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Rib-Fracture in English Asylums.

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From the *American Journal of Insanity* for July, 1879.

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INTRODUCTION.

The body of the following paper originally appeared in the *Edinburgh Medical Journal* for November, 1870. It is reproduced here and now, in connection with various papers already published on *restraint and non-restraint*,* because rib-fracture is one of the natural fruits of the *non-use of mechanical restraint*, in cases in which it should be applied. So far from its having become less, rib-fracture has become more and more common since 1870 in the lunatic asylums of England. So common is it now-a-days, that sensation articles regarding it, every now and then appear in the newspapers, in connection with the reports of coroner's inquests.† It is customary carefully to examine every entrant patient, in order to discover any broken bones that might be assigned to the period of the patient's treatment at home, or in a workhouse, or in a police cell; and even more careful examinations at each *post mortem*, in order to detect fractures that must or may have existed dur-

* *Vide* the American Journal of Insanity for April and October, 1878, pp. 517 and 272, and April, 1879, p. 543.

† Important commentaries are also, however, occasionally to be met with in medical journals, as in the Cambewell House cases (London), of 1876, which formed the text of an instructive article on the "Alleged Ill-treatment" of lunatics, in the *British Medical Journal* for August 19, 1876, p. 247.

ing life, whether or not they produced suffering or disease of any kind.*

I should be very sorry to say that *all* rib-fractures or other bone fractures found in asylum patients, are necessarily the fruits of ill-usage by attendants. One main object of the present paper is (on the contrary) to show how apt such injuries are to occur without anything approaching to violence or even to roughness on the part of attendants, or of fellow-patients. But it is all the more necessary that certain classes of patients should be guarded against risk of accident, from falls, for instance, by the use of such appliances as the "protection-bed."† It can be no matter of surprise that certain general paralytics and other restless and mischievous, but feeble patients, when left to knock themselves about "padded rooms," or subjected to what is called "manual"‡ restraint, the repressive *force* § of muscular attendants, should meet with serious "accidents" of divers kinds. It would be very strange if, under such favorable conditions, rib-fracture and numerous other injuries, major and minor, including death itself, should not, and too frequently occur.

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*The Twenty-third Report of the English Lunacy Commissioners, (for 1869), regrets a number of cases of rib-fracture, whose origin or cause was never ascertained; along with many other "accidents" that were obviously or apparently the result of non-restraint, literal or figurative. Such Blue-Books, indeed, furnish an eloquent commentary on the *evils of non-restraint*.

†*Vide* the AMERICAN JOURNAL OF INSANITY, for April, 1878, p. 517.

‡Dr. Mortimer Granville, of London, in his evidence before the Dillwyn Committee of 1877, contrasts this form of restraint unfavorably with that which is "mechanical." [Report of said Committee, p. 400.]

§"You *must* have *force* in certain cases," says even Lord Shaftesbury, who admits that mechanical restraint has been replaced "by the *personal force* used by the keeper. * * * * To control a violent patient it requires three or four attendants. * * * * There is nothing on the face of the earth one-half so provoking as a madman when he chooses to be so!" [Report of the Dillwyn Committee, 1877, p. 543.]

Nevertheless, it does not appear to occur to our lunacy authorities to connect *preventible* injury with the non-use in proper cases of mechanical restraint, or with the gross abuse of what they still complacently describe as "the non-restraint system."* The sense of moral responsibility seems to sit lightly on their shoulders, for preventible accidents to their charges, as it does, for the "manufacture of insanity" itself—a subject sufficiently serious, however, to require an article to itself.

And yet these authorities go on calmly reporting such injuries as the following: "The casualty was the death of a man from pleurisy, following broken ribs. The injury occurred in a struggle with an attendant, whom the patient had suddenly attacked."† "A woman was in bed with a fractured arm, which seems to have been caused by her violent resistance when required to take medicine."‡ Well might an indignant critic exclaim: "Patients may have their ribs crushed, be boiled, or commit suicide, before a moderate and reasonable sum is expended upon sufficient and skillful attention;" and he makes this comment *apropos* of the following statements of fact taken from the Twenty-fourth Report of English Lunacy Commissioners (for 1870). In the Witham Asylum, a patient was found by the Commis-

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*It may be carrying this benevolent "system" to its logical conclusion. Though this conclusion is fraught with serious social evils—when, for instance, it fails to regulate properly the moral relations of the sexes among the higher classes of asylum officers, or of their subordinates to their patients, when it permits patients to escape wholesale, so as to get themselves into the gutters, or worse, of our large towns, or battered to pieces by railway trains, or drowned like rats in reservoirs, wells or streams; or when it gives them license to write and to post numbers of the most mischievous letters.

