Observations on the expediency of abolishing mechanical restraint in the treatment of the insane in lunatic asylums : a probationary essay / by John Crawford.

William Ewing Esq
With the author's best
respects.

OBSERVATIONS

ON THE

EXPEDIENCY

OF

ABOLISHING MECHANICAL RESTRAINT

IN

THE TREATMENT OF THE INSANE

IN

LUNATIC ASYLUMS.

A PROBATIONARY ESSAY,

SUBMITTED TO THE FACULTY OF PHYSICIANS & SURGEONS, GLASGOW,

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OBSERVATIONS, &c.

NOTHING, perhaps, exhibits more strikingly the progress of an enlightened and humane philosophy, than the alterations which have recently taken place in the system and management of those important institutions which are devoted to the treatment of the Insane. At a period by no means remote, such establishments wore an aspect very widely different from what they do at present. The lunatic of those days, was looked upon with a singular mixture of dread and pity. Regarded as the victim of a peculiar and mysterious malady of mind, and as placed beyond the pale of humanity, by a disease which was inaccessible to all modes of moral treatment, and not amenable to the usual resources of medical science, little else was desired by his friends, than the means of concealing him from a world to which they believed him already hopelessly dead, and the opportunity of shutting him up in a confinement where he might be prevented from indulging those propensities of violence and ferocity, which they regarded as the results of some inscrutable change in his mental constitution, and of which they stood in so much awe. Hence, at that period, such institutions not unfrequently combined the attributes of the prison-house and the grave; and the restraints, punishments, and severity of the one, were veiled by the secrecy and silence of the other. Shut up in cells and cages—chains, fetters, iron collars, iron masks, and leather muzzles, the scourge, the blows, and the threats of a brutal keeper, together with the indiscriminate use of tartar-emetic and drastic purgatives, probably prescribed by an ignorant and non-medical attendant, constituted the treatment to which the hapless lunatic was subjected. The furious imprecations of the maniac, and the clanking of his fetters, were to be heard, mingled with the blows of the lash and the oaths of the attendant; while the drivelling of hopeless idiocy, and the emaciation of person, and distortion of figure caused by long confinement and restraint, illustrated the efficacy of the treatment. This picture is not an overcharged one, and many of its descriptions apply to even our principal

public institutions during the first ten years of the present century. In Bethlem and St. Luke's, and some of the large provincial institutions, although they were nominally under the charge of physicians of eminence and name, the real administrative power, and, in general, the dangerous privilege of inflicting personal restraint, were left in the hands of a non-professional officer—one, who had most usually begun life as an assistant-keeper or servant, and who, having passed through the various grades of madhouse promotion, came at length, under the designation of master, governor, or steward, to exercise at pleasure despotic power over those unfortunate beings who were committed to his tender mercies. The whole system, in short, was founded on the principle, not of treatment, but of confinement; the object was imprisonment, not cure. It is not, then, to be wondered at, that popular prejudice should still continue to draw an unreal and invidious distinction between the subjects of mental disease and patients afflicted with other maladies; and that, in the imaginations of the public, institutions devoted to the treatment of insanity, should still continue to be invested with attributes of horror and aversion, now happily in most cases altogether fanciful, which do not attach to their ideas of other hospitals consecrated to the cure and alleviation of the sufferings of humanity.

For the first great revolution in the management of the insane, we are indebted to the genius and philanthropy of Pinel. In 1792, that great man, then physician to the Bicêtre, after much difficulty, prevailed on the Government to allow him to strike the fetters off the miserable victims whom ignorance, fear, and mistaken notions of the nature of insanity, had consigned to chains in that institution. "In the course of a few days, Pinel released fifty-three maniacs from their chains; among them were men of all conditions and countries, workmen, merchants, soldiers, lawyers, &c. The result was beyond his hopes. Tranquillity and harmony succeeded to tumult and disorder; and the whole discipline was marked with a regularity and kindness which had the most favourable effect on the insane themselves, rendering even the most furious more tractable."*

The results of this grand experiment, and the scientific application by Pinel and his accomplished and benevolent pupil Esquirol, of the principles which led to it, together with the revelations obtained by the Parliamentary Commissions of 1806 and 1815—revelations in many respects disgraceful to the country and the age, exhibiting as they did, the gross mismanagement which prevailed in the establishments for the insane in many respects, but especially as regarded the abuse of restraint and coercion,—contributed, at length, to direct at-

* British and Foreign Medical Review, No. I. p. 286.

tention to these institutions in our own country, and to lead to their improvement; and at the present moment, the public Lunatic Asylums of the United Kingdom, taken as a whole, may challenge a comparison with those of any country in the world.

We have even gone before our Continental brethren; for, although they first set the example of modifying restraints and mitigating the severity of coercion, this country has the merit of being the first to demonstrate that restraint and coercion might be altogether abolished. This experiment was first tried in the Lincoln Institution, in 1838; and the example was subsequently followed by Dr. Conolly, at Hanwell. About the same time, the Northampton Asylum was opened, and Dr. Prichard, not aware at that time, I believe, that the experiment had been elsewhere tried, adopted, from the commencement, the non-restraint system.

The Royal Asylum of Glasgow was the first in Scotland to adopt this improvement, all restraints having been abolished in that institution in the month of June 1841, by order of the present talented and philanthropic Physician. At that period, and for some time previously, I had the honour of filling the office of House Surgeon in the Establishment; and I had thus an opportunity of comparing the advantages of the two opposite systems of treatment, the respective merits of which have given rise to much controversy in various medical publications. To this circumstance, the following Observations owe their origin; and however hastily they have been thrown together, and however imperfect they may in other respects be, they have, at least, the merit of being the results of actual experience and personal observation. This experience and observation have forced me to the conclusion, that in a well-regulated institution for the insane, physical or instrumental restraint is not only unnecessary, but positively injurious. Such has been the result of the reflections suggested to me by very extensive opportunities of witnessing the working and operation of the two systems; and that, too, although the restraint previously pursued was of the mildest and most modified description. I may remark, also, that this conclusion was arrived at under circumstances by no means favourable to the new system. Everything was against its receiving a fair trial. The building was not constructed in such a manner as to afford facility for its proper operation, and the attendants were altogether unused to it. Hence arose at first many difficulties, which only those who are familiar with the management and details of similar establishments can properly appreciate; but, notwithstanding all these drawbacks and disadvantages, a very short time sufficed to convince me of the great benefits resulting from the total abolition of restraint in such institutions. It is, however, only to institutions specially devoted to the

treatment of the insane, that these remarks apply; for I must agree with the opinion expressed by Dr. Hutcheson, in the last Report of the Royal Asylum,* that, in private practice, restraint cannot be safely dispensed with: although even there, I believe, it is at present often had recourse to unnecessarily.

It is proposed in the following Essay, first, to review the various objections to which the system of restraint is, in my opinion, liable; and, secondly, to notice the different arguments which have been adduced in its favour, by those who advocate its utility, or rather, to speak more correctly, the pleas which they have put forth in vindication of its employment.

In considering the system of mechanical restraint or coercion, with a view to detect and expose its disadvantages and the evils which result from it, it will be useful to the prosecution of our inquiry, to contemplate its operation and tendency—first, as regards the patients themselves; and, secondly, as regards the attendants employed about the insane.

Lunatics have been subjected to restraint, principally on two grounds,—either with a view to prevent them from doing injury to others, or to hinder them from doing violence or mischief to themselves. Speaking generally, we may say, that the former of these two classes includes the subjects of maniacal excitement, in its various grades, from simple irritability or excitability up to furious violence; and the latter embraces those who are afflicted with mental depression, agitation, or melancholia. In pursuance of our plan, we shall first consider the evils of restraint, in reference to the former of those classes.

The imposition of restraint tends to injure the feelings and wound the sense of self-respect in the insane. That these feelings do exist, and exist frequently to a great degree, in the minds of the insane, is an assertion which few who have had opportunities of observing mental disease, will venture to dispute; and that the rude violation of them must be injurious to the success of our treatment, is a conclusion at which every unbiassed and reflecting mind must arrive. The time was, when lunatics were regarded as destitute of the common feelings of humanity, and were supposed to be as insensible to physical suffering as to moral indignity. All rational observers have now dismissed the former hypothesis, which at one time was shamelessly and openly advanced in justification of their conduct, by those who left their helpless fellow-beings in filth, nakedness, and hunger, a prey to the most cruel physical sufferings, because the unhappy patients were *irrational,* and therefore pronounced incapable of

* 29th Annual Report, p. 40.

feeling their privations. If, then, we no longer consider the lunatic exempted by his malady from the consciousness of physical suffering, and would stigmatise as criminal the depriving him of the proper comforts of shelter and sustenance, why should we regard him as insensible to moral degradation? It is a notorious fact, that in many cases of insanity, the feelings of the patient in this respect, so far from being blunted, become even morbidly sensitive. By violently outraging this morbid feeling, no good can, on any sound principle of reasoning, be expected. It is true that in some cases the morbid feelings of pride and self-importance form a marked and prominent feature in the disease; but, in such cases, no advantage is to be derived from subjecting the patient to indignity and restraint, as a means of illustrating the fallacy of his delusions. It rarely if ever happens, that the lunatic can thus be suddenly shaken out of his fancies. The general effect of peremptory and needless contradiction, is now admitted by all those who have been brought into much contact with the insane—the advocates of restraint themselves included, —to be injurious, as tending in general to exasperate irritability, and confirm existing delusions; and, on the same principle, the subjecting a proud or self-important patient to what he feels, and not unnaturally, to be indignities of treatment, cannot be expected to be productive of any benefit.

