Restraint in the treatment of insanity / by G.F. Bodington.

RESTRAINT

IN THE

TREATMENT OF INSANITY.

BY G. F. BODINGTON, M.D.;

MEMBER OF THE ROYAL COLLEGE OF PHYSICIANS.

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RESTRAINT IN THE TREATMENT OF INSANITY.

"Nil medium est."

THE pendulum of opinion is apt to swing too far. It swings, not seldom, so far beyond its due limit as to come to a dead-lock, and to check the machinery it ought to regulate. When suddenly released, a strong rebound occurs, and it swings again as much too far as it did before, but this time in the contrary direction.

There is, perhaps, no department of human knowledge to which this illustration is inapplicable, no science nor art in which wild views have not at some time or other prevailed, none in which the reaction from wild views has not been productive of mischievous results. *Dum vitant stulti vitia in contraria currunt.* This is not less true of medicine than of other sciences and arts. Possibly, indeed, it is more true of medicine than of most others. The very difficulties met with seem to invite certain minds, of an over-confident and utopian turn, to extremes of opinion and extravagancies of practice. The intricacy and obscurity of the problems to be unravelled tempt men to plausible explanations, clever hypotheses, and the propounding of well-rounded general laws. The desire to explain the inexplicable is a passion with many men, to whom a neat theory is better than the best of practical views. Hence we have had, from time immemorial, doctrines, and systems, and schools, and corypheuses in medicine with all their inevitable fruits, a medley of

rivalries, hatreds, dogmas, and denunciations. These things, however, have for the most part died out, and practitioners of the art of medicine are now-a-days reputed to be persons of discreet and sober judgment, of well-balanced minds imbued with the true scientific spirit which takes in all facts and impartially considers all sides of a question. Medical practitioners have heavy responsibilities. Many grave matters come before them for decision. Life and death are the issues they have to consider. Hence care and caution in addition to knowledge and scientific training are expected from them. As a rule the expectation is realised. They themselves have a strong sense of the weight of their responsibilities. Prudent reflection becomes habitual to them. Steadiness of judgment and a grave habit of mind grow to be their characteristic qualities. Such persons may be let out of leading strings. Such, surely, are fitted to be entrusted with all remedies and therapeutical means whatever, to employ them at discretion ; if not they, then there can be none who are fitted to exercise such functions. But if medical practitioners are fit for such a trust, on what reasonable ground can it be demanded that any class of remedies, or any one remedy or therapeutical agent in particular, shall be forbidden them? Is it conceivable that persons who may be entrusted with nine hundred and ninety-nine remedies become untrustworthy with regard to the thousandth ? Is any one remedy so exceptional that its use must be forbidden to instructed, duly qualified people who are allowed without question to use all others at discretion ? The answer is so obvious that the question will be deemed superfluous. It will be said at once that those who may be entrusted without control with vast numbers of remedies and curative means—many of them powerful instruments for harm if carelessly or ignorantly handled—may be empowered to use all known remedies and methods without exception. But, it will be exclaimed, there is no exception, all remedies whatever are at the disposal of practitioners to reject or employ them under the sole guidance of their

own judgment. This answer, however, requires qualification. Incredible as the statement may seem at the first blush, there is, nevertheless, one means of treatment which is forbidden by certain people in certain quarters, one which is tabooed by authority. To assert this, to say that a particular therapeutical remedy is put under interdict, seems, when barely stated, so extraordinary as to surpass belief. Yet the assertion is true. The allegation that there is an *Index Expurgatorius* of therapeutical means, even though containing but one item, may excite incredulous smiles; nevertheless such an index exists.

The schools and systems to which reference has been made have, then, it would seem, for the most part disappeared.* Scientific medicine based on observation and experiment has taken their place. One notorious exception remains, namely, homœopathy. But homœopathy, by its isolation from the general body of medicine, is a case in point to prove that schools, and dogmas, and general doctrines and "systems" have been repudiated.† But though "systems" are, as a general rule, thus repudiated, there remains one, strange to say, flourishing within the pale, stamped with the stamp of orthodoxy, nursed, fostered, and defended by authority.

