

This is not, then, to rehabilitate the moral of man as it is pretended to do; to admit that the moral is in itself susceptible to alterations to which the substance of the brain remains a stranger. It is, on the contrary, to degrade and debase this moral. Thus, on both sides, the question is badly supported." Foville himself held "that the principle of the intelligence ought to be conceived as independent of matter. It is no more produced by the cerebral substance than light is developed by the substances of the eye. The manifestations of the intelligence require a bodily organ as the manifestations of light do; the brain in one case, the eye in the other." Foville maintained the same doctrine throughout life. He was a pneumato-somatist—opposed to exclusive spiritual or material views—a firm believer in the independent future existence of man after the destruction of the body. Foville's attitude towards the doctrine of Gall, which was the "burning question" during the period of his physiological and anatomical researches, is thus expressed. He held that "the theory which the genius of Gall, and which his disciples continue to profess under the name of phrenology, is not an indifferent conception which can be treated lightly, whether we adopt it or oppose it. It imposes as a duty upon all who are seriously occupied with the study, to seek to render an exact account of the relations between this organ and its bony envelope; and perhaps these relations have never been perfectly understood." Before leaving the work from which these citations have been made, it is impossible not to express admiration of the lucid manner in which the structure of the brain, and especially the disposition of the convolutions, are described, and also beautifully drawn in the plates which accompany the letter press. Up to the period when Gratiolet produced his remarkable work (1854), Foville's classification of the cerebral convolutions was the most distinct and useful.

Unfortunately this work was never finished, or rather the remainder, though written, was not published, and the MS. was destroyed in an inundation at Toulouse.

From the date of Foville's quitting Charenton he practised in Paris until 1869, when he went to reside at Toulouse, where he became the physician in a *Maison de Santé*. Here he spent the remainder of his lengthened life, dying at the age of 79, leaving, among other children, his son, Achille Foville, the well-known Superintendent of Quatre Mares, as his successor and representative—one who has already shown that the mantle has descended upon shoulders worthy of his father's name and fame.

In person, Dr. Foville was a large-made man, with cubical head, strongly-marked features, and remarkably blue and keen eyes. He was considered to have the Norman type of figure and features.

His character was marked by power rather than brilliancy, by good judgment and solid qualities rather than those which shine on the surface. The English poet who describes the Frenchman as "gay" would have found an exception in Foville, for he was eminently sober-minded, and spoke little except to discuss important topics. He was simple in his tastes, and cared little for general society; and though much at the Court of Louis Philippe, being his physician, he was not exactly in his element as a fashionable Paris doctor. Much more to his taste was his domestic life, where, in the midst of his family, he could unbend and laugh heartily over the jokes of his children while watching their play. His passion for little children was, indeed, quite a feature in his character. His friendships were lasting when once made. His most intimate friend was an English physician, Dr. Hodgkin, whom he met first in the wards of the Paris hospital as a fellow-student. The friendship thus formed between the two young doctors was a lifelong and very cordial one. The ardent pursuit of pathology was common to both; and not less attractive to each were the sobriety and kindness of heart of the other, associated with a firm but liberal faith.

Requiescat in pace.

D. H. T.

Correspondence.

ERYSIPELAS AND POST-MORTEM EXAMINATIONS IN COUNTY ASYLUMS.

To the Editors of the Journal of Mental Science.

GENTLEMEN,

It is peculiarly fortunate for my argument that Dr. T. McDowall did not maintain his resolution expressed in your July number, wherein he says—"This is the only communication with which I shall trouble you on the subject." He now supplements his opinions by statistics, which corroborate in each respect my statement that erysipelas has been rife in several well-conducted county asylums, and that the increase of late years in the number of post-mortem examinations has been followed by an increase of that disease; thus strongly supporting my hypothesis that some close relation exists between the two.

(1.) With regard to the prevalence of erysipelas in county asylums in England and Wales, Dr. McDowall writes—"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 one death per

annum is due to, or accelerated by, erysipelas." Let us test this jubilant assertion by the stern logic of facts. We all know from the Blue Books published by Parliament, that the death-rate in county asylums is 10 per cent. per annum on the resident lunatic population; and that a death-rate of one in a thousand of the population from Erysipelas means one death in a hundred from that disease.

