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THE WELSH CONTRIBUTION TO MENTAL HEALTH LEGISLATION IN THE NINETEENTH CENTURY

One need not be a pessimist to be sensible that the humane treatment of the insane may have its ebb as well as its flow . . . Vigilance is, and always will be, required; for it to be allowed to slumber, we but too well know that there is only one direction in which things will be when left to themselves, and that is downhill.¹

THROUGHOUT the ages, there have been many who have been unable to accept that the causes of mental disorder could be explained in terms of natural phenomena. Nor have more recent advances in treatment ensured that there necessarily follows a corresponding improvement in attitudes towards the mentally ill. Among the most important, and least studied, of the factors which help to mould public opinion in this sphere are changes in the law concerning the management of the psychiatrically disabled. It has been shown that until 1868, Welsh politicians had made virtually no impression on parliamentary affairs for several centuries.² The sphere of mental health legislation provides an exception to that rule. By the 1760s, it had become more widely known that conditions in most of the private asylums were deplorable. Later, information concerning the severe psychiatric illness of George III was also made public, and so attention was drawn to the need for reforms in the care of the mentally ill. Several MPs from Wales, who had little in common, except that they represented Welsh constituencies, played a significant, if disjointed, role in this field during the eighteenth and nineteenth centuries. Thus, the earliest changes

¹ D. Hack Tuke, 'Presidential address . . .', *Journal of Mental Science*, XXVIII (1881-2), 339.

² K. O. Morgan, 'The Welsh in English politics, 1868-1982', in R. R. Davies, R. A. Griffiths, I. G. Jones and K. O. Morgan (eds.), *Welsh Society and Nationhood: Historical Essays Presented to Glanmor Williams* (Cardiff, 1984), p. 234.

were brought about before the work of the Utilitarian movement took effect; indeed, it has been said that the psychiatrically disabled were the first class of handicapped people in Britain to be protected by law.³

It was the Tory, Sir Herbert Mackworth (1737–91) of the Gnoll, Neath, and MP for Cardiff, who seconded the Bill to Regulate Private Mad-houses, put forward in 1773 by Thomas Townshend, a Rockingham Whig.⁴ The Bill was passed by the Commons but, as Mackworth had predicted, 'the gentlemen of the long robe' would not accept such a measure, and it was rejected by the House of Lords. In spite of that, there had been started a movement which would later culminate in the passing of the more progressive legislation of the twentieth century in this field. In 1774 and 1780, when Townshend made further attempts to curb the power of the private asylum owners, George Venables Vernon (1735–1813), MP for Glamorgan, was among those given leave to assist him, first in bringing in a new measure, and then to prepare a Bill 'to continue the said Act' for a further limited period.⁵

Most nineteenth-century Welsh members, like their English counterparts, did not show any great interest in psychiatric matters, but there were notable exceptions. Charles Watkin Williams Wynn (1775–1850) was Conservative MP for the county of Montgomery from 1799 to 1850. Unlike Mackworth, his interest in the subject persisted, and his contribution, which is well recognized by historians of the mental health field, compares in its significance with that of other British politicians up to the present. Described as 'never strictly a Whig or a Conservative', he held a variety of offices and was said by a contemporary to have been 'learned beyond all others' in matters of

³ Kathleen Jones, *Lunacy, Law and Conscience, 1744–1845* (London, 1955), pp. x, 26.

⁴ L. B. Namier, *The Structure of Politics at the Accession of George III* (London, 1965), p. 11; P. D. G. Thomas, *The House of Commons in the Eighteenth Century* (Oxford, 1971), p. 251; *The Parliamentary History of England XVII* (London, 1813), 696–8; *British Sessional Papers* (hereafter *BSP*), VII (1731–80), 231ff.; *The Parliamentary History of England*, XV (London, 1763), 1283.

⁵ P. D. G. Thomas, 'Check list of Members of Parliament speaking in the House of Commons, 1768 to 1774', *Bulletin of the Institute of Historical Research*, 35 (1962), 220–6; Raymond Grant, *The Parliamentary History of Glamorgan, 1543–1976* (Llandybïe, 1978), p. 238; *House of Commons Journals* (hereafter *J*), 34 (1772–4), 492; 37 (1778–80), 66.

parliamentary procedure. He opposed changes to the electoral system, but was a sterling advocate of social reforms.⁶

Wynn was seemingly ridiculed in some circles because of his high-pitched voice. Yet, judging from the written accounts of his speeches, he spoke eloquently in Parliament on a variety of subjects, and pressed no case harder than that of the need for changes in the law relating to asylums. Possessed of great insight into the nature of the problems facing the mentally disabled, it was he who moved, in January 1807, that a Select Committee should be set up to inquire into 'the state of the lunatics'. The evidence presented seems not to have survived, but the committee's final report bears all the hallmarks of his style. In the House of Commons, he drew attention to the fact that since the passing of the Criminal Lunatics Act of 1800, there were several severely mentally ill men 'lying in public jails; of all places, the most improper for their abode'.⁷

A year later, in reintroducing the subject, Wynn told the House of Commons that he was convinced that the number of pauper and criminal lunatics being kept in prisons and workhouses was as great as 2,400, 'for whose recovery under the present system there was not the slightest chance'. He had, he claimed, evidence that over the previous fifty years, half of the patients admitted to Bethlem Hospital, London (the original Bedlam), had eventually been discharged as cured. Therefore, supporting his measure would guarantee that 'one thousand two hundred of our fellow creatures are likely to be restored from insanity and wretchedness with light of reason and the comforts of society'. The ensuing County Asylums Act of 1808 (48 Geo. III, c.96), which became known as 'Wynn's Act', allowed, but did not compel, Quarter Sessions courts to open county asylums for the care of pauper and criminal patients. This was a comprehensive and well-drafted piece of legislation which represented one of the most important advances made in the field up to that time. It was said there that confining the mentally ill in jails, houses of correction, poorhouses and such places

⁶ A. J. James and J. E. Thomas, *Wales at Westminster, 1800-1979* (Llandysul, 1981), p. 14; *Dictionary of National Biography*, LXIII, 254-5; Gwyneth Evans, 'Charles Watkin Williams Wynn' (unpublished MA thesis, University of Wales, 1934), pp. 1-10, 250-4, 370; *Hansard* (hereafter *H*) XLI (1819), 224.

