

The Willis family and George III

M. T. HASLAM*

The illness of George III has been the occasion of much discussion and debate over the two hundred years since what was presumed to have been the King's first attack in 1765. That his illness was a classic case of porphyria was probably agreed definitively as a result of the paper by Macalpine and Hunter in 1966 in the *British Medical Journal*,¹ expanded in her book co-authored by Richard Hunter.²

George III was born in 1738 and became ill for the first time when he was 27 years of age, though the first attack of what might be called madness was not until his fiftieth year in 1788. He was generally considered to have had five major episodes and finally died of the disease in 1820. The years covering the time of the King's illness, if one takes this from the time of the first serious attack in 1788 when a Bill to make the Prince of Wales regent was being processed by Parliament, before the King unexpectedly began to recover, were exciting times for psychiatry. Innovative dissertations were being delivered before the Royal Society. Rivalries between Monro, Willis and Haslam were aired in public.³ In 1815 the Bethlem Hospital had moved from the palatial but collapsing Moorfields building into the new premises in Lambeth (which now houses the Imperial War Museum). Psychiatry had also been involved in attempts by mentally ill persons on the life of the King himself, including those of Margaret Nicholson in 1770 and 1786 and the case of James Tilly Matthews which occasioned John Haslam's book *Illustrations of Madness* to be published in 1810.⁴

The Willis family had been intimately concerned with medicine and indeed psychiatry from the early seventeenth century. The first Willis of whom we have knowledge is Thomas Willis who married Rachel Howell and had a son also called Thomas in 1621 in Great Bedwyn, Wiltshire, on 27 January. Thomas senior was a farmer and later a retainer at St John's College, Oxford, and afterwards steward to Sir Walter Smith of Bedwyn, and lost his life in the siege of Oxford in 1646.

* Address for correspondence: Dr M. T. Haslam, Chapel Garth, Crayke, York, YO6 4TE.

The son, Thomas, was educated at the Edward Sylvester School in Oxford and in 1636 he matriculated from Christ Church, Oxford, and subsequently studied medicine, graduating on 8 December 1646. He practised in Oxford during the rebellion and began his medical writing at that time. He researched and wrote on a formidable range of topics, including anatomy, chemistry, fevers, circulation, muscular contraction and multiple diseases, scurvy, asthma and therapeutics as well as his famous book *Cerebri Anatomi*,⁵ the anatomy of the brain and nervous system. He is remembered, of course, for the Circle of Willis, and was involved in meetings in Oxford which, in part, led to the formation of the Royal Society.^{4,6,7,8}

Willis, in his last book, was the first to notice that cases of wasting disease, in which this symptom was associated with sweetness in the urine, formed a distinct group and thus may justly be regarded as the discoverer of *diabetes mellitus*. He died in London, aged 54, in November 1675, and is buried in Westminster Abbey.⁹

The first description of manic depressive psychosis is also attributed to Thomas Willis. He described *paracusis Willisii*, a rare form of deafness, and also described the spinal accessory nerve. He was a contemporary of William Petty and of Thomas Millington, the former becoming Professor of Anatomy at Oxford and Professor of Music in London, occupying both chairs at the same time!

The house at Great Bedwyn still stands, being called Castle Cottage, and was featured in an article on medical history in the *BMJ* on 13 September 1969.¹⁰

The family tree of the Willis family is shown in Fig. 1. It is uncertain whether John Willis, born 1675, was an illegitimate son or nephew of Thomas, but in view of the fact that Browne Willis is quoted as being grandson of Thomas, it seems likely that John was a direct descendant of Thomas. At any event, John was a prebendary of Lincoln and chapter clerk of Christ Church, Oxford, and had four offspring of whom the third was Francis born in 1718. It was this Dr Francis Willis who was called to treat George III in 1788. Francis qualified in medicine at the age of 41 in 1759, having already taken Holy Orders. He founded the Lawn in Lincolnshire at the age of 50 which was a private asylum for the treatment of mental illness. Francis Willis had already developed a reputation in this field and was called in to treat the King at the suggestion of Thomas Willis, a chaplain to George III and confessor to Queen Charlotte. At this time, Francis would have been 70 years of age.