It is well known that in former days the treatment of insanity was barbarous and brutal. The case has been so thoroughly ventilated that it is enough here merely to allude to it. Suffice it to say that the treatment of lunatics under the old régime was a series of indescribable horrors, which no pen can be too fierce in denouncing. Humanity, which sinned, no doubt, through sheer ignorance, when, led by the genius of Pinel, it recognised the evil,

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* Dr. John Brown, the originator of "Brownism" or the "Brunonian System," the last "system" of medicine which made much noise in the world, died in 1788.

† The great indictment against homœopathy seems to rest on the fact that it claims to be a "system," and that its disciples constitute a sect. The mere doctrine of "Similia Similibus," a doctrine as old as Hippocrates, excites no dislike, as may be seen by reference to various orthodox medical manuals and journals. For a recent example see "Practitioner," vol. xx., No. 2., Feb., 1878, p. 86, line 17, et seq.

revolted against the cruelties in vogue. From the day when Pinel published his celebrated treatise a new and a better era began, which has lasted till now. But in this country those who followed in Pinel's steps became, unfortunately, too reactionary. The pendulum of opinion rebounded too far. In removing chains and abolishing cruelties, they abolished altogether mechanical restraint. They propounded a theory and framed a body of doctrine. In short, they established a "system"—the famous "Non-Restraint System," which has flourished uninterruptedly under the patronage and support of official authority from the time of its first promulgation until now. It never seems to enter into the mind of the anti-restraint party to question the wisdom of this darling "system." On the contrary, the party not only bows down in blind worship itself, but insists on enslaving other people's minds in the same rigid bondage. The "system" is insisted on as a creed. Whoever will engage in lunacy practice before all things it is necessary that he hold and keep whole and undefiled the sacred faith in "non-restraint." It is not a question of science, but of orthodoxy and heresy. Men in office do not hesitate, for the maintenance of their own opinions on this question and for the support of this dogmatic creed, to over-ride the judgment and denounce the practice of medical officers of asylums and to dictate a method of treatment of their own prescribing.*

It is not necessary here to marshal all the arguments that have been adduced against the "Non-Restraint System." The main point intended to be maintained in this paper is this, namely, that "Conollyism," to borrow an apt term, completely ignores the consideration that in

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* The whole tone of the Lunacy Reports justifies this remark, but for a flagrant example of interference with the independent judgment of a medical superintendent, see the case at Colney Hatch, recorded in the Twenty-seventh Annual Report of the Commissioners in Lunacy, 1873, page 20. Dr. Sheppard's reply to the Commissioners is alike unanswered and unanswerable. Their rejoinder is a mere official reproof. No unbiassed mind can fail to perceive that the Commissioners in interfering in this instance with the treatment adopted by a duly authorised and responsible medical man overstepped the just limits of their official duties.

excluding mechanical restraint from the repertory of medical means and appliances it may possibly be excluding a valuable remedy calculated to promote the patient's recovery. If this is the case, so far from being a humane system it is eminently inhuman, for, surely, the first object of medical practice, after prevention, is the cure of disease. The triumph of the physician is not the sublimation of a "system." The recovery of the patient is the triumph of the physician. There is *primâ facie* cause for suspecting "Conollyism" to be a quackery, for, like all quackeries, it vaunts itself in loud, denunciatory, yet self-asserting tones. It admits no doubts, no deviations from its own dogmas, no tests, no experiments. It is all-sufficient and self-sufficient. Their own wisdom and the folly of opponents are in the minds and mouths of its advocates foregone conclusions. Yet the existing state of lunacy practice may well make him hesitate who comes to the consideration of the case with an unwarped mind. For such a one there are some ugly facts to be dealt with which cannot be glossed over. It is true enough that asylums can be managed, are managed, on the "Non-Restraint System" in England. But it does not follow that they are managed in the best possible manner, or the patients so treated as to promote the greatest possible amount of recovery. Lunatics can be regimented, and asylums made places of beauty, smug and shining inside and out, greatly to the delectation of visitors and the smooth self-satisfaction of official inspectors, who view everything through the dazzling halo of the much-cherished "system." The picture is glowing as painted in official reports, but there is a reverse side of it of sad and sombre hue, a picture of violences, bruisings, throttlings, crushings, and rib-breakings committed upon insane patients, with a ghastly corner grim with suicides and murders.* The newspapers, as every one knows, teem

* In the ten years ending December 31st, 1876, the suicides committed in asylums in England, according to the Reports of the Lunacy Commissioners, were as follows, viz. :—

1867—25 ; 1868—14 ; 1869—20 ; 1870—16 ; 1871—12 ;
1872—29 ; 1873—28 ; 1874—12 ; 1875—21 ; 1876—25.