⁷ *H*, VIII (1807), 514; *BSP*, II (1807), 69ff.; *The Times* (hereafter *T*), 24 January 1807.

was 'highly dangerous and inconvenient'. In putting the provisions of the Act into force, the expenses incurred were to be paid either out of a special county rate raised for that purpose, or by public loans. Wynn argued that county asylums would be 'more economical than parish receptacles and . . . more likely to afford scientific treatment' (a term that could hardly have been previously mentioned in Parliament). The Quarter Sessions courts in the principality were slow to take advantage of the opportunities that Wynn's work had made available to them. The first Welsh county asylum to be opened under the provisions of the new Act was in the jail at Haverfordwest. The building was converted for that use in 1822, and descriptions of the place bear no resemblance to those envisaged in the Act. Many years passed before the opening of a second generation of county asylums helped to revolutionize the whole concept of custodial psychiatric care in Wales.⁸

The matter of major lunacy legislation was not raised in Parliament again until the following decade. In 1819 Wynn moved the acceptance of the Madhouses Regulation Bill. He reminded the House of a previous report brought to its attention, 'detailing such scenes of misery and wretchedness in madhouses, as had perhaps never been paralleled'. After 'repeatedly sending up a Bill to the other House', it had been rejected, but he felt that it was their duty to continue to prepare new legislation in the field. Although many of the evils referred to in the parliamentary report had been dealt with, 'too many . . . still existed'. There was, he considered, no proper system of regulation, and the Royal College of Physicians had no funds to initiate prosecutions against those asylum owners who acted illegally. Therefore, he intended to bring in a bill which would establish a general board of inspection for madhouses, the inspectors having the power to visit asylums at 'different and uncertain times'. It was important that means should then be made available to enforce any changes in practice which they thought necessary. Those cared for in private houses, on a fee-paying basis, were known as 'single lunatics'. Objections had been made to the suggestion that their names should be registered with the Secretary of State; he gave an assurance that this information would not be made generally available. He thought such a scheme was necessary,

⁸ T, 7 April 1808; J, 77 (1822), 112; T. G. Davies, 'Of all the maladies', *Journal of the Pembrokeshire Historical Society*, 5 (1992-3), 75-90.

particularly as it was known that many patients had been confined in this way 'long after their disease had been removed'. Leave was then given for his bill to be brought in.⁹

When a request was made in 1823 for an inquiry into the state of private madhouses, it was refused by Sir Robert Peel. He believed that 'to suppress [them] would be to create an evil greater than any which such a course could remove', presumably because there would be fewer facilities available for the custody of patients. Having repeatedly examined the evidence regarding the abuse of patients, he had been unable to find any basis for the assertions that had been made. He felt that the private asylums were reasonably well managed, and Wynn agreed that, on the whole, this was so. Regretfully, the three bills which had been sent from the Commons to the House of Lords regarding the inspection of asylums had not been passed, and the request was allowed to lie on the table.¹⁰

The extent of Wynn's insight into the nature of psychiatric problems ensured that he lost no opportunity to raise such matters in Parliament. He abhorred a system whereby Boards of Guardians sent their patients to those asylums that charged the lowest fees. More remarkably, by moving an address which was concerned with the setting up of a prison for criminal lunatics, he foresaw the need to develop specialized fields within psychiatry, well in advance of the time when that was brought about. Nor did he hesitate to bring up the subject when legislation in other spheres was under consideration. When Peel introduced his Bill for the better administration of justice in 1827, Wynn was anxious to show that he did not intend to oppose the measure. However, he asked that the clause concerning prisoners 'standing mute' should be reconsidered. Those who were 'mute through malice or obstinacy' should be tried as if they had pleaded not guilty. It ought to be remembered, though, that those 'standing mute by the visitation of God' might well be incapable of providing a defence. Peel acknowledged the importance of the distinction made by Wynn, and assured him that the courts would be allowed to use their discretion as to whether those in the second category should stand trial.

⁹ *H*, XXXVII (1818), 142; *BSP*, VI (1816), 249ff.; *H*, XXXIX (1819), 971-4.

¹⁰ *H*, IX (1823), 1332-4.

Wynn remained as member for the county of Montgomery for more than half a century. Early in the course of his parliamentary career, Thomas Grenville wrote to him, saying that in view of his many

labours, civil and military . . . I cannot with a safe conscience invite you to quit those duties in which you are making yourself useful, for those which promise no little advantage in the House of Commons.¹¹

From the point of view of the developing mental health services, it was fortunate that Wynn ignored his uncle's advice. Throughout his distinguished career, he pressed no case with more vigour than that of the psychiatrically disabled. Wynn was described as 'dignified, generous and upright', and Robert Southey had heard that he was 'one of the most impracticable persons to deal with, taking crotchets into his head and holding on to them with invincible pertinacity'.¹² Such qualities were not necessarily disadvantageous in the case of politicians who took an interest in the fate of those condemned to live in asylums. It is altogether appropriate to suggest that his work helped to lay the foundations for a better psychiatric service.

