A HUNDRED AND FIFTY YEARS AGO

Extracted from an early issue of *The Practitioner*

TREATMENT OF THE INSANE WITHOUT MECHANICAL RESTRAINTS

By Henry Maudsley, M.D.

CERTAIN WRITERS HINT DOUBTS of the value of the so-called non-restraint system in English asylums, while others advocate openly the use of the strait-waistcoat.

They would have us give up a system of treatment which has been considered by English alienists to be the great merit of English asylums, has hitherto been zealously defended by them against the attacks of foreigners, and has now become so general, that there is hardly an asylum in this country in which a strait-waistcoat would be found.

I cannot help thinking that those who contemplate such a retrograde step have failed entirely to grasp the principle upon which the non-restraint system is founded, and that in this matter they are very ill adapted to be public instructors. It seems proper that a protest should at once be put on record against doctrines which I believe to be inhumane and unscientific.

Would the patient be a gainer by restraint? Experience affords strong reasons to believe that he would suffer much injury without any compensating benefit.The system of mechanical restraint has had a full trial in this country, and in other countries, and whosoever may desire to see it tried again would do well to read carefully the accounts of the cruelties and horrors disclosed at the inquiries into the conditions of asylums at the beginning of this century.

"If the honest inquirer would have a personal experience of the soothing effects of mechanical restraint, let him try, on some warm summer's night, when tossing about restless and feverish from bodily or mental suffering, to go to sleep in a strait-waistcoat, with the sleeves of it tied together under his bed. If he were discovered in the morning, on the border of acute mania, or actually maniacal, he would furnish an apt illustration of the effects of mechanical restraint"

If the honest inquirer would have a personal experience of the soothing effects of mechanical restraint, let him try, on some warm summer's night, when tossing about restless and feverish from bodily or mental suffering, to go to sleep in a strait-waistcoat, with the sleeves of it tied together under his bed. If he were discovered in the morning, on the border of acute mania, or actually maniacal, he would furnish an apt illustration of the effects of mechanical restraint in taming madness.

For it is most certain that the horrible type of furious mania, which was common enough in olden times, is seldom, if ever, met with in our asylums now, simply because the old system of restraint has been abolished. The yelling and the howling, and the violence, which were thought to be inseparable from insanity, are not witnessed now in asylums, because the insane are not brutalized by degrading restraints. These exhibitions were the produce of malady aggravated by mismanagement.

Note that the abolition of mechanical restraint is a detail of practice founded on the principle which inspires what is called the non-restraint system. To scold, bully, or punish an insane patient would be almost as injurious to him, and contrary to the true principle of the non-restraint system.

"The yelling and the howling, and the violence, which were thought to be inseparable from insanity, are not witnessed now in asylums, because the insane are not brutalized by degrading restraints"

Experience proves how beneficial is the influence of a good attendant, how pernicious is the influence of a bad attendant, on a patient suffering from mental disorder. I have seen patients cured by judicious change of attendant. The greatest of difficulties, indeed, in the treatment of the insane is to obtain suitable persons to fill this trying and most responsible position. Qualities of head and heart are demanded such as would secure for their possessor higher remuneration and less onerous duties in a more eligible vocation.

To leave an insane person at the mercy of a coarse, violent, and ignorant attendant is to adopt the surest way of rendering him furious, unmanageable, and finally incurable. With his delusions of suspicion or fear he mingles inseparably the realities of the treatment to which he is subjected, and if this be at all harsh and unsympathetic, he naturally becomes furious, and resists it with all the energy of his frenzy. His delusions are thus strengthened and fixed. In contrast, by gentle usage and sympathetic attention, his confidence is gained, and his delusions are undermined.

It is easy to perceive that if a patient imagines himself to be in hell, or about to be murdered, and those around him to be devils or murderers, he is not likely to be disabused of his morbid idea by devil-like treatment. The lunatic cannot, any more than the sane person, resist the influence of his surroundings; he assimilates them, and they modify his character for good or for evil.

Restraint must be dispensed with altogether, or it becomes the substitute for forbearance and watchful attention. As one great argument against slavery was that it demoralized the slave holder, so a very bad effect of the employment of the restraint in dealing with the insane is that it demoralizes attendants. It is necessary that the abolition of restraint should be absolute to be efficient; the principle of the non-restraint system will admit of no compromise.

1868-2018
Supporting general practitioners for 150 years