

Cambridge University Press

978-1-108-08174-0 - A Concise History of the Entire Abolition of Mechanical
Restraint in the Treatment of the Insane: And of the Introduction, Success,
and Final Triumph of the Non-Restraint System

Robert Gardiner Hill

Excerpt

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HISTORICAL SKETCH.

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&c. &c.

TWENTY-ONE years have elapsed since I “expressed my own belief, founded on experience in the Lincoln Lunatic Asylum, that *it might be possible to conduct an Institution for the insane, without having recourse to the employment of any instruments of restraint whatever* ;” * twenty years have elapsed since I carried out at that asylum what I had before conceived possible ; and eighteen years since I gave to the world my published lecture on non-restraint, which had been delivered about two years previously at one of the public institutions of the city of Lincoln. Subsequent events have shown that I was right in my opinion ; and the system has proved, as I predicted it would, a blessing to the insane. †

* See the Thirteenth Report of the Lincoln Lunatic Asylum.

† “ The annual reports presented by the resident physician in 1839, 1840, and 1841, contained the details of a plan adopted by him from the Lincoln Asylum, and persevered in, with such modifications as experience suggested, with the sanction of the visiting justices, to dispense, in the treatment of the insane, with all the ancient bodily restraints. The difficulties attending the commencement of the under-

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In the lecture referred to, I affirmed that, in a properly constructed building, with a sufficient number of suitable attendants, restraint was not only unnecessary, but that it was *in all cases* injurious, and its application consequently unjustifiable. I have no doubt that almost all who were engaged in the treatment of the insane considered that declaration as absurd and impossible, as it was then novel and startling; but it must be borne in mind, that it was not made until I had for a long period actually lived amongst the patients for several hours daily, taking the duties of an attendant as well as that of House-Surgeon. I had therefore a full opportunity of judging whether restraint was, or was not necessary. I was satisfied that it was not: and although the statement might at first appear a very bold one, nevertheless it was my firm conviction that, under the conditions stated, the entire abolition of mechanical restraint was both practicable and humane, and I had no hesitation in staking my reputation upon it. Public attention was soon aroused, as well it might

taking, its progress, and its eventual success, have been already related in those reports without disguise, and it is believed, without exaggeration. The resident physician has now but the agreeable task of recording that time, and patience, and the zealous co-operation of all the officers of the asylum, have enabled him to overcome many obstacles, and have confirmed him in a belief, at first encouraged with much diffidence, but now established beyond the likelihood of ever being overthrown, that the management of a large asylum is not only practicable without the application of bodily coercion to the patients, but that, *after the total disuse of such a method of control, the whole character of an asylum undergoes a gradual and beneficial change.*"—Dr Conolly's Fourth Report of the Hanwell Asylum. 1842.

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be, to the subject : for notwithstanding the bold efforts of Pinel, and Esquirol, abroad, and the humane system of the Retreat, and some other institutions* in this country, no such statement as mine had been made by any man living : neither had it ever been conceived possible that mechanical restraint could be dispensed with *in all cases*. Indeed for many years I was stigmatised as one bereft of reason myself, a speculator, peculator, and a practical breaker of the sixth commandment by exposing the lives of the attendants to the fury of the patients. The system was called “a piece of contemptible quackery, a mere bait for the public ear.” As regards the Lincoln Asylum, it was most extraordinary, that notwithstanding the many expedients previously resorted to with the avowed

* The Suffolk Asylum, *e.g.* in which, according to the statement of Dr Kirkman, mechanical restraint was only resorted to in extreme cases, although the principle of its entire abolition was not acknowledged, even after it had been adopted in other asylums ; neither I believe does Dr Kirkman yet acknowledge it. In his report of 1840, Dr Kirkman says, “All personal confinement is invariably removed on the entrance at the gate, and it is very *rarely* indeed had recourse to again, even for an hour. *Whenever it becomes really necessary, as in the case of the determined suicide*, at night, it is of the gentlest possible kind that an effective guard can be.”

It is clear, therefore, that in 1840 (and the two following reports show that in the two following years restraints continued to be occasionally employed) Dr Kirkman did not consider that in the treatment of his patients mechanical restraints could in all cases be dispensed with.

How the doctor can reconcile this statement of his, with that which he made in 1854, in answer to the inquiries of the Commissioners, *viz.*, that “all instruments of mechanical restraint were destroyed more than *twenty* years ago, and they have neither been used nor required ever since,” I am at a loss to imagine.

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purpose of diminishing the number of restraints, so great was the opposition, both within and without the institution, that despite the constant and strenuous support of Dr Charlesworth, I was ultimately compelled to resign my appointment. In fact, it was impossible to remain. The attendants were encouraged in acts of disobedience, and all control was lost. Had I retained my appointment, I must have sacrificed my principles—and this alone is a proof that the abolition of restraint was a thing never contemplated. The proceedings at that time convinced me that the hire and discharge of servants ought always to be in the hands of the superintendent, and that the matron also ought to be under his control: in fact, that the resident superintendent should be the sole head of the establishment, responsible of course to the proper authorities.