By 1827, there were further signs that some of the earlier legislation was not being administered effectively in parts of the country.¹³ In the following year, a Select Committee, whose members included Wynn and Lord Granville Somerset, the Tory MP for Monmouth, recommended that eight different acts, or parts of them, should be consolidated into one for the provision of county asylums. They found that there was virtually no means by which 'false imprisonment' could be avoided in the case of insanity. A certificate signed by a physician, surgeon or apothecary, 'in this sense, merely a seller of drugs . . . nay the very apprentice of this man, as soon as his indentures had expired, could consign any person under the pretence of insanity, to all the miseries of the madhouse'.¹⁴ A letter to *The Times* by *Medicus* blamed the delay in providing sufficiently powerful legislation on the

¹¹ *H*, LVII (1841), 676-7; *T*, 22 May 1827; National Library of Wales, Coedymaen papers, group 1, bundle 1, letter 6.

¹² Evans, 'Charles Watkin Williams Wynn', pp. 1ff.; *DNB*, LXIII, 254.

¹³ *BSP*, VI (1826-7), 96; VI (1816), 249.

¹⁴ *T*, 11 July 1827, *T*, 9 July 1827; *H*, XVIII (1828), 575.

'gentlemen of the long robe', so scornfully dismissed by Mackworth, half a century earlier:

I have perceived with considerable regret that in the House of Peers petitions . . . with regard to the propriety of passing the two bills sent up from the Commons on . . . lunatics and asylums [are facing difficulties]. I had not conceived it possible that in this august assembly any doubt could remain as to the necessity . . . for these humane and well considered measures being enrolled in the statute books . . . Let light once penetrate into the dark recesses of the madhouse and the horror with which we have been accustomed to contemplate the disease will speedily vanish . . .¹⁵

The Madhouse Act of 1828 (9 Geo. IV c. 41) represented an important phase in the development of a more effective system of care. Its objects were to give to counties the power of establishing asylums and 'placing in them such unhappy persons of the lower classes . . . deprived of reason [and] reduced to the lowest extreme of poverty and distress'. More strict conditions for the licensing of private asylums were brought about.¹⁶ A new Metropolitan Commission of laymen and doctors was formed, with Lord Granville Somerset (1792–1848), MP for the county of Monmouth,¹⁷ second son of the duke of Beaufort, and a former Lord Commissioner to the Treasury, as its chairman. The commissioners were to be charged with inspecting asylums in London, and it inevitably followed that the standards expected of asylum keepers would be elevated by this move. Attention was to be paid to the situation of asylum buildings as well as to the nature of the treatment offered. Also of some importance was that enquiries were now to be made about diet, clothing and bathing practices in the case of patients, together with the 'modes of personal coercion' in use. Searching questions were also to be asked of all asylums about the use of 'mental and moral treatments'.¹⁸

¹⁵ *T*, 28 April 1828.

¹⁶ *H*, XVIII (1828), 575–85.

¹⁷ Ethel Elizabeth Havill, 'The parliamentary representation of Monmouthshire and the Monmouth boroughs, 1536–1832' (unpublished MA thesis, University of Wales, 1949), p. 142.

¹⁸ *T*, 10 July 1827.

The Act was not introduced without opposition. The views of the Lords were obviously closer to those of the population at large than they were to those of the reformers. However, it seems likely that, in this case, the inertness of the Welsh members of that House was of greater relevance than any active antagonism to the measure on their part. Later, in discussing what he referred to as 'the great periods of effective legislation' in this sphere, Lord Shaftesbury said that any laws passed before that time had been 'meagre and transitory'. The workings of the Act were reviewed in the House of Commons in 1830. Its success in improving standards within asylums was largely attributed to the 'unremitted diligence' with which Somerset had carried out his work, and his 'conduct [had been] above all praise'. In seconding the proposal that the measures already in force should be continued, he said that it had been possible to put an end to many of the abuses which had previously caused so much concern in asylums. Surprisingly, he felt bound to comment on the fact that their proprietors were often 'activated by higher motives than a view to profit'. He was quick to point out that the major deficiency of the old Act was that no provision had been made for the appointment of any paid, full-time commissioners, which he believed to be essential. Although its administration had proved to be rather more expensive than had been anticipated, it was decided that the workings of the Act should be allowed to continue.¹⁹

The praise which was heaped on Somerset did not deter him from raising another related, but more unpleasant, topic in the course of the debate. During the previous week, the Lord Chancellor, Lord Brougham, had criticized the Lunacy Commissioners in open court in the presence of the entire Bar, 'in language [which accused] them of meddling in the most improper manner with . . . his jurisdiction in cases of lunacy'. The commissioners strongly denied that they had ever interfered with the work of his department. Having had a better working relationship with the previous holder of that office, Lord Lyndhurst, they wrote to Brougham expressing their concern that his remarks were 'calculated to deprive the Commission of that public estimation which is essential to the proper discharge of its official duties'. Somerset made it clear in the House of Commons that as a

¹⁹ *BSP*, III (1859, session 1), 75; *H*, II (1830), 915.

commissioner he had no regrets concerning the writing of the letter. He went on to say that if the Lord Chancellor had believed that the newspaper accounts published concerning these statements had been incorrect, he should surely have called the reporters responsible before him in order to castigate them. He also drew attention to the fact that Lord Brougham intended consulting the Lord Chief Justice

as to the mode and measure of punishment he should inflict for the offence committed by the Commissioners in writing the letter to him. If [that were so], it would go all over England that [anyone] attempting to vindicate themselves by [writing such a letter would be] threatened with imprisonment because the Lord Chancellor was so great a man, that in facts he won't be wrong and in opinion he can't be wrong.²⁰

Apart from what might be considered a mild rebuke from the Solicitor-General, Somerset's criticism of the Lord Chancellor seems hardly to have caused a stir in the House of Commons.