Francis Willis had five sons, the oldest of whom, also Francis, suffered from dwarfism but little else is known about him. The second son, John, born in 1751, became a doctor and was one of those involved in the management of the King. There are letters to John from Queen Charlotte, the King's wife (Fig. 2).

Thomas, the third son, born in 1754, was a celebrated preacher and vicar

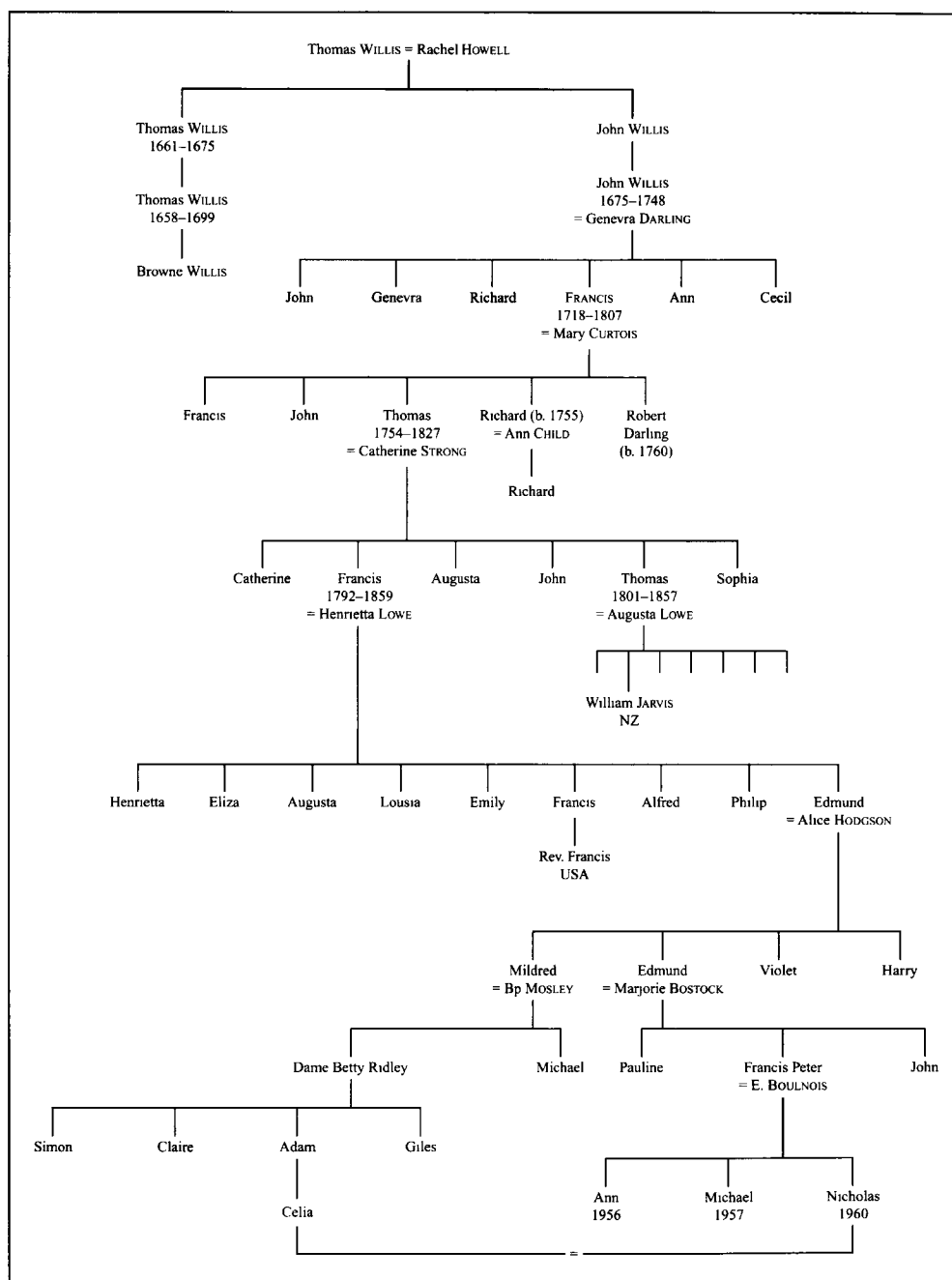


Fig. 1. Willis Family Tree

of St George's, Bloomsbury, and became confessor to Queen Charlotte. The fourth son, Richard, became an Admiral, and the fifth, Robert Darling Willis, born in 1760, also became a doctor and spoke to the Parliamentary Committee considering the position of the King of 1810 and was much involved in the treatment of George III along with his father and brother.

Francis Willis, the father, had been sent to Brasenose College, Oxford, under Canon Alcock but had always been interested in medicine and had dabbled in psychiatry even though he did not qualify until middle age. He lived in Dunstan in Lincolnshire and married Mary Curtoise. He later rented a house at Gretford near Stamford.

Francis was a Tory but many of the court doctors at the time of the King's illness were Whigs and were believed to have been in the pocket of the Prince of Wales. There was much disagreement between the king and his son.

Willis's third son, Thomas, who was the Confessor to the Queen, was able to speak for his father to the Queen and it is said that Thomas persuaded Queen Charlotte to send for Francis Willis to come to see the King.¹² The family brought their own nurses down to Windsor and subsequently the King was moved to Kew. During the illnesses of 1801 and 1811 Francis Willis's sons John and Robert Darling looked after the King.

Richard, the fourth son born in 1755, married Ann Child, the daughter of Captain Child, and set up house in Petworth where Francis eventually died. It was Richard and Ann who built the large house called Ravenhall at Ravenscar, in Yorkshire.

To complete the family tree, Thomas, the third son, had six children: Francis, the second child, became a doctor and wrote a treatise on mental derangement which was given as a Gulstonian Lecture in 1823,³ John, his uncle, is famous for having been asked to see the Queen of Portugal when she sustained a mental illness and is reputed to have been paid the largest private fee ever for a consultation!

