

Since these words were written, the number of members of the Association has continued steadily to increase, and if the increase goes on at the same rate for two or three years more, it will be double what it was at that time. The Association now includes, too, in its ranks many who are distinguished in general medicine, and might, were its membership not restricted to legally qualified practitioners, soon include many who, though not medical men, are earnestly interested in the application of mental science to great social questions. The circulation of the Journal also outside the Association has largely increased, both in this country and abroad, so that it has been necessary twice during the last year to increase the number of copies printed. These facts are a better testimony than any words of praise to the energy which Dr. Robertson has applied to advance the usefulness of the Association, and to maintain the reputation of the Journal, and to the success which has attended his exertions.

While thus giving cordial expression to our appreciation of his valuable services to the Association during a period of fifteen years, we trust that, using the words of Dr. Conolly on the occasion of Dr. Bucknill's promotion to the same office, *he will not cease to take an interest in whatever relates to psychological science and its application to medical treatment, and that he may long enjoy his increased opportunities of promoting the welfare and the protection of the insane, and the real interests of the medical profession in relation to insanity, which are inseparably connected with the real advantages of the community.*

The "Pall Mall Gazette" on the Non-Restraint System.

In the number of this Journal for October, 1869, we noticed an article in the *Pall Mall Gazette*, the real, if not overt, aim of which appeared to be to throw discredit on the non-restraint system. Moved to a righteous anger by the recent death from broken ribs of a patient at the Hanwell Asylum, of another at the Lancaster Asylum, and of another at the Joint Counties' Asylum, Carmarthen, the *Gazette* has returned to the subject, and seems now to make no concealment of its desire to see restored that system of mechanical restraint which it has been the honour of English asylums to have abolished. We deeply regret that the policy of so ably conducted a journal has not been inspired by better counsel

and fuller knowledge than are evinced in the following article:—

THE NON-RESTRAINT SYSTEM IN LUNATIC ASYLUMS.

NOT a week ago we called attention to two cases of recent occurrence in which a couple of unfortunate lunatics—one maniacal, the other paralysed—received such severe injuries that they died of them. One may say that there was hardly a rib in their bodies left unbroken: pleurisy supervened, and death was the result. Though the coroner and jury were unable to fix the guilt on any person in particular, the evidence which was forthcoming, and perhaps still more that which seems to have been withheld, aroused grave suspicion. There seems to be little doubt that this particular kind of injury is the consequence of the attendants kneeling on the chests of refractory patients in order to make them submit to discipline. Since we wrote, another inquest has been held on the body of a poor lunatic (this time blind in addition to his other misfortunes), who died from the same cause, produced, there is every reason to believe, in the same manner. The man was found dead in the Joint Counties Asylum, Carmarthen, after a residence there of apparently about eight days. He was perfectly well when he was conveyed thither from the Llandovery Workhouse. Some of the attendants said that he could not speak, and others that he swore a good deal; they all agree that he fell in the bathroom, but with very little violence. He was examined the day after admission by the assistant-surgeon, who found that he had bruises on his right ear and hand, but that nothing was the matter with his ribs. After this he became violent, was put into the padded room, and three or four days after was found dead. The post-mortem examination revealed the fact that eight of his ribs were broken, and the verdict found was, "Died of pleurisy caused by fracture of the ribs." The observations of the assistant-surgeon, who gave his evidence with great frankness, are important enough to quote:—"Similar cases had occurred before, and had been unaccounted for, except by the evidence of the attendants. He believed that a person quietly kneeling on the patient's chest, the patient resisting, would be sufficient to break the ribs."