† Thirty-second Report of the English Lunacy Commissioners (1878, p. 258): Entry relating to the Sussex County Asylum.

‡ *Ibid.*, p. 235, entry relating to the Shropshire Asylum.

sioners, "lying on a bench in an open rustic seat, restrained by a *strait-waistcoat*, restlessly moving and moaning, and *unattended* by anyone;" while at Ticeburst, one of the highest-class private asylums in England, "The nurses had a practice of restraining the lady patients, at night-time, by fastening them to the bedstead, tying their feet together!"*

The *Pall Mall Gazette*, of October, 1869, thus refers to a series of broken-rib cases that had occurred in the public asylums of Hanwell, Lancaster, and Carmarthen:† "One may say that there was hardly a rib in their bodies left unbroken. * * * There seems to be little doubt that this particular kind of injury is the consequence of the attendants kneeling on the chests of refractory patients, in order to make them submit to discipline. * * * Surely this kind of thing can not be endured much longer. For a strong, heavy man to kneel upon a helpless patient * * is, no doubt, an easy way of reducing him to order; yet it is clearly one which can not be practiced with impunity." Specially, in connection with the fatal cases of rib-fracture at Hanwell, it is asserted: "Either * * the non-restraint system is a mere *sham and delusion*, or it yields results quite as horrible, and distinguished by the same monotonous cruelty as existed under the old regime, when mechanical restraint was used."‡ Referring to "the

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* "A Social Blot," in *British Medical Journal*, October 22, 1870, pp. 441–2, with commentary in the *Journal of Mental Science*, vol. xvii, 1872, p. 230.

† The editor of the *Journal of Mental Science* tells us, (vol. xvi, 1871, p 65), of "The Public Asylums of England and Wales," that "in *none of them* is mechanical restraint used, and yet the accidents and injuries to patients might be counted by single figures!"

‡ The editor of the *Journal of Mental Science*, in his own polished and charitable phraseology, accuses the writer of such a statement of "either gross *ignorance*, and therefore incredible *impertinence*, or a singular *contempt of truth*," (vol. xvi, p. 64), a compliment similar to that paid to his fellow physicians by another "non-restraint apostle in the Dillwyn Report of 1877, p. 124.

number of those who have been knelt upon, and literally crushed to death, in order to show the advantages of physical* over mechanical restraint, the public critic sums up that "the non-restraint system, as it is conducted in some asylums, seems to us worse than nothing."†

To show that this critic, notwithstanding the abuse heaped upon him by the editor of the *Journal of Mental Science*, does not stand alone in his opinions, here are the remarks of another medical commentator—writing this time in the *Lancet*, another of the leading English medical journals. His test is the Santi Nistri case, at Hanwell—a general paralytic, "who died there, after a fortnight, from the effects of frightful injuries received in the Asylum." These injuries were, "that the breast-bone was broken; that the third, fourth, sixth and seventh right ribs, and the fourth, fifth, sixth and seventh left ribs were also broken; that the chest was bruised; and that the left eye was very black and lacerated. * * * It is sufficiently plain that, however the event may have happened, the poor fellow was effectually *crushed to death*. * * * We are driven, indeed, by a study of the evidence, to one of two equally painful conclusions: either that the supervision and care of patients in the Hanwell Asylum are so

* The record of a suggestive inquiry by the English Lunacy Commissioners, into the causes of the death, in the Carmarthen Asylum, of Reed Price, is given at full length in their 24th Report, (1870, pp. 227–235). The evidence showed that the said patient died from pleurisy, associated with the fracture of eight ribs, these fatal injuries being caused in and by a struggle with an attendant.