This Francis had thirteen children, four sons. The eldest, also Francis, in turn had six children and went to the United States. The youngest child, Edmund, had four children named Mildred, Edmund, Harry and Violet. None of the others had issue.

Edmund was the father of the author's general practitioner, Peter Willis, who, until a few years ago practised in Stillington near York. Thus Francis Willis of 1718 is the great x 3 grandfather of Peter, and Thomas Willis of Oxford was the great x 5 grandfather. All the documents pertaining to the Willis association with the King remained in the family until 1928 when Peter Willis's father sent them as a matter of courtesy to Lord Stamfordham who decided that these were royal documents and declined to return them to the Willis family. They were put instead into the archives in the rotunda at the British Museum reading room.¹²

When the Royal College of Psychiatrists held its Annual General Meeting in Scarborough in 1993 a reception was held at Ravenhall and much was

made of the alleged association between the house, the Willis family and George III. In the sixteenth century, the area round Ravenscar was mined for alum and the first reference to a house on the site is that of Peak House contained in the rent roll of 1542. For four centuries the area had belonged to the knight's hospitallers and the land was leased. On the dissolution of this Order in 1540 the land reverted to the Crown and was at that time occupied by a John Beswick.

In 1659 Peak House and its land were conveyed to George Dawson, a Newcastle merchant, and the ownership moved through various families until in 1744 Captain Child erected his mansion on the site and demolished the old Peak House in so doing. He belonged to a London banking family of that name and was granted the lease of the Peak Alum Works for twenty-one years.

Captain Child was a friend of Francis Willis and had a daughter, Ann, who married Richard Willis, Francis's fourth son. There is a reference in 1829 to Anne Willis, a lady of the manor, having a private road laid out from the highway to the gate of the residence at the time of the enclosure award of 1829.