The following case will illustrate these observations. Among the first subjects of Pinel's great and humane experiment, was an old priest who was possessed with the idea that he was Christ. "His appearance indicated the vanity of his belief: he was grave and solemn; his smile soft and at the same time severe, repelling all familiarity; his hair was long, and hung on each side of his face, which was pale, intelligent, and resigned. On being once taunted with a question, that 'if he was Christ he could break his chain,' he solemnly replied, '*Frustra tentaris Dominum tuum.*' His whole life was a romance of religious excitement. He undertook, on foot, pilgrimages to Cologne and Rome; and made a voyage to America, for the purpose of converting the Indians. His dominant idea became changed into actual mania, and, on his return to France, he announced himself as the Saviour. He was taken by the police before the Archbishop of Paris, by whose orders he was confined in the Bicêtre, as either impious or insane. His hands and feet were loaded with heavy chains, and during twelve years he bore with exemplary patience this martyrdom and constant sarcasm. Pinel did not attempt to reason with him, but ordered him to be unchained in silence, directing at the same time, that every one should imitate the old man's reserve, and never speak to him. This order was rigorously observed, and produced on the patient a more decided effect than

either chains or a dungeon. He became humiliated by this unusual isolation, and after hesitating for a long time, gradually introduced himself to the society of the other patients. From this time, his notions became more just and sensible, and in less than a year he acknowledged the absurdity of his previous prepossession, and was dismissed from the Bicêtre."

When a patient finds himself within the walls of an asylum, into which, perhaps, he has been unexpectedly or unwittingly introduced, it commonly happens, that his first impulse is to break forth into an abuse of the friends who have placed him, wrongfully and causelessly, as he conceives, in such an institution. On these occasions, if the patient be calmly and kindly reasoned with—if he be quietly told that he has been placed there from no motive but the desire of improving his health—that he will one day take a different view of the circumstances—that he will be treated with every consideration, and not detained a moment longer than necessary; and if, at the same time, the comfortable and contented appearance of the other patients be pointed out to him, it will generally be found that his irritation abates, and from being angry or even violent, he becomes quiet and good humoured. But suppose such a patient ushered into an asylum, with the irritability and excitement incidental to his malady, exasperated by the idea of recent ill usage and deceit; and that, on entering a place against which he is strongly prepossessed, and in which he imagines that he has been confined by unfair means and for dishonest purposes, he finds all his previous notions confirmed by being put under restraint; or even, should that not be deemed necessary in his case, by seeing others around him subjected to it, is it at all likely that in such circumstances a soothing manner and a kind address would have the same effect in quieting his excitement or gaining his confidence?

Even when only employed in the most violent cases, it may, we think, be fairly asserted, that restraint is injurious, being calculated to increase the excitement and keep up the violence. The experience of all those who have made the actual experiment of dispensing with it, bears out this assertion. When Pinel, shortly before he threw open the cells and cages in which the miserable inmates of the Bicêtre were confined, visited it in company with a member of the Government, with the view of inducing the latter to give him permission to carry out his humane purpose, the functionary, the well known Couthon, who was not peculiarly likely to be shocked by spectacles of horror, was so appalled by the scene he witnessed, the abuse he received on all sides, "and the confused sounds of cries, vociferations, and clanking of chains in the filthy and damp cells," that he staggered at the physician's proposal, and told him "that he might do

as he chose with them, but that he dreaded that he would become their victim." Yet of these there were, as already stated, fifty-three released in a few days; some freed entirely from all restraint; and others subjected to it in only a comparatively trifling degree, without any but the best results following.

In our own country, similar proofs have been given of the injurious tendency of the use of restraint, and the beneficial consequences which follow its entire removal, in cases of excitement. At the opening of the Northampton Asylum (August 1838), a great number of pauper lunatics were brought to it from workhouses, asylums, and other places of confinement; these were all, on their arrival, set at liberty, though among them were many who had been objects of terror to their former keepers, and had, in consequence, been subjected to continued restraint. To exemplify the results, we shall quote the following cases; premising, that the general character of the patient, which is prefixed to each case, is that given by the resident officer of the institution in which he or she was confined, previous to removal to the Northampton Asylum.

"J. S. Subject to epileptic fits, very violent and malicious; will fight, kick, and bite; not to be trusted with any safety to the attendants.

"S. L. In every respect as bad as J. S., but worse, if possible.

"When these men were admitted, their legs were confined by heavy irons, which barely allowed one foot to be shuffled a few inches before its fellow, and their wrists by figure-of-8 handcuffs. The son of the officer above mentioned (the resident officer of the institution from which they came) refused to take these instruments away with him, upon learning that we were unprovided with substitutes; declaring, that he should consider himself personally answerable for our lives, were the patients set at liberty. They were taken out of restraint at bed-time, and have not been coerced for nearly two years. The first became so useful to the attendants, and apparently trustworthy, that he was permitted to have a pass-key; this privilege he, some months after, forfeited by going home, but he returned voluntarily on the second day. He is remarkably humane to his fellow-sufferers, and exhibits no traces of the dangerous disposition which he once possessed.

"The other, when able, works at his trade as a tailor; but he suffers considerably, from frequent and violent attacks of tetanic epilepsy, to which he has been subject for thirteen years. It is utterly impossible to describe the sullen and ferocious deportment of this man when first admitted; he appeared to thirst for blood, and his attacks were as unprovoked as they were formidable. The maniacal excitement now exhibits itself by singing and laughing; he may at all times be managed without difficulty, but severity of tone and manner would instantly produce angry feelings.

"S. M. Violent and dangerous to the attendants; has never yet

been without personal restraint (59 weeks); destroys her clothes; and is very dirty and obscene.

"A powerful masculine young woman, with a repulsive and cunning expression of countenance, and a badly developed cranium. Her legs were confined by irons, precisely similar to those in cases J. S. and S. L., but the hands were fastened by handcuffs *behind her back.* She was considered so formidable, that the matron of the establishment from whence she was brought, warned the attendants not to approach her incautiously, as she was in the habit of attempting to crush others between herself and the wall. At supper, they were requested to give her a spoon, as, *from practice*, she was able to feed herself, although the hands continued to be fastened as before described. On going to bed, the instruments were removed, and the following day was principally passed in scouring. Within the fortnight she was industriously employed making shirts for the male patients, completing three in the course of the week; her recovery gradually ensued; and at the expiration of eight months she was discharged, having, during the whole of that period, enjoyed perfect liberty."*

"T. H. Described as exceedingly dangerous, having so frequently made violent and wanton attacks on the keepers, that it was unsafe to leave him one moment unrestrained.

"He was set at liberty, and, together with seven of his companions, travelled very peaceably in an omnibus to this Asylum, the journey extending over a distance of more than 60 miles. At first he appeared deeply impressed with the notion that he was a man to be dreaded, and on more than one occasion exhibited a wish to alarm his new associates and attendants, by antics and extravagances that produced an effect directly opposed to his intentions. On making these discoveries, being in reality of a cowardly disposition and his physical force of a very inferior character, he quickly degenerated into a very orderly inmate. He is fond of reading and scribbling doggerel rhymes; and being supplied with the means of indulging these tastes, his effusions sometimes occasion much amusement."†

In the Report from which the above cases are quoted, another one is detailed which is worth especial attention, as it illustrates, in a striking manner, the utter inefficacy of restraint in cases of furious excitement, and the advantages resulting from its abandonment. Shortly after the opening of the Northampton Institution, a patient was admitted who had previously been repeatedly insane, and had been confined in various asylums. His conduct was so outrageous, and his propensities so ferocious and destructive, that, as the institution was then in its infancy, and a sufficient number of attendants had not been procured, the medical superintendent conceived it necessary to depart in his case from the usual practice, and subject him to coercion.

* Second Annual Report of the Medical Superintendent of the Northampton General Asylum, p. 20. † Ibid. p. 22.

"During the paroxysms, he was apparently conscious of everything that was said or done around him; so much so, as to induce a belief that he was enacting a part. Nothing was so grateful to him as to be noticed; and did he succeed in giving rise to laughter, astonishment, or alarm, by his grimaces and assumed fury, he would grin with evident and malicious satisfaction. At these times, there was a peculiarly offensive effluvium from the skin, his appetite was depraved and voracious, nor was he ever to be discovered sleeping. During the day he was continually spitting, cursing, or making use of the most disgusting language. At night, his howls could only be compared to those of an assemblage of wild beasts; they were heard for a considerable distance from the Asylum, and effectually disturbed the rest of every one of its inmates, no matter how remotely located. To this, he added the most destructive propensities; steel handcuffs, chains, and in fact, every instrument of restraint employed, were quickly destroyed. Bedsteads of great strength were made expressly for him, but eleven were rendered useless before one could be met with sufficiently massive to baffle his efforts. On one occasion, he burst open his cell-door, broke the iron frame of a window, nearly demolished an outhouse, wrenched some doors down, and smashed so much glass before he could be secured, that by the destruction of that one night, the institution must have sustained a loss of nearly £20. On another, he struck at the writer with a spade, so vehemently as to cut through a thick dahlia stick that was hastily raised to ward off the blow.

