

To the Editor of the *Asylum Journal*.

York Lunatic Hospital, July 12, 1854.

Dear Sir,—Allow me to acknowledge, with thanks, No. 6 of the *Asylum Journal*, which I duly received on the 9th instant.

As a co-operator with yourself in that most important and interesting branch of science, the management and treatment of the insane, may I not venture to trespass for a few moments on your valuable time, in offering a few remarks, suggested by a perusal of your opening article, on the system of non-restraint.

In doing so, I need hardly observe that, although personally acquainted with Mr. Hill, I am not aware that he has even seen your article, having had no communication with him for some months. I state this with a view of shewing that I am actuated by no personal feeling whatever, but am simply desirous of stating my views upon a subject confessedly of vast practical importance, affecting, as it does, the immediate well-being of those entrusted to our care.

Perhaps it will be better to follow out those views as suggested by your observations, *seriatim*. By way of preface, however I must be permitted to say, that (as the accompanying Report will, I think, abundantly testify) in an unqualified abhorrence of barbarities into which restraint had degenerated some thirty or forty years ago, I will yield to none. Common humanity shrinks from such enormities; but it appears most unreasonable to charge upon the *principle* itself the abuse into which it may degenerate in the hands of the injudicious, the unskilful, or the inhumane.

In your remarks "We had flattered ourselves that the day had been gained, the victory secured, and that *practices* which had rendered the name of mad-house an *abomination*, and even the mad doctor odious, had been finally discarded from all the public asylums of this country," I presume you refer to the preceding paragraph, where reference is made to the "rattling of chains" and the "shrieks of patients;" for that such were the abominations of restraint in days gone by is true; and it is most true, that such abominations have (at least, in the public institutions of this country) long since passed away. For it would be manifestly absurd to regard the mildest forms of restraint sanctioned, in rarely exceptional cases, by some of the most practical and distinguished men in this country, as constituting a mad-house an "abomination," and the physician an abhorrence. And yet, from the context, where in the subsequent paragraph you open with the words, "It was therefore with much disappointment and sorrow," etc., it might be supposed, either that there is no appreciable distinction betwixt a *principle* in its legitimate and simplest application, and the most cruel and criminal abuse into which that principle may sink; or else that, as in the chains, the manacles, and the shrieks of old, some terrible barbarism were suspected still to exist.

Assuredly, if we consult science, we shall find that the greatest boons to mankind, have not unfrequently been converted into the greatest curses, through their abuse in the hands either of the unskilful or the malicious. In therapeutics, for example, the truth of this will at once be evident, if we regard the terrible

evils which have arisen from an injudicious or empirical exhibition of mercury, which has, not unfrequently, not only aggravated an already existing malady, but sown the seeds of a future and yet more intractable disease.

Nevertheless, is mercury, even in its more active combinations, much less in its mildest preparations, discarded from our pharmacopœia; but rather, does it not rank, in the hands of a skilful practitioner, as one of the most valuable weapons he possesses, in the treatment and controul of disease? Should we hesitate to administer a few grains of grey powder to a child, because of the terrible abuse of calomel or blue pill by the reckless practitioner, or the impudent charlatan?

Where then a patient threatens his own life,* or the lives of those around him; or is generally destructive to everything within reach; or is given up to the most foul and loathsome habits, sinking below the level of the brute creation; are we to peril the life and limbs of others? are we to incarcerate in solitude? are we, in fine, to shrink from painless restraint, in every possible case, absolutely and for ever, because of the chains, the manacles, and the shrieks of a by-past age?

Which is the lesser of two evils? Which is the truer humanity? On the one hand, to endanger or peril the safety of others, to permit self-inflicted wounds, to confine in gloomy solitude; on the other, to associate, by means of (I repeat) a painless restraint, the otherwise dangerous maniac with the cheerful and inoffensive of his companions.

Regarding humanity, in its strictest sense, as the very guiding principle in the treatment (alike medical and moral) of the insane, I do not hesitate to affirm that there are cases, in which, to withhold painless restraint, would be as flagrant an act of inhumanity as it would be an act of barbarism to use it in any single case, where all other resources had not previously failed; and thereby, its application been imperatively demanded.

May I be allowed to say a word with respect to your definition of the term "spencer." Having used the same word myself, I think it only right to state that, so far as regards the spencer occasionally used in this institution, your definition would, if received, convey an impression absolutely erroneous and incorrect.