It is widely held locally that the hall had been built by Captain Child as an asylum for George III when he first had to be restrained. However, evidence shows that the hall had been built some years before the first significant attack of madness and the King was in fact confined to Kew House and at Windsor, and it seems certain that Peak House and the subsequent building were never directly connected with a visit from the King.

Ann's son, the Reverend Richard Child Willis, inherited the estate in 1831 and commenced an extensive building programme, reconstructing the hall and laying out the spectacular cliff terraces. It is believed that the Duke of York, George III's second son, visited Ravenhall after Richard inherited the house. The house is now a hotel.

Dr C. Jessop, writing in the *BMJ*¹³ and reported in the *Whitby Times* on 17 February 1896, asked about the Willis family connection. The editor of the *BMJ* replied that interesting details of Dr Willis's treatment of the King were to be found in Sir N. W. Wraxall's posthumous memories. Dr Willis was said to have received an annuity of £1500 for twenty-one years and his son, who had assisted him, to have been awarded £650 *per annum* for life. The son of Francis, i.e. Thomas, purchased Ravenhall in 1826 and this Thomas added to the buildings and formed the elaborate grounds and terraces. Unfortunately, the editor of the *BMJ* had got, among other things, the brothers wrong. The Willis who was involved was Richard, and not Thomas and it was his daughter Ann who had married into the Child family.

Turning again to the king's illness, and the political events which surrounded it, this illness had a potent influence on English politics at the close of the eighteenth and beginning of the nineteenth century. The King was attended by several distinguished physicians, including Baillie (attended

1810–1820), Heberden (1788), Baker and Halford, and on one occasion Monro. Their reports are available. In addition, the Privy Council required from the medical attendants periodic reports of the King's health.¹⁴ Sir Henry Halford's account of the illness from 1811 to January 1812 was the material drawn on by Macalpine and Hunter in their article.¹

Acute intermittent porphyria is notoriously protean in its manifestations. It is transmitted as a Mendelian dominant characteristic and follows a chronic course with episodes of exacerbation and remission. It usually becomes manifest in the second or third decade of life and chemically is characterized by the urinary excretion of excessive amounts of porphobilinogen and porphyrins. The former is colourless but is converted spontaneously on standing in light into a reddish, purple pigment which is a characteristic feature of the active phase of the illness. The main triad of symptoms are abdominal pain, vomiting and constipation, but muscular pains, a rapid pulse and psychological disturbance are frequent. Once the attack subsides recovery may be rapid but often some muscular wasting is left.

George III's illness showed many of these features. His illness started at the age of 27 and followed a chronic course of four or five major and numerous minor episodes. Exacerbations were characterized by severe abdominal colic, constipation, muscular weakness, tachycardia and mental disturbance. This latter resembled that often seen in acute porphyria, ranging from insomnia and emotional lability through delusions, hallucinations and a state of gross delirium.

This condition led to the principal debate, which was of great political significance in Parliament at that time, as to whether the king was delirious or insane. If delirious, then recovery could be expected, but if insane then the Regency would have had to be enacted.

Returning to the *BMJ* paper of 8 January 1966, one must remember that porphyria of this type is inherited. Thus, overt or latent cases should be expected amongst relatives. George III was one of nine siblings, three of whom died in their teens. His younger sister, Caroline Mathilda, however, died at the age of 24 after a short illness which followed two similar but milder attacks and this illness was in every way compatible with a fulminating attack of acute intermittent porphyria.