In June 1831, Somerset was among those charged with having to prepare a Bill 'for regulating the care and treatment of insane persons'. Later, the Commons committee considering the measure also included Wynn among its members. Much to the annoyance of the Commons, the amendments made by the House of Lords frequently 'materially alter the provisions of the present law, which has been found to be useful and advantageous to the public interest'. One such example, to which objections were raised, proposed that the Lunacy Commissioners' work should be under the control of the Lord Chancellor, which Somerset thought 'no gentleman would submit to'. The Lords, on the other hand, having had the Bill returned to them from the Commons, with virtually every one of their amendments rejected, retaliated with a statement that this was one of the 'most abominable pieces of legislation that was ever seen'. Ultimately, Lord Kenyon moved the acceptance of the Lunatics Bill by the House of Lords, and he too attributed the efficiency of the commissioners' work to Somerset's great ability.²¹

²⁰ *Ibid.*, 920ff.

²¹ *J*, 80 (1830-1), 550, 868, 874; *H*, VII (1831), 448-9, 603-4, 877-9; *T*, 1 October 1831.

Even after he had resigned as chairman of the commissioners in 1834, Somerset's opinion was often sought when psychiatric matters were raised.²² Of greater importance, in a persuasive speech on 18 March 1842, he stressed the need to extend the role of the Metropolitan Lunacy Commissioners to include all the asylums throughout England and Wales. The acceptance of this policy represented a major advance whose significance was far from being properly understood at that time. He referred, appropriately enough, to Wynn's previous work and spoke of the purpose of the 1828 Act. Its intention had been to ensure that there should be 'proper houses of a proper character licensed for the reception of insane people'. Second, an attempt had been made to ensure that those who were not insane would be in no danger of being detained in such places, and that patients who had recovered would not be kept there unnecessarily. By then, hospitals such as Bethlehem and several others in the London area were, he thought, well managed. For all that, he would have welcomed 'an enquiry into the manner in which those institutions were conducted'. He believed that no system of inspection could be found which was more effective than that practised in the vicinity of London, where nearly a half of the licensed houses throughout England and Wales were to be found. As for the provincial asylums, 'it was impossible to suppose that the same regularity of attention and advantage could be derived from [the magistrates' visits] as could be obtained from the regularly appointed commissioners'.

He went on to propose that, rather than appoint part-time legal commissioners, as had previously happened, theirs should be full-time appointments on a salaried basis. He was not in favour of accepting medical men as paid commissioners as, although there were some 'brilliant exceptions, they were not distinguished by the habits of exactness which legal men acquired from their education'. He had no intention of dispensing with the work of justices of the peace in the country districts, but believed that properly selected barristers 'would make [the magistrates] more active in the discharge of their duties'. It followed, then, that between both systems of inspection, every asylum would be visited six times a year. In spite of that, he was concerned at the difficulty faced in attempting to get patients discharged. He did not

²² *BSP*, XI (1839), 1ff.

wish 'to create any prejudice against the proprietors of lunatic asylums', and had found among them people who behaved in a humane and kindly manner. The barristers appointed ought to pay particular attention to the state of the houses visited, to an examination of the certificates authorizing the admission and detention of patients, together with their treatment, and the question as to whether they had been appropriately admitted. They should be enjoined to 'consider the state of mind' of every patient, and they might, after two visits with fourteen days between them, release any patients they believed to be 'sane', after seeking the opinion of an independent medical man.

With Shaftesbury's help, he tried to devise some additional means of preventing improper detention in asylums. He believed that this would be best accomplished by introducing 'regulations as to the competence of the party who should sign the certificate'. This would be more difficult outside London, and must complicate the process of certification of patients, which was of crucial importance at times of emergency. 'Single lunatics', he thought, 'suffered more serious grievances', as there was virtually no means of supervising their management. He recalled that at the time of the passing of the 1828 Act, and since then, 'great consideration' had been given to the supervision of their management. No action had been taken as a result, 'out of delicacy to sufferers . . . to whom the visits of strangers might be irksome'. He felt certain that patients' relatives were frequently reluctant to send members of their families to licensed houses because 'there they would be exposed to the constant visits of commissioners and public authorities'. He confessed that his Bill did not go as far in some respects as he would have wished. This was a view that was also held by Wynn, but it seems likely that had he pressed for more far-reaching legislation, it would have lessened its chances of being accepted. However, those changes, he thought, must lead to vast improvements: from the fact that the commissioners would gather information about the way in which asylums operated, 'great good would arise', which would eventually lead to further legislation of a more liberalizing kind. Leave was given for the Bill to be brought in.²³

Within a month, Thomas Wakley, the energetic editor of *The Lancet*, had moved an amendment in the Commons. He maintained that it was

²³ *T*, 18 March 1842; *H*, LXI (1842), 797–807.