Surely this kind of thing cannot be endured much longer. For a strong, heavy man to kneel upon a helpless patient (and the blind and the paralysed are exceptionally helpless and disabled) is, no doubt, an easy way of reducing him to order, and it is clearly one which can be practised with impunity, and with small fear of the guilt being brought home to the perpetrator of the action. Moreover, there is much reason to conclude that in English asylums it is becoming a confirmed habit, and not a thing of yesterday's growth. The Commissioners' last report gives full particulars of two similar cases which occurred in the early part of last year in Hanwell Asylum. The patients, E. S. and

H. M., were in this instance women. Of the first, six ribs and the breast-bone were broken; she died of the inflammation of the lungs and pleura which, as a matter of course, followed. The second, H. M., had seven fractured ribs, and her breast-bone also was broken, and she likewise died of the injuries sustained. In neither case were the jury able to discover how or by whom they had been inflicted. As bearing on this question, it deserves to be noticed that in 1864 the same Commissioners, speaking of Hanwell, remarked that "the non-restraint system appeared to be strictly carried out, the instances of seclusion had been few, and no instrumental coercion, even for medical purposes, had been used since last visit. But in the refractory wards, on both sides of the house, we found a considerable number of excited and disorderly patients." . . . And again: "We were struck with the excited and disorderly conduct and demeanour of the patients of both sexes who were out in the airing courts; yet 'no one was restrained.'" Either, therefore, the non-restraint system is a mere sham and delusion, or it yields results quite as horrible, and distinguished by the same monotonous cruelty, as existed under the old régime, when mechanical restraint was used. Taking into account the number of those who have been knelt upon and literally crushed to death in order to show the advantages of physical over mechanical restraint; those patients who have been injured or killed by other patients to whom liberty had been accorded lest the authorities should be accused of "secluding" or "isolating" those under treatment; and, together with those lunatics who have taken advantage of the non-restraint system to terminate their own existence, we really think the balance of things is nearly equal, except, indeed, that the self-complacency with which we have been wont to dwell on our frank and enlightened development of the non-restraint system must be a little disturbed when we perceive how widely we have departed from the spirit of it both in theory and practice. Adequate medical knowledge, a calm unbiassed judgment, and the utmost good sense and discrimination ought to be exercised to ascertain whether a person is insane or otherwise before he is placed in an asylum. Still, when a man is found to be irresponsible, and to have lost the power of reason and comparison, whatever precautions are necessary for his own safety and the safety of others ought to be adopted and carried out firmly, but with gentleness and humanity. The non-restraint system, as it is conducted in some asylums, seems to us worse than nothing. If medical men have not a sufficient staff of attendants on whose temper and conduct they can thoroughly rely, they had better return to strait-waistcoats and gloves, strong dresses and locked boots. It is better to be "secluded"—or "isolated," we believe, is the term preferred—in other words, to be locked up in a room alone, than to be killed in company.

In perusing the report of the Scotch Lunatic Commissioners we were struck by the difference it presented to that of the English Com-

missioners. The Scotch "mad doctors" have the courage of their opinions. As a consequence in their asylums there is more liberty and more restraint. Many patients are stated to be out on probation. A large number walk out on parole—in some cases they are even entrusted with the keys of their ward; and as many as three voluntary applicants for admission have been received. On the other hand, seclusion, locked boots and beds, the jacket, gloves, &c., are used unhesitatingly when it is considered requisite. In some respects the habits and customs there would appear singular to English ears, and several of them appear to have disturbed the tranquillity of the Commissioners out of its usual course. The chief points of difference are these. The patients eat haggis broth, stews, and oaten cake, which are served to them instead of joints. Table cloths are not always used. There are fewer pictures, pianos, and generally less attempt at ornament. From the frequent recommendation of the Commissioners "that the men should be uncovered in the house," we conclude that Scotch lunatics prefer to sit with their hats on—perhaps on account of the colder climate. Hair brushes are not always provided, though combs are. At the same time, a brush and comb are expected to do duty for a certain number of persons, varying from three to nine; the last was, we think, in the lunatic ward of a workhouse. There appears to be a deficiency of waste-paper, or at any rate, a want of appreciation of it. To those who know the habits of the poor classes in Scotland this will not cause surprise. After a long correspondence on this subject, it is satisfactory to find that the attendants have been directed to supply the article in question to those who require it. There seems to be a larger number of insane patients who undergo an active special therapeutic treatment with the object of discovering remedies for the disease. This is no doubt due to the scientific zeal and courage of the doctors; and, provided they keep within the limits of fair experiment, we think they are right. There is also apparent, according to the report, an uncouthness and roughness about both patients and attendants which the Commissioners define as "a want of amenity;" but, and it is a redeeming point, so far as we can find, not one lunatic, male or female, has died from having ribs and breast-bone crushed in by the attendants kneeling on his helpless and prostrate body.