† The whole article is quoted in the *Journal of Mental Science*, vol. xvi, 1871, pp. 60–70, on whose editor it produced the effect that a red rag is said to do upon a bull. He denounces the writer of the Pall Mall article as having "preferred seemingly to lend a willing ear to the malignant whisperings of some reactionary individual, who has failed to appreciate the spirit of the modern system of treating the insane, and who, if he be connected with an asylum, is *manifestly most unfitted for the office which he holds*." (P. 67).

grossly defective that injuries such as Santi Nistri died of, may be inflicted without anyone knowing anything about the manner of their infliction, or that there has been a conspiracy of silence. * * * Santi Nistri's death is, unhappily, not a solitary instance;* other patients have died in the Hanwell Asylum from the effects of similar severe injuries. * * * We are aware that the Hanwell Asylum is not considered a good example of a public asylum, and that some even regard it as the opprobrium of our county asylums."†

Men are to be found in England who do not think broken ribs a very serious matter—who would, at least, rather submit to them—or, what is not quite the same thing, subject their patients to them—than have a vestige of mechanical restraint applied in prevention of such injuries. The editor of the *Journal of Mental Science*‡ declares that, "were such injuries as broken ribs, in the proportion of cases in which they now occur, a necessary part of the non-restraint system, which we by no means believe them to be, we should still maintain that it would be better to accept them as an evil incidental to a good system than to return to the old system."

Dr. Harrington Tuke, who is ostensibly like Dr. Lockhart Robertson, a staunch adherent of the "non-restraint system," confesses that "the only wonder is, that in public asylums, considering the savage nature of some of the half-educated victims of mental diseases, and the *liberty* which the non-restraint system allows

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* Further comments on the Hanwell and Carmarthen broken rib cases are to be found in vol. xvi, 1871, pp. 251–5.

† Quoted in full in the *Journal of Mental Science*, vol. xv, 1870, pp. 586–7.

‡ Vol. xvi, 1871, p. 66.

them, *accidents* do not more frequently happen. That, within the last few years, several superintendents, and *many* attendants, have been *seriously hurt*, would show there are two sides to this question. The fact is, that in the refractory wards of our public asylums, the attendants, too few in number, *carry their lives in their hands*."* In other words, as I understand Dr. Tuke, the "non-restraint system"—that is, the non-use of mechanical restraint, under any circumstances, is a *dangerous* system—dangerous equally to the lives of patients, officers and attendants!

Dr. Tuke's views, however, concerning the "liberty of the subject," in the treatment of the insane, are peculiar; for he says: "I think that taking a patient, and locking him into a room, is simply committing an *assault* that you have *no right* to commit, unless on the very best possible reasons—reasons very grave; for if that remedy will do any good, he may be said not to be in a state fit to be sent to an asylum." Nevertheless, he would, under certain circumstances, "*seclude the patient with the attendant.* The seclusion, in that manner, is as curative, if properly carried out, as it well can be!"† He holds, however, that facts warn us that all violence must be "avoided, and that, in addition to the care and gentleness required in the treatment of the insane, we have a new reason for caution in the *danger* that seems imminent of easily fracturing the more exposed bones."‡

Dr. Blandford, in his excellent manual of "Insanity, and its Treatment," (1871, p. 226), speaking of acute mania, says: "The patient will not lie quietly on a

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* *Journal of Mental Science*, vol. xvi, p. 141.

† *Journal of Mental Science*, vol. xviii, 1873, p. 465.

‡ *Ibid*, vol. xix, 1874, p. 162.

bedstead, and attempts to compel him to do so will end in many bruises, if not in *broken ribs.*"*

I venture to offer the following cases, and the relative commentaries thereon, as a contribution towards a better knowledge of a subject that has lately attracted a good deal of attention, both public and professional, in England, in consequence of the animadversions of the press on various instances of *rib-fracture* among the inmates of its county lunatic asylums. The subject to which I refer includes, on the one hand, a consideration of that unnatural fragility of bones, which renders them liable to fracture from the most trivial causes; and, on the other, of the frequency of rib-fracture that can not possibly be attributed to ill-usage by attendants.

I do not offer my remarks apologetically; for I believe that the animadversions above referred to are unwarranted either by evidence or legitimate inference—at least, in the majority of cases. Nor am I to be understood as affirming that fragility of the bony system is peculiar to the insane; though I believe it is much more common among them than is usually supposed. Whether it is as common as, or commoner than it is among the sane, remains to be proved. This is a subject that seems to me deserving of full and immediate inquiry. I have repeatedly stated† that I have never met with, or heard of, any lesion among the insane that

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* Instances of the frequency and readiness with which bone-fracture occurs in asylum patients, are to be found in (I.) A "Chapter on Broken Bones," by Dr. Rogers, of the Lancashire Asylum at Rainhill, and one of the ex-presidents of the Medico-Psychological Association, in the *Journal of Mental Science*, for 1875, (vol. xx, p. 81). (II.) A paper on "General Paralysis and Fragilitas Ossium" by the late Dr. Mercer, of the East Riding Asylum, Yorkshire, in the *British Medical Journal*, vol. I., 1874, p. 540.

