of the upper eyelid and the globe of the eye, sometimes in spasm of the glottis, which came on under the influence of emotion or of a feeling of annoyance, and was characterized by a prolonged and whistling inspiration. Contractions of the extremities were very marked; the thumb was forcibly adducted and flexed into the palm of the hand, underneath the fingers, which were pressed against one another. The child was of weakly constitution, and was suffering from membranous ulcerative stomatitis, and she had also had for the last nine months a cough, which for some time past had assumed a convulsive character."

Such is tetany, according to Trousseau, in a child; and I submit that A. J. V.'s case, my case, Dr Ley's case, and Trousseau's case, allowing for imperfections in observation or description, constitute examples of a disease characterized by the same symptoms. The pathology of laryngismus stridulus has always been obscure; so also has that of tetany; but both are recognised as due to some affection of the nervous system. Both seem to follow exhausting ailments, such as diarrhoea. The nervous symptoms of both, can be arrested by bromide of potassium, and the general health being improved, the symptoms do not return in either case.

Having thus attempted to simplify our nomenclature, I commend the consideration of the subject to those who have more opportunity for observation than I have.

ARTICLE VII.—*The Protection Bed and its Uses.* By W. LAUDER LINDSAY, M.D., F.R.S.E., Late Physician to the Murray Royal Institution, Perth.

(Continued from page 619.)

AT the meeting of the American Association of Asylum Superintendents in 1874, Dr Ranney, of the Wisconsin Hospital for the Insane at Madison, said—"In cases of suicidal patients such restraint as is implied in the use of the *covered bed* or crib seems to me eminently appropriate at night. It affords a full equivalent for watching or other supervision, and it is less liable to abridge sleep than any other measures affording the needed security."¹

Illustrations of the mischievous results of the *non-use* of some form of protection bed in cases in which its employment is obviously indicated, are simply innumerable, and are of incessant occurrence in all parts of *England*.

In the first place, its non-use offers endless facilities for self-injury; and in the second, it exposes unfortunate patients to the violence—necessary in many cases, it may be, in the absence of mechanical restraint—of attendants. One simple form of the latter source of injury is the forcible dressing of patients, who

¹ As quoted in the *Journal of Mental Science*, vol. xxii. 1877, p. 146.

should be allowed to remain undisturbed in bed. In English asylums it appears to be a common ambition of superintendents, in order, apparently, to ingratiate themselves with Lunacy Commissioners, to have a minimum number of persons *in bed* for any cause; the result of which ambition is that poor feeble creatures, who ought never to be out of bed, or at least never raised from bed, dressed, and made to sit among the stronger and more or less unruly occupants of a sitting-room or gallery, are compelled to figure, for appearance' sake, among the rank and file of the vigorous. Under such circumstances the said Commissioners issue congratulations "all round," telling us in their blue-books that only some trifling percentage of patients were found in bed in a given asylum—not connecting this fact in any way with that other fact, which may appear in another part of the very same official "entry," and which refers to the large mortality.

I have been many a time both grieved and disgusted in passing through the wards of English asylums—which English lunacy authorities never tire of telling us are the best in the world—to see scores of pallid, thin, motionless "objects" sitting on benches or in arm-chairs, obviously taking no interest in anything, having no kind of enjoyment in life, the power of sensation being scarcely left to them. Much better is it to see the restless, mercurial inmate of an American asylum pacing ward or grounds, with his hands restrained by the camisole or some of its substitutes, and when exhausted, tranquilly sleeping in his protection bed. In the one case there is life and hope, in the other apparently no hope but of and in death.

In all probability such injuries as are described in the *British Medical Journal* for 1876 (vol. ii. p. 246), in a leader on the "Alleged Ill-treatment of Lunatics," would not occur were such appliances as protection beds employed in proper cases. Regarding the result of a coroner's inquest in one case of fatal injury attributed to *attendants*, we are told that there were "twenty-one ribs fractured, an ulcer in the stomach, and a hole in the peritoneum," which hole, further, is described "as due to *force*, and not to disease. . . . The lower ribs had been broken by *great violence, such as blows or kicks*, and the upper ribs by indirect violence. *Violence repeated from time to time would re-break* the ribs, and he (one of the medical witnesses) found some of them had been re-broken. The ribs were not exceptionally brittle, and one of the broken ribs which had become re-united required a considerable amount of force on witness's part to re-break it. . . . He should think the fracture of the breastbone was caused by some one *kneeling* upon the deceased. Fractures of the breastbone were very rare, and in nearly all cases occurred from direct violence."