A few days before this article appeared, there was another in the same journal, conceived in a similar hostile spirit, and more offensive in its insinuations, while in the interval between them was published a characteristic letter by the sensational novelist, Charles Reade. We know, and can make allowance for, the necessities of a newspaper which, appearing twice a day, must lay hold of every event that will serve to found a strong article upon, and we know enough of writers in newspapers to be aware that they are apt some-

times, in the enthusiasm of their work, to pass the limits of moderation and justice. But it is impossible to find any excuse for so unwarrantable and ill-judged an attack on the non-restraint system. These violent deaths, which by an ill fatality have followed closely on one another, are sad enough and bad enough; let them be denounced with all the energy and indignation conceivable; but to make them the occasion of an onslaught on a system of treatment which has been one of the greatest and most benevolent reforms of the age, is most unjust, and hardly less a crime than it is to break an insane patient's ribs. At any rate, before pursuing such a course, it was incumbent upon the *Pall Mall Gazette* to have made itself accurately acquainted with what the condition of the insane was in our asylums when the system of mechanical restraint was in vogue, and what the condition of them is now when mechanical restraint is not used. The article which we have quoted certainly evinces either an utter ignorance, or a wilful disregard, of the contrast.

To say that the "non-restraint system is either a mere sham and delusion, or that it yields results quite as horrible, and distinguished by the same monotonous cruelty as existed under the old *régime*, when mechanical restraint was used," argues in him who makes the assertion, either gross ignorance, and therefore incredible impertinence, or a singular contempt of truth. Whether wittingly or unwittingly made, in either case it assuredly is untrue. No one can have any doubt of this who will be at the pains to compare the picture of the state of the patients in Bethlehem Hospital in the "good old times" of mechanical restraint with the picture of the state of the patients in the same Hospital now. In those days, which we hoped and believed had gone never to return, notwithstanding the *Pall Mall Gazette* looks back to them with so loving and longing a regret, we are inclined to think that broken ribs would have been considered a very trivial affair, not needing any record, and certainly not an inquest, even though death happened to be caused by them. Dead men then told no tales; but now they tell striking tales, and what they tell is made known to all the world. The difference between Bethlehem Hospital, as it was and as it is now, is only an example of similar differences between other asylums under the old and barbarous system so dear to the *Pall Mall Gazette*, and under the modern and enlightened system against which it is rudely, wrongly, and, we are sure, vainly lifting up its voice.

In the public asylums of England and Wales, there were at the end of last year about 30,000 insane persons. In none of them is mechanical restraint used, and yet the accidents and injuries to patients might be counted by single figures. It is doubtful whether there were so many as happened among the same number of sane persons going about their work in the world. Can it be expected by any reasonable person that it will ever be possible to take care of 30,000 lunatics, many helpless to the last degree, many violent, and many dangerous to themselves and others, without occasional accidents and injuries? Dr. Pliny Earle, in the last Report of the State Lunatic Hospital, Northampton, Massachusetts, puts this consideration very fairly:—

So long as human nature remains fundamentally unchanged, and so long as insanity continues to be such as it is, and probably ever has been, so long will there be a constant *liability*, in every hospital for the insane, to accidents serious in consequences, perhaps even fatal in results. No precaution can entirely prevent, no supposable prudence can infallibly avoid them. To an observing and reflecting person resident in a large hospital and daily witnessing the mass of perverted intellect, the many cases of undisciplined passions rendered, in some instances, far more excitable and dangerous by disease, and often wholly unbridled in the unconsciousness of delirium, together with other cases in which the very delusions of the patient are, either paroxysmally or continually, impelling him to acts of violence, it cannot fail to be an unceasing marvel that those accidents are not of tenfold greater frequency than they really are. If, among the same population of cities, how strong a police force soever there may be, street fights and homicides cannot be prevented, how can it be expected that in the hospitals for the insane, with all their accumulation of inflammable mental material, the consequences of unbridled passion, of delirium, or of insane delusion, can always be avoided?

