OCCASIONAL NOTES OF THE QUARTER.

Mechanical Restraint in American Asylums.

In our last number we noticed a book entitled "Behind the Bars," which professed to give an account, from personal experience, of the internal administration of American Asylums. One statement distinctly made in that book was that mechanical restraint was often applied by attendants at their own will and pleasure, and that they habitually threatened patients with the imposition of it. In reference to this statement, we have received a letter from our distinguished honorary member, Dr. Isaac Ray, in which he says :—

My knowledge of the management of most of the hospitals in the N. England and middle States (obtained by visits extending over days and weeks), enables me to say that restraint in them is imposed only by order of an officer. My knowledge of the management of the other hospitals in those sections is derived chiefly from statements of the Superintendents in private conversation, and the debates of our Association, and these lead me to believe that the same rule is followed there. In regard to the southern and the western hospitals, I cannot speak so confidently, as I have visited but few of them, and have not had so much intercourse with their officers. I only know that when the subject has been alluded to I have never heard of any other rule, nor any question of the propriety of this. There is a fact not sufficiently considered, I think, touching this matter of restraint. A month or two ago I spent two or three days in one of the Ohio hospitals, containing some 350 patients, of whom only one was under restraint, and the Superintendent told me that there was seldom any more. Now in the best N. England hospitals, the proportion is much greater, and yet in point of attendants, both as to numbers and character, of architectural construction, and means of amusement and labour, the latter have greatly the advantage. This curious diversity has been observed by a few gentlemen who have at different times had charge of hospitals in both sections, and it is difficult to avoid the conclusion that the N. England people are endowed with an excitable temperament. That in this respect they exceed the English, German, and French, I have not the slightest doubt. And this trait has an important bearing on the subject of restraint, not only as to the extent to which it may be required, but to the degree to which toleration of personal restraint—that imposed by the hands of attendants—will be

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borne by patients. Many a patient, who would resist almost unto death the imposition of hands, will quietly succumb to canvas and leather.

In the Report of the Asylum for Insane at Ontario, Dr. Landor makes some remarks on the subject of mechanical restraint, which we append. After speaking with disapprobation of "*the wire-woven cribs in which so many patients are put to sleep in nearly all the asylums in the States*, and which I have never seen required by any patients that have come under my observation," he goes on to say :—

I have had patients rushed into the Asylum without waiting for legal forms of admission, on the ground that they had to be tied to their beds, and put into straight-jackets to prevent violence to others or to themselves ; and although they are exceedingly frightened at the approach of an attendant when they first arrive here, I have never had one who has not been freed from restraint immediately, and kept free, without any harm occurring, and with great advantage, as confidence in the kind intentions of those about them was regained, of perfect quietness, and rapid improvement. I could cite many cases. One from London gaol came here with the reputation of being the most violent woman ever seen in that gaol. She was never outrageous here, from the hour of her admission, and never required to be even secluded, and when she saw that loud threatening provoked no one, she gave that up. Another came from Simcoe gaol, rushed in on the ground that she was a dreadful woman. I never saw one more frightened, but beyond an incessant restlessness of body she never was violent here. No sedatives were given to these women, and none are ever given for mere noise or destructiveness, without some other reason to justify their administration. I saw in another report the singular argument that non-restraint did not diminish to the death rate in the English Asylums, nor restraint increase it in the State Asylums. I think it would be most surprising if it did. I cannot see what either has to do with death rate any more than Tenterden steeple with the Goodwin sands ; in truth, the whole matter is a question of attendants. With good ones, restraint can be avoided ; with bad ones it hardly can. With insufficient numbers of attendants it certainly cannot. I am sure that it dwells on their minds both when they are recovered and when their disease recurs. Often I have been told when an acute maniac has broken a window—"There, now I suppose you will put a jacket on me, or you will give me a shower bath ?" I have neither the one nor the other in the Asylum. No attendant has the means of applying such things to patients.

In regard to the representations made in "Behind the Bars," and to Dr. Ray's experience, we ought to say that we have

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received from other quarters, and from authority that certainly should be reliable, positive assurance that there is not any exaggeration in the book; on the contrary, we are told that much has been kept back which might seem incredible. We are asked, what we should think of delicate patients confined in straight-jackets, through hot summer nights, in bed, without the power of lifting a hand to drive off mosquitoes, which are plentiful enough in summer? The lady in question is said to have long undergone this torture. Our opinion is a very definite one: that, whatever may be the merits of the particular case in question, such treatment as is described is sure to occur sooner or later in any asylum in which mechanical restraint is habitually used.

Chloral Hydrate.

We may take this opportunity of referring to the results of some enquiries by Dr. Richardson into the medical properties of chloral hydrate. He finds that the maximum quantity of the hydrate that can be borne at one dose bears some proportion to the weight of the animal, and that the human subject, weighing from 120 to 140 pounds, will be made by ninety grains to pass into deep sleep, and by one hundred and forty grains into a sleep that will be dangerous. Again, he finds that an adult person who has taken chloral hydrate in sufficient quantity to be influenced by it, gets rid of it at the rate of about seven grains per hour. In repeated doses, therefore, the hydrate might be given at the rate of twelve grains every two hours for twenty-four hours, with less danger than would occur from giving twelve times twelve (144) grains at once. Another important observation which has been made is that a reduction of the animal temperature is an early and marked effect of the chloral; and when an animal is deeply under the influence of the agent, the temperature of the body, unless the external warmth be carefully sustained, will quickly descend seven or eight degrees below the natural standard. Such reduction of temperature, he rightly observes, is itself a source of danger; it allows condensation of fluid on the bronchial pulmonary surface, and so induces apnæa, and it indicates a period when the convulsion of cold (a convulsion which sharply precedes death) is at hand.

The chronic symptoms of chloral poisoning are—sleepless-

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