Total, 202 suicides in ten years. It can hardly be doubted that a large pro-

with the accounts of such events. Scarcely a week passes in which one fails to see in some newspaper or other a paragraph headed, "Ill-Treatment of a Lunatic." It is, however, impossible to ascertain accurately the full extent of these abuses, since only flagrant instances of violence are brought to light. But, *ex pede Herculem.* The gross cases that are revealed indicate the existence of hundreds, perhaps thousands, of lesser cases that are concealed. There can be no doubt of the existence of numberless brutalities short of that degree of violence which produces results that cannot be hidden and necessitates disclosure. Anyone who will take the trouble to cross-question attendants or domestic servants who have formerly lived in public asylums and been familiar with their inner life, with that part of the ordinary course of asylum life which goes on when the superintendent's back is turned, will find that much cruelty is practised still, and that many brutalities are the accompaniment, if not the direct issue, of the much vaunted "Non-Restraint System."*

If these things are true the supporters of the "Non-Restraint System" can hardly be too severely censured, or their rosy representations too sharply criticised. For what criticism can be too sharp, or what censure too severe for the "claqueurs" of a "system," who, in the sustentation of pet theories, wilfully shut their eyes to the cruelties and

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portion of these suicides might have been prevented had the certain method of mechanical restraint been relied upon instead of so vacillating, uncertain, untrustworthy a resource as human attention. But the "system" forbids this sure method of guarding the lives of suicidal patients. In addition to these suicides a considerable number of injuries and violences committed upon patients by attendants are put on record in the same reports, resulting in some instances in death.

* A favourite method of dealing with troublesome demented patients who cannot complain or make known their wrongs seems to be to throw them down, and seizing them by the hair, to bang their heads repeatedly on the floor. Such a method is of course only adopted by subordinates in the absence of superintendents, from whom the practice is carefully concealed. It is curious, however, to note the shifts to which even medical superintendents are driven in "Non-Restraint Asylums." An attendant once coolly suggested to the present writer to blister the fingers of a patient to prevent him from tearing his clothing and denuding himself, a practice with which the man seemed quite familiar, and which he had learned, it seems, in a public asylum where mechanical restraint was forbidden.

inhumanities it entails? That the things spoken of are true can be denied by no candid mind; they are, indeed, notorious facts. It is perfectly evident that a humane treatment of the insane is not yet arrived at, and the advocates of the existing methods in England have to show cause why the glaring evils of the present fashionable treatment should not be laid at their doors. They must indeed confess failure and take a new departure. Otherwise they will have to be driven ignominiously, by force of circumstances and the inevitable though tardy logic of facts, from the position of authority, to which, by much boasting and vain-glorious mouthing, they have contrived to attain.

Under any circumstances whatever, that official terrorism which now disfigures and degrades lunacy practice in this country will have to be abolished. Is it to be tolerated that medical men should be subjected to tyranny about matters of opinion? There are two sides to this question, as to most other questions. On the continent of Europe and in America the vast majority of lunacy practitioners, many of them men of world-wide renown, refuse to accept the "Non-Restraint System." The exceptions, indeed, to this are so few that mechanical restraint elsewhere than in England is in all but universal use. Notwithstanding this we have unimpeachable testimony from various quarters that the treatment of the insane is not deteriorated by the practice. Dr. Rogers, for example, uses the following language:—"When, too, we regard the practice of other countries, notably of Germany and France, we find that a frequent resort to restraint is by no means commensurate with neglect of the medical treatment of the insane; on the contrary, no nations have contributed more to the literature of insanity in its medical aspects."* In this country, too, there are many practitioners who consistently hold the view that mechanical restraint is an advantage, if

* See President's address at the Annual Meeting of the Medico-Psychological Association, 1874, by Thomas Lawes Rogers, M.D., medical superintendent of the Lancashire County Asylum, at Rainhill.—("Journal of Mental Science," vol. xx., page 327.)

not indeed a necessity, in the treatment of insanity. They are, however, overborne by authority, and are hindered from putting their principles into practice by the species of terrorism, especially official terrorism, to which allusion has been made.

