Perturbations of the mynde: some unusual aspects of the care of the mentally disabled in pre-twentieth century times.

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The Affections, which be the sudden motions, and perturbations of the mynde, ought not to be neglected ofthephisition: because they be of great might, and make great alteration in all the body... (1)

Summary

The system which has evolved in Britain for managing the financial affairs of the psychiatrically disabled is of ancient origin. Largely using examples from Wales, this paper deals with some of the difficulties encountered in the development of this procedure.

Résumé

Le système de gestion des affaires financières des malades mentaux, qui s'est développé en Grande Bretagne, est d'origine ancienne. Ce papier, en utilisant largement des exemples du Pays de Galle, traite de plusieurs difficultés rencontrées lors du développement de cette procédure.

Introduction

It is, perhaps, not surprising that, over the centuries, a variety of attempts should have been made to explain the immense variations that occur in human behaviour. Phrenologists, philosophers, physicians, psychologists, psychiatrists, dramatists, poets and novelists have all laid claim to the right to make pronouncements on the matter. While a full discussion of this topic would be beyond the scope of this paper, it might be pointed out that fashions in this field can change considerably with time. Galen (129-C.199) has been seen by many as a reactionary, the acceptance of whose work greatly impeded progress in medical practice. More recently, it was suggested that his views on personality are worthy of the most serious consideration (2). Conversely, the theories of Sigmund Freud (1856-1939) and Carl Gustav Jung (1875-1961), and others of the psychodynamic school, were once widely thought to have brought new insights to a field where fresh approaches were badly needed. By now, they are far from being universally accepted by clinicians.

In the case of the abnormalities associated with the severe mental illnesses, the psychoses, other explanations have sometimes been put forward fortheir existence. From time immemorial, and on a worldwide basis, the concept of demoniacal possession has been in vogue. Already among the most socially disadvantaged of people, those who suffered from these conditions were often further isolated and deprived by this interpretation of the nature of their clinical state. There is no reason to suspect that Johanne Guppie, of the parish of South Perrott, in the county of Dorset, was anything other than a folk

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healer, who provided the community with a valuable and useful service. There are no indications that she suffered from schizophrenia, or any similar condition. However, so marked were the prejudices prevalent at thattime that any deviation in conduct might be viewed as a sign of gross abnormality. Had she been accused of sorcery, the penalties might have been severe, as the last law relating to witchcraft in Britain was not repealed until 1736 (3). More fortunate than many, those who lived around her rallied to her defence, and a petition was signed on her behalf sometime in the years 1604-1606, during the reign of James I (4):

To [all Christian people] all to whom this presente certificate shall come wee the parishioners of [South Perrottl in the countie of [Dorset, where] Johanne Guppie... nowe dwelleth, and of Stoke Abbott... whose names are hereunder writen, send greeting. Knowe ye that wee... dooe by theis presentes [testify, affirm] and declare that the said Johanne Guppie duringe all the tyme of her abode and dwellinge in South Perrott... then hath, did and doth beha ve herself in all things well and honestly and never did to our knowledge or as wee [have] heard [injure], hurte or damage to any person or persons whatsoever by waye of enchantmente, Sorcerye or witchcrafte [?nor is she] reckened to be a woman that ever could use any such thing or to be a woman ofthatsorte, condicion... but contrariwise she hath done [good] to many people aswell in curinge of divers people of woundes and such like thinges, [and curing] of cattell and such like exercion, and always hath lyved of good name and fame without anye Spottor Touch of [enchantment, Sorcery or Witchcrafte. All which wee the parties hereunder named and mencioned shall and wilbe alwayes readye to affirm andmayntayne wheresoever and whensoever wee shalbe called therunto. AND IN WITNESS whereof wee the said... inhabitants have hereunder inscribed our names and sette our signes, markes and seales the two and [twentieth day of] July in the year of the reigne of our Sovreigne Lord James...

Her eventual fate is not known. It must be remembered, of course, that the borderline between the practice of folk medicine at that time and what might now be seen as witchcraft was often tenuous. The date of the petition may have some significance, as those were dangerous times for anyone accused of occult practices. The Witchcraft Act of 1604 introduced more severe penalties, and James I himself is known to have taken an interest in such matters. This case seems not to have been sufficiently important for him to have intervened. He did sometimes do so, one of the outstanding examples having occurred in the year 1616. He established then that several women had faced death sentences as a result of the false testimony of a thirteen-year-old boy (5).