A reviewer in the New Sydenham Society's *Retrospect* for 1869-70, of a whole series of cases of *rib-fracture* in the insane, found "that the existence of most of these fractures has only been discovered

after death; that the fractures have nearly all been *very extensive*. He then states that "paretic patients, in a certain stage of their malady, are known to be furiously excited. They *throw themselves about with reckless violence*. They frequently attack the bystanders, and they thus often become engaged in *scuffles*. They are consequently exposed to *all kinds of blows and falls*."¹

The common-sense inference from such records of "accidents" is, that all these fatal injuries might surely have been easily *prevented* by the simple expedient of confining the patients to bed.² But, in the present state of public opinion in England anent the "liberty of the subject," the fruits of which opinion are the wholesale murders and suicides, with other social evils innumerable, that are chronicled in every newspaper, and with the mischievous leaven of Conollyism operating among all classes of its lunacy authorities, it is hopeless to expect any material decrease in the number and magnitude of such asylum catastrophes as too frequently form the subject of English coroners' inquests. It is not the less incumbent on us, however, to protest as emphatically as may be against the *manufacture of preventible accidents*—against what is virtually the artificial creation of preventible fatality.

In a paper on "General Paralysis of the Insane," Dr Boyd, one of the ex-presidents of the Medico-Psychological Association, thus speaks³ of two cases:—

1. "Very noisy and violent; had to be placed in the *strong room*."

2. "Had picked sores on his face and hands. . . . Cannot be induced to wear stockings. . . . Prefers laying on the floor to his bed."

The late Dr Mercer of the East Riding Asylum, Yorkshire, gives a case in the *British Medical Journal* for 1874,⁴ in which "there was no reasonable explanation of the cause . . . of an important fracture of the chest . . . but the patient's own restlessness. . . . His case was at once diagnosed as one of general paralysis in an advanced stage. . . . He got out of bed in the night-time, and rambled about the room; and a fellow-patient described how, in the course of this restlessness, he *fell rather heavily and helplessly*. . . . He was found by the night attendant out of bed, tottering about the room. His powers of locomotion . . . were becoming much more feeble, and his tendency to *fall heavily* was increasing in an alarming degree. . . . He was considered no longer safe in any other than the padded room, and thither he was accordingly carried. Although there was then no

¹ Quoted in the *British Medical Journal*, vol. ii. for 1876, p. 247.

² Such a case is to be found in the *Lancet*, vol. ii. for 1870, p. 323, in the death of a general paralytic with fractured rib.

³ In the *Journal of Mental Science*, vol. xvii., 1872, pp. 12, 13.

⁴ In a paper on "General Paralysis and Fragilitas Ossium," vol. i. for 1874, pp. 540-1.

injury discoverable upon him, I still consider it quite a probable event that, during his past restlessness, he might have suffered some hurt. . . . After he had been two days an inmate of the padded room, a bruise on the right side of his chest . . . was pointed out to me by his attendant. . . . While in the padded room he tossed and tumbled about a good deal. But there was no evidence—as indeed so complete was the padding there was scarcely any possibility—of his having sustained an additional bodily injury while there.” On post-mortem examination, however, “a transverse fracture of the manubrium of the sternum” was discovered. “*Fracture of the sternum* is a form of injury very rarely witnessed by the busy general practitioner, and when it is seen, I think I am correct in saying that it usually springs from the application of some strong *mechanical violence*, such as a cart-wheel passing over the chest. It is also a very grave accident, occasioning much anxiety in its treatment.” In this case the medical witness at the coroner’s inquest “gave it as his decided opinion before the jury that, with such a friable condition of the bones . . . some very *trifling* cause—as, for instance, a *fall* on the floor, which the patient was known to have sustained, and which would not have hurt a healthy person—would be quite sufficient for the production of the fracture. If this patient, instead of having been no earlier than was necessary put into the padded room, had received only such care as would be implied in allowing him, restless and helpless as he was, to knock and tumble about an ordinary bedstead, the discovery of *many additional fractures* of the chest, with their common attendants of penetrated pleura, pleuro-pneumonia, and empyema, would have been a more than probable event.”

“As a principle of practice, then,” Dr Mercer goes on to say, “the case illustrates how indispensable are good *padded rooms* in sufficient number for the proper equipment of an asylum.”

The inference which I draw from Dr Mercer’s instructive facts is, however, not that padded rooms are essential appliances of a good asylum, but that protection beds are. It is at least a singular coincidence that it is just in England where *padded rooms* are most frequent, that *broken bones* are even more so!¹

Again, the *Report of the Friends’ Retreat, York*, for 1870 (p. 12), speaking of a case of hysterical mania, remarks that “the safety of the patient required for weeks the united service of *four*, and sometimes *six*, *attendants both day and night*.” Now, not only is this an expensive service, not only are few asylums possessed of such a staff as to afford such a measure of attention to *one* patient, but, as may be illustrated by every annual blue-book of the English Lunacy Commissioners, it is precisely in and at the hands of *attendants* that “accidents” are most apt to happen to asylum patients.

¹ *Vide* article on “Rib-fracture in English Asylums :” *American Journal of Insanity* for July 1879.