'absurd' that barristers rather than doctors should be appointed as commissioners, as their work 'would be purely of a medical character'. Somerset gave an assurance that he had not intended this clause to be a slur on the medical profession. The investigations to be carried out by the new commissioners did not involve patients' medical treatment and, whenever necessary, the advice of doctors was to be sought on that point. He also believed that it would be difficult to 'offer sufficient remuneration to a medical gentleman in full practice to induce him to spend half his time . . . visiting asylums'. Viewed in retrospect, this legislation, the Lunatic Asylums Act of 1842 (6 & 6 Vict. c.87), must be regarded as being among the most important of its kind up to that time. In fact, the new commissioners' first report was referred to by one of the most outstanding of nineteenth-century psychiatrists, D. H. Tuke, as 'the Doomsday Book of . . . institutions for the insane'. Its members first came to Wales in 1843, when they commented on the deplorable lack of facilities available. Yet it soon became 'a powerful national inspectorate', and its work was ultimately to have a marked effect on psychiatric practice.²⁴

The work of Lewis Llewelyn Dillwyn (1814–92) showed evidence of persistence on his part that was altogether characteristic of him. Seemingly a rather sombre figure, it was once said of him in *Punch* that 'none but a man of the strictest integrity could afford to wear the same suit of clothes for twenty years'.²⁵ According to one obituary, he was not an inspiring speaker, for:

his deliveries were like the full contents of a bottle too impetuously poured out, with the result that the outflow was a gurgling torrent rather than an even stream.²⁶

This did not prevent him from raising a wide variety of matters in Parliament. Lewis Llewelyn Dillwyn differed from his brother, John Dillwyn Llewelyn of Penlle'r-gaer, Swansea, in his political views, and

²⁴ *H*, LXII (1842), 886ff.; W. Ll. Parry-Jones, *The Trade in Lunacy* (London, 1972), p. 20; *Supplemental Report of the Metropolitan Commissioners in Lunacy . . . in Wales* (London, 1844); Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain, 1700–1900* (New Haven and London, 1993), p. 162.

²⁵ Quoted in the *Cambrian* (hereinafter *C*), 1 April 1881.

²⁶ *C*, 24 June 1892.

his nephew, John Talbot Dillwyn Llewelyn, sometimes disagreed publicly with him on such subjects. Like his father, Lewis Weston Dillwyn, Lewis Llewelyn Dillwyn was a Liberal. During his long career as MP for Swansea, he was concerned with the opposition to the tithe system, the disestablishment of the Anglican Church in Wales, and Home Rule for Ireland. His work concerning the rights of the mentally ill, which was also of great importance, seems not to be generally known. He spent much time and energy asking questions and speaking in the House of Commons on the need to revise the laws relating to asylums. By 1873, according to the *Cambrian*, he 'does not seem to be gaining ground in his annual assault on the office of the Lord Privy Seal'.²⁷ If the newspaper meant to infer that he was losing some of his effectiveness as a politician, it underestimated him. Three years later, he strongly criticized the lunacy laws, pointing out that they did little to prevent the illegal detention and maltreatment of psychiatric patients. Later, he opposed the setting up of retreats for those who suffered from alcoholism ('habitual drunkards'), again because of his fear that those needing treatment might be illegally detained. It was he who moved that the Select Committee on Lunacy Law of 1877 should be set up, to enquire particularly into the 'operation of the lunacy laws as regards the security afforded . . . against violations of personal liberty'.²⁸ A correspondent of the *Journal of Mental Science* was not convinced that the committee had been set up for the most appropriate reasons:

to most persons engaged in administering the lunacy laws, the appointment of the committee came as a surprise . . . We fear [that many] thought of it chiefly as a sop thrown to satisfy a few noisy importunate lunatics who were at large . . .

There followed a criticism of the way in which the witnesses had been selected. There had been few doctors from outside psychiatry, and no Visitors to provincial asylums, nor had independent representatives of the legal profession been asked to testify. Nearly 12,000 questions were asked, with a great deal of repetition. Although the chairman, Mr Cave,

²⁷ C, 16 May 1873, 21 December 1883.

²⁸ H, CCXXX (1976), 1164; CCXXXII (1877), 246; C, 9 May 1879.

was thought to have been an admirable choice, 'the various members . . . were evidently most variously qualified for their tasks'.²⁹

Of the fifteen, Dillwyn was the only one from Wales. He attended each of the twenty-nine meetings, and sometimes took the chair there.³⁰ Somewhat abrasive in his attitude, he prepared well and let no opportunity pass without asking questions on his favourite themes. He feared that the lunacy laws did not offer a sufficient degree of protection against violations of personal liberty. Furthermore, he maintained that those who worked outside the state service were more preoccupied with keeping patients in the private asylums than they were in trying to relieve them of their symptoms. It pleased him that Dr Henry Maudsley, one of the most eminent English psychiatrists of the day, should have maintained that cure rates were 5–6 per cent higher in the public asylums, as patients were usually sent there earlier in the course of the disease. Another medical witness agreed with him that the 'attendants' at the larger private institutions were 'still a very inferior class'. His persistent belief in the evil of that system contrasted sharply with his views concerning the privately managed Vernon House, Briton Ferry. He became a Quarter Sessions Visitor there, and was as ineffective in that role as the other Glamorgan magistrates. He obviously accepted that standards at Vernon House were as high as those at the new county asylums, even after the deficiencies had been pointed out by the commissioners. He maintained that if the private asylums were to be taken over by the state, the magistrates should take on the role of managers. That of itself would not necessarily have improved the quality of the care provided, or offered additional safeguards regarding patients' freedom. When the second generation of county asylums was eventually opened in Wales, it is probable that most of the inspiration for the changes which occurred came, not from the magistrates, but from a properly trained new generation of medical superintendents. He should have been aware of the financial constraints facing the state psychiatric services. The Public Works Loan Commissioners had once refused to lend the Glamorgan Quarter Sessions court money to build a county asylum, because of lack of

²⁹ TSC, 'Evidence before the Select Committee . . .', *Journal of Mental Science*, XXIII (1877–8), 457ff.