The fallacy underlying the position of the anti-restraint party is an example of that common fallacy which consists in arguing from a special case to a general rule, the special case being in this instance the inhumanity and worse than uselessness of cruel punishments in the treatment of the insane; the general rule derived from it is, "Abolish all mechanical restraint whatever." It is as if a man were to say, "My wife always suffers torments of indigestion if she eats pork chops, therefore abolish pork as an article of diet altogether." The non-restraint argument is not at all better than this. Lord Shaftesbury's argument against restraint, in his evidence before the Select Committee of the House of Commons, is no whit better, when he declares that, "If we ever go back to any portion of it [mechanical restraint] it will become universal, and matters will be worse than they were before."* The *non sequitur* in this passage is palpable.

The question as a scientific question is still *sub judice*, and as long as it is so, those who regard restraint as, in certain cases, beneficial, have an equal right to their opinion with those who regard it as in all cases injurious and unwarrantable. The right of freedom of opinion is now in contest. No party has the slightest shadow of a just pretence to cast a slur on, or to invoke obloquy upon, any person or persons who hold different views on such a question as the one now under discussion. Above all, official position confers no divine right to settle the controversy, and the claim of officialism to pronounce judgment *ex cathedrâ* upon a matter which has yet to be decided on grounds of scientific observation, is pretentious, tyrannical, mischievous and absurd.

* See "Report, Lunacy Law." House of Commons, July 30th, 1877, page 543, question 11,335.

"Bien des objections se sont élevées en Angleterre même contre le no-restraint pratiqué d'une manière aussi absolue. On a dit que l'usage modéré et temporaire de la contrainte mécanique causait moins d'irritation à l'aliéné qu'une lutte, corps à corps, engagée avec lui ; que dans les cas de penchant violent au suicide, ou d'impulsions malfaisantes, cette contrainte, bien plus sûrement que toute surveillance, l'empêchait d'etre nuisible à lui-même et aux autres ; enfin que le maniaque agité, muni d'une camisole, pouvant sans inconvénient courir en plein air et faire de l'exercice, ce mode de traitement était bien moins préjudiciable à la santé que la réclusion prolongée dans une cellule. On a ajouté que le no-restraint poussé jusque dans ses dernières limites entraînait avec lui de sérieux inconvénients ; et dans un rapport addressé au Conseil général des hospices sur les établissements d'aliénés d'Angleterre, M. Batelle a signalé dès 1844, les luttes violentes, les blessures, les homicides même qui lui avaient été signalés dans quelques-uns des asiles qu'il avait visités. Et d'ailleurs pour celui qui envisage la question en dehors de toute préoccupation systématique, les bras des infirmiers, les cellules matelassées, ne sont ils pas de véritable moyens de contrainte analogues à ceux qui sont en usage parmi nous ?* Thus wrote Professor Marcé in 1862. It does not appear that the years that have elapsed since 1844, thirty-four years of trial of the "Non-Restraint System," have sufficed to eliminate from lunacy practice in England "les luttes violentes, les blessures, les homicides même" of which Professor Marcé here speaks. The personal vigilance which is declared to be the essence of the "Non-Restraint System" has proved itself a broken reed. If, indeed, it were possible to obtain angels as attendants on the insane, the unintermitting forbearance and unvarying command of temper demanded by Conolly and his followers might have a prospect of realisation. But the

* Traité Pratique des Maladies Mentales, par le Dr. L.—V. Marcé, Professeur Agrégé à la faculté de médecine de Paris, médecin des aliénés de l'hospice de Bicêtre ; page 215.

partisans of the "Non-Restraint System" never seem to recognise nor reckon those ineradicable factors in the calculation, human temper, human impatience, human weariness—in a word, human weakness. Attendants, as drawn by them in pictures of roseate hue, are beings of supernatural type free from human failings. But, as a matter of fact, such beings as they depict are not to be met with in this sublunary scene. The imaginary attendant of the "absolute non-restraint party" does not exist, and cannot be developed from the materials at hand; for the materials are mere human beings. Ordinary human beings constitute the class from which asylum attendants are and must be taken. The partisans of the "system" forget or neglect this fact. The great indictment against them is that they do not confront the realities of the case. They try, on the contrary, to fit everything to theoretical, ideal, imaginary views. Hence their ignominious failure in practice. Hence the reason why, after forty years of full swing of the "Non-Restraint System," forty years of supercilious denunciation of all who have refused adhesion to the orthodox tenets, lunacy practice in England is still disfigured by "les luttes violentes, les blessures, les homicides même." Hence it is that official reports and non-official newspaper columns teem with records of lunacy scandals—scandals evaded or coolly put aside as "accidents" by visionary enthusiasts wedded to an inflexible incorrigible "system."*