† *Vide* "Illustrations of Pathology and Morbid Anatomy in the Insane," *Journal of Mental Science*, vol. xii. p. 522; and the following Reports of the Murray Royal Institution —30th, pp. 15, 16; 32d, p. 15; and 38th, p. 15.

is to be considered *quite peculiar to them*, and in this sense to be regarded as diagnostic of the existence of insanity. It is wonderful, however, how persistent and ingenious are the efforts of alienists to make out an essential or specific difference between sanity and insanity, the sane and insane, as regards their pathology and morbid anatomy, in the face of incessant and egregious failures. The "thin partitions" that are supposed to separate them, and that also "do the bounds divide" between great wit and madness, are not real or perceptible—not demonstrable or definable; and all efforts artificially to create specific distinctions where Nature has none, *must* end only in failure!

I do not necessarily connect fragility of the bones in the insane with the accidents that have of late years been made the subject of sensational, and, I believe, most ungenerous and unjust outcry by the fourth estate. There *may* have been, in some cases, an essential connexion between osseous fragility and rib-fracture, as cause and effect; but the effort to prove or disprove such a connexion in the cases referred to, is no part of my present object, which is simply—so far as regards,

I. *Mollities ossium* in the insane, to show that it sometimes exists in as marked a degree as among the sane; and as bearing on—

II. *Rib-fracture* in the insane to point out (*a*) The frequency of self-injury. (*b*) The very slight violence sometimes required for rib-fracture. (*c*) The existence of serious or fatal surgical injury without external marks, or any relative symptoms. (*d*) The importance of post-mortem examination in the detection of masked or unsuspected injury. (*e*) The desirability of distinguishing from each other* injuries that are—1, acci-

* *Vide* 32d Report of the Murray Institution, p. 11.

dental; 2, self-inflicted; and 3, the result of maltreatment by attendants. (*f*) the injustice of attributing rib-fractures and similar injuries necessarily to attendants. (*g*) The frequency of such injuries as a necessary consequence of the non-use of mechanical restraint. (*h*) Those who are responsible for the frequency of such injuries are, therefore, those who have advocated the *non-restraint dogma*. (*i*) There are *no* pathological lesions peculiar to insanity.

I. *Case of Mollities Ossium.*—The patient was an unmarried lady, aged forty-nine, eminently nervous in temperament, of fine build of body, and of high delicacy of constitution, with a strumous tendency. For a long series of years she had been the subject of chronic insanity. In the last seven years of her life, during which she was under my observation, her general health was fair, till she began to complain of aching pains in the bones, of a character supposed to be rheumatic. There gradually supervened a marked general debility, requiring rest in bed, to which she was confined for the remainder of her life—a very few weeks. While bedridden, boils appeared on different parts of the body; then acute tuberculosis suddenly showed itself, and rapidly proved fatal (in a fortnight.) A post-mortem examination was made, which revealed, besides infiltration of the lungs with miliary tubercle, and slight fatty degeneration of the kidneys, as well as other pathological lesions, the following condition of the *bones*. The walls of all bones were thin and soft, easily pierced by any steel or other hard instrument. The normal medullary (or cancellated) tissue was absent; the interior of the bones being occupied by a thickish fluid, which consisted apparently equally of blood and oil. Their surface was abnormally vascular and colored—usually a deep reddish-brown. The

sternum was so flexible that it could be doubled on itself without much difficulty. The general condition of the whole bones of the system was that usually described as the earlier stage of *mollities ossium;* it was apparently essentially a hyperæmia, followed or accompanied by *fatty degeneration*, of their whole texture and contents.

For some time prior to her decease the *urine* had been highly *phosphatic*, but non-albuminous. It does not, however, follow that this apparent excessive excretion of phosphates stood directly related to the condition of the bones. For, on the one hand, as Neubauer and Vogel point out, mere *sediments* of earthy phosphates in the urine do not necessarily indicate *excess* of these salts—absolute excess being determinable only by quantitative analysis;* and, on the other, as I have elsewhere shown, phosphatic urine is common among the insane,† while there is no reason to regard *mollities ossium* as otherwise than rare (comparatively) among either sane or insane. According to some writers the excretion of phosphates, as measured by the phosphatic character of the urine, bears a specific relation to certain forms or phases of mental disease, (*e. g.* mania); but I long ago pointed out that this is a fallacy, and my experience has been confirmed (apparently) by the later researches of Dr. Adam Addison, sometime of Larbert. He writes: "The quantity of phosphoric acid excreted in states of mental excitement was *less* than after convalescence. * * * This perhaps is the most important fact elicited by the investigation, for a greater than the average secretion of the phos-

*"Guide to the Analysis of the Urine." Translated for the New Sydenham Society, 1863, p. 331.

