

a counsellor. If such doctors fail to counsel, the problem, they maintain, is time; given more time, all would be possible.

Students selected for medical training are usually not selected for their counselling potential, nor does their education, in general, produce a professional whose orientation is that of the counsellor. The training is designed to produce doctors, not counsellors. One by-product of training and practice can be an arrogance and a distance which are certainly at odds with a counselling approach. Attention and respect, the other ingredients intrinsic to counselling, are not always demonstrated by doctors in general practice or in hospitals. Many doctors may be effective in their specialized work, but are temperamentally and attitudinally unsuited to a counselling role, and lack any proper preparation for it. The same may of course be true of people working in other settings such as in education or in the church.

For the doctor with the potential and the wish to assume a counselling role, counsellors have something to offer. They have also shown the contribution they can make to the doctor's work in, for example, pregnancy and marriage

counselling, both inside and outside general practice. Doctors may argue that counsellors lack knowledge of a kind which has been included in their own training, and in consequence run the risk of damaging patients. We are well aware that there is potential for harm in counselling.

Where time has been taken to work at the respective roles of doctor and counsellor, and both work in collaboration, the overall benefit to the patient is marked. Our roles are constantly changing, and must, if we are to respond to the changing needs of people.

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## ***Psychiatry in the 1880s***

### ***Private Asylums***

(from the *Journal of Mental Science*, 1879-80)

**From the Presidential Address by Dr. J. A. Lush, MP, (of Fisherton House, Salisbury)**

'Between 1846 and 1879 the produce of a penny income tax has risen from £750,000 to £1,750,000, notwithstanding a much greater exemption; and the inhabited house duty has advanced in about a similar ratio; leaving little doubt that a considerable increase in the paying capabilities of the middle classes has been diffused throughout the country.

'Admitting the excellent management of the public institutions, I hold that there are, and ever will be, many who object to the quasi-publicity involved in them, and who will prefer the comparative privacy of Licensed Houses for their friends.

'There is undoubtedly an active although fractional party desirous of upsetting the present Acts, and the most vulnerable point of attack is found in the supposed interest of private proprietors in the reception and detention of unsuitable cases: but the true interest of a proprietor is in the reputation of his House, and with the present supervision and checks, the admission of improper cases is well nigh impossible; that is, if the same care and attention are bestowed upon Public Asylums by the Commissioners in Lunacy as my own experience teaches me they devote to private institutions; and that the tendency of the present system is in the direction of too early discharges.

'It is notorious that many Doctors refuse to sign certi-

ficates in the clearest cases, from dread of responsibility, and of possible future annoyance; the Press seems eager to publish sensational accounts of supposed unjust detentions; while magistrates and judges, with one voice pit the so-called liberty of the subject against the danger to the common weal, to the detriment of the latter; and with another refuse to accept the plea of insanity in a large number of cases where prejudice or obtuseness alone can fail to detect it, and so inflict punishment upon irresponsible victims.

'Projects for boarding out paupers, and for the demolition of licensed houses are crudely put forward; and in the haste for cheap philanthropy, their authors set aside all considerations for the national weal.

'Not the diminution of Insanity, but license of the Lunatic, is inscribed upon the revolutionary banner, and its success is fraught with danger to the State as much as any other misguided fanaticism.'

In the discussion Dr. H. MONRO (of Brooke House, Clapton) referred to Lord Shaftesbury's contrasting evidence to the Select Committees of 1859 and 1877.

'In 1859 there was hardly a word bad enough for him to use about private asylums, but when he gave evidence before the Select Committee in 1877, one of his last observations was that so high was his opinion of private asylums, that if it should please the Almighty to impose such an affliction upon him, he hoped he might be treated in a private asylum.'

**From a paper by Dr. J. C. Bucknill, former Lord Chancellor's Visitor, read at the BMA meeting.**

'The operation, he remarked, of the laws under which such asylums existed had tended in the past, and still more and more tended, to sequester the insane from the care and treatment of the medical profession at large; to render more and more perplexing, dangerous, and difficult the treatment of any single case of lunacy; to herd lunatics together in special institutions where they could be more easily visited and accounted for by the authorities; and to create a class of men whom those authorities could make responsible to themselves for the confinement and detention of the insane according to certain regulations, but whom they did not, and could not, make responsible for their proper medical treatment.