Now let us turn to the last report, the 39th, p. 272 of the Registrar-General of births, deaths and marriages, and what do we find—that the deaths from erysipelas among the general population were only 2348 amongst 24 millions—244 thousand people, or at the rate of .096 per thousand per annum, or ten times less than in asylums—so that county asylums, provided and fortified with a medical staff, threefold greater than that serving the public at large, having an Act of Parliament prohibiting the introduction of infectious diseases, supplied with practically an unlimited amount of funds for promoting sanatory measures, and with a population less susceptible to epidemics than that outside, has a proportionate mortality from this one disease ten-fold in excess of that of the public in general, and more fatal than virulent small-pox in the same proportion. So far from being a matter of rejoicing, it seems to me to be one for expression of pain and regret, and that it becomes even a proper subject for enquiry whether the 14,276 post-mortems of lunatics during the last seven years recorded, has not had much to do with it, and whether the time taken up in their dissection would not have been better employed in the cure of the living; certain it is that the ratio of recoveries among the latter has gone down 5 per cent. during the last year reported, being the lowest for sixteen years past.

(2.) As to the increasing ratio of erysipelas—I stated that, upon referring to the 31st Annual Report of the Commissioners in Lunacy, published in 1877, an enormous increase of erysipelas was recorded, compared with the report seven or eight years previously. It must be borne in mind that these reports are printed in one year, whilst the events commented upon run back into the two years preceding it. We accordingly find the Commissioners' notices of the prevalence of erysipelas fully borne out by Dr. McDowall's own figures derived from other sources. He gives us tables for fifteen years of the annual death-rate per thousand of the population in asylums from erysipelas. Bearing in mind that the post-mortem crusade, commencing in 1870, we find from his table that the lowest rate from erysipelas was .536 in 1866, four years before the movement; whilst the highest was 2.104 in 1875, five years after it. Surely the epithet "enormous" is not misapplied to a development of four times the death-rate upon a comparison of the two years of these distinct periods.

Dr. McDowall's first table shows the increase of post-mortem examinations from 1871 to 1877. These are the post-mortem years *par excellence*, and referring to the column in his second table, which gives the ratio of deaths per thousand of the population in asylums, these years show an average of 1.074, whereas that of the previous eight years was only .892 per thousand. This makes a septennial increase of .182. If this should continue, the time will arrive when the necessity for post-mortems will cease altogether. Erysipelas will outrun the other causes of death, an external examination of the body will suffice, and there will be no excuse for making them on the grounds of faulty diagnosis or ignorance of the cause of death.

(3.) Of the dangers to the surviving population of hospitals by the wholesale system of post-mortem examinations. In order to be brief, I will take the most recent authorities. Mr. W. Gilbert, in the January number of the "Fortnightly Review," p. 60, says—"No dissecting-rooms or schools should be within the hospital building, a system which is most detrimental to the patients." At p. 61 he quotes from an article in "The British Medical Journal," October, 1876—"We find that in two hospitals alone, having dissecting-rooms on the ground-floor of the building, and with possibly a full third of the whole of the medical pupils within

the Metropolis between them, there were in that year alone no fewer than 114 cases of pyæmia and erysipelas, out of which no less than 34 proved fatal; while in the Poplar Hospital, for surgical cases alone, in which there is neither dissecting-room nor medical school, but which received more serious cases than the two hospitals alluded to put together, there was not a single case during the whole year." In the "Contemporary Review" for February, 1879, p. 586, Mr. E. B. Carter, while commenting on the following remark of Mr. Gilbert—"In the midwifery class of St. Bartholomew's Hospital pupils are prohibited from attending midwifery cases while engaged in their studies in the dissecting room. At many other hospitals this is not the case," says: "So far is the above passage from being accurate, either in what it states or what it implies, that as a matter of fact, the rule in question is strictly enforced in every hospital in London. There is not one at which the pupils who are attending midwifery are permitted to work either in the dissecting-room or in the post-mortem room. The latter would be a source of much greater danger than the former, because bodies for dissection are so prepared by injecting them with preservative solutions that no harm is to be apprehended from them; and injury to the students themselves, from the dissection wounds which were once so justly dreaded, is now unknown. None the less the rule is enforced."—Dr. Matthews Duncan, in the "British Medical Journal," February 22nd, 1879, writes in an article on Antiseptic Midwifery—"On the other hand, great danger is universally believed to attend examinations made in default of antiseptic precautions by practitioners who have recently been in contact with septicæmic patients, or who have made *post-mortem* examinations, and especially of cases of death in septicæmia or pyæmia."

After such evidence as this, few conscientious persons would deem it prudent for a practitioner who has been making post-mortem examinations to pay regular visits to lunatics suffering from wounds, bed-sores, and abrasions, or to lying-in women.