†"On the Chemistry and Microscopy of the Urine in the Insane," *Journal of Psychological Medicine*, July, 1856, pp. 492, 496; and 30th Annual Report of the Murray Royal Institution, p. 16.

phates has come to be regarded as a pathognomonic phenomenon of maniacal excitement." (P. 15.) * * * "I consider it sufficiently proved that the quantity of phosphoric acid excreted during the course of a maniacal attack, is *less* than that voided in an equal time after recovery." (P. 16.) * * * "I believe that the excretion of phosphoric acid is regulated more by the condition and weight of the *body* than by the action of the *brain*." (P. 27).*

In the foregoing case (I.) there was no fracture of any of the affected bones; but it is obvious that they were in a condition in which some very trivial cause might have caused fracture. Druitt tells us, in his admirable "Surgeon's Vade-Mecum," that in *mollities ossium*, "from a fall or some other *slight injury*," the bones are liable to break; or that "bone after bone breaks from the *slightest cause*," (1851, p. 217). Even in the earlier stages of the degeneration, and still more so in the later ones—slight stumbles in one's own bedroom—falls against the edges of beds, chairs, or tables during the night—or even ordinary, and still more so inordinate or unusual, muscular effort—may suffice to produce rib-fracture!

The morbid condition of the whole bony skeleton in this case was quite unsuspected during life; it was detected, and could only have been detected, by post-mortem examination. Such cases furnish one of many sorts of argument that might be adduced in favor of such examinations in *every* death from insanity.† I have elsewhere pointed out that autopsy frequently reveals the most unexpected pathological lesions of the most interesting kind—though not necessarily interest-

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*"On the Urine of the Insane." Reprint from the *British and Foreign Medico-Chirurgical Review*, April, 1865.

† *Vide* 39th Report of the Murray Royal Institution, p. 13.

ing as throwing light on, or essentially connected with, the *mental* or cerebral disease. Autopsy in the insane is, however, one of these subjects, on the other hand, regarding which it may prove that "ignorance is bliss," and "'tis folly to be wise;" for it, and it alone, may bring to light injuries or lesions, the origin or cause of which may become subject of judicial inquiry, newspaper outcry, and public condemnation! The frequency with which previously unsuspected rib-fracture is detected by post-mortem examination may be illustrated by the following:

II. *Cases of Rib-Fracture detected only on Post-mortem Examination*, which occurred in the practice of Dr. Workman, formerly of the Provincial Lunatic Asylum for Upper Canada, at Toronto—a gentleman who is distinguished among American alienists for the attention he has devoted to morbid anatomy, as well as for the manly frankness with which he expresses his opinions.

A. A male, æt. 52, "of large size," suffering from general paralysis, his insanity being characterized by "great restlessness and violence." During life he "neither admitted that he suffered any pain, nor gave any indication of so doing." Death arose apparently from "cerebral compression." At the post-mortem examination attention was, therefore, directed mainly to the *brain*. "After I left the dead-room, believing I had seen *all* that the case afforded, my assistants proceeded to examine the rest of the body. * * * They were surprised to find pus diffused beneath the muscles on the left side '(of the thorax),' and fractures of five ribs running in a vertical straight line a short distance from the junctions with the cartilaginous portions. No reunion had taken place. * * * There was no rea-

son to doubt that the fractures of the ribs had taken place *before* the patient's arrival at the asylum. The rectilinear course of the fractures appeared to indicate that they had resulted from a *fall* forward on some hard, narrow surface, such as the edge of a board or plank. The account given as to his violence and restlessness corroborated the supposition. This patient not only appeared perfectly free from pain or muscular impairment up to the period when symptoms of cerebral or cerebro-spinal compression showed themselves, * * but he preached and shouted perpetually."*

B. A male, æt. 33, "furious and dangerous; * * restless, noisy and destructive" on admission, but subsequently became quiet and harmless. During life he complained of no pain, and had no cough. Immediate cause of death was, nevertheless, hydrothorax. Post-mortem examination revealed the fracture of seven ribs, the appearances proving that the fractures here also had occurred *prior to admission.*

In neither of these cases was any lesion of the *ribs* either diagnosed or suspected during life. "Neither of the two would have been known without post-mortem examination." These and similar cases also illustrate the fact that—

1. *Surgical injuries sometimes occur among the insane without external marks of violence;*† and that—

2. *Serious organic lesions frequently exist without relative symptoms during life.*‡

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*Report of the Provincial Lunatic Asylum, Toronto, for 1862, pp. 13–15. The same case is also reported in the AMERICAN JOURNAL OF INSANITY, for April, 1862, and *Journal of Mental Science*, vol. viii, p. 585. It is there stated, in addition, that the patient was "tall and powerful," and that the "fractures ranged in a straight line, as if all caused by one blow; or, most probably, by a fall on some hard-edged substance."