'He asked the opinion of those whom he addressed on the broad ground of principle, whether it was right that diseased and helpless persons should be detained and confined in asylums for the profit of private individuals, the amount of that profit depending upon what those individuals chose to expend upon the comfort and enjoyment of their inmates, and its continuance upon the duration of the disease, or what they might choose to think its duration.

'It was their duty, both collectively and individually, to strive that the pitiable and helpless class of diseased persons from whom the profits of private lunatic asylums were derived should not suffer longer than could be helped under the disadvantage of a worn-out old law. Sequestered as such persons had been from the professional care of those for whom he spoke, they were still, as diseased persons, proper objects of interest and regard, and medical men owed it to themselves and their profession, to see that the law which governed their care and treatment should be conceived and executed in the spirit of benevolence, of a scientific knowledge of disease, and of the true relations which the ethics of the profession taught as being consistent with the dignity and welfare of both medical practitioner and patient.'

**From an 'Occasional Note of the Quarter' (probably by Dr. Hack Tuke)**

'Renewed attention has been directed to the question of the abolition of Private Asylums by the reading of a paper by Dr. Bucknill on the subject, at a meeting of the Metropolitan Branch of the British Medical Association, held at Bethlem Hospital, 21 January, 1879; the discussion being adjourned to 4 February 1880.

'The paper and the debate were alike what might have been anticipated—the former, able; the latter, the reverse of dull. No one could feel surprised that some irritation should be felt and expressed at so vigorous an attack upon the principle involved in the keeping of Private Asylums. The rejoinder was natural, and was forcibly put by Dr. Hayes Newington

in reply—the temptation to do wrong exists, but why should Private Asylum proprietors be supposed to yield to temptation more than any one else? To prove that in a certain calling wrong-doing may bring gain, and that men may be found who will so enrich themselves, is only to state what is unfortunately too true of any circumstances in which temptation and human nature are factors. The counter reply no doubt is that those who would suffer on the supposition of wrong being done are persons who are unable to look after their own interests, and are weighted by a foregone conclusion that their statements are unreliable. The whole force and vitality of the feeling which has been for some time aroused against these institutions lie in this fact. The public seem more willing to be guided by the theoretical objection, than by the absence of proof of considerable abuses existing in their practical working. We are satisfied of two things—paradoxical as they may seem to be—namely, that the general feeling of the community is strongly opposed to private asylums, and that the preference is generally given to them by the same community when the question of placing a lunatic under care arises. This preference is mainly due to the idea of greater secrecy in regard to a disorder to which a stigma is still unfortunately too often attached. We agree with the conclusion of the Lunacy Commissioners that private asylums supply a want that the public asylums do not exactly meet. As it is the friends of the patient, and not the patient himself who is the second party to the agreement with the physician, we hold that Parliament has a right to step in, if for good reasons it sees fit to interfere. In fact it has already claimed and exercised the right to interfere.

'It being admitted, then, that this interference is allowable and necessary, the reason which justifies it also justifies still further interference, if in the interest of society at large. The question is, therefore, reduced to one of expediency. Has the time come when Private Asylums ought to be abolished? Shall they be forbidden in England, as they are in at least one European State? If so, is it to be on the ground that the proprietors have failed in the trust confided to them; that they have acted frequently or generally from base motives, and that therefore they are to be deprived of their present position? We cannot think so. On the contrary we hold that the exceptions are quite insufficient to invalidate the general statement that they are performing an honourable and useful function in the State. In spite of this, however, we have arrived at the conclusion, and we have done so very reluctantly, that the time has arrived when it may be best to look to the ultimate disappearance of Private Asylums—unless, indeed, the improbable course be taken by the Legislature of requiring all cases to go before the Magistrates, or, as in Illinois, before a jury'.

The Lunacy Act of 1889-90 did not, in the event, abolish private asylums, but laid down that no new licenses were to be granted and encouraged County Councils to make provision for private patients in their asylums.

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