It would be interesting to know more about the other members of the house of Hanover, but George III had fifteen children and was succeeded by his eldest son George IV, who in turn survived his only legitimate child, Charlotte. The crown then passed to the third son of George III, William, who died in 1837 and was succeeded by Queen Victoria, the daughter of Edward, Duke of Kent, son of George III. To research all these offspring would present a massive problem, though could no doubt be done. Macalpine and Hunter's research was largely made possible by the discovery of new medical evidence of which the forty-seven volumes of Willis manuscripts, now in the British Museum, form a major part.¹⁵ They

succeeded in finding four references to discoloured urine in these archives. On 18 October 1788 Sir George Baker described the urine as 'bilious'. On 6 January 1811 Sir Henry Halford reported the water 'is of a deep colour and leaves a pale blue ring upon the glass nearly at the surface'. And on 14 January, 'Bluish, 8 and 9oz'. Finally, on 26 August 1819, Drs Baillie and Willis reported that His Majesty has passed blood in his water during the last sixteen hours of which no tinge remained the following day.

The 1788 attack followed a similar pattern but was more severe, with intractable insomnia, excessive talking and confusion. Parliamentary officials interrogated the physicians about the King's competency to continue as Head of State and in January 1789, the Regency for which the Prince of Wales had been agitating was accepted as unavoidable and a Bill was passed in the Commons. The Bill was progressing through the House of Lords when the King unexpectedly began to recover following Willis's attentions and on 12 February a progressive state of amendment was announced, and on 26 February, the cessation of the illness. The King resumed the personal exercise of royal authority on 10 March 1789.

At that time one school of thought perceived madness in terms laid down by Dr William Battie who wrote a treatise on madness published in 1758.¹⁶ He taught that madness 'with respect to its cause is distinguishable in two species, viz original and consequential, the first solely owing to an internal disorder of the nervous substance and the second owing to the same being disordered *ab extra*'. In other words, he was distinguishing functional psychosis from the organic mental states, the most common being febrile delirium which today would be called a toxic confusional state.

Dr Robert Darling Willis summed up the problem for the parliamentary Committee on December 1810 when he said:

I consider the King's derangement more nearly allied to delirium. In delirium the mind is actively employed upon vast impressions which rapidly pass in succession. There is also a considerable disturbance in the general constitution. In insanity, however, there may be a little or no disturbance apparent in the general constitution and the mind is occupied upon some fixed assumed ideas, the individual acting always upon these false impressions.¹⁷

Other medical men were also involved with the King's illness. Dr Anthony Addington, who had looked after the Earl of Chatham, was hopeful that the King's illness was not mania, 'From this circumstance that it had not for its forerunner that melancholy which usually precedes a [*sic*] tedious of this sort'. John Hunter, who was surgeon extraordinary to the King, thought that the illness would come to a crisis and that the chances were nine-to-one in the King's favour of recovery. Rowley concluded that 'The King suffers from a new species of temporary madness, a derangement without fever caused by some prevailing irritating acrimony.'¹⁸

The King's last illness came in 1811. Dr Robert Willis was in attendance, but the Regency had been established in 1811 and George III, by then blind through cataracts and largely deaf, was aged 72 and failing. Dr Baillie reported in January 1812, 'I cannot state that His Majesty's recovery is altogether without hope but I think it extremely improbable since his memory now seems to be impaired.'¹⁹

In the light of modern knowledge, the King's illness would have been better treated by simple containment and a kindly atmosphere such as might have been available in Tuke's regime at The Retreat. In fact he was subjected to cupping, blistering and the straitjacket. Francis Willis believed that the King was capable of appropriate behaviour and instituted a regime of reward and punishment. In this degree he was given a free hand by the Privy Council and if the King did not comply, for example by refusing food or not going to bed, he was put in a winding sheet or strait-chair which, retaining his sense of humour throughout, he dubbed his coronation chair, or into a strait-coat with his legs tied to the bed.

He was also required to submit to the treatment of the day, namely vomiting and purging, bleeding and blistering. This latter was a particularly painful form of treatment, the idea being to raise blisters through the application of excessive heat, thus producing fluid under the blister that would relieve the swelling from inside. This treatment was applied to the back and also at times to the head.

