

name of Gardiner Hill is not one that will soon die. It was in 1836 that he first advocated the entire disuse of restraint. His best known work was entitled, "A Concise History of the Entire Abolition of Mechanical Restraint in the Treatment of the Insane." His life was a happy and successful one as the proprietor and physician to the private asylum where he died.

Correspondence.

DR. W. P. PHILLIMORE AND ERYSIPELAS IN ASYLUMS.

To the Editors of the Journal of Mental Science.

GENTLEMEN,—In this letter it is not my intention to discuss at length the absolute necessity for pathological research in our special department of medicine. At this time of day it would be insulting to common sense to enter into an elaborate argument to prove that certain progress in our knowledge of mental diseases must depend almost entirely upon our more intimate acquaintance with the anatomy, physiology and pathology of the various nerve centres, and that we must, instead of abandoning post mortem examinations, conduct these with increased accuracy and care. When, therefore, a physician prints the letter given below,* I can only express surprise and regret that a gentleman, engaged in the pursuit of scientific knowledge, but objecting "to being compelled to pursue one branch of scientific knowledge whilst engaged in another more suited to his taste and inclination," should entertain such opinions. This remarkable letter formed the subject of correspondence between myself and some of my more intimate friends in the speciality, but we decided that we should let it pass into oblivion, as it was too ridiculous and feeble to do any mischief. We felt that so long as Dr. Phillimore had nothing more reasonable to urge against the performance of post mortem examinations in asylums, he might with perfect safety be left to his own views and practice.

But the position of affairs has been entirely changed by a paragraph in Dr. Phillimore's last annual report. He says: "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." Here we have a clear suggestion by Dr. Phillimore of a possible and probable cause of erysipelas in asylums. He appeals to the last Blue Book. Does it give the slightest support to his theory? None whatever. Indeed I cannot understand how any scientific or intelligent person could have ventured to appeal to such a source, considering the facts there reported. Dr. Phillimore in his own report on the state of his asylum during 1877, says: "There has been no epidemic of erysipelas, fever or diarrhoea, diseases which occasionally prevail in large institutions. It may be inferred that the sanitary arrangements are sufficient, and the diet wholesome." All will agree with him that his statements here are sound. If, therefore, he had said it was probable that in some modern (and old) asylums erysipelas (typhoid and diarrhoea) prevailed through defective sanitary arrangements and improper diet, all would have said Amen. But he is guilty of the absurdity of trying to prove that his asylum is in a healthy state because of its good sanitary arrangements, and that erysipelas prevails elsewhere, not because the sanitary arrangements are bad, but because post mortem examinations are made.

Now as to the statements in the Blue Book for 1877, I have gone through the report of every County and Borough Asylum, and extracted those portions bearing on the sanitary conditions of the buildings and their inmates. Every sentence referring to erysipelas, typhoid and diarrhoea, is given below, with all remarks concerning the state of the drains, overcrowding, &c., &c. I have included typhoid and diarrhoea in the notes because they are as valuable indications of the sanitary state of a building as erysipelas.

* See p. 333.