Remarks on the use and abuse of seclusion / by J.A. Campbell.

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REMARKS ON THE USE AND ABUSE OF SECLUSION.*

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As I take it, seclusion means the isolation of a patient from his fellows effected against his will and in spite of his remonstrances.

The reasons which should guide us in the use of seclusion are, to my mind —

1. The good of the patient from the curative point of view.
2. The safety of the patient, whether he is curable or not.
3. The safety of fellow patients and officials during intense paroxysms of excitement in a given patient.

At rare intervals it may be necessary to use seclusion as a disciplinary agent in patients who combine with their insanity much inherent wickedness, but such cases in my experience are few and far between. I shall shortly give the results of my practice and the numbers of patients under care for each of the last five years; before doing so I shall however, give my opinion as to the cases in which seclusion is a necessary and most proper form of treatment. If seclusion is used from the standpoints I have given at the commencement of my remarks no one can call it an abuse, but judgment and experience are necessary in the use of seclusion as in the use of any other remedial agent, and it should certainly be determined on in all except cases of the utmost violence by medical opinion.

In the following cases seclusion is the safest and kindest treatment :—

1. *Epileptic Excitement.*

* Read at the Brighton Meeting of the Brit. Med. Association, July 13, 1886.

2. *Delirious Excitement* in *General Paralysis.*

3. Certain stages in the early period of an attack of *Acute Mania,* when acts of sudden violence render it almost impossible to treat a patient for 12 hours consecutively in the open air or a ward with safety to himself and his attendants.

These are the cases when I consider seclusion very proper treatment, and I do not at all think it a matter to boast of in an asylum that seclusion is never used; if it is not used where it really should be, and the patient suffers, then the treatment is bad. In asylums, as in ordinary practice, the patient, not a system, should be considered. It is certainly better to live alone than die in company. Seclusion may at one time have been abused; I do not think it is now, but if used merely as a means of saving trouble, then it is abused. If I found a very great amount of seclusion among chronic cases who were neither epileptic nor general paralytic, I should be apt to look into the matter; but my own experience in the past has clearly shown me that a variety of casual circumstances may cause one to have recourse to seclusion to an extent that afterwards seems to the same person with the same number of patients to have been great, yet at the time it seemed proper and necessary.

During a short period in which the asylum I have charge of was overcrowded it was a difficult matter, owing to a sudden rise in the labour market, to obtain and retain good attendants, and this same rise in the labour market sent me such a class of patients as never before or since, happily for me, have come under my care—uneducated, semi-savage Irishmen, who had been attracted by high wages to the pit districts, and who had succumbed to the excesses which had hitherto been, fortunately for them, inaccessible. The excess of Irish in my population in a state of excitement, with bellicose propensities prominent to a degree, caused seclusion in the interests of safety of life and limb of patients to be more used than it was ever before, or probably ever again will be in the Carlisle Asylum. A combination such as I mention is fortunately not of very frequent occurrence.

The following table shows the number of patients in the Carlisle Asylum for each of the years during which the return is made up for the number of epileptics, general paralytics, and the numbers secluded.

Table showing seclusion at Carlisle Asylum for five years end-

ing 1885, separating epileptics and general paralytics from other cases, and giving numbers secluded and duration of seclusion:—

Years.	No. of Patients.	No. of Epileptics.	General Paralytics.	No. of Epileptics. General Paralytics Excluded.	Duration of Seclusion.	Seclusion of other Cases.	Duration of Seclusion.
					Hours.		Hours
1881	440	38	17	8	191	7	283
1882	452	44	13	7	150	7	72
1883	494	53	12	4	80	6	140
1884	536	57	16	3	55	5	49
1885	546	48	18	4	165	2	81