

ask him then to tell us if his experience shows an immunity from homicide, suicide, or serious injury to patients or attendants greater than that of those who adhere to the non-restraint principle. And also, if he has succeeded by their use in preventing destruction of clothing and glass, or can, at least, show less expenditure for these articles over such a period as a year, than those who do not order gloves for destructive patients.

Surely Dr. Yellowlees will not continue to contend that these questions are "quite irrelevant." Besides holding that they are quite relevant, I am of opinion that the other points of my statement are so also; for it might be supposed that the complete immunity from homicide, suicide, and permanent injury of attendants or patients, which my experience shows was obtained through the supervision of a disproportionate number of attendants, and a generally higher expenditure for management than in Gartnavel, or other asylum where restraint is more freely used. Therefore it seemed to me necessary to mention the weekly cost of patients, the proportion of attendants, rate of recovery, etc., in the establishment under my charge, in order that a full and fair comparison might be made of an asylum conducted with the present minimum, and those managed with the present maximum use of restraint.

Dr. Yellowlees makes light of my reference to the foundation-stone of Gartnavel Asylum. I can assure him from my own recollection that the laying of it was the occasion of a solemn religious service, and was taken part in by the leading and most respected men of an all but by-gone generation belonging to the West of Scotland. Its special feature was, undoubtedly, the tablet in the hollow of the stone bearing the inscription which I quoted, namely, that the asylum now under his charge was erected on the principle "of employing no mechanical personal restraint in the treatment of the patients." When Dr. Yellowlees has seen fit to depart distinctly and definitely from that principle, and thus given it as his opinion that these men were in error, surely, if for no other reason, the high motives by which they were actuated called for a more respectful reference to their work. But he has yet to show that they were in error.

ALEX. ROBERTSON.

16, Newton Terrace, Glasgow,
August 26th, 1889.

To the Editors of the "JOURNAL OF MENTAL SCIENCE."

GENTLEMEN,—By your courtesy in sending me a proof copy, I am enabled to reply at once to Dr. Robertson's second letter.

To say that I recommend and practise "the considerable use of mechanical restraint" is a total misrepresentation, which should have been impossible to anyone who read my words in the *Journal*. If locked gloves be referred to, which are not "mechanical restraint" and which the Commissioners do not regard as such, the statement is

still quite inaccurate. The patients who wear such gloves by night average nothing like one per cent. of those in residence here, and at present only one patient is wearing them out of the whole 495.

The records of Gartnavel for the last 15 years, with an average number resident of 512, are exceptionally free from serious accidents, and there has been only one suicide in the house during all that period. A patient who escaped and was found drowned three weeks afterwards also, I believe, committed suicide. This record is cause for thankfulness, not for boasting, for a fatal accident might occur at any moment in any asylum, which no human foresight could prevent; but I certainly attribute it in some measure to the use of gloves in the intensely suicidal or exceptionally dangerous cases. I deem their use at once a great protection to the patient and a great help to the anxious and often sorely-tried attendants.

Comparisons as to asylum details, such as cost of maintenance, proportion of attendants, frequency of seclusion, use of fireguards, number of accidents or suicides, amount of breakages, destruction of clothing, etc., are always invidious and misleading, since so much depends on the special circumstances of each asylum. Such comparison would be useful and relevant to the present question only if we could compare two asylums which were alike in every respect, except that restraint was the rule in the one and non-restraint in the other. The comparison invited in the present instance would be specially misleading. An asylum, whose total average population for the last five years has been 126 female paupers, cannot be in any way reasonably compared with one whose average population during the same period has been 482, of both sexes, and three-fifths of them private patients.

The question whether the use of restraint is ever beneficial, and therefore right, in the treatment of the insane, might surely in these days be considered on its own merits, and apart from traditional authority or personal bias. There is no other question of medical treatment about which physicians may not legitimately differ, and agree to differ; but let anyone dare to think or act independently as regards this particular treatment, let him dare to say that restraint prescribed by a humane and experienced physician is totally different from the restraint inflicted by cruel or unenlightened men in bygone days, and he at once encounters reproach and blame, as if non-restraint were a rule revealed from heaven, whose universal obligation and absolute wisdom it was little less than sacrilege to question.

Is not an asylum in its very nature a place of restraint as well as of treatment? Is not seclusion but a loose kind of personal restraint? Is it not interference with personal liberty to feed by the stomach-tube, and a yet greater interference to inject poisonous drugs into the tissues? Yet all this may be right and proper and praiseworthy; but if you dare under any conceivable circumstances to fasten the patient's hands, or to swathe him in blankets, you have committed an outrage on humanity, and deserve the direst censure.

This *reductio ad absurdum* obviously needs some excuse, and when reason fails them, the extremists fall back on sentiment. They pose before the public as the special friends and protectors of the insane, declaim against backsliders, and prophesy the re-degradation of the insane and the return of all the horrors of the restraint period,—all because some physicians, who are as humane and benevolent as themselves, and their equals in skill and experience, decline to accept the rule of absolute non-restraint, and believe that in certain rare and exceptional cases, restraint may be the best and the kindest treatment. The excuse is bad and the sentiment mistaken. The abuse of anything can never condemn its proper use, and the tacit assumption that the devotees of non-restraint are kinder, more humane, and more anxiously considerate of the welfare of the insane than their medical brethren, is uncharitable and groundless.

I see I have omitted the foundation stone, but its inscription constitutes no argument, and the suggestion that it entails on me some kind of moral obligation needs no reply. The founders of this asylum were wise and good men, who valued the spirit more than the letter, and could understand that too often the extreme of right is wrong.

Yours faithfully,

D. YELLOWLEES.

Gartnavel, Glasgow, Sept., 1889.

ABSTRACT OF THE LUNACY ACTS AMENDMENT ACT.

The following Abstract of this Act will be found useful. Thanks mainly to the vigorous action of the Parliamentary Committee of this Association, many amendments have been inserted and alterations made, which will make the Act much more acceptable than when it first appeared.* The services of Dr. Rayner, when Secretary, were in constant requisition, and every member of both Houses of Parliament was supplied with the objections entertained by the Association against the Bill. Two deputations to the Government afforded the opportunity of going thoroughly into the points in question, and in many instances the amendments were then and there acquiesced in.

The principal objects of the Act.

I. To furnish safeguards against the improper confinement of persons as lunatics who shall only be detained under the order of an independent authority, to secure speedy treatment, and to protect medical practitioners and others in the performance of their duties.

II. To amend the law as to single patients.

III. To give increased power for administering the property of lunatics.

* The Parliamentary Committee of the British Medical Association, and the Lunacy Committee of the Royal College of Physicians, have also done good service.