³⁰ BSP, XIII (1877), 1ff.

funds. So it is difficult to envisage a situation where the private asylums could have been 'bought' by the state. In spite of this, Dillwyn maintained that no one should be allowed 'to make a profit out of the calamities of his fellow men', and insisted that this transfer should be brought about by an increase in the level of local rates.³¹ In fact, only about 6 per cent of the total number of in-patients throughout England and Wales were being privately cared for, but this information was not made available to the committee.³²

The commissioners' evidence to the Select Committee showed that they were only aware of a few examples of improper detention, but it was conceded that, once admitted, some inmates were kept for longer than was necessary. Dillwyn was able to highlight several procedural faults relating to admission procedures. In questioning one medical witness, he brought up a hypothetical case in which 'an unprincipled person who kept an asylum [might] be in collusion with two medical men, for the reception of patients'. As the commissioners visited so regularly and the written consent of the patient's nearest relative was also necessary, it was thought that it would be difficult to envisage such a situation. Another doctor did not agree entirely, and accepted that abuses were more likely to occur in private asylums. Having warmed to his theme, Dillwyn then asked if one of the doctors who signed certificates of admission should obtain some form of 'recognition' of his specialist status from the commissioners, before being allowed to authorize the detention of patients. He was informed that such a move would achieve nothing, and the fact that doctors might face civil actions in the event of malpractice provided sufficient protection for those needing treatment. The witness added that 'the general charge . . . made against us lunacy doctors is that we are ready to shut up everybody, and that we think everybody insane'. Therefore, he thought, if all doctors who signed such papers were 'lunacy doctors', the public would become more mistrustful.

Dillwyn was also concerned about the allegation that letters written by patients were sometimes withheld by asylum owners. It had been accepted that no individual admitted compulsorily should be denied

³¹ Ibid., pp. 341ff.; Joint Archive Service for Mid and South Glamorgan, Q/S, L/U7, Clerk's letterbook, 11 September 1851.

³² 'Occasional notes', *Journal of Mental Science*, XXXVI (1880-1), 393.

the right to communicate with those in the outside world. In fact, when private patients' letters were not posted, a fine of not more than twenty pounds could be imposed for failing to carry out the sender's wishes. Even though the commissioners had issued a circular on the subject two years previously, they believed that, in some cases, the proper procedures were being ignored. This must have struck at one of the few civil rights which those detained in this way might have been expected to retain. Sometimes, such letters were sent by asylum proprietors to the person who had signed the order of admission, and after that, depending on his opinion, they might be sent to the commissioners or the asylum visitors. It was pointed out that asylum owners did not necessarily intentionally flout the law, but their behaviour in this context was 'not what the Act prescribes'. Dillwyn was also unhappy that only the commissioners or visiting justices had the right to institute legal proceedings when a breach of the regulations relating to illegal detention occurred. In questioning one of the commissioners, he took up the matter of the judicial action, *The Queen v. Clark*. In authorising emergency admissions to asylums, clergymen were allowed to act in the absence of a magistrate, under some circumstances. In an English parish, the incumbent and a relieving officer had made an admission order for a patient whom they had not seen. The person admitted had shown symptoms of mental illness of sufficient severity to warrant asylum treatment, and a doctor, who had not examined the patient, was persuaded to sign a certificate of admission. The commissioners had wanted to take legal proceedings against all three but found, regretfully, that they could do so only in the case of the doctor.

Dillwyn raised some matters relating to clinical practice with the medical witnesses. He asked if dementia, by which he meant severe mental illness, was worsened by the admission of patients to asylums, but was told that this was not so. Another theme pursued by him concerned what he referred to as 'chemical restraint . . . in asylums'. He was assured that no other means existed of dealing with psychiatric disorder of recent onset which was as effective as 'those narcotic and sedative remedies'. Further, there were patients who became 'chronic lunatics from want of the proper use of these sedatives'. In a leading question, he introduced the notion that the regular use of the drug chloral would be injurious to the brain. Later, he denied that he had ever implied that drugs were used in order to induce insanity, but had

merely intended asking whether they might do so. It was then accepted by the chairman that he had 'put himself straight with the committee, and with the public, with reference to the administration of drugs'.³³

The appointment of the seventh earl of Shaftesbury (1801–85) as chairman of the Lunacy Commissioners in the 1840s had been one of the turning-points in the administration of the embryonic psychiatric services. Dillwyn's low opinion of Shaftesbury seems not to have been shared by anyone else with any knowledge of the subject. Considering Dillwyn's views on the matter, it would have been surprising if he had not used the committee's meetings in order to criticize the Lunacy Commissioners. On being assured that they were not appointed for life, but only 'during good behaviour', he asked if they were 'generally much advanced in years'. Undeterred by the fact that the oldest of them was of his own age, he insisted that it would be desirable to bring in 'new ideas'. There has survived a letter which Shaftesbury wrote to Dillwyn in June 1876, in which it was said:

We shall continue, I see, fixed, unalterably, each of us, to his own opinion. I am obliged to you for the persuasion you offer me to publish our correspondence — But such a task as that, I would rather leave to yourself. A few explanatory words in the House of Commons would have been graceful and easy on your part . . . But that remedy being denied me, I cannot undertake to weary the public by a long series of letters on a subject now become one of a simply personal character . . . the only newspaper which, to my knowledge, has discussed the question, contains an article strongly condemnatory of the charge against the Commissioners.³⁴

Therefore, being only too aware of Dillwyn's scorn towards him, Shaftesbury had misgivings about appearing at the Select Committee. When he had done so in 1859, he had answered several hundreds of questions. By 1877, he felt that he knew far less about the subject and, yet, an expert commented on 'his thorough mastery of every lunacy

³³ *BSP*, XIII (1877), 53, 294ff., 537ff., 649, 729ff.