* One of the latest examples of such a record is to be found in the "Times," of August 9th, 1878. Three attendants were arraigned on a charge of manslaughter of a lunatic patient in the Gloucester County Lunatic Asylum. The medical witness in the case gave evidence as follows:—"He saw the deceased on the morning after the 22nd of June. He was lying in bed, breathing with great difficulty and making a rattling noise in his throat. He had bruises on the chest and arm, and on the right groin, and his eyes were blackened. The deceased died a few days after, and a *post-mortem* examination was held. It was then ascertained that six ribs were broken on one side, and five on the other, and that the breast bone was broken. To break the breast bone would require great force. The heart was diseased, and there was a considerable effusion of blood. In his opinion the injuries received had accelerated death."

Evidence was likewise given by the head attendant, who said that he "found all three prisoners holding the deceased down on the floor."

The jury acquitted the prisoners.

It must now be abundantly clear, from what has been said, that the one remedy spoken of in the beginning of this paper as being laid under interdict is mechanical restraint in the treatment of insanity. The foregoing vindication of the right of authorised medical practitioners to exercise their own judgment in the use of restraint, has been attempted in the belief that the irreducible minimum of unavoidable accidents has not yet been reached, and with the hope and expectation that if medical superintendents are left to work out their own views free from official or partisan pressure, a pressure which ought never to have been put in force, there may be found workers in the field of lunacy practice who, when untrammelled as to means, can, and will, by practical methods find out a way of reducing the present average of lamentable "accidents,"

The legal decision is not for a moment impugned here, but the question arises whether bruises on the chest and arm and groin, two black eyes, eleven broken ribs, and a broken breast bone, together with considerable effusion of blood, were necessary as a part of the medical treatment of the case. If not necessary as medical treatment, then were these injuries expedient as a means of discipline or as a method of producing bodily quietude and mental tranquility in the patient, who was, as given in evidence, violent and troublesome. If not called for on these or other similar grounds, it may well be asked whether they are justifiable or excusable on any grounds whatever. It may be asked whether the treatment was intentional or "accidental." Was no alternative treatment possible? Was this manual mauling the only mode which ingenuity could suggest? Was a struggle with three attendants the only available method? It was not wholly successful in the result, for even in the opinion of the medical witness concerned the injuries "accelerated death." In the opinion of a good many competent judges, it may be safely averred, sundry bruises, eleven broken ribs, a smashed breast bone, and considerable effusion of blood, would of themselves be quite an adequate cause of death. But whether the injuries merely "accelerated death," or whether they were the chief cause of the fatal issue hardly matters. To common sense they seem undesirable from any point of view, and common sense would ask this crucial question, namely, whether these fearful injuries under which the patient's latter end was at least "accelerated" were or were not preventable.

It appears from official reports that mechanical restraint is not in use in the Gloucester Asylum.

Sundry cases of fractured ribs are, as usual, recorded in the Report of the Lunacy Commissioners just issued. Eighteen deaths by suicide in asylums in the year 1877 are also recorded. The Commissioners indulge in a gratulatory reflection upon the smallness of the number, "somewhat less than three per thousand on the entire number of suicidal patients." That is not the question. The question is whether any of the cases that did occur were preventable or not? It can hardly be doubted, on a perusal of the details, that some, at least, of these suicides might have been prevented by judiciously used mechanical restraint.—(See Thirty-second Report of the Commissioners in Lunacy, to the Lord Chancellor, 1878, pages 42, 43, et seq.)

so-called, who can, and will, abolish those numberless smaller cruelties so rife in asylums, and who can, and will, bring the treatment of insanity much nearer, than it now is, to perfection.