"Having persevered for some months in the ordinary system, and finding that coercion but increased the cost of treatment, it was at length discontinued. It soon became apparent, that this change was not altogether agreeable to the patient; he had never resisted the imposition of instrumental restraint, and he now repeatedly endeavoured to irritate us into a resumption of its use. This circumstance strengthened our resolves; by degrees his paroxysms became shorter and less frequent, the work of destruction more and more distasteful, and eventually it was altogether abandoned. He became extremely industrious, was an excellent labourer, and would usually do more work than any two or three men upon the premises; after a probation of several months, he was discharged as recovered; before he left, he declared his belief that he should never have another attack, and has continued in health for nearly a year. He also stated, that when at the worst, he was ever conscious of his conduct, and sensible of its impropriety and folly; but that he was urged on by an impulse he could neither describe nor withstand, that he felt a delight and glory in following its dictates, and he could only account for his feelings by supposing that he must be at those times possessed of the devil."*

For more than three years, the extensive establishment at Hanwell, containing upwards of a thousand lunatics, has been conducted without the slightest resort to personal restraint, and the experiments have been attended with the best results. Dr. Conolly gives the following interesting account of the various steps by which this great amelioration was effected, and the consequences as regarded the condition of the patients:—

* Page 21.

"It was impossible to view these things [the evils arising from restraint], almost daily occurring, without resolving to endeavour to prevent them. Occasionally, peace was restored by the sudden and unexpected removal of the restraint; and at other times, restraints were allowed to remain on until the patient became quiet or sullen. In the first case, good was sometimes done; in the second, none ever resulted. By degrees it was found that by refraining from restraint, although it was still alluded to, the patient felt that an obligation had been conferred, and would promise good behaviour, and for a short time maintain it. But it was not until restraints had for many months ceased to be seen in the wards, that tranquil conduct of any duration was observed in these patients (*i. e.* in the old and inveterate cases). Some of them have now proved capable of removal to the quieter parts of the asylum, after having been considered the most hopeless patients in the house. Their malady is incurable; but it appears to have lost some aggravations resulting from years of mismanagement,—for some of these patients who are now middle-aged, became insane in the prime of life, and were sent here after being in many lunatic asylums." *

In my own experience, I have, fortunately, never had occasion to witness such extreme and horrible instances of the abuse of restraint, as have been described by others; but I have seen enough to convince me of its injurious effects, in aggravating the excitement under which the unhappy patients labour. I have repeatedly seen patients brought to the Asylum hand-cuffed, restrained by the strait waistcoat, and even bound hand and foot with cords so tightly applied as to produce severe excoriations of the limbs, and who, notwithstanding all these precautions, were so violent, that, in their transport to the establishment, they required the united strength of several men to keep them down,—become perfectly quiet and submissive, and even voluntarily engage in some occupation, when, on their admission, they were freed from their restraints and the presence of their guards, and calmly and kindly spoken to. Such results have often astonished, in no small degree, the friends or relatives under whose care they had been brought to the Institution; and who, though sincerely and affectionately attached to them, had been induced by fear for their own safety to have recourse to such restraint. They have often expressed their surprise, that in a place which in their minds had been associated with ideas of severity and coercion, the patients should be treated with so much more mildness than their own families could venture upon. The same sentiments I have heard expressed by such patients themselves when convalescent, and have known them bear testimony to the beneficial effects produced upon their minds, when, after being excited by protracted and violent struggles, and irritated by the imposition of restraints, which they considered at the time to

* Resident Physician's Report for 1840, p. 49.

be unnecessary and degrading, and which, in reality, produced much bodily annoyance and pain, they found themselves all at once released from anything like violent and irritating coercion, and spoken to and treated "like rational beings." That this striking abatement of excitement, which is by no means an unfrequent result of the admission of a maniac into a properly conducted Asylum, is in some instances to be attributed, in a considerable degree, to the sudden change of scene and the consequent diversion of his associations, I am fully aware; but still, all my observation, as well as the repeated testimony of the patients themselves, convince me, that in such cases as those alluded to, it was in a great measure to be ascribed to the change of treatment, and in particular to the removal of forcible restraint.

This view is borne out by the *increase* of excitement, which is often as apparent on the imposition of restraint, as its *decrease* is obvious on its removal. Nothing can be more graphic and faithful, than the description given by Dr. Conolly, of the forcible imposition of the means of coercion, even under circumstances where every precaution was taken to prevent unnecessary violence, or any harshness beyond what was actually inseparable from the operation, and inevitable under the system:—

"The spectacle in those cases where the strait waistcoat was determined upon, was most distressing. There was a violent struggle; the patient was overcome by main force; the limbs were secured by the attendants, with a tightness proportioned to the difficulty they had encountered; and the patient was left, heated, irritated, mortified, and probably bruised and hurt, without one consoling word—left to scream, to shout, to execrate, and apparently to exhaust the whole soul in bitter and hateful expressions, and in curses too horrible for human ears."*

On this subject, I am able to speak most positively, because, even at the period during which restraint, in a modified form and to a limited extent, formed part of the system pursued in the Royal Asylum, the humane precaution of the Physician interdicted altogether any of the inferior attendants from imposing it on their own responsibility; and it was only permitted when executed under the direction of a medical officer. Since its abolition, likewise, when a patient has become suddenly violent and excited, the attendants have been uniformly required to report his state, previous to his removal to the quiet of his own room or the seclusion of a retired gallery. I have, consequently, had ample opportunities of observing lunatics under the most violent excitement, and had frequent occasion, under the one system, to superintend the imposition of restraint, and under

* Resident Physician's Report for 1840, p. 48.

the other, to direct the removal of the violent patient to a place of temporary seclusion; and I can unhesitatingly affirm, that, while the former object was rarely attained without considerable struggling and almost invariable increase of irritation and excitement, the latter was frequently accomplished by the mere force of persuasion, and *always with much less resistance* on the part of the patient than the other.

It is not wonderful that this difference should exist. The mind of the most furious maniac is *morally weaker* than that of the sane man; and if the latter know how to maintain his calmness and composure, he will generally find that he has the advantage over his apparently formidable patient. But, in order to gain this superiority, it is indispensable that nothing should betray excitement or passion on his part, and that he should avoid everything, in language, look, and gesture, that can irritate or provoke. If, avoiding all appearance of such feelings, abstaining from all reproach or rebuke, and even, perhaps, sympathising with him, he calmly tells the patient that it will be better for him to retire a little into his room, he will, in many instances, easily succeed in inducing him to do so. On the other hand, if, when the patient is in this violent state, manacles and straps are produced and forced upon him, it will be in vain to employ that soothing language which, in the excited state of his mind, and under the circumstances of the case, can only sound to his ears like cruel and ironical mockery. Under such circumstances, it is not surprising that his excitement should be more increased by the treatment he receives than abated by the language addressed to him; and that the resistance to which he is thus prompted, should still further exasperate and inflame him, from the physical exertion and mental irritation of the struggle. I am far from asserting that, in such cases, the excitement will necessarily be abated, and the withdrawal of the patient be always easily accomplished, when no instruments of restraint are employed; on the contrary, it may be necessary for his own sake, as well as for the safety of those about him, to exert force for the purpose of removing him; but, even when this is required, the struggle will be much abridged both in violence and duration, and after the object is effected, the patient will be left in a state much more favourable to the subsidence of his excitement, and will be much less disposed to brood, in the sullenness of solitude, over his imagined wrongs, than if the recollection of the contest, and of the supposed indignities he had suffered, was kept up by the galling pressure of the fetters that had been forced upon him.

Another proof of the advantage of non-restraint in lessening the violence of excitement, has been afforded by its effects in cases of *recurrent* or *paroxysmal insanity*. In the Royal Asylum, as in

all institutions of the kind, there is a large number of patients who are subject to paroxysms of recurrent mania, marked by more or less excitement, and recurring at various intervals, during which they are comparatively tranquil and manageable, and in some instances rational. Under the old system, the more excited of these patients were always placed under restraint. Since its use was abolished, they have, of course, been left at those times free from all coercion; and the result is, that in general the excitement characterising the paroxysms is of a much milder kind than formerly. In some cases, patients who formerly required to be strapped to their beds during those attacks, have, though flighty and excitable, been found capable of being employed at work, even during the paroxysm. In many instances, the maniacal symptoms are much less intense; and in almost all, they are accompanied with much less disposition to personal violence, as exhibited either in expression, threats, or actual conduct. It is also worthy of remark, that, in several of these cases, since restraint has been dispensed with, the paroxysms have been *shortened* in their duration, or the comparatively lucid intervals lengthened.