Surely the public that has so great a horror and fear of the insane should show some consideration and indulgence to those who have to take care of them, and to prevent them doing harm to themselves or to others. Certainly, the *Pall Mall Gazette*, which usually is most rabid in its desire to have a lunatic hung if he has done a murder, and which now talks of a "couple of lunatics" as it might talk of a couple of dogs, would do well to remember that the existing humane system of treatment was originated and established in our public asylums by those who had charge of them, and has been gradually forced upon the public, in spite of prejudice and

clamour. The miserably neglected state in which patients not duly registered are discovered every now and then by the Commissioners in Lunacy, and the ill-treatment to which they are too often subjected, prove how strong a tendency there still is to treat an insane person, not as a diseased person demanding kindly care and control, but as troublesome beings to be cowed by violence and tied up like brutes. It is this same feeling in attendants that medical officers of asylums have so much anxiety and trouble in contending against.

There is no disposition on the part of a superintendent to conceal an injury done to a patient; on the contrary, he invariably makes a formal report as soon as it is discovered, investigates closely how it has been done, and if an attendant has acted with violence, prosecutes him, if there be any such evidence to proceed upon as affords a chance of obtaining a conviction. The attendants suspected of violence to the patient at the Lancaster Asylum have been convicted and sentenced to seven years' penal servitude. The coroner receives notice of the death of every patient in an asylum, and whenever there is the slightest doubt or suspicion attaching to the cause of death, an inquest is held. The public, therefore, is made acquainted with the worst that happens. Is that so bad as to justify even the thought of a return to the old and cruel system of mechanical restraint, which actually made furious and howling maniacs, such as are seldom, if ever, met with now? How few of the patients in the asylums of this country now are dirty in their habits! How few of them would not be dirty and utterly degraded in their habits, were mechanical restraint in full use again? Convulsions are made more violent by endeavouring to restrain them by force; and if one thing is certain in the treatment of the insane, it is that they are made worse by scolding, bullying, or by degrading restraint.

Were such injuries as broken ribs in the proportion of cases in which they now occur a necessary part of the non-restraint system, which we by no means believe them to be, we should still maintain that it would be better to accept them as an evil incidental to a good system, than to return to the old system. On the one hand, there are advantages so great and wide reaching, that it is scarcely possible to over-rate them; on the other hand, there are these injuries by violence which, sad as they are, are certainly few, and which would probably occur as often as they occur now, even if mechanical re-

straint were in active use. But they are not really an evil necessarily incidental to the non-restraint system. How little the writer in the *Pall Mall Gazette* has cared to be candid appears from this—that while he quotes from an article in the *Lancet* on Santa Nistri's death, he deliberately ignores the faults in the organization of the Hanwell Asylum, which were pointed out in that article. Instead of endeavouring to get at the real truth, he has preferred seemingly to lend a willing ear to the malignant whisperings of some reactionary individual, who has failed to appreciate the spirit of the modern system of treating the insane, and who, if he be connected with an asylum, is manifestly most unfitted for the office which he holds.