† *Vide* 34th Report of the Murray Royal Institution, p. 33.

‡ *Vide* 31st Report, p. 13; and 34th Report, p. 36, of the Murray Royal Institution.

None but those habitually engaged in the management of lunatics can be aware of the extent to which accidental or self-inflicted injuries occur, or of the exceptional character of these injuries. They are exceptional in so far as it is (1) frequently difficult to understand how they *could* have been inflicted (I refer to cases in which ill-usage by attendants has been impossible); and (2) in so far as serious structural lesions may be developed without the usual accompanying or proportionate physical indication, or without vital symptoms of any kind. Thus, I have known almost all the ribs of a young man's side broken without a single *outward* indication, or the exhibition of any kind of *symptom*. No complaint ever emanated from the patient; there was no bruise-mark, no lung-symptom, no indication of the slightest suffering from first to last. Nor was it ever discovered how the injury was inflicted. The fractures were detected accidentally by manual palpation. The patient was confined to bed for some days, his thorax tightly swathed in flannel merely as a precautionary measure; but no chest or other symptoms were ever developed, and the patient never could comprehend why he was confined to bed and swathed in flannel!

It is not surprising that, from ignorance of such facts, mere surgical experts, unacquainted with the peculiarities of injury or disease in the insane, should occasionally express, in courts of law, opinions that are calculated to do great injustice to the attendants of lunatic asylums. Dr. Workman is very severe, though not too severe, on certain recent exhibitions of this kind in London. Thus, he says, "It has been incontestably proved that lunatics afflicted with general paralysis, or with other forms of intense cerebral disease, may sustain severe and extensive osseous or other lesions, without manifesting the slightest perception of pain or impairment

of muscular activity." Nevertheless, "in one of the English cases, * * * * two surgeons gave testimony to the effect that no person having two or more fractured ribs *could* be free from pain, or freely use the costal or other respiratory muscles! *Ne sutor ultra crepidam!* Before delivering opinion on any question relating to insanity, or to the insane, medical practitioners would do well to acquaint themselves with the subject on which they are to testify."* * * * * * "Eminent medical gentlemen who have not spent their lives in the practical study of insanity, would act very prudently in abstaining from rash deliverances in all questions (relating to the malady) in which they find themselves in antagonism with those better qualified to give a correct opinion." Until the peculiarities of accident and disease, among the insane, are generally recognized, and until juries cease to be guided by the opinions of experts, who are not qualified to give opinions of any real value, "how can we hope (as alienists) to protect ourselves from the fallacies of their testimony, whether before the tribunals of justice, or the more terrible ordeal of public judgment—a court whose revisions of error hardly ever come in time to reinstate its victims in the position of innocent, much less of meritorious men?"† I quite agree with Dr. Workman as to the little value to be attached to the opinions, as applied to the insane, of surgeons in ordinary practice, who are unacquainted, by personal experience, with the peculiarities of surgical injuries in lunatics. Having myself had frequent occasion to hold consultations with surgical practitioners, in cases presenting surgical difficulty in my own practice, I have found their opinions too often not only useless, but absurd;

* Toronto Asylum Report, 1862, pp. 14, 15.

† *Journal of Mental Science*, vol. viii, pp. 582-584.

because the procedure or appliances that are proper in the case of a quiet, sane patient, who co-operates with his surgeon in the efforts made for his recovery, are not equally applicable—indeed, are sometimes singularly *in*applicable, in that of a violent, restless, destructive maniac, who applies all his strength, perseverance and ingenuity to thwart the procedure intended for his benefit!

