

into the world again order is the first necessity of our waking life. We put back in an instant the whole irrelevant crowd of suggestions, and at once begin again the laborious and constant task of selecting and using for our needs those only that have a meaning. We hold the reins of thought, we check it from swerving either to the right hand or to the left; and so it travels forward in a fruitful fashion, and leads us on, with a career that is growing always swifter, over the infinite fields of knowledge.

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*Chemical Restraint and Alcohol.* By F. PRITCHARD DAVIES, M.D., Superintendent of Kent County Asylum, Barming Heath, near Maidstone.

From the earliest historic period insanity seems to have been regarded as a disease that required restraint. The teaching of Conolly showed the fallacy of this view as regards mechanical restraint, and now—at all events in this country—medical psychologists are unanimous in condemning the practice, and the tendency is to give an ever increasing freedom to the mentally afflicted. Notwithstanding this, however, it cannot be denied that although the inmates of our asylums are no longer chained to walls, tied up in strong garments, or otherwise made harmless by mechanical means, a vast deal of what has very appropriately been termed “chemical restraint” goes on, and goes on, I believe, to the great injury of those it is supposed to benefit.

It is very easy to consider ourselves more humane than our ancestors and to laugh at the mistakes made by the physicians who have preceded us in the treatment of mental disease; but I think it not improbable, that the practice which is so general now, will at no distant date be scouted with equal derision to that we now heap upon the chains and cords of a bygone period. A change has already commenced, and is spreading fast. Chemical is following mechanical restraint, and will, I trust, soon become as obsolete a line of practice, only remembered as a matter of history or as something to be avoided.

There is very little difference in the reasoning which made our ancestors keep their patients quiet by means of ropes, chains, and cunningly-devised garments and the modern practitioner’s administration of powerful drugs for the same purpose. Advance of knowledge made us see the folly of the

one, and I believe the same march of intellect will teach us that the other is not one particle better.

We have in this asylum over 1,200 patients, and among them are to be found cases of every variety of insanity, but all are treated upon what may be called the restorative or rational system, and "chemical restraint" has long since ceased to be practised here. I did not make this change suddenly; it has been a gradual transition. I used to give large doses of morphia, chloral, &c., then less, and now none. It is nearly fifteen months since I finally gave up the use of all "quietening" drugs, and the result is so good that I do not think it at all probable I shall again tolerate their administration.

I have a growing belief that much of the excitement sought to be controlled by drugs, is due to the administration of alcoholic beverages.

I wish it to be distinctly understood that I am not a total abstainer myself, and that I am by no means an advocate for the universal spread of teetotalism; but when I observe the very large number of patients who are brought here mainly through the influence of drink—when I see the morbid excitement that follows but too surely a very moderate indulgence in beer, wine, or spirits, by the vast majority of those who are under my charge—I feel it to be my imperative duty to stop alcohol in every form as an article of their ordinary diet, and to give it to the feeble and the sick only as a medicine.

We used to give beer in this asylum rather freely, but not more so than is usual elsewhere. This beer was not stronger than that ordinarily used in asylums, but I was convinced it acted injuriously in two ways—viz., by keeping up the taste for stimulants in those disposed to take them to excess, and by morbidly exciting the diseased brain it was my object to quieten. As with the "soothing" drugs, so with this—the change was made by first reducing the quantity given; then, finding the result good, we stopped it altogether, and it is now more than a year since any was issued as an article of ordinary diet. All who knew our wards when beer was given to the patients, are pleasingly surprised at the comparative calm now, and I unhesitatingly say that it is my belief, this absence of excitement is mainly due to the withdrawal of alcoholic stimulants.

We have only given water as a substitute for the beer. I thought our dietary sufficient without any addition; but to

test the accuracy of this opinion I have had each patient carefully weighed every month, and as no general diminution in weight has been observed, but rather the contrary, I am satisfied as to the soundness of my judgment.

Since we have stopped the issue of beer, my attention has been more forcibly drawn to the pernicious influence of the public-houses which abound on every side in the neighbourhood of this asylum. Although every care is taken to prevent patients having money, they do get possession of it; and as none who are able to walk are restricted to the airing courts, and large parties are out for exercise every fine day, it is very difficult, if not almost impossible, to prevent patients buying intoxicants. The only way to stop this evil is to make it a punishable offence for a licensed victualler to supply alcoholic beverages to a known lunatic; and I trust a law to this effect may be enacted at no distant day.