A third objection to the use of instrumental restraint in cases of excitement, is, that it effectually excludes the possibility of employment. It may be replied, that, under a proper system, restraint would not be had recourse to, except in cases where the excitement was such as to render employment impracticable. But experience shows that this incompatibility of occupation with excitement, has been much overrated. I have frequently witnessed patients in a highly excited state, not only engaged in occupation, but working with peculiar energy and zeal, as if they themselves experienced relief by thus diverting their thoughts; and the excitement, which, had these individuals been chained, fettered, or manacled, would have vented itself in threats, imprecations, and fruitless struggles, ineffectual in every respect except in aggravating the mental disorder, was thus turned aside into a more peaceful and harmless channel. It is true, that such patients are highly excitable, and that an incautious word or even look will be sufficient to kindle the spark into a flame; but care, attention, and proper training on the part of the attendants, will generally, especially in institutions where they are not taught the baleful habit of trusting to restraint, enable them to avoid anything that tends to produce such an occurrence; and it is surely better to take some additional trouble with both patients and attendants, than to have recourse to coercion, which not only chafes and irritates the individual, but debars him from that occupation which both affords the means of quieting his present excitement, and forms a powerful auxiliary in the treatment of his malady. Where mechanical restraint forms part of the system pursued, it too commonly happens

that the instant an individual has been guilty of an act of violence, he has, in the first place, forcible restraint forcibly imposed upon him; and then, when not only the original excitement but also the exasperation induced by this treatment have subsided, the restraints are still for some time retained, "in order," he is told, "to teach him how to behave himself again;" and thus punishment, degradation, and protracted idleness, three of the most injurious moral agents that can be employed in insanity, form the leading features of the treatment.

In the treatment of the other grand division of the insane—those who are afflicted with melancholy, depression, or agitation—the use of mechanical restraint is equally objectionable as in the case of excited or furious maniacs. Frightful as is the exhibition of intense maniacal excitement, it is questionable whether the class of patients of whom we now speak, do not present a still more melancholy subject of contemplation. A prey to the gloomy delusions of their morbid fancies, they are either sunk in a listless, brooding, and apathetic depression, from which it appears impossible to rouse them to sustained exertion or cheerful and salutary recreation, or they remain in a state of bewildered and startled agitation, trembling before a fixed and steady gaze, and easily driven into a paroxysm of fear, in which (arising, it would appear, from the very desperation of their terrors) violence and excitement are occasionally associated with the agitation which forms the prominent feature of their malady. In such paroxysms, they will occasionally lose their timidity, and unless properly prevented, become, for the time, dangerous to those about them; and for this reason, such patients have been frequently put under restraint; but in the majority of melancholic cases, the risk of suicide, and the fear of their injuring themselves, while under the influence of morbid depression or in the distraction of agitation, have been usually urged as the chief reasons for subjecting them to mechanical restraint, although it is to be feared, that in many instances these unhappy creatures have been bound hand and foot, merely to prevent them from destroying articles of dress which patients in their condition ought not to have been permitted to wear. But, admitting that such patients are only restrained in order to provide for their own security, this security, although real, which we shall have occasion to show it is not, would be dearly purchased by the evil effects which the means taken to obtain it produce upon the disease itself.

Such patients are, in many cases, as fully and even as morbidly alive to a sense of personal indignity as the more excited maniacs; and though the infliction of what they deem personal degradation may not produce the same effects on them as on the latter, it cannot be doubted that its results must be equally detrimental. I have seen patients of this description, whom it was thought necessary to

coerce, betray unequivocal signs of the greatest horror and agitation when the instruments of restraint were produced; and on other occasions, have heard those who had quietly submitted to their infliction, beg, in the most piteous and heart-rending manner, to be set at liberty. Let us suppose the case of a young, delicate, and susceptible female, who, in a fit of melancholy or agitation, has attempted to commit suicide, and who is brought to an asylum. In such an institution, the occurrence of suicide is naturally looked upon with, if possible, more dread than in a private house. To prevent such an accident, her delicate frame is enveloped in a strait waistcoat, or her slender wrists secured by handcuffs. Is it wonderful, that all her distressing fears, anxieties, and delusions, and the mental depression or agitation which result from them, should be increased by such usage? How much time must be lost—how much medical and moral treatment will it require, to counteract the effect of a first and powerfully injurious impression made upon a mind peculiarly predisposed to receive it?

Patients afflicted with melancholy and depression, in common with other lunatics, are not only disposed to see all surrounding objects through the medium of their own disordered intellects, but are also liable to have new forms of delusion suggested to them by the objects thus presented to their senses. The following example will illustrate this very common occurrence. A patient in the Royal Asylum, in looking one morning from his window, observed some scaffolding erected in the neighbouring field, in connection with the operations on the line of the Edinburgh and Glasgow Railway, then in progress. The previous day he had been calm and composed, but directly this object caught his eye, he fancied that it was a scaffold erected for his execution, and became restless, gloomy, and agitated, refusing his food, and by his whole conduct and conversation showing that his former delusions had been confirmed and recalled, and new ones, harmonising with them in gloom, had been suggested by this simple circumstance. On another occasion, when the same patient was walking in the grounds, his attention happened to be arrested by the *chevaux de frise* on the top of the wall, and immediately the iron spikes composing it, became, to his disordered imagination, instruments of torture for himself and his fellow-patients, and he was seized with the idea, that he and they were first to be impaled on and afterwards suspended from them. It is not surprising, then, that in a mind already surcharged with melancholy ideas, existing delusions should be confirmed, and new ones equally gloomy suggested, by objects calculated to awaken even in the sane and cheerful mind sensations and delusions the reverse of pleasurable.

Moreover, many patients of this description labour under the

specific delusion that they have committed some heinous crime, for which certain punishment awaits them; some believing that they are ordered for execution, others that they are destined to torture and imprisonment. In this very numerous class of patients, it is difficult to see what effects, except the very worst, can accrue from subjecting such individuals to restraint in their own persons, or the witnessing its employment in the persons of others.

I have already alluded to the beneficial influence of employment and occupation in cases of maniacal excitement; and the good effects of such means are no less apparent in cases of the kind which we are now considering. Although I cannot, with some, regard moral treatment, of which employment forms an important branch, as the one thing needful in the treatment of insanity, and am disposed to look upon the capacity for sustained exertion as being itself an indication of an improvement which is often, in the first instance, only to be attained by proper *medical treatment;* yet, it must be admitted, that steady occupation is a powerful auxiliary in the hands of the physician. Nothing tends more effectually to dissipate the gloom and remove the depression of the patient. Now, in depressed and melancholic cases, as in those of excitement, it may be urged as an argument against restraint, that it excludes the possibility of such occupation. The patient has his thoughts as well as his limbs confined, and he is left in gloomy inactivity, without the means of escape from the distressing images which have taken possession of his mind. This certainly will not facilitate or hasten his cure; and it would be much better for him, were he left from the commencement free and unrestrained, though under proper surveillance—every effort being made to induce him by kindness and persuasion to assume some occupation, and the first favourable moment of willingness taken advantage of.

Such are some of the principal evils of restraint, considered specially in reference to the two different forms of mental disease which are supposed to indicate its use. But there are other evils inseparable from, and necessarily arising out of, its employment, whether the type of the insanity be maniacal or melancholic, and whether the malady be curable or incurable. These may be called its *physical effects*. Restraint, long continued, has notoriously and frequently produced distortion of figure and partial paralysis, and destroyed, to a greater or less extent, according to its duration and severity, the use of the limbs and joints of the unfortunate patients. In former though not very remote times, there were to be found many miserable victims of madhouse coercion, who were unable to walk or stand. None of these extreme cases of its abuse have fallen under my own observation; but I have known the use of the arms very considerably impaired, from long continued though moderate re-

straint. I have also seen erysipelas apparently produced by the pressure of belts and straps, even where these were not applied with more than necessary tightness. Patients who had for a length of time been confined in restraint-chairs, I have known to become crippled in consequence.

In one very important class of insane patients, in reference to whom the necessity of restraint has been, singularly enough, particularly insisted on, *viz.* epileptics, the consequence of its application may be very serious. A complete and violent restraint of the convulsive movements of the limbs characteristic of a fit of epilepsy, may lead to fatal internal accidents. To leave an epileptic patient during the night strapped to the bed, and secured by manacles and leg-straps, is as ridiculous as allowing a man in a fit of apoplexy to retain a tightly drawn cravat round his neck.