The two preceding classes of cases refer to the *non*-detection, during life, of rib-fracture, or of the osseous fragility on which such fracture may depend; but there is another interesting group of—

III. *Cases of Rib-Fracture detected on admission into Lunatic Asylums*, in which the discovery of such injuries is due to the medical examination of entrant patients that is now generally made in lunatic asylums in all parts of the world. There are few asylum physicians, of any experience, who have not met with instructive cases of this kind,* and who are not quite alive to the policy of making such entrance examinations, in order to guard themselves or their subordinates against the accusations that are sure to be made in the event of the discovery, *subsequent to* admission, of such injuries as rib-fracture. Some instructive instances of rib-fracture, so detected, are given in the Annual Reports of the New York State Lunatic Asylum, at Utica. Thus, Dr. Gray, who is Physician-in-chief of the said Asylum, as well as Editor-in-chief of the AMERICAN JOURNAL OF INSANITY, reports, among the admissions of a single year, one case of fractured clavicle; one of fractured ribs and sternum; and one of fracture of the arm—all in acute mania. He adds the important particulars that, in no case, were these injuries produced

* *Vide* 32d Report of the Murray Royal Institution, p. 10.

by intentional violence; or, in other words, they were not attributable to mal-usage by attendants, but to accident or self-inflicted injury. In no case did the patient complain of pain or injury; the fact of bone-fracture existing at all being unsuspected, either by patients or friends, till the medical examination was made by the asylum physicians. "The person who had fractured clavicle was very wild and boisterous, and moved his arm in every direction; complained of no pain, and challenged those about him to fight. The first day we were unable to bandage him; and, even after we succeeded in this, he tore off the bandages, and tore up his clothing and bedding; *notwithstanding which*, the bone united in the usual period, and without any unfavorable symptoms."*

In another year, he describes the following two cases:—"One had, in jumping from a window at home, under delusions, fractured his sternum and clavicle, and driven down his neck into his chest, pushing out the upper portion of chest and vertebral column so as to shorten himself about two inches."† The other was a male, æt. 53, admitted in a state of high maniacal excitement (restless and noisy). There were bruise-marks on the chest, and emphysema was rapidly developed. Rib-fracture was suspected, but proper examination of the thorax was rendered impossible on account of his restlessness. He died from hydrothorax. The post-mortem examination proved the correctness of the diagnosis as to rib-fracture, there being five ribs fractured on one side and four on the other—the sternum also being fractured.‡

Such cases as the foregoing show how unjust and absurd it is to ascribe all rib-fracture, in the inmates of

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*20th Report (for 1862), p. 15.

†27th Utica Asylum Reports, (for 1869), p. 15.

‡27th, (for 1869), *ibid*, p. 77.

lunatic asylums, to deliberate *violence by attendants*. I believe that, as a body, asylum attendants lie under most unmerited opprobrium for supposed brutality or roughness in the management of their charges—especially of such as are unusually troublesome, by reason of filthy habits, insubordination, assault, destructiveness, mischief or otherwise. Attendants would not be human, did they not occasionally lose their temper or self-command, and allow themselves to be irritated into acts which they very speedily regret, and for which they have frequently most inadequately to atone. But, even in the exceptional cases in which faults of commission do occur, far too little allowance is made for the provocations to which attendants are subjected. My own experience has led me, on the whole, to be equally surprised and gratified at the forbearance and kindliness they exhibit—a forbearance and self-control infinitely greater than that which is sometimes exhibited by their superiors in office, notwithstanding the profession by the latter—*usque ad nauseam* sometimes—that *their* rule of practice in dealing with lunatics is that combination of all the virtues embraced in the "Law of Kindness" as embodied in the "Non-Restraint System."

Rib-fracture may legitimately be regarded as one of the many fruits of the *non-use of mechanical restraint* in cases where it is really required. There can be no doubt that many cases of rib-fracture would never have occurred had the "camisole" or the old "strait-waistcoat" been timeously employed, or had any other efficient means been used to confine the arms, legs or body.* Since, however, the Conollyan era in the history of Hanwell, it has been deemed culpable in this country to make use of this or other simple *mechanical*

* *Vide* 37th Report of the Murray Royal Institution, p. 12.

means of preventing self-injury, or injury to others.* There is, and there has long reigned in England *a tyranny of public opinion* on the subject of non-restraint in the treatment of the insane—a tyranny which, among other bad effects, prevents the Superintendents of its asylums from acting upon their individual judgment, in individual cases, as regards the imposition of mechanical restraint.† The substitution of *personal* for mechanical restraint—restraint by *attendants* instead of by mechanical appliances—has led to incessant personal struggles, during which it would have been strange had rib-fracture not occasionally occurred in common with other injuries of even a more serious character. The terrorism which is in England exerted on asylum authorities by the bugbear of public opinion, the anathemas of the fourth estate, and the censorship of the Board of Lunacy, is a very real one‡—in the eyes,

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* *Vide* 39th Report (1865–8,) p. 15.