There are other difficulties that arise in the case of those who sufferf rom psychiatric abnormalities. It is now well recognised that some of them cannot be held responsible for their own actions. Often, this has implications when such persons commit serious crimes. Under those circumstances, psychiatric evidence produced in a court of law could result in their being given treatment rather than having to face punitive measures.

Others who are wealthier and who are similarly afflicted can sometimes be deemed to be incapable of managing theirf inancial and business affairs. For many centuries, there has been in force in Britain a means by which matters of this kind can be independently managed in a manner that is not prejudicial to the rights of the individual concerned. The remainder of this paper attempts to trace part of the history of that process, using as illustrations some examples from various parts of Wales.

The distinction between "lunatics" *(non compos mentis)* and "idiots" (natural fools) was made early on (6). It was recognised that the one might have "lucid intervals", or recover, whereas those of very low intelligence were incurable.

From at least as early as the fourteenth century, it had been accepted that the Crown had a responsibility to protect those of its wealthy or propertied subjects who were so affected (7). And so, a commission in lunacy *(de idiota/lunatico inquirendo)* would be set up, whereby witnesses known to be familiar with the patient would present evidence concerning his behaviour (8).

An early inquisition

The Hanmerfamily of Flintshire was of English extraction, having settled in Maelor Saesneg since medieval times (9). Owain Glyn Dwr's wife was the daughter of Sir David Hanmer (10). Later, they provided nine MPs and a larger number of high sheriffs, while Sir Thomas Hanmer (1677-1746), the fourth baronet, became Speakerof the House of Commons in 1714(11).

The commission in lunacy set up in the case of Susannah, the wife of Anthony Hanmer, was established in the year 1615, at a time when another family member, John Hanmer (1575-1629), the future Bishop of St Asaph, was chaplain to James I (12):

Inquisition by indenture... before [the] officials of the Court of Wards (feodarii) for the county of Flint...for the assessment of the mental health of Susanna Hanmer, widow, by the oath of [twenty-one witnesses were named, a Thomas Hanmer being one] *gentlemen... who say on their oath that the said Susanna Hanmer named in the said commission, is a lunatic, on the day of the taking of this commission, and she has been in this state for the twenty whole years preceding this inquisition, and she does enjoy intervals of lucidity, to such an extent that she is not competent to...manage and govern her [property] and... the said Susanna Hanmer... still holds, for the term of her life...the lands and tenements of Anthony Hanmer, gentleman, deceased, formerly her husband...[a detailed description of the extensive property involved follows] all [of which] pass after the death of the said Susanna... to William Hanmer, gentleman, brother of the said Anthony for the term of his natural life, and after his decease to [his heirs]...*

The late seventeenth century

A list of commissions in lunacy held from March 1627 to 1852 contains two from the seventeenth-century for the county of Glamorgan, three for the eighteenth century, and four from 1800 to 1852 (13). The earliest for that county, written in Latin, concerned a woman, Elizabeth Bowen of Llanrhidian, on the Gower peninsula. It was held in the town of Swansea, Glamorgan, in "the mansion house" of Mary Hudson, on 27 November 1696, which was more than three months after the requisition had been made. By that time, the Court of Wards and Liveries, which was established in 1540 and had been responsible for the care of "idiots and lunatics" had been abolished. From 1672, the Lord Chancellor had taken over this responsibility (14). There were four commissioners, who were named as being gentlemen. In this case, the requisition which led to the setting up of the inquiry has survived. Its members were asked to establish (15) :

Whether Elizabeth Bowen of Llanrhidian is a lunatic, or whether she enjoys periods of lucidity such that she can administer her own manors, houses, lands, tenements, goods and chattels,
If so, since when, to what extent and in what way it is so,
If the same Elizabeth, whilst in this state, has disposed of lands or tenements...
Which lands and tenements still remain in her hands, and
From whom or by whom they are held... and how much is the annual value of each...
[They were also] to make inquiries in relation to this matter diligently...and to send the results...to us at Chancery, clearly and openly... without delay...
In witness of this matter we have made these

our letters patent, with Thomas Archbishop of Canterbury and the other custodians and justices of the king as witnesses. At Westminster, the twelfth day of August in the 8th year of [the reign of King William III].