Another result of mechanical restraint, is the formation of filthy habits. In the description of madhouses under the old regime, to be found in the evidence taken before the Parliamentary Committees and elsewhere, the disgusting and filthy state of the patients is particularly commented on. We cannot, indeed, be surprised that the inability induced by coercion to attend properly to the calls of nature, should be followed by insensibility to them; or, that those who are treated like brutes, should acquire the habits of brutes. But even when restraint is only carried to a moderate, and what many humane practitioners regard as a justifiable, extent—*if it be restraint at all, and continued for any length of time*—those habits, which, when fully formed, are extremely difficult to eradicate, and are among the most disagreeable concomitants of mental disease, will be contracted. All the filthy patients I have seen in the Royal Asylum (I mean those *habitually* and *inveterately* filthy, for I do not allude to those who, during a paroxysm of insanity, are insensible to the demands of nature,) were old patients, who had been treated under the old system of restraint, and who, either in that institution or elsewhere, had, at one time or another, been subjected to coercion. *No patient* admitted since the total abolition of restraint has become thus habitually filthy. Under the old system, even when a patient was convalescent, or the mental symptoms had undergone a great alleviation, the injurious effects of former restraint were apparent in the persistance of those habits. This was especially the case with regard to incontinence of urine, in patients in whom coercion during the night had been had recourse to. I recollect one patient, who, after his recovery, was able to give a very distinct account of all the sensations and feelings he had experienced during his insanity, but who at one period, having been very destructive, had been kept under restraint for a considerable time,—in whom, long after convalescence,

incontinence of urine during the night was a constant occurrence. It was perfectly involuntary; and, indeed, so anxious was he to get rid of it, that he gave up his evening meal, thinking that his doing so might remove it. In this case there had never been any symptom of the kind previous to the employment of restraint, and there can be no doubt that to that it was solely to be attributed. But when the patient, instead of improving becomes worse, and chronic insanity, imbecility—or fatuity—succeed to a more acute and curable form of the disease, it is easy to see how a system, which leaves traces of its injurious effects even on the habits of the convalescent and the cured, must lead in those unfortunates whose cases have a less successful issue, to the rooted and probably permanent establishment of habits which form no small aggravation of their wretched condition.*

We shall now consider the practical tendency of restraint, in regard to the attendants employed about the insane. We shall find it as injurious, when considered in this point of view, as we have seen it to be as regards its direct influence on the patients.

The character and conduct of those in immediate attendance on the insane, are of the greatest importance. No kindness, tact, or skill, on the part of the heads of the establishment—no medical or moral treatment employed by the physician, can counterbalance or counteract a want of the proper qualities on the part of the inferior attendants. The principal qualifications required for such a situation are, patience and temper—kindness in order to win the affections of the patient, with firmness to gain his respect—observation sufficient to detect all the peculiarities of temper, disposition, and habits, of those committed to their care, and tact enough to enable them to render this knowledge available in the management of them. Now, where the system of restraint prevails, there is not the same powerful motive to induce the attendants to take the trouble and pains necessary for all this. *They rely on restraint.* If a patient shows symptoms of turbulence, he is *threatened* with the waistcoat or the manacles; if he actually commits violence, he is *punished* by their infliction. This "simple rule," this "good old plan," is sufficient for them; it saves them, at the moment at least, a world of trouble; and, as madhouse keepers can claim no immunity from the failings and foibles of humanity, it is natural that those who have been brought up in the old school, should have a prejudice in favour of "the time-sanctified system of force," and regard bonds and fetters, straight-waistcoats, muffs, and leglocks, as not only useful but highly necessary. The

* It is, however, to be observed, that there are patients who exhibit occasional filthiness merely from want of mental attention. Restraint, of course, is not to be blamed in these cases, as they may occur when it is not employed. The above remarks apply only to the habitually filthy.

friend of humanity, however, and he who has read human nature aright, will be inclined to doubt, and not unreasonably, whether, if the system were altogether abolished, the keepers interdicted from using any instruments of coercion, and made aware that no excitement, no violence, no turbulence, would lead to its imposition, they would not be thrown necessarily upon milder, but, as experience has demonstrated, not less efficacious means of managing and controlling the patients. Under such circumstances, persuasion becomes the natural substitute for threats, tact for harshness, and kindness for severity. This change of manner is forced upon them, not only by a regard for the performance of their duties, but also by considerations of personal comfort and even of personal safety. It is far from being my intention to assert, that, in every institution in which restraint forms part of the system, the attendants are necessarily harsh, severe, or tyrannical; but I have no hesitation in affirming, from personal experience, that the tendency of the system is to induce too much reliance on mechanical coercion, and to lead the attendants to be less kind to the patients, less attentive to their different peculiarities of character and disposition, and less anxious to turn their knowledge of these to account in gaining their confidence.

Moreover, where the system of restraint exists, not only is the attendant apt to be much more careless about gaining the confidence and good will of the patient, but the latter also is much less disposed to yield them where the functions of the former are merged in those of the jailor or the turnkey. It will be difficult for a man who, day after day, adjusts and secures the fetters of a patient, to gain his complete confidence and good will.

Another objection to the system of restraint akin to that which we have just noticed, is, that it tends to render the attendants less watchful. This arises from the same cause as that which we have just pointed out, *viz.* the too great reliance placed upon restraint. This, even where the system is pursued in the most moderate manner, and under the greatest precautions, comes necessarily and inevitably, in the minds of the attendants, to be reckoned the great preventive against all accidents and dangers; and trusting too much to it, their vigilance is naturally materially lessened. But unless patients are placed under a degree of restraint so rigorous and complete, that though it may be occasionally practised in secret, would not at the present day be openly avowed or justified—and, moreover, unless this rigorous coercion were extended to almost all—it is impossible that accidents will not occur. Every one familiar with the insane, knows how ingenious they often are in freeing themselves from a degree of restraint, from which one unaccustomed to the cunning and ingenuity peculiar to their condition, would think it impossible for them to

liberate themselves; and also, even if this should be impossible, how ready the patients not so coerced, are to assist their fellows in escaping from their bonds. Now, when such liberation is effected, it is obvious, and unhappily experience has too often confirmed the inference, that very grave and unforeseen accidents may arise; accidents which are not foreseen, and consequently not guarded against, merely because the system of restraint has, to a greater or less degree, superseded the system of constant and vigilant surveillance and care, which affords the only security against such events, and which would have been necessarily forced upon the attendants but for the existence of restraint. Every impartial observer of the working of the latter system, even under the wisest limitations and precautions, must admit the justice of the following remark of one who has had extensive opportunities of witnessing the operation of the two rival systems. "Any contrivance which diminishes the necessity for vigilance, proves hurtful to the discipline of an asylum. Physical restraints, as they rendered all vigilance nearly superfluous, caused it to fall nearly into disuse; and in proportion to the reliance placed upon them, innumerable evils of neglect crept in, which cannot exist where restraint is not permitted."*

It implies no reflection on those who are entrusted with the management of institutions in which the system of restraint is adopted, to add, that the tendency of that system, both in producing a comparative indifference to the study of the individual peculiarities of the patients, and in relaxing habits of vigilance, is not likely to be in all cases confined merely to the servants and inferior attendants.

Such being the *evils* of the restraint system, we may now inquire, what are the *advantages* it can boast of, and what are the arguments by which its employment has been defended? Before, however, noticing in detail the various arguments that have been urged by its advocates, it may be requisite to premise, that the nature of the opposite system seems to have been in many cases unaccountably misunderstood by some, who, before expressing their opinions in a public and decided manner, ought to have taken the trouble of ascertaining its mode of operation by careful and personal observation. It would seem, that those who are averse to the abolition of mechanical or instrumental coercion, have taken it into their heads that those who differ from them on that point, substitute a restraint of another kind, which they consider—and doubtless, if their notions were correct, rightly consider—to be equally injurious to the patient; a restraint in which the brawny limbs of stalwart keepers supply the place of straps and belts. They appear to fancy, that in

* Resident Physician's (Hanwell) Report for 1840, p. 46.

cases where they would use the belt or the manacles, the partisans of the opposite system would hold down the patient by the main force of muscle, until he was sufficiently quieted or exhausted; and after drawing very affecting pictures of an unfortunate maniac, constantly surrounded by a guard of tall and terror-inspiring attendants, who, after having convinced him by repeated trials of strength that they are too many for him, watch all his looks and movements, till he cowers and trembles before them, these advocates of fetters sagaciously shake their heads, and exclaim with the honest son of Crispin, "There's nothing like leather!"

Some such erroneous notion seems to have suggested to the authors of the Dundee Asylum Report for 1840, the following observations, which, though very smart and ingenious, owe their point much more to analogy than to fact, and from the nature of the illustrations employed, must prove much more intelligible to the flax-spinners of Dundee than to those who are acquainted with the management of hospitals for the insane:—

"Perhaps it will be said that the hand is an instrument displaying greater wisdom in its mechanism, and applicable to a greater variety of purposes in the business of life, than any instrument that has ever been devised by the skill and ingenuity of man; but while this fact is readily admitted, it does not follow that the hands of the keepers are the most fit for restraining the maniac in his hours of violent hallucination. The arts of life would never have made much progress solely through the means of manual labour; the gradual introduction of machinery, however, is carrying them on to an unlimited degree of perfection; and may not the condition of a patient in an asylum be ameliorated by the introduction of new and improved instruments of restraint? Though the supremacy over all other instruments be readily assigned to the human hand, it must still be asked, under what guidance and direction is this instrument placed? Is the keeper a being free from passion and prejudice? Does he never slumber? Has he no love of ease? Has he no desire of power? If all on his part were watchfulness, attention, calm and steady resolution, then would the human hand be an instrument for controlling the insane, to which straps and cuffs could bear no comparison. Unhappily, however, a human instrument may have failings that cannot be possessed by inert matter. A keeper may not be wholly free from the faults by which his patient is distinguished. He may be cunning, deceitful, irritable, and revengeful, impatient under the labour and watchfulness to which he is incessantly subjected, and not easily convinced that his peace and comfort should be disturbed by the ravings of insanity. In such circumstances, may not an unhappy patient find a strap a more peaceful and inoffensive nocturnal companion, than a drowsy and selfish attendant."*

Now, we have already said enough to show that the notion on which all this refined sophistry—for it is nothing more—is based,

* 20th Annual Report, p. 11.

is entirely unfounded. Under the system of non-restraint, properly understood and applied, there is no substitution of physical force for instrumental coercion. The object is to allay the excitement by soothing, calming, and conciliating;—to weaken morbid trains of delusions, by affording encouragement and incentives to cheerful occupation, and employment calculated to direct and strengthen the mind;—to avoid everything that may irritate the passions or wound the feelings, and to gain a thorough knowledge of the temper and dispositions of the patient, in order thereby the better to gain his confidence;—and *as a part of this system*, and a part indispensably necessary to its success and to the proper accomplishment of the above ends, restraint is dispensed with.