In some asylums, such troublesome unmanageable patients are placed in the "padded" or "strong" rooms, where they are at perfect liberty to do themselves fatal mischief of various kinds. The late eminent Dutch physician, Professor Schroeder Van der Kolk, who ridiculed "non-restraint" in acute mania as both unscientific and harmful, rendered padded rooms unnecessary in any of the Netherlands asylums by introducing into them what he called "confining chairs."¹

Dr Blandford, of St George's Hospital, London, in his *Lectures on the Treatment, Medical and Legal, of Insane Patients* (1871, pp. 208 and 210), recommends *mechanical* restraint in a chair during artificial alimentation as preferable to the application of *manual* restraint, regarding it as at once more efficacious and less liable to lead to injury. In other words, he makes use, as so many of his *confrères* in all parts of the world do, under similar circumstances, of what may be called a "confining chair" for the time being.

He says: "Compare a patient struggling for fifteen to thirty minutes in the hands of three or four attendants with one fastened with sheets in a chair for five minutes. Let both be *seen* before judgment is passed."

Again, speaking of exhausted melancholiacs, he remarks (p. 211)—"Rather than run any risk of exposure, I would employ mechanical restraint, and fasten them in bed"—and very properly.

It must be obvious, however, that if an experienced physician like Dr Blandford finds the risk of accidents great from the restraint of *attendants*, in his own presence, during the day, and for only fifteen to thirty minutes, it must be infinitely greater where a patient has to be entrusted to the care of attendants night and day for weeks or months consecutively; in which case the risks are equal, whether the unfortunate invalid is by force kept in bed, or permitted to wander about out of it.

In certain states insane patients "wear themselves out with incessant and fatiguing exertion. . . . It is *exhaustion* that kills in such cases," says Dr Blandford (p. 228). And no doubt it does, if it is permitted. But ought it to be permitted by any physician with the slightest pretension to either common sense or common humanity?

In 1871 there was an inquiry at the Sheffield Police Court concerning an alleged "Shocking Outrage on a Lunatic" in the lunatic wards of the Union Workhouse of that city. It was stated that "she was a raving lunatic when admitted, and was tied down in bed."² And there is ample evidence to show that this is the ordinary treatment, not only of maniacs, but of cases of delirium

¹ Translation of his work on *Mental Diseases* by Dr Rudall. London, 1870. p. 50.

² *Daily Telegraph*, November 16, 1871. We are told, too, that, "although she was in a sickly state, a strait-jacket was placed on her."

tremens, fever delirium,¹ and other forms of delirium, in general and special hospitals, as well as in workhouses, throughout England.

Between the tying down in bed in such cases, and leaving the patient thereafter, unless at long intervals, unattended, and the application of the protection bed in well-appointed sick-rooms, there can, I think, be no proper comparison.

Some of the curious uses to which *padded rooms* and the mechanical force of *attendants* are applied in the professedly "non-restraint" asylums of England, may be gathered from the following account voluntarily given to me by the superintendent of one of the best known of them in 1876:—

"Miss — (an attendant) has often sat in a padded room holding a troublesome patient. At other times there were two nurses in the room holding the patient. She has also sat outside the padded room door to keep the patient in the room, and frequently another patient has been placed at the same door for the same purpose" (instead of an attendant, I presume). "This is not considered *seclusion*, and is not recorded as such" in the books which the Lunacy Board requires every public asylum to keep.

Moreover, "Miss — has sat holding a troublesome patient on each side of her on a seat in the day-room, with another excited patient at her feet on the floor, her (the attendant's) foot holding down the patient's dress to prevent her rising. All these *tricks* are known to the superintendent. But they are neither *seclusion* nor *restraint*," their object being to prevent the use, in proper cases, of any form of either *seclusion* or *restraint*. Whatever be the effect of such "tricks" upon patients, they have a demoralizing effect upon attendants, who, in their disgust at proceedings which even they consider underhand and dishonourable, not unfrequently take the earliest opportunity of seeking service in some "restraint" asylum. Nor are Lunacy Commissioners always, or perhaps often, imposed upon by such disingenuous *ruses*; for they have themselves described them to me in terms of loathing.

ARTICLE VIII.—*Quarterly Report of Royal Maternity and Simpson Memorial Hospital.* By J. HALLIDAY CROOM, M.B., F.R.C.S.E., Ordinary Acting Physician to the Hospital; Lecturer on Midwifery, School of Medicine, Edinburgh.

(Read before the Obstetrical Society, 12th November 1879.)

IN compliance with an understanding come to at a recent meeting of this Society, when it was arranged that each Ordinary Physician should give an account of his three months' term of

¹ Where some such means of restraint are not resorted to, we have to deplore such "accidents" as the suicide of Dr Brunton of the Paisley Infirmary in 1876 (*Vide British Medical Journal*, vol. ii. for 1876, pp. 698, 697, and 663).