When used protectively mechanical restraint is a humane and a safe means. It is so because it produces infinitely less irritation, anger, discomfort, pain, and terror in the patient, than manual restraint, even if the latter be ever so judiciously applied. It is so because it can be regulated by the medical superintendent, whereas manual restraint cannot be so regulated, being dependent upon the will or caprice of the attendant in charge, who may be bad-tempered, who is sure, in harassing cases, to become weary, and who will in all cases administer it according to the varying impulse of the moment. Whence it follows that manual restraint can never be regular, equable, or certain, and is seldom gentle. Lastly, mechanical restraint is humane and safe, because the instruments of mechanical restraint are free from vices of temper, from impatience, irritability, vindictiveness, passion, or tyranny,* because they can neither threaten, nor strike, nor throttle, nor kneel on the chest, nor crush the ribs, nor shatter the breast bone. Thus mechanical restraint is, as now contended, not only a humane and safe means of protection to the patient, but it is calculated to obviate and abolish the cruelties and brutalities that spring out of the practice of manual restraint, that form of restraint in common use by the "non-restraint" party under the flag of the so-called "Non-Restraint System."

So far the protective purpose of mechanical restraint has been the chief subject of remark. But though highly important and useful as a means of protection and safety, there is a still more important purpose for which it may be advantageously employed. As a direct curative means it

* "What, again, can be conceived more afflicting to a man who has any intelligence and sensibility left than the vulgar tyranny of an ignorant attendant—a tyranny which the best management cannot altogether prevent in a large asylum?"—Maudsley ("The Physiology and Pathology of Mind." Second edition, page 497).

is one of the best therapeutical remedies at command for procuring that absolute rest so essential in the treatment of acute insanity. "In every case," says Griesinger, "if acute and recent, the primary indication is absolute rest of the brain."* This sentence may be accepted as an aphorism. It contains a cardinal truth as applicable to a brain in a state of functional disorder as to an inflamed knee joint or a fractured rib. By way of instance, let us consider acute mania. The restlessness, sleeplessness, constant talking, and incessant muscular movements of this form of insanity are sources of intense exhaustion, which, if not arrested, may sooner or later destroy life. "Exhaustion after acute mania" is one of the commonest causes of death to be found in statistical tables of insanity. It may, indeed, be said that when "acute delirious mania" proves fatal, as it frequently does, death is always the result of exhaustion. "It is," says Dr. Blandford, "exhaustion that kills: we do not find by post-mortem examination any lesion of the brain or other organ sufficient to cause death."† Conolly himself recognised this danger, and the importance of rest as a means of treatment. "No physician," he says, "of experience in cases of insanity can be unacquainted with the tendency to exhaustion and death in all recent cases of violent insanity, a tendency which struggling with restraints, or the continued excitements unavoidable in a crowd of lunatics, greatly increases, and which silence and rest can alone obviate."‡ Dr. Bucknill says: "In the first stages of acute insanity all attempts at moral treatment are futile. That which, at this period, is called moral is purely physiological—namely, removal of causes of cerebral excitement, and the arrangement of circumstances so as to secure, as far as possible, a state of cerebral repose."‖ It will, indeed, be conceded by the majority of observers that rest in acute insanity is an

* "Mental Diseases." New Sydenham Society's Translation, page 464.

† "Insanity and its Treatment." Second edition, page 237.

‡ "The Treatment of the Insane without Mechanical Restraints." 1856; page 43.

‖ Bucknill and Tuke ("Psychological Medicine". Third edition, page 672).

essential ingredient in successful treatment. Rest of the disordered organ, that is, of the brain, is the primary object to be attained. The question for most of us is, indeed, not whether rest is desirable, but how best it may be procured?

Exhaustion results not alone from disturbance of function of the nervous centres, but likewise from the superadded long-continued exertion of the muscles and motor nerves. "The fatigue of which, after prolonged or unusual exertion, we are conscious in our own bodies, arises partly from an exhaustion of muscles, partly from an exhaustion of motor nerves, but chiefly from an exhaustion of the central nervous system concerned in the production of voluntary impulses."* If it be true, as here stated, that ordinary fatigue in a state of health is due partly to exhaustion of the muscles and motor nerves, it must likewise be true that exhaustion in states of mental disorder is partially derived from the same source. Anyone who is familiar with acute insanity must, indeed, recognise the fact that the resulting exhaustion is, to a large extent, directly proportionate with the bodily restlessness and disorderly muscular movement. Hence it follows that if excessive muscular action be subdued the tendency to exhaustion *quoad hoc* will be diminished. Treatment, therefore, must be directed to securing rest by checking incessant and disorderly muscular movements. Exhaustion being the chief danger, the removal even of a portion of its source is an advantage gained. Lightening the burden may just make all the difference between life and death. But the removal of that amount of the exhaustion merely which is due to over-fatigue of the muscles and motor nerves is not the total gain. If the muscular movements are duly restrained, the "central nervous system concerned in the production of voluntary impulses" is also controlled. So long as muscular movement is possible voluntary efforts continue, but movement being made impossible, the efforts are discontinued, and the volitional