But, when so much is said about the use of the hand, is it meant to be implied that this instrument, "displaying so much wisdom in its mechanism, and applicable to such a variety of purposes," is not, among its other multifarious uses, employed as a means of coercion under the system of instrumental restraint? By what means are the insane to be induced to accept of those peaceful and unoffending companions—handcuffs, muffs, belts, straps, leg-locks, and the other ingenious instruments, the improvements in the construction of which are to be the measure of the advances made in the treatment of insanity? Why, in the vast majority of cases, they must be *forced* upon the patients by means of the *human instrument*, faulty and dangerous as the Dundee doctors deem it. That where restraint is discarded, it may be occasionally necessary to remove a patient by strength of arm from a scene which excites him to violence, and to place him where he will have an opportunity of cooling down, and where it will be impossible for him to harm himself or others, I have already admitted; but I repeat, that this object will generally be effected with far less resistance than the imposition of restraint; and an experience of both systems enables me to affirm, that where mechanical restraint is practised, the muscles of the keepers are much more frequently called into requisition, and the struggles are generally much more severe.

Another proof of the erroneous nature of this idea is afforded by the fact, that when the system was altered in our Institution, no increase whatever was made to the number of the keepers, these being previously about one to every twelve of the higher patients, and one to every fifteen or eighteen of the lower. If non-restraint consisted merely in the substitution of physical force for mechanical coercion, it is obvious that the number, instead of remaining as before, must have been tripled or quadrupled. With regard to the objections founded on the possible bad qualities of the keepers, it is not easy to construe it into an argument in favour of restraint. If keepers be

so unfit for the duties of their situation, God help the poor patients, whatever system be pursued! But it is not very apparent how their sufferings are to be lessened by entrusting the task of applying the instruments of restraint—a task at all times harsh and often only to be accomplished by force and after a struggle—to such cunning, deceitful, irritable, revengeful, impatient attendants. Nay, we can suppose a keeper to unite all these bad qualities—though that must be a miserably conducted institution in which he would be allowed to remain a servant—and yet, to counterbalance them, Nature may providentially have made him a coward. Such a man, although insensible to humanity and duty, and heedless of the orders of his superiors and the discipline of the house, may yet have a regard to his own safety, and thus be induced to abstain from any very tyrannical conduct towards those at whose hands he might dread a return more deserved than agreeable; but once restrain them, and the cowardice fortunately so often associated with cruelty of disposition, no longer affords a wholesome check. Most truly has it been observed, that "those who are practically acquainted with the doings of a lunatic ward must corroborate the assertion, *if they will but be sincere*, that the fatuous, imbecile, and dirty, are the usual victims of cruelty,—the strong never, unless rendered equally helpless and unresisting by coercion."*

In noticing the principal arguments which have been advanced by the advocates of restraint, the first that claims our attention is that founded on the alleged danger resulting to the attendants from its abolition. Nothing can be more unfounded than such a dread. To confute it, we can appeal, in the first place, to the experience of all the institutions where restraint has been discarded. At Hanwell, Northampton, Lincoln, and Lancaster, the attendants have been less exposed to violence, on the part of the patient, than they were under the old system; and in our own Asylum, the result of the abolition of restraint has, in this respect, been similar.

Secondly, we can at once confirm and account for this result, by the considerations to which we have already had occasion to allude, *viz.* the absence of the irritation and exasperation of excitement which coercion produces; the other and gentler means of acquiring a control over our patients, which the discarding of the physical means of restraint compels us, with great advantage to them, to employ; the more kind, considerate, and circumspect manner in which the attendants are obliged, not only as a part of the system, but from prudential motives, to conduct themselves towards them; and lastly, from the greater degree of watchfulness and punctual care which, as we have seen, are the peculiar concomitants of the

* Second Annual Report of the Medical Superintendent of the Northampton General Asylum, p. 25.

non-restraint system. Thirdly, there are some other considerations which tend to show, that in several respects the security afforded to the attendants by restraint, is by no means to be relied upon. In many cases, the violent outbreak takes place very suddenly in a person who, for a long interval, has been quite tranquil. What can restraint do in such a case? Are we to act on the old and thorough-going system, and because a man has had a fit of violence, is he on that account to be subjected to coercion, until all the symptoms of insanity have vanished? In a very formidable class of patients—epileptic maniacs—we find that the furious symptoms frequently break out without the slightest previous warning. Are all insane epileptics, therefore, to be subjected to constant and unrelaxed restraint? Besides, it often occurs that patients, either by their own ingenuity or the assistance of their fellows, contrive to liberate themselves and vent their ferocity—the result, probably in a great measure, of their confinement and harsh usage—upon the keeper, who, trusting to the strength of his straps and belts, is taken unawares and at disadvantage. The advocates of mechanical coercion have particularly insisted upon its necessity in suicidal cases, as affording the only sure means of preventing the patients from doing violence to themselves. But we have no evidence to show, that cases of suicide are of more frequent occurrence where this preventive is not had recourse to. That they may happen, nay, that they have happened, is unquestionable, for all our care, skill, and attention may, under any circumstances, be occasionally defeated; but, most assuredly, such cases are not more frequent than where restraint is employed. Dr. Prichard, in the Second Annual Report of the Northampton Asylum, says, "The suicidal cases have been extremely numerous, and some of them reported to be of a very determined character; but open dormitories and constant employment, with supervision, deprived of its offensive character by a participation in their various duties and amusements, have hitherto prevented the occurrence of any attempts at self-destruction in this Institution."*

The remarks already made, as to the injurious effects which the practice of restraint is calculated to have on melancholic patients, enable us also to understand how hurtful it is likely to prove in those cases in which, along with the depression, a disposition to suicide exists. We have seen that it tends to deepen the natural gloom of the melancholic, and add to the number and strength of the depressing images which fill his mind; that, by excluding exertion or occupation and abridging the means of recreation, it prevents him from escaping from his morbid thoughts; and it is therefore reasonable to suppose,

* Medical Report, page 24.

that it may not only confirm the propensity, where it already exists, but may even directly suggest the idea of self-destruction. In addition, we may now remark, that the security furnished by mechanical restraints against the actual occurrence of this accident, is more fanciful than real, unless indeed that restraint were carried to a degree, both as regards the rigour and universality of its application, which few will be found at the present day to justify; and which, in point of fact, would exclude all idea of treatment or cure from our hospitals for the insane, and reduce them to their originally degraded rank of places of confinement. For, under no ordinary or moderate system of restraint can such accidents be totally avoided. Every one knows that suicides have again and again occurred in institutions where coercion formed part of the system; and individuals, even when actually subjected to the fullest restraint, have contrived to destroy themselves. The very instruments which were applied for the purpose of security, have sometimes supplied the means of self-destruction.

Further, it is to be observed, that the disposition to commit suicide frequently comes on suddenly and without warning. In some cases, we find, that after the propensity has been dormant for years, and has been supposed by those most intimate with the individual, to be eradicated, it all at once and unexpectedly manifests itself. In other instances, a patient who appears to be merely slightly depressed, but who is capable of employment, and even, to a certain extent, enjoys recreation, will suddenly, as from an irresistible impulse, attempt the act. This is especially the case where melancholia is associated with agitation—a form of the disease which often assumes, most commonly in females, but also occasionally in males, a distinctly hysterical character, and which is well described by Dr. Conolly:—

"Disposition to suicide is not uncommon in women at a much earlier age, and is usually associated with some uterine irregularity, to which may be added moral causes of various kinds. In such cases, the disposition to destroy themselves may come on or return with great suddenness. Fits of violent despair seem all at once to overpower the patients, and, in the absence of other means, they will attempt to strangle themselves. The attendants flock together, become alarmed, and forcibly hold the hands of the patients, whose struggles only become the more violent. In some of these examples, in which the matron's attendance has fortunately been at once required, the effect of clearing the room of the agitated attendants, of excluding superfluous lights, and of applying cold water to the head and hands, together with some kind and soothing words addressed to the patients, has been that the fit of suicide has gone off like a fit of hysteria, which it somewhat resembles. The older attendants, accustomed to fly in every difficulty to restraints, are surprised to find tranquillity restored without them."