The war against the system was for some time confined to the Lincoln Asylum, and parties connected with it; but at length it assumed a more general character; and those who became converts to the non-restraint system were in their turn the subjects of virulent and abusive attacks. The first person who adopted the system in its full extent was the late Dr T. O. Pritchard, of the Northampton Asylum. He carried it out in that institution soon after its opening. Dr Pritchard wrote some excellent reports on the management of that asylum. I had the pleasure of his acquaintance, and had many opportunities of observing the satisfactory way in which he and Mrs Pritchard conducted the institution. I was present at

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one of their balls given for the amusement of the patients, when the galleries were decorated with evergreens and flowers, and well lighted, and the patients, both male and female, enjoyed themselves much. It was extremely gratifying, in those early days of non-restraint, to see the good conduct and respectful demeanour of the patients, both male and female, when thus associated together. Such scenes are not now uncommon.

Before I take leave of Dr Pritchard, I must crave the liberty of transcribing the following extract from the Fourth Annual Report of the Northampton General Lunatic Asylum, pp. 65-6:

“Mechanical coercion. The practice of this hospital is too generally known, and too firmly established, to require many observations. It may, however, be excusable to give expression to the heartfelt satisfaction with which we review the early introduction of the ‘humane system’ to our institution. I have before reported that the experiment was unpremeditated; it did not arise from any preconception that physical restraint could be *totally* dispensed with in the treatment of the insane, though a strong feeling existed. that it had long been very unnecessarily and cruelly employed; but it was self-evident that an accurate estimate of the character and disposition of our patients, must precede any successful attempt to prescribe their moral management; and it was equally obvious, that this end never could be attained, so long as they were subject to the influence of those extraneous sources of irritation, which we confidently believed had contributed the most

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exaggerated and repulsive features of their distressing malady. The instant liberation, therefore, of every individual brought to the asylum in a state of coercion, was the natural consequence of these opinions, and the results of the trial were in the highest degree satisfactory. But though an insight was thus obtained into the latent powers of purely moral influences, I was indebted to the annual reports of the Lincoln Asylum, kindly forwarded by Dr Charlesworth, for the suggestion, that mechanical agency might be absolutely discarded. Many difficulties and apparent dangers, however, interposed to check our adoption of Mr R. G. Hill's system: an unfinished building, numerous workmen employed in every direction, the inexperience and timidity of the attendants—few in number, in consequence of a prevalent disinclination to enter into our service—all contributed, during the first year, to add to the anxieties of direction, and thwart my intentions, as well as to excite occasional doubts of their practicability. These impediments have long been surmounted, for they but stimulated renewed exertions and more extended inquiry; and we have now the gratification of knowing that similar results have rewarded the labours of a majority of the superintendents of the largest and most celebrated hospitals in the kingdom; and that unanimity of opinion on this vital question is rapidly pervading not only our own country, but also the great continents of Europe and America."

Next, after Dr Pritchard, came that "great and good man," Dr Conolly; and perhaps, but for him, the

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system might have been strangled in its birth. It was ordained otherwise. Mr Serjeant Adams, whose attention had been directed to the new system at Lincoln, was in the habit of visiting the Lincoln Asylum when on circuit, and the result was, that when Dr Conolly received the appointment of physician to the Hanwell Asylum, Mr Serjeant Adams, who was one of the visiting justices at Hanwell, recommended Dr Conolly to visit Lincoln. Dr Conolly did so, and was so pleased with the quiet and order which he observed there, that on his return to Hanwell, he set to work vigorously with a view to abolish restraint in that giant establishment. Dr Conolly had many difficulties to contend with—difficulties similar to those experienced by myself at Lincoln—but he had the support of the committee. Dr Conolly was subjected to a very unwarrantable and unfounded attack by one of his colleagues, and was much harassed and annoyed; but, in spite of opposition and insult, he succeeded. The following is a copy of the entry made by Dr Conolly on his visit to the Lincoln Asylum:—

“Having read Mr Hill’s lecture, and the extracts from the minutes and tables in the Appendix, we visited this asylum with feelings of unusual curiosity and interest; and we have been deeply impressed with the *tranquillity*, as well as the general order and comfort, pervading the whole establishment, all the arrangements of which have excited our admiration in a very high degree.

“J. CONOLLY, M.D.

“May 17th, 1839.”

“W. CONOLLY, M.D.

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I must be permitted to record here the able advocacy and defence of the system in the ‘Lancet,’ by the late Mr Serjeant Adams, as “Looker-on.” He was, indeed, a most powerful advocate, and contributed greatly towards the support of the system in the days of its greatest trial.

Neither must I omit to mention the constant and unflinching advocacy of the ‘Lancet’ itself, which, beyond doubt, induced many of our public institutions to make a trial, more or less, of the effects of the new system. It was the medium of several communications from myself on the subject, and also of the defensive replies which I was obliged almost continually to make to various attacks upon the system, and upon myself as the author of it. During all this period I received the invariable support of that journal, which nevertheless afterwards surpassed the bitterest of my opponents in the envenomed malignity of its sarcastic abuse.

The triumph of the system, however, was now at hand. It seemed as if a new and blessed light broke in at once upon our asylums, and the doom of restraint and terror was pronounced. The large asylum near Glasgow was built, with all suitable arrangements, expressly adapted to the requirements of the non-restraint system; and, one by one, almost all our large asylums have since adopted it. In England alone about 14,000 lunatics are treated on its principles. “The gradual advance of the new system has, perhaps, been marked by no circumstance more striking than by that of the opening of at least ten English county