In his last illness the King's physicians protested to the Archbishop of Canterbury against the unvaried tediousness of his 'silent and solitary confinement' which was enforced by Dr Willis's sons John and Robert. The confinement was to minimize the excitement, and in the King's time his obstreperous behaviour was taken as the evolution of serious mania and his violent dislike of the Willises taken as delusional. In the latter stages, however, he became more tranquil, cheerful and good-humoured, tears and laughter coming in quick succession. Two delusions fleetingly expressed in 1888 came once more to the fore, one connected with romantic feelings for Lady Pembroke and the other with Hanover. Private letters in the possession of the Willis family suggest a rather better relationship between the Willises and the Royal Family than has been implied. For example, George III wrote to Dr Francis Willis from Windsor on 7 March 1789 as follows:

Windsor. March 17th 1789

This day I have received Dr Francis Willis's very affectionate letter, and I can with great truth assert being much pleased at His receiving the watch I sent to Him as a token of that regard I shall ever retain for Him; for though ingratitude is too prevalent a plant it shall never take root in my breast, and had I not been convinced of the Doctor's loyalty, Uprightness and Friendship by the whole tenour of his conduct towards me; the having this day begun to peruse the proceedings of the Committee of the

House of Commons, would have shown Me how unlike a Willis is to a ...? or the *Queen of Clubs*.

The Doctor's kindness in recommending if possible sound sleep deserves my best thanks, it also coincides with my opinion, and I can with pleasure and truth assure Him that since my Arrival here my nights have nearly regained their former tone; for I now sleep near seven hours each night.

The two worthy and estimable representatives of the Doctor are both well and gives us great comfort, the Ancorina goes Hither tomorrow to see Sir G Nourse, which is undoubtedly a Delight of friendship it would have any other effect it would give me Infinite pleasure as must every advantageous event to the Doctor's family, and as such no one is more interested than myself in the union to take place between Mr Thos: Willis and a Miss Strong proving a source of happiness to that most excellent man, but that all his Relations may show her that attention which she cannot but deserve, as this is one of the most judicious as well as conscientious men I ever met with and as such incapable of fixing his Affection but on a deserving Object.

I trust this will find the Doctor well, and that Mrs Willis and the rest of the family are not worse than usual, no mention is made when Dr Robert was to leave Gretford, I can easily imagine some days were necessary for his giving up the Command of Gretford with propriety, but I hope not till those who have abuse the Character of the Doctor's House have been discharged.

GR 3rd

to Dr F Willis

1789

Similarly, there is in the Willis archives a rough copy of a letter which Francis Willis sent on 1 August 1797 in which he ends:

I here enclose a prescription which I wish your Majesty will take for a week or so and I will, with your Majesty's permission, direct, if your Majesty will order anyone to inform me of the effect of the Medicines, and the state of your Majesty's Health.

May God bless your Majesty with health & happiness for many many years!, to which Prayers all Europe will say Amen.²¹ (Fig. 2)

An interesting letter from Queen Charlotte to Dr John Willis written from Kew on 28 June 1801 reads:

I cannot leave Kew without returning you thanks for your very Humane and Attentive Conduct towards myself and my Daughters during a severe Trial. As Virtue carries its own Reward, so must your Conscience give you pleasure from the Comfort you have caused. It is with regret that I have deprived myself of seeing you, Prudence not Indifference, has occasioned this denial. My good wishes attend you and yours wherever I am, and happy shall I be at every opportunity which offers to prove by

deed as well as by words how truly gratefull my heart is for your noble conduct towards, the best of KG's and all of Us. Charlotte.²²

In May 1822 Dr Francis Willis, then a Fellow of the Royal College of Physicians, gave the Gulstonian Lecture,²³ his subject being a treatise on mental derangement. The King was then three years dead, and it is a quotation from this treatise and, in particular, the section on the 'cure of the high state' where the clash between Haslam and the Willis family over the nature of the King's illness is made clear.

Francis Willis states,

Whilst I am treating upon the probable termination of the high state of mental derangement, I cannot select I conceive a more appropriate occasion for correcting a misunderstanding of the author of *Observations on Madness and Melancholy* representing the general answers given by my late grandfather before the Committee at the House of Commons appointed to enquire into an exalted case of this description.