(4.) As to the right of a Superintendent of an asylum, whether a medical man or a layman, to perform post-mortem examinations as a rule upon deceased lunatics, Dr. McDowall says this question has been settled long ago, but I am not aware of any statute to this effect. I have taken counsel's opinion, and am advised that it is not settled whether *per se* the dissection of a human body is not an offence against decency, and indictable. That where the cause of death cannot otherwise be satisfactorily ascertained, it would seem very proper to make a *post-mortem*, but not so for the visitors to permit it for merely scientific purposes, and only after communication with the friends. This opinion is in accordance with the ruling of the Local Government Board, who have taken into consideration the natural dislike exhibited against this treatment of the dead. It would seem a most invidious prerogative to allow one section of the medical community to dissect the poor and not the other; and still more objectionable and inconsistent to compel one to perform these operations gratuitously, and to forbid the other. When some of the Poor-Law Medical Officers asked permission to make *post-mortem* examinations of bodies of paupers who died in Workhouses, they never intended it to be made compulsory on all, and deemed part of their duty.

(5.) Dr. McDowall, in his last letter, flatters the Commissioners, at the expense of his colleagues, for having "compelled some men," as he terms them, "to assume at least an appearance of interest in this part of their work." It occurs to me that it was hardly necessary for him to invoke the *odium tertii* in this delicate compliment.

He has also been pleased to encumber this controversy by indulging in personalities against myself on each occasion. On the last, he had recourse to French, and accused me of "orgueil," "opiniâtreté," and "petitesse de l'esprit." Upon this I shall only make one remark, that Professor Shairp, when giving his lecture as retiring president of the Educational Institute of Scotland,

must have had conduct of this sort in view, when he told his hearers "that a *Scotchman* never said a pleasant thing even to a friend." Lastly, I hold that the compulsory dissection of the whole, or of any one class of the community, as a rule, is repugnant to the sentiments of the public, that it is wasteful of medical services that would be better employed in treatment, a source of danger to the health of the surviving population, and that this new and gratuitous manual labour of so disagreeable a nature ought not to be cast upon the profession without general and individual assent.

I am, gentlemen,

Your obedient servant,

WM. P. PHILLIMORE, M.B.,
Superintendent.

Nottingham County Asylum,
February 24th, 1879.

Appointments.

BATEMAN, F., M.D., F.R.C.P., has been appointed Honorary Physician to the Norwich Lunatic Asylum.

BIET, E., L.R.C.P.L., M.R.C.S.E., has been appointed Second Assistant Medical Officer to the West Riding Lunatic Asylum, Wakefield.

BUCK, J. S., M.B.C.S.E., has been appointed Junior Assistant Medical Officer to the Three Counties Asylum, Arlesey, Beds., vice Kebbell, resigned.

GAYTON, F. C., M.R.C.S.E., L.S.A.L., has been appointed Assistant Medical Officer to the Cornwall Lunatic Asylum, Bodmin, vice Neal, appointed Superintendent of the Wandsworth and Clapham Union Infirmary.

JONES, D. J., C.M., M.R.C.S.E., has been appointed Junior Assistant Medical Officer to the Gloucestershire Lunatic Asylum.

KEBBELL, W., L.R.C.P.L., M.R.C.S.E., has been appointed Senior Medical Officer to the Gloucestershire Lunatic Asylum.

MURRAY, P. M., M.D., has been appointed Consulting Physician to the Crichton Royal Institution, Dumfries, vice Borthwick, deceased.

OUTHWAITE, W., M.R.C.S.E., L.S.A.L., has been appointed Assistant Medical Officer to the Lancashire Lunatic Asylum, near Prestwich.

PACKER, W. H., L.R.C.P.L., M.R.C.S.E., L.S.A.L., has been appointed an Assistant Medical Officer to the Salop and Montgomery Lunatic Asylum, Bicton.

PENMAN, P. M., M.B., C.M., has been appointed Assistant Medical Superintendent, Stirling District Lunatic Asylum, vice Mann.

PLAYFAIR, D. T., M.B., C.M., has been appointed Assistant Medical Officer to the Royal Albert Asylum for Idiots and Imbeciles, Lancaster.

SANKEY, HERBERT R. O., M.B., has been appointed Senior Assistant Medical Officer to the Lancashire County Asylum, Prestwich.

THURNAM, F. W., M.B., C.M., has been appointed Assistant Medical Officer to the Metropolitan District Asylum, Caterham, Surrey.

URQUHART, A. R., M.D., has been appointed Assistant Medical Officer to the Warwickshire Lunatic Asylum, vice Sankey, resigned.

WOODS, J. F., M.B.C.S., L.S.A.L., has been appointed Second Assistant Medical Officer to the Somersetshire Lunatic Asylum, Wells.