The spencer we use is one thing, the strait-waistcoat is another: the former we have, the latter we do not possess, and have not possessed for years; the latter secures the arms and hands across the chest, the former does no such thing; the latter oppresses the chest, the former permits of its perfect freedom, and yet prevents, without pain, destruction of property and clothing, injuries to others, as well as self-inflicted. It supersedes the evils and wretchedness of an indefinite solitude; it obviates that worst † form of restraint, human coercion, but it does not deny the blessings which social intercourse may perchance ef-

* I need not observe that this applies to very rare cases; as, e. g., where the patient will tear open vital wounds, etc.

† Worst, in truth; for but lately I read a case in a Report, where fatal injuries were received by the poor struggling maniac, in an encounter with two attendants who were removing him to a padded room.

fect even in the most aggravated, if not the most hopeless cases.

With regard to your remarks respecting the "probability of the Commissioners having neglected to denounce with vigour any recurrence to the evils of the past," I would beg to observe that, to denounce with vigour, would necessarily imply a strong repugnance to the evil denounced. Assuming that the minds of the Commissioners are imbued with this repugnance to every form of restraint, then, the insinuation that they had neglected to pronounce a vigorous denunciation merely because they had been "charmed by the lower but more conspicuous attributes of an asylum," would be rather a reflection than otherwise on their penetration or their candour. That they had, in short, overlooked the greater evil, attracted by the lesser good; or, detecting the one, had failed to denounce it, carried away by the admiration of the other.

I humbly submit that neither position is applicable to the Commissioners. For, about the same period, we also received a visit from the Commissioners. I drew their especial attention to two particular cases, where mild restraint had been applied, as a 'dernier resort,' upon which an interesting discussion followed.

Now, although no vigorous denunciatory clause, or even the slightest expression of *disapprobation*, is to be found in their report, I most certainly cannot regard the favourable paragraph with which it closes as constituting, in the slightest degree, a "culminating pile of praises," to the all-absorbing influence of which the omitted denunciation is to be ascribed.

Nor, on the other hand, were it so, that the Commissioners themselves *did* entertain the non-justifiability of restraint in any form and in any possible case, can it be allowed that they would seek to reconcile such convictions with a total omission of any expression of disapproval.

In short, in every rule exceptions must ever occur, and from such exceptions, howsoever rare they be, the system of non-restraint itself cannot claim for itself any special exemption.

I remain, dear Sir, very respectfully yours,

EDWARD SIMPSON, M.D.,
Medical Superintendent.

To the Editor of the Asylum Journal.

Belfast District Asylum, July 31, 1854.

Dear Sir,—Permit me through your pages to express to the Members of the Association of Medical Officers of Asylums and Hospitals for the Insane my regret that I was unable to attend their Annual Meeting on the 28th ultimo. The most imperative duties alone prevented my doing so, and participating in the useful and important business of that meeting.

I am, my dear Sir, yours faithfully,

ROBERT STEWART, M.D.,
Secretary to the Irish Branch of the Association.

Appointment.

MR. DENNE, Medical Superintendent of the female side, Hanwell Asylum, to be Medical Superintendent of the Bedfordshire County Lunatic Asylum. Mrs. DENNE to be Matron of the same.

Notices to Correspondents. We regret that press of matter compels us to delay the remainder of Dr. Ballarger's excellent Lecture, Dr. Tuke's Review of the Moorenburg Report, with other reviews of interesting works.

Mr. A. L. We are not aware of the best mode of keeping floors clean and bright by dry rubbing. If the floors are of oak the matter is easy. If they are of pine or fir we know that the task is a difficult one. We should feel obliged to any of our readers who would give us information on this subject. The floors in the Lancaster and Stafford Asylums are of wood and are dry rubbed.

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MARTIN CURTLER,

Worcester, Aug. 14, 1854. Clerk to the Committee of Visitors.

N.B.—It is particularly requested that no application shall be made to any Member of the Committee or their Clerk, by or on behalf of any Candidate. If any such is made, it will be held a disqualification.

All communications for the forthcoming Number should be addressed to the Editor, DR. BUCKNILL, Devon County Lunatic Asylum, near Exeter, before the 20th day of September next.

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