Anxious, however, as I am to take this opportunity in bringing the subject before my readers I should certainly have abstained from it if the name and experience of the author did not give a stamp of validity to its assertions, whether to prejudice or in error. As there seems to be an intention to throw discredit on the skill and practise of him whose reputation it is my duty to vindicate, I am solicitous that his professional character should be made to stand or fall not by making his meaning but by fairly examining and interpreting the answers. He was the last man to be satisfied with the reputation obtained at the sacrifice of truth and honour, but as Mr Pitt well observed in the House of Commons in 1789, the severe cross examinations he experienced were calculated to puzzle simplicity and leave the coolness which ought always to accompany the delivery of evidence too unguarded. The author says it was deposed by that reverend and celebrated physician that of patients placed under his care within three months after the attack of the disease nine out of ten have recovered. From this he adds that he should have been more satisfied to the truth of that assertion had it been plausibly made out that he repaired some evidence than the bare assertion of the man pretending to have performed such cures.

Mr Hill in his very intelligent and useful work had been induced to an inadvert on this extraordinary and illiberal situation. His observations upon it are the results of great good sense and feeling, whilst at the same time he fully co-operated my grandfather's statement by his own practical knowledge. Increasing years and considerable attention do not appear to have convinced Dr Haslam²⁴ that the assertion which the able physician just mentioned and made upon solemn occasion in the year of 1789 was the absolute undisguised truth, that is of patients placed under his care within months after that attack of the disease nine out of ten recovered.

Without feeling any apprehension of being found guilty of the presumption just deprecated the writer of this essay is enabled to corroborate the affirmation of Dr Willis from the sources of considerable

experience.²⁵ I cannot help thinking, that had the author more attentively, and minutely, looked into the answers, he would not only have been spared the trouble of some of his remarks but would have since regretted the spirit in which they were made, by discovering this eminent physician clearly to have meant, instead of nine out of ten indiscriminantly, that nine out of ten of that specie of the disorder, namely delirium and derangement cum febre, under which the exalted patient more particularly laboured, had recovered if brought under his care within three months after the attack of the disease.²³

This matter, of course, refers to Francis Willis's original statement when seeing the King that he was able to cure nine out of ten of such patients if brought to him in the early stages of such an illness. George Nesse Hill was the medical officer at Chester and wrote an essay on the prevention and cure of insanity which corroborated Willis's statements (*vide An Essay on the Prevention and Cure of Insanity*, 203–6).²⁶

John Haslam was born in 1764 and became a pupil of Dr David Pitken at St Bartholomew's Hospital in London where he qualified in medicine. In 1785 he had moved to Edinburgh and then, after spending a period at the University of Uppsala in Sweden returned to practice in London in the 1780s. He married and had a son baptised in Shoreditch in 1790 and was appointed Apothecary to the Bethlem Hospital in 1795 at the age of 31 where he stayed until 1816.

John Haslam is credited with the first accounts of general paralysis of the insane and of *dementia praecox*. He wrote widely on various topics, his books in 1798 on *Observations on Insanity* and in 1810 *Illustrations of Madness* being perhaps the best known. He produced the first textbook of medical jurisprudence in 1817 and wrote a treatise in 1835 on the nature of thought.

Haslam was one of the three-man medical team which included Dr Thomas Monro and the surgeon Mr B. Crowther at the Bethlem Hospital during the King's illnesses of 1801, 1804 and 1811. He had been involved in the famous case of James Tilly Matthews and his book *Illustrations of Madness* is a discussion on aspects of this case, Matthews being a paranoid schizophrenic who had been committed to the Bethlem Hospital on 28 January 1797 after an incident in the House of Commons and perceived as a possible threat to the King.