There can be no real compromise between the frequent use and the entire abolition of mechanical restraint; one system or the other must prevail in an asylum. Therefore, if having charge of an asylum, we were convinced that in one case in a hundred cases some form of mechanical restraint would be positively beneficial to a patient, we should hesitate long before adopting it. Once let attendants think that a patient may be restrained under certain circumstances, and there would be great danger of the circumstances continually occurring; so that gradually would creep back the old system with its abuses. If they are not required to exercise gentleness, forbearance, and self-control in every case, they are not likely to acquire the habit of exercising those qualities in any case. The spirit of one system differs so widely from that of the other that they cannot be reconciled. Wherever mechanical restraint is used in so-called moderation, or occasionally, it may be justly feared that it is a visible sign of abuses that are not so apparent to the eye as it is itself. Certain it is that in those foreign asylums in which mechanical restraint is in frequent use, seclusion is also in frequent use. Abuses, like criminals, affect the company of their fellows.

To render safe and successful the entire disuse of mechanical restraint, and to prevent, as far as possible, all preventible accidents, the right course to adopt would assuredly be to increase the staff of attendants, and to improve their quality by paying higher wages. They are a much tried and much enduring body of men, and their very responsible duties exact qualities of mind of a higher order than can be obtained from persons taken haphazard from the humblest occupation, or who often seek attendant's work because they have failed in other occupations.

Since the foregoing remarks were written, another article has appeared in the *Pall Mall Gazette*, inspired by a better spirit, and evincing a more proper feeling of responsibility on the part of the writer of it. No one engaged in the care and treatment of the insane will object to honest and discriminating, even if it should happen to be mistaken, criticism. Having given insertion to the former violent and unjust article, it may be well, therefore, to insert this more reasonable one, in which the *Pall Mall Gazette* has taken better counsel:—

OUR LUNATIC HOSPITALS.

In treating of the management of lunatic asylums our object is neither to enter into professional details nor to intrude on the medical domain, still less to construct sensational articles, which, without effecting any kind of good, would only harrow the feelings of those whose relatives or friends are inmates of these institutions. In hospitals for lunacy, as in hospitals for accidents, consumption, small-pox, or any other malady, there is much that is terrible and painful, yet perfectly necessary and inevitable. On the other hand, there is a great deal in the organization and ministrations about which it concerns us all to know, which is within the province of common sense to deal with, and which we have a just claim to direct and control.

Our lunacy system abounds at the present moment with grave faults, the consequences of which crop up from time to time in a manner calculated to shock and startle public opinion, as we have had occasion very recently to show. These faults, nevertheless, had their origin in an honest desire to ameliorate and improve the condition of the insane generally; but our zeal has not been always according to knowledge. Lunatics may, for convenience sake, be grouped as follows:—Middle-class patients in general asylums, endowed or otherwise; pauper patients in pauper county asylums or workhouses; patients in private asylums; single patients, boarded out or at home; Chancery lunatics, and criminal lunatics. We may at once state our conviction that the medical men in charge are with few exceptions persons of high character, of great ability, and animated by a desire to do their duty thoroughly; but at present they certainly labour under great disadvantages. There is a want of unanimity and combined action in the profession, and many of our asylums contain such enormous numbers of patients that all opportunity for individual treatment and study of each case has become impossible, and the classes of patients labouring under different types of the disease are numbered by hundreds instead of by scores. The influence of the Commissioners in Lunacy is generally good, but we think it might be made more beneficial and conducive to progress than it is. There is, it appears to us, both with the Commissioners and the medical officers, a great tendency to forget the primary object of lunatic hospitals, and to make discipline, quietness, and order the