³⁴ Public Record Office, MH50/1, 14 August 1845; *BSP*, XIII (1877), 585ff; University College of Swansea archives, Dillwyn's papers, D77, 21 July 1876; *BSP*, III (1859, session 1), 75ff.

question about which he was asked . . . his replies are the admiration of all his younger fellows'.³⁵

The Select Committee of 1878 continued the inquiry into the operation of the lunacy laws. 'Copious evidence' had previously been received, and it was eventually decided that while there were threats posed to the freedom of individuals admitted to asylums, 'allegations . . . of serious abuses were not substantiated'. However, both asylum owners and patients' relatives were sometimes reluctant to accept that 'perfect recovery' from psychiatric illness could occur, which might have increased the risk of delays in the discharge of patients. There were other 'trivial' complaints made, but the committee

cannot avoid observing here, that the jealousy with which the treatment of lunatics is watched over and the comparatively trifling nature of the abuses alleged, present a remarkable contrast to the horrible cruelty [of] less than half a century ago, when society and parliament alike acquiesced in the treatment of lunatics as if they were outside the pale of humanity.

This was sterling testimony to the achievements of the lunacy commissioners and seems quite the opposite to that which Dillwyn had expected and, indeed, might have hoped for. The committee had, very perceptively, realized that one of the greatest problems arose when urgent treatment was needed at an early stage in patients' illnesses. This called for compulsory admission, which inevitably posed a threat to the freedom of the individual concerned. Once admitted, 'the risk of maltreatment by attendants requires constant watching'. They found that opinions concerning private asylums varied widely. Pleas had been made for their immediate abolition, but it was 'as confidently stated' that they 'supplied an acknowledged need'. Equally important was the view, in which Dillwyn does not seem to have taken any interest, that 'unlocked doors, the liberty of walking alone in, and in many cases outside, and the almost uncontrolled admission of visitors, have the best effect'. It would be many years before society could begin to accept this notion. The commissioners saw no need to press for radical

³⁵ G. B. A. M. Finlayson, *The Seventh Earl of Shaftesbury* (London, 1981), p. 383; 'Evidence before the Select Committee', pp. 510–11.

alterations in the law regarding the detention of patients, as there already existed 'ample safeguards'.³⁶

But if they found no cause for complaint, Dillwyn's seemingly permanent sense of dissatisfaction both with the law and the commissioners soon became apparent again. In the same and the following year, he asked the Home Secretary 'if he can now state whether it is the intention of the government to introduce a Bill to amend the lunacy laws during the present session'. In his reply, Mr Assheton Cross accepted that the consolidation of the lunacy laws ought to be taken up, and he intended discussing the matter with the commissioners. He made no mention of the reform of those laws. This was in keeping with the reports of both select committees, which had shown that there was little demand for that course of action. Some weeks later, Dillwyn tried to bring in his own bill. He expressed his disappointment that the government had not taken any action, as they might have been in a position to introduce a more comprehensive measure than he could as a private member. The president of the Medico-Psychological Association, now the Royal College of Psychiatrists, put the situation into perspective by saying that Dillwyn's Bill 'does not pretend to reform the lunacy laws, but principally relates to the acquisition by public bodies of the rights and privileges of private asylums'. A further question from Dillwyn elicited the reply that a bill would have been brought in, but that this could not happen until the matters already under discussion were dealt with. In 1881 Dillwyn, with B.T. Williams, the Liberal MP for Carmarthen, as his seconder in moving the second reading of the Lunacy Law Amendment Bill, voiced his dissatisfaction:

there was no class in the country which demanded more urgently the attention of the legislature than those unfortunate persons afflicted with insanity. Yet the law seemed to . . . treat them in a very cavalier manner . . . Our present system treated lunatics as a criminal class rather than as an imbecile class. It treated them with reference to their care rather than their cure. The number of lunatics was rapidly increasing . . . But [reforms of this nature] involved a greater change than he felt able to attempt to deal with at present.

³⁶ *BSP*, XVI (1878), 45ff. ; XXXII (1878-9), 126-8.

Because of the failure of the government to act, he had decided to introduce a more restricted measure, which he hoped would at least deal with the most severe abuses in the system. He reminded the House that, during the previous session, following his intervention, a member who had been sent to an asylum was discharged cured and was able to return to the House of Commons. Medical evidence had shown that he would have become 'permanently insane' had he continued to be subjected to the same asylum regime.