† *Vide* Dr. Kellogg, of the New York State Asylum, at Utica, in his Notes of a Visit to the Asylums of Europe: AMERICAN JOURNAL OF INSANITY, for January, 1869.

‡ That it is real, is admitted by those of the English alienists themselves who are manly enough to speak out—on a subject on which I have found them more given to whisper with bated breath, as if it were treason even to harbor aspirations or opinions contrary to that worst of all tyrants or despots —public opinion! One English asylum physician, writing me in 1869, says: "I quite agree with your remarks about the *terrorism* that the Lunacy Commissioners exercise in England. *All independence* is really extinct now in this department" (lunacy practice). Another, in 1870, remarks:—"In the present state of feeling on the subject of restraint and cruelty in asylums, one can scarcely be too much of a *coward* if he would avoid imputations, whose groundlessness is only equaled by their ridiculousness. * * * * On the head of what might be called the *restraint system* as applied to medical men," (engaged in lunacy practice) "see the correspondence between Dr. Sheppard and the Commissioners in Lunacy, and you will easily understand how difficult it is when there is so much spurious sentiment abroad, to avail one's self of a useful means of treatment, or of the exercise of a little native discretion!"

especially of strangers, who can contrast it with the manly independence that exists on the same subject, as regards both action and opinion, in America! England boasts of being (as regards the treatment of its insane) the country of non-restraint; but it will repudiate, I do not doubt, the addition, that it is equally entitled to the designation of the country of fractured ribs; and it will, I dare say, indignantly deny that there can be any proper connection between the non-use of mechanical contrivances against self-injury, or against the provocation of attendants beyond the bounds of their self-command, and the frequency of rib-fracture, in common with many minor or major injuries.

Nevertheless, I believe that, in relation to the causation of such injuries, we must regard, as the *real offenders*, not the poor defenseless attendants, who are at present saddled with the whole of the guilt; but the following categories of persons or institutions, viz:—

1. Such men as Conolly and Gardiner Hill, who have promulgated the absurd and mischievous dogma, that in *all* cases mechanical restraint is unnecessary and improper.*

2. All who have adopted this dogma of *non-restraint;* all who have imbibed the extreme views of Conolly and Hill, constituting these views their creed *quoad* the management of the insane; including especially—

(*a.*) The general public.

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* "The *Entire* Abolition of Mechanical Restraint in the Treatment of the Insane," is the title of a volume published by Dr. Gardiner Hill in 1857 (London), which contains the following enunciation of his views:—"Restraint is *never* necessary, *never* justifiable, and *always* injurious in *all* cases of lunacy whatever!" (p. 52.) Now Conolly professes to have followed Hill, and the school which Conolly may be said to have founded thus adopts as its creed a proposition, which is (to say the least of it) much too sweeping and dogmatic.

(*b.*) The general newspaper press, with certain exceptions.

(*c.*) A section, at least of the medical press, such as the *Journal of Mental Science** and the *Lancet.*†

(*d.*) The Boards of Lunacy.

I do not, however, further enter at present upon this subject, referring simply to what has been already said on "The Theory and Practice of Non-restraint in the treatment of the Insane,"‡ in the AMERICAN JOURNAL OF INSANITY for October, 1878.

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* The narrow views of the latter on this subject are in marked contrast to the more liberal and enlightened ideas of its predecessor and rival,—the *Journal of Psychological Medicine,* as edited by the late Dr. Forbes Winslow.

† In favorable contrast are the views of the *Medical Times and Gazette,* as expressed (*e.g.*) in vol. ii, for 1868, p. 365; and in vol. i, for 1869, p. 254."

‡ Meanwhile my views regarding the *Disuse of Mechanical Restraint,* and the *substitution* for it of *Restraint by Attendants,* may be found expressed in (1.) the 11th Report of the Board of Lunacy for Scotland, Appendix, pp. 270 and 272. (2.) The following Reports of the Murray Royal Institution: 39th, p. 15; 37th, p. 12; 32d, p. 13. (3.) The following separate papers: (*a.*) on "Temporary Insanity," *Edin. Medical Journal,* vol. xi, (1865), p. 449. (*b.*) On "Typhomania," *Edin. Medical Journal,* vol. xiv, (1868), p. 333.

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