alpha and omega of lunacy treatment, which, though excellent things in their way, they are not and ought by no means to be. The cure of the patients should be the first consideration; the care of them is simply a means to that end, as in ordinary hospitals. There patients are received not only that they may be nursed, fed, and have their wounds dressed, but in order that the physicians and surgeons may cure their diseases, heal their wounds, and diligently study each particular case, so that the recorded experience of the past and present may help to guide medical action generally in the future. Up to this time our knowledge as to the curability of insanity is meagre enough, and a very short summary expresses all that is known with certainty. Where insanity is coupled with paralysis, epilepsy, or congenital idiocy, it has so far been found incurable. Hereditary insanity diminishes, though it does not forbid, the prospect of recovery. Where it has existed on the father's side, it appears in the sons rather than in the daughters, and *vice versa*; but, on the whole, the prognosis is less favourable when the taint has been derived from the mother. It has been thought that women generally recover, and also relapse, oftener than men do. It is, however, tolerably certain that, when insane patients are placed under proper treatment within the first three months of the commencement of the attack, and provided the disease is not complicated with those referred to above, three out of five recover, and, according to M. de Boismont, as many as nine out of ten. If the application of appropriate remedies is longer delayed, the chances in favour of the patient are greatly diminished, and after the first twelve months good recoveries are the exception, not the rule. These truths cannot be too generally known, or too clearly understood. In every other serious disease people even very moderately endowed with sense agree in one respect, and that is to procure at once the best advice they can afford to pay for, and to follow it implicitly. But in insanity the almost invariable practice is to ignore the symptoms until they can be no longer denied, and then to dally with them, or try to hide them, until the disease asserts itself in some outbreak which brings disagreeable notoriety on all concerned, and occasionally places the unfortunate patient at the bar of one of our criminal courts. No legislation, however severe and inquisitorial, can prevent this; but when people are convinced that mental derangement is a disease like other diseases, neither more nor less disgraceful or uncommon, that to delay medical treatment is to reduce the prospect of cure enormously and decisively, the folly and cruelty of such a course will gradually but effectually influence public opinion in the right direction; and, this done, individual action follows suit.

We should, we confess, like to see more stress laid upon the percentage of recoveries in the reports both of the medical officers and of the Commissioners. The latter seem to dwell with almost childish pleasure upon the presence or absence of pictures, statuettes, birds, pianos, &c., and their observations sometimes remind us irresistibly of

our old friend Pecksniff—"A poor first floor to us, but a boon to them. Very neat, very airy. Plants, you observe; hyacinths! books again. Such trifles as girls love are here. Nothing more. Those who seek heartless splendour would seek here in vain." And with regard to the medical superintendents of lunatic asylums, to keep the death-rate low, to make the wards feel warm and look pretty, and to be able to record that no patient has been in seclusion or under restraint, seems to be not perhaps the only, but certainly the chief, object of their ambition; and this we hold to be a mistake. Moreover, we are quite convinced that if, instead of requiring a return of the number of times patients have been placed in seclusion or under restraint, the medical officers were obliged to declare whether compulsion, carried out by physical force, had been used with respect to any patient, the reports would furnish a contrast calculated to startle those who believe in the efficacy and wisdom of the present system. It is very nice to hear that a thousand lunatics are in excellent discipline, and have been entertained with magic lanterns and music, and also that the strait-waistcoat is unknown in the establishment; but in the interest of humanity we would compound for an occasional case of restraint if we could observe signs of a more scientific, enterprising, and successful method of curing the disease. The great hindrance to this, as it appears to us, is the want of opportunity and leisure for the medical men to study and treat each separate case individually. We have in some places massed together from 1,000 to 1,700 lunatics, a custom which for many obvious reasons we regard as unwise and detrimental both to the patients and the medical men themselves; while in the smaller asylums there is a want of stimulus and ambition apparent; for the superintendent feels that if he cures few it will hardly be known, and that if he cures many he will derive neither fame nor profit from it. We should be glad to see more attention paid to this point in the next report of the Commissioners. The public asylums or hospitals might be arranged in three groups, according to their degrees of success in this respect. In each case the percentage of cures effected ought to be prominently stated, and such percentage should be calculated both on admissions and on the number of resident inmates. Moreover, as a matter of fairness, it should be stated how many in each hospital are chronic or presumably incurable patients.

Are Insane Persons Sick Persons?

It is somewhat startling to find that there should be any doubt respecting the proper answer to this question. But so it is: Mr. Elliott, one of the Lambeth police magistrates, having been recently asked to give his opinion upon the question whether lunatics were entitled to sick allowance as members of a friendly society:—