Dillwyn's greatest mistake lay in his belief that closing the private asylums was equivalent to reforming the lunacy laws. In spite of that, he made some observations which were unusual for a nineteenth-century politician. He rightly drew attention to the need to separate 'curable from incurable lunatics because many patients were rendered incurable by forced association with hopeless idiots and raving maniacs'. He then recommended that anyone who might be able to pay for his/her own treatment might be admitted to a public asylum, where no distinction ought to be made between him/her and the paupers. He went on to propose that compulsory admission should not be allowed without a magistrate's order, or an order of some public authority, even if it were only that of a police constable, and at the 'instance of a near relative or some solicitor of repute'. Yet, one of his objections to the old system rested on his belief that patients' relatives sometimes colluded with asylum proprietors to arrange admissions. He wished to deal with emergency situations where patients were violent, by introducing a system based on that in use in Scotland, whereby they might not be detained for longer than twenty-four hours, without the acquiescence of 'some competent authority'. He also recommended that patients might be discharged by a judge in chambers, a county court judge or a stipendiary magistrate, who would have two medical reports made available to him. In recommending the appointment of a salaried chairman for the commissioners, he did so, he said, after discussing the matter with Shaftesbury. He believed that this would help to add weight to their views, although his previous attitude to them hardly suggests that he would have welcomed such a move.³⁷

³⁷ *H*, CCXLII (1878), 865-6; CCXLIII (1879), 1307; CCXLIV (1879), 1403-4; G. W. Mould, 'Presidential address', *Journal of Mental Science*, XXVI (1880-1), 328-9; *H*, CCXLVI (1879), 1012; CCLXI (1881), 1278ff.

Several objections were made to Dillwyn's new Bill. No provision had been made for the examining magistrate to interview the patient before certification. At that point in the debate, in spite of the Speaker's ruling to the contrary. Dillwyn attempted to make what was referred to as 'a second speech'. He insisted on saying that he failed to see how any fault could be found with his measure, especially as it had been drawn up with the help of the Solicitor-General. He did not agree with the Under-Secretary of State that the Bill should be withdrawn. Sir William Harcourt, the Liberal MP for Monmouth, on behalf of the government, accepted that some action was needed, but 'the Home Office was full of short bills' and it would be impossible to find five minutes to introduce another. After a short discussion, during which Dillwyn gained some support for his views, the Bill was read for a second time. However, by July 1881, it had been withdrawn, as the Home Office view was that some parts of it could not be operated satisfactorily.³⁸

Several months later, another member proposed in the House of Commons that 'all lunatics ought to be committed to the keeping of the State'. During that debate, Dillwyn's views came in for strong criticism. The MP for the University of Cambridge referred to the 'facts' presented by him as being 'worthy of a novel by Zola'. It was not everyone, he thought, 'who had £1,000 a year and was willing to spend it on making someone else miserable'. But Dillwyn had accused patients' relatives of being prepared to do this, with the co-operation of two doctors, who knew that 'signing a false certificate would entail the utter ruin of their character'. It was concluded that he and his colleague had used 'some very strong language' when they had no facts to substantiate their views. The motion was lost by forty-seven votes. Undaunted, in the following year he continued to ask the Home Secretary about his intentions regarding the 'large and important question of lunatic asylums'. He acknowledged, though, that there was probably little point in his raising the issue, as the 'real improvement must come from the government of the day'. In retrospect, it can be seen that it was Dillwyn's continuing concern for the protection of the freedom of the individual, rather than any profound interest in psychiatric matters, which had drawn his attention to this sphere. It is

³⁸ *H*, CCLXIV (1881), 102ff.

also apparent that he was not as well informed on such matters as might have been expected. By then, although his views on the private asylums had not altered, he no longer advocated their abolition. In addition, he was prepared to concede that there might be a case for financing state-provided services centrally, rather than by raising special local rates. Although he was a member of the Select Committee which considered the Criminal Lunatics Bill in 1884, so far as can be judged he played no active part in its affairs.³⁹ His accomplishments largely consisted of attempting to impede legislation which he considered would have a deleterious effect. On the other hand, his refusal to acknowledge that heroic attempts had already been made to right the wrongs of a previous age hardly strengthened his arguments. The same 'invincible pertinacity' attributed to Wynn had its disadvantages in Dillwyn's case, and arose from his failure to understand the true nature of the difficulties faced by the mentally ill. In spite of this, his work served to stress the need for constant vigilance where legal steps were taken which impinged on the freedom of the individual. For that alone, he surely deserves to be remembered.

With Dillwyn's death in 1892, the major nineteenth-century Welsh contribution to this field ended. Irrespective of the other advantages which stemmed from the major political reorientation of the 1860s in Welsh politics, it seems not to have had any effect in promoting mental health legislation. Rarely did Welsh politicians of that new generation ask questions relating to psychiatric matters. The only striking, but fairly unimportant, instance of gaining membership of a select committee on a subject even remotely related to mental health issues occurred in 1898, when S.T. Evans, Sir John Jenkins and J. Lloyd Morgan were involved in the legal discussions associated with the Habitual Inebriates Bill.⁴⁰

Previous experience had shown that, left to successive governments, psychiatric matters were all too often ignored. While there were other factors which were also important, the changes that occurred in the status of the mentally disabled during the nineteenth century owed a great deal to the work of Welsh politicians. At almost every stage of lunacy law reform, there was heard in Parliament a Welsh voice which

³⁹ *H*, CCLXVIII (1882), 1446ff. ; CCLXXXI (1883), 1254; IX (1884), 631.

⁴⁰ *BSP*, X (1898), 31.

helped to put mental health legislation firmly on the political agenda. Their work undoubtedly helped to prepare the way for the more advanced legislation of the twentieth century. Without their labours, the lot of those described by Shaftesbury as 'this most disabled class of people' would have been infinitely worse.⁴¹

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Seven Sisters

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