* "A Text-Book of Physiology." By M. Foster, M.A., M.D., F.R.S. 1877; page 65.

motor centres come to a state of rest. Such, at least, is the case according to the experience of the present writer. Hence it is that we have in the application of restraint a valuable remedy, as previously alleged, calculated to bring the whole of the voluntary motor apparatus into a condition of rest, and thus to obviate the tendency to exhaustion, degeneracy of function, and death.

Much as restraint has been decried as well as banished from practice of late years, its power as a rest producing agent is not wholly unrecognised. Dr. Blandford, for instance, discussing the question of treatment by the wet sheet, says, "It is a powerful sudorific, and promotes sleep by reducing to the minimum the power of motion. There can be no question that when the latter is taken away, patients will often fall asleep. * * * * It will, I presume, be denied by those who use the wet sheet that its chief good arises from its being a form of mechanical restraint; but that it is the latter, for good or evil there needs no argument to prove."*

The "wet sheet pack" was first introduced into asylum practice by Dr. Lockhart Robertson, in the Sussex County Asylum. It was continued by his successor, Dr. S. W. D. Williams. A controversy arose between Dr. Williams and the Lunacy Commissioners, who required the packing to be entered as restraint in the medical journal. This was subsequently done, but under protest, and so strong was Dr. Williams's antipathy to the mere word "restraint," that he confesses that "for many weeks after the visit of the Commissioners no wet sheet packing was prescribed. But," he continues, "eventually its absence from our *répertoire* of remedial agents was so much felt, and its partial disuse so powerfully demonstrated to us its usefulness, that at last * * we abandoned our sentiments, and returned to the packing; feeling, indeed, that if we were satisfied of its beneficial effects we had no right to deprive our patients of its advantages." Dr. Williams argues that "to call packing in the wet sheet 'restraint' is a misnomer.

* Op. cit., page 231.

The sedative action of cold water is a recognised therapeutical agent, and not long ago the medical papers teemed with reports of cases of disease wherein the temperature is abnormally high, and wherein the cold water bath was used with great effect. This remedy is, however, decidedly heroic, and we prefer to use the much less powerful agency of the wet sheet. But it is none the less a matter of treatment, and should not be designated restraint."* The question whether the wet pack is, or is not, a form of restraint hardly merits serious discussion. Almost all will agree with the Lunacy Commissioners on this point, and with Dr. Bucknill, who says "the wet pack is mechanical restraint of the most stringent character."† The essential question is, whether the mechanical restraint which is undoubtedly applied is the efficient element in the treatment or not. The testimony of men so eminent as Dr. Lockhart Robertson and Dr. Williams gives this therapeutical remedy a high claim to consideration. Its efficacy is said by them to depend upon causes quite independent of the coercion unavoidably exerted. But the mechanical restraint, or coercion, or "passive resistance," or whatever euphemism the thing may be described by, is there. It exists, and may possibly contribute to the beneficial effect. The question is whether the observed results are due to the water or to the restraint, or to both combined. The way to solve the question is to use the two things separately, not so easy to do with regard to the water, but easy enough with regard to the restraint. Dry packing may be employed. It is quite true that if dry packing be effected by a quantity of heavy envelopes, blankets, counterpanes, or what not, the heat of the body is retained, the circulation is at first quickened, the face becomes flushed, and sweating more or less profuse, according to circumstances, speedily ensues in most instances. Dry packing so managed differs little in its results from wet packing. It is like the latter, a powerful sudorific, and, of

* "The Journal of Mental Science," October, 1873. Vol. xix., page 452.

† Bucknill and Tuke (op. cit., page 754).

course, it is open to anyone to say that part at least of any observed favourable results may be due to the increased action of the skin. But dry packing may be effected by means of materials of such a texture as not to produce sweating, and, indeed, may easily be so applied as to require the usual supply of blankets to maintain warmth. Under such circumstances the sudorific effect goes, of course, out of the calculation, and the restraint alone remains as the efficient remedial agent.