In such cases, I have repeatedly seen the best results from medical

treatment, chiefly consisting of anti-spasmodics, the stimulating preparations of ammonia and carminatives at the moment, followed by such remedies as were calculated to relieve the functional disorder, whether uterine, digestive, or intestinal, which seemed to have induced the paroxysm. It is also worthy of remark, that such suicidal paroxysms not only occur very suddenly, but also not unfrequently take place after convalescence has decidedly commenced, and consequently when they are not at all expected. Against sudden outbreaks of this kind, in which, from the character of the patient and the nature of the malady, restraint must have a palpably injurious effect, or sudden manifestations of the suicidal propensity under other forms, it is obvious that restraint affords no security, unless we adopt as a general practice the rigorous coercion of all melancholics, and all those whom we suspect of being likely to commit self-destruction, from the moment they enter an asylum until they leave it; a plan that might perhaps afford some chance of security, but would most decidedly leave none of cure. Even the modified system of limiting the restraint in such cases to the night-time, is not advisable; it oftener suggests the idea of self-destruction than prevents such a purpose from being carried into execution, and it is unfavourable to the progress of the cure. By what means, then, it may be asked, can we who discard coercion prevent suicide? The answer is, by proper moral and medical treatment—by care, watchfulness, and thoughtful superintendence, which are more likely to be exerted by both superior and inferior officers, where restraint is not trusted to—by occupation during the day and proper surveillance and classification during the night. Of course, it is implied that no instrument, by means of which the fatal propensity of such patients can be gratified, is to be left within their reach; and the chambers or dormitories in which they sleep, as well as their beds, must be constructed with a view to their dispositions. During the night, such persons should never be left alone; but it is not necessary that they should be watched all night by a staring and argus-eyed keeper. It will generally be found sufficient to allow them to occupy a large dormitory or ward, where a number of other patients are placed, and in which an attendant sleeps. In cases in which, from the rank of the patient, this would be inadmissible, an attendant must of course sleep in the chamber with him; but in this and in all cases where surveillance is employed with the same view, though it ought always to be careful and attentive, it must not be forgotten that to be effectual it must be prudent, discreet, and *never obtrusive*.

The advocates of restraint have insisted much on the accidents to which insane patients are exposed, independently of those arising from the suicidal propensity, and which, in their opinion,

render some degree of coercion requisite. Thus, patients may be made the victims of the violence and turbulence of their fellows. But the observations already made in reference to the proper method of preventing violence and injury to the attendants, as well as the inefficacy of mere restraint in accomplishing this object, apply equally to these contingencies. Care, attention, management, and watchfulness—proper foresight and prudence—excluding the more dangerous patients from the means or opportunity of inflicting injury on those around them—are the precautions to which we must trust. Without these, mere restraint—unless we go the length of chaining and caging all our patients, like so many wild beasts—is not to be depended upon; and with these, properly observed, experience shows we may completely dispense with it. In proof of this assertion, we can confidently appeal to the Reports of Hanwell and Northampton, as well as to the result of the experiment in our own Institution, where, since the abolition of coercion, instances of violence on the part of the patients towards each other have been *much less frequent* than before; a fact which is attested by the minute daily records which are kept. And surely if the tendency of our system be, as has been amply demonstrated, to moderate the violence and destructive propensities of the insane, the quiet and inoffensive patients must reap the benefit of the change as well as the keepers and attendants. But besides the violence of their fellows, patients are exposed to other accidents arising out of their own helpless or excited state. Here, however, the same means of prevention and care, which form the basis of the non-restraint system, afford us a sufficient remedy, and one which, unlike restraint, has no disagreeable or injurious effects to counterbalance its utility in this respect. It is to be remembered, however, that to carry out this system properly, the construction and accommodations of the institution, as well as the plan of the grounds attached to it, must be adapted to the contingencies against which we are called upon to provide. Thus, for example, there are patients who are liable to temporary paroxysms of excitement, during which they are disposed to knock their heads violently against the walls and floors. For such patients during these fits, we must have suitable apartments, so constructed, with padding and other contrivances, that these poor creatures will have no means of doing themselves injury.*

* It is to be observed, however, that the number of these patients is smaller than is generally supposed. Out of 350 cases of insanity, I have not met more than three who were of this description. In such cases, medical treatment is sometimes useful. The worst case of these three, was that of a fatuous boy, who at certain times used to knock his head with frightful violence against the wall. Circumstances led to the suspicion that this conduct was to be attributed to *cerebral irritation*. In accordance with this view, whenever he betrayed symptoms of the approaching paroxysm, the cupping-

On the restraining of epileptics, especially during the night, we have already had occasion to animadvert; but in order to prevent them from rolling over bed when seized with a fit, restraint, in the modified form of confinement to the bed by one hand, has been frequently practised. The best, however, that can be said of this plan, is, that in most cases it will not be found to answer the end proposed, —the prevention of injury to the patient; and in many even this slight restraint cannot be deemed safe. By employing properly constructed beds—deep and padded—so that the patient cannot fall over, we may guard against this accident by means much less objectionable.

Another accident, of a different description—as a necessary means of preventing which, restraint has been insisted on—is sinking, consequent on violent maniacal excitement. It has been said, that if patients in a state of great excitement be left unrestrained, they may speedily wear themselves out by their violence, and thus expose themselves to the risk of sudden sinking. That a state of violent excitement is apt to be followed by a corresponding degree of exhaustion, is agreeable both to the principles of physiology and the results of experience; and this exhaustion is often, in point of fact, as much a salutary provision of nature, as the syncope following profuse hœmorrhage, which, by its supervention, arrests the danger to be dreaded. It is true that, like the syncope after hœmorrhage, it may become itself a source of danger to the patient; but when this occurs, the resources of medical treatment are open to us. It is, however, an assumption entirely groundless, that the imposition of restraint lessens the risk of exhaustion supervening on excitement. It is difficult to see by what train of *a priori* reasoning such a conclusion can be established. Strait waistcoats and manacles are certainly curious sedatives. If the examples we have quoted, and the results of actual observation we have recorded, are worth anything at all, they prove that coercion increases excitement, keeps up irritation, and confirms or even suggests the mental delusions of which violence is frequently the result; and if this be the case, surely the patient who is exposed to these additional causes of excitement, even though he should be tied hand and foot, and compelled to chafe and fret in all the impotence of fruitless rage—gnawing the bonds he cannot break, is more likely, *cæteris paribus*, to wear himself out, than the one who is treated on the milder principles of non-restraint. Experience bears me out in the conviction which reasoning would of itself establish, for though

glasses were applied to the nape of the neck, and a few ounces of blood abstracted; this expedient proved perfectly successful. Under the old system, could any method of restraint have been devised capable of preventing this patient from injuring himself (which would have been difficult in his case), the *palliative expedient* would probably have superseded all inquiry into the *cause*.

I have seen numerous cases of violent excitement treated on both principles, I have never been able to discover that those in which restraint was dispensed with, betrayed a greater tendency to terminate in dangerous exhaustion than the others.

Another evil against which restraint is said to be a necessary preventive, is indulgence in masturbation. But this argument may be dismissed in a few words. Masturbation can be prevented by no mechanical contrivance whatever. I have known individuals who were placed under very strict restraint, contrived and arranged expressly with a view to prevent their indulging in this practice, who, when convalescent or partially improved, have confessed that notwithstanding these precautions, they had indulged as freely as ever in this destructive habit.

This vice is found to prevail in three different classes of patients. The first are those who are labouring under an attack of acute mania. Thus, in individuals who are subject to paroxysms of recurrent insanity, one of the first symptoms of the approaching paroxysm often consists in the exhibition of this propensity. In such cases, our object is to cure the attack, or alleviate it, as speedily as possible; in other words, remove as far as we can the morbid condition of the system on which this, along with the other symptoms, depends; and if we succeed in this object, this, of course, disappears with the others. In low melancholic cases, again, the same disposition is not unfrequently evinced. Here, too, the primary object is, to cure the disease (which in several cases is to be traced to previous indulgence in this habit); and medical treatment, instituted with a direct view to the morbid state of the system from which the depraved disposition proceeds, as well as to improve the constitution generally, together with occupation and surveillance, enable us in some degree to counteract it; and as the patient returns to bodily and mental sanity it will generally disappear. Lastly, among the fatuous, the imbecile, and the incurable, we find many grievously addicted to it, and whose malady is often to be originally ascribed to it. Here, of course, cure is out of the question; but constant occupation, strict surveillance, and, above all, the precaution of never permitting such individuals to gratify their desire for solitude—a desire which they rarely fail to exhibit—will enable us, to a certain extent, to check it. But, after all, it must be confessed, that no means, moral, medical, or mechanical, have been devised capable of entirely preventing it in these inveterate and incurable cases.