Haslam had been at times taken to task by the relatives of James Tilly Matthews and indeed was at the end of his career at the Bethlem. It was the scandals about the treatment of 'lunatics' in that hospital, Matthews included, that occasioned the resignation of himself and of Dr Monro. Haslam in 1809 had had to deal with a *habeas corpus* action taken by the relatives of Matthews. In order to establish the case that Matthews required continuing attention, Haslam and his colleagues had assembled a consultation of eminent practitioners who, after examination of the patient's mind, made oath that 'in their positive and decided opinion as the result of

such examination, the patient was in a most deranged state of intellect and wholly unfit to be at large.' Amongst the eminent physicians gathered for this exercise was Sir Lucas Pepys, one of the King's physicians and the President at that time of the Royal College of Physicians, and Robert Darling Willis.²⁷

Haslam had in his subsequent book criticized the opinions of Francis Willis that he could cure a large number of the patients who entered his hospital in Lincoln, but it may be that there was a misunderstanding as hinted at in the younger Francis Willis's treatise where the latter points out that his grandfather was referring purely to delirious states. This would be much more in keeping with what we would now accept as being reasonable, but since both men seem to have been of somewhat irascible natures they were perhaps not inclined to seek common ground on such matters.

When Francis Willis senior had originally been brought in to see the King, the regular physicians to the King at the time must have been somewhat put out and perceived this interloper from the North as taking over their rightful role.

Interest in the illness of George III has been refuelled by the production in 1992 of *The Madness of George III* at the Royal National Theatre, a play by Alan Bennett.²⁸

Alan Bennett was a contemporary of the author at Cambridge and of Jonathan Miller and a number of others who went into the artistic world and produced, among other things, *Beyond The Fringe*. Alan Bennett's interest in George III derived from his time at Sydney Sussex College and a question on the 'mad monarch' that was set in the Cambridge scholarship examination history paper in 1951. In his introduction to the play, Bennett recalls how his interest in the subject developed and how in the 1980s Jonathan Miller and Michael Neve suggested that the madness of George III might make a play. Neve lent him *The Royal Malady* by Charles Chenevix Trench²⁹ which was an account of the King's illness and the so-called 'Regency crisis'. In the scene in Westminster in Bennett's play, Dr Warren is quoted as saying that His Majesty is suffering from 'a persistent and to my mind incurable delirium'. An argument ensues between the various medical advisers, when Willis is introduced and Pitt states 'Your name has been given me by Lady Pembroke as one in particular skill in the treatment of intellectual maladies. You cured her mother-in-law. You were a clergyman but now run an asylum in Lincolnshire.'

Willis looks at the evidence and undertakes to cure the King, believing that this is a curable delirium rather than an incurable madness. One of the crucial areas of diagnosis, which would have been lost upon the physicians attending George III, was the colour of the urine and Bennett in his play brings this point forward on two occasions, based on recorded accounts of the King's illness, the first in the Carlton House scene when Warren is talking to the Prince of Wales:

WARREN:

And then Baker examined him, and when Baker's back was turned he took the chamber pot and

poured it over his head, saying 'Now Sir George you are a knight of the chamber.'

PRINCE OF WALES: I must say he is a more amusing man mad than ever he was sane.

WARREN: Of course Baker was drenched and also blue.

PRINCE OF WALES: Blue?

WARREN: Oh for some reason his water is blue

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The Willis family have exercised a significant role both in anatomical and descriptive research, and in the development of psychiatric care over a number of generations. To some extent their more general contribution has been overshadowed by the high office of but one of their patients. The significance of the King's illness over contemporary politics at the end of the eighteenth century, however, was considerable. The public debate engendered by the king's illness, the case of Tilly Matthews, and the disagreements of the time between the physicians involved, opened up the subject to the population. A doggerel published at the time under the title *Kings Doctors* says it all!

You may send if ought should ail ye
To Willis, Heberden and Baillie
All exceeding skilful men
Willis, Baillie, Heberden
But doubtful which most sure to kill is
Baillie, Heberden or Willis!

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In both the Willis and Haslam families medicine has continued to play a role two hundred years later. The Lawn Hospital founded by the Willises only closed in recent years. In neither family, however, has this generation of offspring taken up medicine as a career.

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