Dry packing used in this fashion will be found to produce the beneficial results claimed for the wet sheet. When once a maniacal patient feels that all resistance is useless, the effort at resistance, as previously pointed out, ceases, and sleep frequently ensues without any other treatment. The whole system, bodily and mental, comes to a state of much-desired rest. Even if sleep does not immediately supervene, a great advantage is gained in the mere quietude procured. But this advantage is supplemented by another of very great importance. It will be found that hypnotics act more quickly, more effectually, and in much smaller doses on a patient who is properly restrained than on one who is allowed to continue in a state of restlessness.*

As to the method of applying the pack, wet or dry, little need be said. A good description of the wet pack is given in Dr. Johnson's work on hydropathy.† In cases of violent mania some means, it is presumed, must, as a rule, be adopted of fastening the sheets and blankets to prevent the patient from setting himself free. In dry packing a very

* This, of course, is a fact of no weight with those who see no advantage in producing sleep. Dr. George H. Savage has recently declared ("Guy's Hospital Reports." Third series, vol. xxiii, 1878, page 141) that, "The mere producing of sleep does little if any good in the majority of cases of insanity," and he relies chiefly (page 164) on *moral* treatment "by means of the right mental levers," whatever those implements may be. Few authorities, probably, will concur in this view. Dr. Bucknill, for instance (op. cit., page 734), says, "It is, and must be, a great point gained that a patient suffering from acute mania should have a good night's sleep secured for him." Dr. Blandford, again (op. cit., page 230), speaking of acute delirious mania, says, "But many of these cases are cut short and cured like delirium tremens if we can procure one long and sound sleep."

† Quoted in "Ringer's Handbook of Therapeutics." Third edition, page 31.

strong sheet or a thin but strong counterpane is used. The patient, wearing only a night-dress, is laid upon this, the arms being placed straight down by the side. It is then wrapped firmly round the body and fastened by being sewed up, from the neck to the feet, with stout thread.

It may be here incidentally observed that neither packing nor any kind of restraint is ever to be used as a punishment. It is only advocated now as a protective measure and as a remedial agent. *It is taken for granted that it is only to be applied under the authority and direction of authorised medical practitioners, and no more to be left to the discretion of attendants than the administration of chloral, or morphia, or antimony, or any other medicinal remedy whatever.* Patients when packed are not to be left alone.

Patients when packed ordinarily lie quite still, but it happens sometimes that they rise up in bed or writhe about. If this were allowed to continue the object of the packing would be frustrated, the restraint being only partial. The restraint to be effectual must be complete, and it is requisite, therefore, under such circumstances, to fasten the patient to the bed. The best way of doing this is by passing a band of broad webbing across the chest and shoulders, and entirely round the bed, tying it underneath the bedstead, or at one side. A similar band may, if necessary, be passed across the knees. This latter, however, is seldom required, for patients unable to move their arms, and unable to rise in bed, cease immediately to struggle, and relapse into calmness and quietude. It need hardly be stated that the recumbent posture is the one invariably to be adopted when packing is employed.

Now, it is not intended to lay down dogmatically what has been here asserted with regard to this mode of treatment. The question of treatment by restraint, like that of all other modes of treatment, must be settled, in the long run, by close and accurate clinical observations, made by numerous observers. The statements of a single observer cannot be accepted unless confirmed by others. No claim

is now made for acceptation of the mode of treatment under discussion upon the *ipse dixit* of one man. But the treatment is advocated in the hope that it will be fairly examined and tried upon a large scale in large asylums. The inferences drawn with regard to it have been taken from experience gained in a small private asylum over a period of eleven years. The experience so gained has taught this lesson, at any rate, namely, that in the same hands, under the same general methods of management and treatment, acute mania has been much more successfully treated with mechanical restraint than without it.

In conclusion, it is hoped, nay, entreated, that this matter of mechanical restraint may be looked into and examined without prejudice or foregone conclusions, that it may, where tried, be put in practice fairly and fully, not carelessly nor in a perfunctory manner, and not tossed on one side without giving it a complete test. Above all, it is earnestly wished that asylum superintendents and medical officers may utterly and finally repudiate and spurn every vestige of official terrorism or dread of being charged with heterodoxy, so that the subject in question may be investigated in a truly scientific spirit without fear and without favour.

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