To any one unfamiliar with asylum life, an account of the trouble the abandonment of "sleeping draughts" and "quietening medicine" entailed upon the medical staff of this asylum will seem absurd, but it is a fact that the opposition to the change was immense and almost insuperable. Lunatics and asylum attendants cling with great pertinacity to old traditions, and the administration of sedatives is of the oldest. We have many patients here who have been in the habit of being placed under "chemical restraint" every night, others twice or three times a day, some oftener, while the regular attendant or nurse regards its administration as the only right thing, and is apt to consider the patient neglected if it is not prescribed. Attendants have another reason—and, perhaps, a more powerful one—for clinging to "chemical restraint." So long as the patient is quiet, they have less trouble; and their minds are not sufficiently cultivated to enable them to soar above the freedom of the hour.

In the face of protests from patients, that they "can not" and "never did sleep" without a "strong draught," and emphatic assurances from old and tried attendants, that so-and-so was "much worse," "never rested, nor let the other patients rest," &c., "since the medicine was stopped," it was clear something had to be done. I was convinced from my own observations they were mistaken, but saw it was hopeless to make them think so. I therefore had to appear to give way in order to have my views fairly tested. Accordingly, I prescribed very weak infusion of quassia or diluted peppermint water, giving strict injunctions as to the care to be

taken in their administration. The result was as I expected: the attendants were delighted, the patients were "soothed," and "slept well," or were "much quieter," just as under the old sedative; and to this day, this mild deception is kept up in some cases, and all, save the medical officers, believe the most potent drugs are being administered.

It seems to be generally granted that it is good for the patients in an asylum to be quiet. The original idea upon which this belief is founded is, no doubt, correct, but it is perverted in its application.

Insanity is associated in the minds of most people with noise, restlessness, violence, and insomnia. The absence of these manifestations is by many held—and to a certain extent very properly—to betoken improvement in the patient, or at least careful management of them.

The Commissioners in Lunacy, in their reports, seldom omit to notice the presence or absence of excitement among the patients in the asylums they visit, and, as it is generally regarded as an evidence of skilful treatment to have the wards quiet, any and every means have been adopted to make them so.

If this desired result were obtained by means of a strait waistcoat and a gag, or by hitting the patient on the head, public opinion, if not the law, would soon put an end to the practice. But is it more humane to compel the restless and noisy patient to be quiet, by simply crushing them under the stupifying action of drugs?

Some time ago I read an account of a reputed cure for wet, dirty, and destructive lunatics, and it consisted in the exquisitely simple plan of administering a ponderous dose of hyoscyamine. Would any physician now-a-days advocate the garotte for these cases? I think not. Yet why? If one is admissible, why not the other? My lamented friend, the late Dr. Alexander Fleming, seriously advocated garotting patients who were about to undergo minor operations, regarding that process, when skilfully performed, as being less dangerous than chloroform. I am certain it is less dangerous than hyoscyamine when given in the toxic doses which have been advocated. Let me commend it to the notice of the advocates for "chemical restraint" as at least a justifiable alternative.

It would be instructive to obtain from every asylum a return of the quantity of the sedative drugs used during the year, but this cannot be done; yet much benefit might

follow if, at their periodical visitations, the Commissioners in Lunacy were to enquire into the number of patients then taking chloral, morphia, or any other "soothing" medicine, and mentioning the result in their report, at the same time as they describe the state of the patients as regards excitement.

I do not think it would be found that those asylums where "chemical restraint" is most in vogue were the quietest, but rather the contrary; and the marked improvement in the condition of the patients here since its abolition gives support to my belief.

Not only, then, can patients be kept at least as quiet by other means than drugs, but is it not a fact that the prolonged administration of the so-called sedatives has a prejudicial effect upon the well-being of the patients? I think it is. Feeling that a new impetus was given to this line of practice by the introduction of the hydrate of chloral, I regard its discovery as anything but an unmixed blessing. It was thought to be so safe, and to leave no unpleasant after effects, that it has been given alone, and in combination with almost every known sedative, until it is now the veritable sheet-anchor of a large number of medical men who are called upon to treat nervous excitement and insomnia. It thus appears to me to have thrown back the rational treatment of insanity for several years, as its undoubted action in subduing excitement, even in its most aggravated form, if given in large enough doses, has led many to regard it almost as specific, and to be blind to its many dangers.

My experience leads me to believe that few things can be worse than this "chemical restraint." In acute cases, its tendency is to prolong the duration of the disease, and in chronic, to remove what chance there may remain of a restoration to health; in fact, I regard every period of quiet produced by chemical agency, as but another blow to the already enfeebled organism, and as inevitably leading to its ultimate destruction.

It is not my intention to dwell upon particulars, and I do not think any good would be obtained at present by giving instances of individual cases. I have only tried to mark out the broad lines of what I regard as a bad practice, and what I have convinced myself, after a patient trial, is better left alone.