	51	27,008	25	925
1874	44	28,078	32	1·139
1875	48	24,239	51	2·104
1876	52	31,433	26	·795
1877	51	30,738	32	·715

Do these figures support Dr. Phillimore's statement in his letter "that seven or eight years ago, previous to the crusade in favour of post-mortem examinations, erysipelas was almost unknown or of so little importance as not to deserve recording." Certainly not. Do they indicate any connection between erysipelas and the making of post-mortems? No. If the two stood in the relation of cause and effect, there should have been an annual increase in the proportion of deaths from erysipelas. But this has not occurred. Let us view the subject from another point. I have prepared a table, but from its great size it need not be reproduced here, to show the annual number of deaths from erysipelas in each asylum. This table proves two things: that erysipelas occurs most frequently in the older asylums, and not in the recently built ones; and that post-mortems may be made in every case of death, and erysipelas scarcely be seen. In the Cumberland Asylum post-mortems are made in every case, by order of the Secretary of State, and yet only one case of erysipelas has proved fatal since 1861. The same is true of this asylum, Northumberland. It has been open since 1859. Post-mortems have been made in all cases where the permission of the friends could be obtained, and yet only one death has resulted from erysipelas in all these years. Occasionally erysipelas has appeared as an epidemic in some asylums. Where possible, I have consulted the annual report of the Medical Superintendent, and have found that the disease disappeared when certain sanitary defects were remedied.

Such being the facts, it becomes unnecessary for me to discuss the various conclusions Dr. Phillimore has arrived at from his insufficient premises. A puerperal woman is one person, a lunatic is another; except that they are human beings I see no similarity between their conditions. If the "post-mortem poison" is so deadly, how is it that any woman delivered of a child in an asylum survives? On questions relating to puerperal septicæmia I would refer Dr. Phillimore to modern as well as "great" authorities.

When he says that "it may be taken for granted that erysipelas may be the result of post-mortem examinations, either directly or indirectly," he begs the question in dispute. To prove this new and extraordinary proposition, this, if true, marvellous discovery, he must produce evidence. When this appears, I shall have great pleasure in examining it, and in communicating the results to you.

I really do not deem it necessary to discuss the general question of post-mortems being made by the medical officers of asylums. That was settled long ago, and I am quite sure that a miracle would fail to show Dr. Phillimore that he is wrong. His position recalls to me two axioms of Rochefoucauld, "C'est plus souvent par orgueil que par défaut de lumières, qu'on s'oppose avec tant d'opiniâtreté aux opinions les plus suivies: on trouve les premières places prises dans le bon parti, et on ne veut point des dernières." "La petitesse de l'esprit fait l'opiniâtreté, et nous ne croyons pas aisément ce qui est au delà de ce que nous voyons."

One gratifying result of this correspondence is the proof that asylums are exceedingly satisfactory in their general hygienic arrangements. In each 1,000 of their population only 1 death per annum is due to or accelerated by erysipelas.

I am, Gentlemen,
Your obedient Servant,
T. W. McDOWALL.

County Asylum, Morpeth,
18th November, 1878.