

naturally a conscientious man, faithfully performing everything he undertook, even in affairs which were of a private character; but as a public servant his conscientious performance of duty stood out in a manner which commanded the respect and admiration of all who came in contact with him. It is not surprising that a quality of this kind, when associated with a large knowledge of his subject, made him a great power in the administration of the lunacy law of the country. That law derived its colour from the report of the Royal Commission to which reference has just been made, and the chief part of which was written by himself; but in 1862 and 1866 the law underwent important modifications at his suggestion; and these modifications have given it a very special character, which has attracted the attention of Continental and Colonial Governments. Several of the changes thus introduced into the Scotch law are recommended for adoption in England in the recently published report of the Select Committee of the House of Commons on the Lunacy Laws. Before that Committee lengthened evidence was given both by Sir James and by his colleague, Dr. Arthur Mitchell, who has steadily supported him in all his views. These views received opposition in many quarters where they are now accepted both as benevolent and just in their spirit, and as capable of being safely and advantageously put into practice. Sir James happily lived long enough to see his opinions triumph. If he had lived still longer he might perhaps have gone further, for his interest in his work was as great at the very close of his life as it ever was. In evidence of this it need only be stated that on his way to the Continent he spent two days in London examining the asylums for incurable and inoffensive lunatics and for idiotic and imbecile children, which have been created in late years under the Metropolitan Poor Law Act.

In private Sir James overflowed with geniality. No one relished a joke more than he did, and few could make one with better effect. But his sense of humour perhaps appeared even more strongly in his correspondence than in his conversation, and there are not a few of his intimates who have preserved his letters for the rich store of humour which they contain. He was steady and chivalrous in his friendships. He drew strongly to men of honest and good purpose; yet he was charitable to the shortcomings and weaknesses of his fellows, and was ever ready to soften faults which did not spring of a mean or untruthful nature.

His married life was long and happy, extending over thirty-four years. Lady Coxe died about three years ago, and he never ceased to feel her loss. His friends, indeed, were of opinion that her death permanently injured his health, though he maintained a cheerful spirit, and continued to interest himself in all public measures which were designed either to promote the education of the people, to lessen the evils of intemperance, or to relieve the sufferings of the poor.

THE LATE DR. ROBERT GARDINER HILL.

This veteran lunacy reformer died suddenly of apoplexy at his residence, Earls Court House, Old Brompton, London, on the 30th May. He was born in Louth in 1811, was educated at Guy's and St. Thomas' Hospitals, and entered the medical profession in 1834. In 1835 he was appointed Medical Superintendent of the Lincoln Lunatic Hospital, and held this office for five years. It was during this period that he proposed and practised the mode of treating insanity without any mechanical restraints, a procedure fraught with momentous results to the insane, for it led to Dr. Conolly's adoption of the doctrine or "Principle" of Non-Restraint, and to the almost universal practice of this principle in England. Those who do not go the whole length of Dr. Hill and Dr. Conolly in regard to this matter, do not and cannot deny that restraint had been grossly abused before their time, and that the insane and asylums suffered much in consequence, and that this has now been changed by their influence. This is not the time or place to enter fully into the matter, but assuredly the

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.