Under the head of accidents, we may include those cases in which wounds, local affections, or other circumstances, have rendered surgical dressings or applications necessary. It has been urged by the advocates of restraint, that in such cases it is impossible, and might

even be sometimes highly dangerous to the patient, to dispense with restraint. We shall give them the benefit of such cases, which are clearly exceptional, and do not in the least affect the general question of restraint. If a patient tears open his wounds, or throws away the dressings and applications which are required in his state, he must be dealt with as if he were a child, and prevented from doing such mischief. But, in many such cases, a little ingenuity will enable us to dispense with restraint;* and it is besides to be remembered, that all insane patients do not show this hostility to surgical bandages or applications. So far is this from being the case, that many of them take most scrupulous care of any local injury or affection which renders such applications necessary. Thus, one old fatuous and very restless patient, who had broken her arm, not only allowed the surgical apparel to remain untouched for the requisite period, but was even more attentive than most sane people would have been, in taking care that nothing should derange it. It does not follow, then, that in all such cases, or even in the majority of them, restraint is called for; it should only be employed as a *dernier resort*, when we fail in all our efforts to induce the patient, by management and persuasion, to retain the dressings or applications; and when we cannot, by any ingenuity, contrive any substitute which may render coercion unnecessary.

There remains yet another argument, which has been sometimes used by the advocates of restraint,—that the dispensing with it causes such an additional expense as to render its abandonment in most cases, or, at least, in all institutions where paupers and lunatics of the lower classes are received, impossible. Admitting, for a moment, that the abolition of restraint is a source of additional expense; surely, if the preceding facts, observations, and reasonings be correct, he must be a bold economist, who, for the paltry considerations of pounds, shillings, and pence, would condemn the most afflicted and helpless portion of his fellow-beings to a treatment which is as opposed to all sound views of mental disease as it is repugnant to humanity—which aggravates the sufferings of the patient, and diminishes his chance of cure. But, in reality, the assertion is unfounded.

* It used formerly to be the practice in our Asylum, that when a patient had a blister applied to the head, or any other part, the hands were secured. This was the regular system, and few, even of the quiet patients, and those who in no other circumstances required restraint, were exempted from the general rule of practice. Since the abolition of restraint, full and effectual vesication has been produced, as often as it was required, by rubbing on the part a strong epispastic liquor—(that of the pharmacopœia, made with a double quantity of euphorbium and cantharides.) This is only one, out of many examples that might be adduced to show, that where restraint is entirely abolished, expedients will be devised, by which objects will be easily and successfully accomplished, which, under the old system, were supposed to be unattainable without the assistance of coercion.

Non-restraint is not only better, but cheaper than restraint. This imaginary additional cost, which non-restraint has been supposed by those who, sitting down in the snug comfort of their easy-chairs, without having ever attempted to ascertain the point by personal and experimental inquiry, have penned apologies for the coercion of the hapless lunatic,—has been referred principally to three items: 1st, The increase of attendants supposed to be necessary in the event of the discontinuance of restraint. 2dly, The destruction to property, in the shape of glass, furniture, &c. 3dly, The destruction of the patient's clothes and bedding.

Now, with reference to the first of these items, I have already shown, by actual example, that an increase of the number of attendants is *not* a necessary consequence of the abolition of restraint. With regard to the second, I shall content myself with appealing to the experience of our own Institution. In last Report (and, be it remembered, that this report refers *only to the first year* of the new system, when, from its novelty to the attendants, as well as from the circumstance of the building being but ill adapted for its fair trial, it stands to reason, that all its disadvantages would be brought most fully out), it is expressly stated, that the destruction of property is much less under the new than the old system.* Nor does the objection on the score of expense hold any better, in regard to the destruction of the clothes and bedding of the patients. A proper selection of material, and a little contrivance in construction, will enable us to provide both of such a description that if they do not wholly set at defiance inveterate destructive propensities, will, at all events, by their strength resist them for a considerable length of time; and by their cheapness will not, even should their renewal be from time to time required, inflict any heavy expense on the patient or his friends; while, at the same time, the purposes of clothing will be more effectually answered than by common clothes or bedding in such cases, even though protected from destruction by the coercion of the patient; for if a patient be determinedly destructive, coerce him as we may, ordinary articles of wearing apparel will never resist his efforts. It is to be remarked, moreover, that the number of *habitually destructive* patients, either in regard to clothes or furniture, is very small; and even that small number may be much diminished by care and occupation. Under the non-restraint system, many are thus prevented from indulging in, and even cured of, their destructive propensities, who, if they were left in restraint and consequent idleness, would, in spite of all coercion, gratify them on clothes or any other articles within their reach.

* Twenty-ninth Annual Report, *vide* Physician's First Annual Report, page 40.

Such, then, is a summary of the various arguments which have been advanced in support of restraint:—but we think that no impartial inquirer who has any practical acquaintance with the details and operation of the two systems, will come to the conclusion that they afford a sufficient apology for its employment. We have already had occasion to refer incidentally to the various substitutes for coercion, on which those who renounce it, must rely in its stead; but before terminating these observations, it may be proper briefly to review them.

The first is strict, careful, and constant vigilance on the part of the attendants,—a vigilance founded on the intelligent observation of the peculiarities and habits of the different patients. A second and not less essential part of the system of non-restraint, consists in a careful study of these peculiarities and shades of character, with a view to turn them to account in acquiring a control over the patient, which can only be obtained by such a study, coupled with tact in availing ourselves of it, and a uniform kindness of manner in exercising it. To these is to be conjoined a properly regulated system of occupation, by means of which, the mind is to be diverted from the delusions which mislead it, and the *superfluous excitement*—if the expression may be used—directed into a harmless, and even useful channel. We have seen that such a system is much more likely to be extensively pursued, and generally beneficial, where restraint is altogether dispensed with, than under other circumstances.

Lastly, we rely on the resources of medical treatment. It is the peculiar merit of the non-restraint system, that the employment of the resources of medicine is forced upon those who are entrusted with the treatment of the insane. The system of coercion has come down to us from a time when medicine was totally undervalued in the treatment of insanity—if that could be called treatment which consisted in little else than imprisonment and coercion; and wherever that system prevails, it is to be feared that it is relied on to the too great exclusion of medical means. If a patient is furious or violent, the strait waistcoat is the grand specific, and, once secured so as to be deemed harmless, the patient is too often left to the care of nature. On the other hand, in institutions in which coercion is abandoned, those who have the charge of the treatment are compelled, almost in spite of themselves, to seek in the resources of science the means of moderating symptoms which their predecessors were content to combat by mechanical contrivances.

Our limits do not permit us to go into a detail of the various therapeutic agents which are found serviceable in insanity; but one which must be considered as of at least as much a medical as a moral nature, we cannot omit to notice, as it has given rise to much dis-

cussion, and not a little misrepresentation, *viz. seclusion*. The advocates of restraint have represented this as a dreadful substitute for coercion, and have indulged in much pathetic description of the horrors of solitary imprisonment and the gloom of darkened dungeons. But, under proper restrictions, and especially when employed for only a short period, there can be no doubt of its utility. It is true, that were it employed indiscriminately and in all cases, it would be at least as objectionable as physical restraint. But there are cases of high and violent excitement, in which its beneficial effects are strikingly apparent. Unlike restraint, it is in reality a therapeutic agent. Its employment is based on strictly physiological principles; and its object is the cure, or, at least, the alleviation of the symptoms. To remove a violently excited man from the society of those whose presence irritates and provokes him, and confirms old or suggests new delusions, is merely the deprivation of stimuli which are obviously injurious; and even though he should be placed for a time in darkness as well as seclusion, we are only removing, in addition to the moral stimuli, one of a physical description. There is no more cruelty in this, than in keeping a patient labouring under phrenitis in a quiet room; or one suffering from acute opthalmia, in a dark one. Moreover, those who have declaimed most against seclusion, seem to forget that *complete restraint implies seclusion*. So far from seclusion being the necessary adjunct of non-restraint, the very reverse is the case. In the Royal Asylum there have been *far fewer* patients placed in seclusion since the abolition of restraint than formerly.

In conclusion, then, we repeat, that in properly conducted institutions for the insane, not only is restraint not required, but it is positively injurious; and that not only can it be safely dispensed with, but the abolition of it secures advantages which are perfectly unattainable under any other system. And it must not be forgotten, that while the results of actual experiment attest the truth of these assertions—the experiment, successful and convincing as it has been, has not hitherto been instituted except under circumstances of great disadvantage. It has been impeded and embarrassed, because the institutions in which it has been tried were not originally constructed with a view to the plan; and consequently, however skilful and zealous those at the head of such establishments have been, and however successful they have shown themselves in devising expedients to obviate the difficulties against which they have had to contend, still, these obstacles have prevented the plan from having had a fair trial. But if it has been found so successful, when so many difficulties have been necessarily thrown in the way of its working, there can be no doubt of its complete and triumphant success when practised in asylums whose construction is adapted to it.

It is a just subject of congratulation to our City, that, in this respect, we are about to set an example to the civilised world; and that the noble Institution now in the course of erection, is the first which has ever been constructed expressly with a view to the entire abolition of restraint. The New Royal Asylum of Glasgow, when under the management of the able and enlightened Physician—under whose eye all its details have been planned with a special view to this object—will not only afford a model of an hospital for the insane, but also constitute an object of the greatest interest to every friend of humanity.

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