The commission's report was similar in form to that for Susannah Hanmer. It was found that for ten years, she had been "insane, and not in her right mind, nor does she enjoy periods of lucidity... but in what manner or how the same Elizabeth contracted her insanity (unless the visitation of God) the said witnesses are totally ignorant". No explanation is given for the exceedingly long interval between the onset of the illness and the setting up of the commission in either case. It might be, of course, that with the advancing age of the subjects, it was thought necessary to obtain a firm ruling on their mental state in the event of the death of either. More importantly, it is not known how their estates were managed during that interim period.

It is noteworthy that none of those connected with the work of either commission mentioned, including the witnesses, were physicians or surgeons. Therefore, no medical evidence, which would have been crucial to the outcome of the case in more modern times, was presented. There were few doctors available at that time, - it has been estimated that in Britain there was only one to every 25,000 of the population in the early fifteenth century (16). In 1665, the Bishop of St Davids knew of only three "practisers of physick" in his diocese, two of whom were clergymen, but none of whom worked in Swansea (17). There were five doctors who lived in the town at various times later during the seventeenth century, but they are not known to have been connected with Elizabeth Bowen's management (18).

A comparison with the inquisitio post mortem

Another part of the failure of commissions in lunacy to provide expert medical evidence, even where doctors were available, came from the intentions of the commissions themselves. The form of the commissions is closely paralleled by the medieval *inquisitio post mortem,* which was quite different both in form and aim from the modern inquest. Such a commission would be formed on the death of a tenant-in-chief (a manorial lord who held his lands directly from the king), in order to discover precisely what lands he held, and who were his natural heirs. The process was identical, with a sworn jury of good and law-abiding men presenting their evidence to a panel of commissioners, who then reported back to Chancery with theirfindings. This enabled the king to keep abreast of major changes in land ownership, and provided a safeguard against the kind of lengthy disputes that might arise from the death of a major landowner. The preoccupation of these commissions was, of course, the land rather than the deceased tenant-in-chief. Commissions in lunacy follow the same pattern of evidence presented by a sworn jury to a panel of commissioners appointed by royal warrant. Many of the questions asked are similar too, in Latin until the mid-eighteenth century, then in English :

Whether... is a Lunatic or enjoys lucid intervals so that he is not sufficient for the government of himself his [property] And if so from what time after what manner and how And if the said... being in the same condition hath alienated any lands or tenements or not And if so what lands and what tenements. ..and after what manner and how... and what lands and tenements goods and chattels as yet remain to him... and how much they are worth by the year in all issues and who is his nearer Heir and of what age.

Although the commission does at least allow for a detailed discussion of symptoms in the words 'from what time after what manner and how', the majority of the instructions quite clearly relate to the lands rather than the state of mind of their owner. While the royal letters patent by which the commissions in lunacy were formed are identical in wording, the reports sent back by

the commissions vary widely in content according to the information available. However, in the many examples examined, the discussion of the illness is brief. There is a confirmation of the person's state and a statement of the duration of the illness if known, but when it comes to answering the question 'after what manner and how', the commissioners confess that they are unable to say, often adding rather lamely 'unless by the visitation of God'. The bulk of the text of the report consists of a lengthy discussion of the lands. The implication of this is that not only was medical science unable at this time to assess the causes of mental illness, but the government of the day was more interested in the administration of land than in the mental health of its owners. The commissions in lunacy were intended primarily as a legal process with a view to the transfer of title, not a medical examination with a view to effective treatment.

The beginnings of a new era

There were reasons other than a shortage of medical men that were responsible for the failure to produce medical evidence under such circumstances. Only too often, psychiatric symptoms were not viewed as being manifestations of disease. Some new approaches to the causes of illness, including mental disorder, had become apparent as early as the sixteenth century. In the field of psychiatry, Timothy Bright had published his *A treatise of melancholia* in 1586, Thomas Wright's *The passions of the minde in general* appeared in 1604, and Robert Burton published his *The anatomy of melancholy* in 1651. This signalled a definite change of direction in thinking, but these works are unlikely to have made an impact on the day-to-day management of psychiatric illness at that time. (Another indication that this was the beginning of a new era was that in 1604 it became permissible for the first time in Britain to offer medical evidence in court when a charge of criminal behaviour had been made (19)). It was not until considerably later that interventions of this kind would have been thought of as having any significance in the case of commissions in lunacy. So, these modest beginnings probably had little relevance from the point of view of the vast majority of patients, doctors, or lawyers. The descriptions found by Fessler in his study of practice in English counties adequately confirm thatthis was so. For example, in 1681, a woman dealt with by the Lancashire court was 'so extraordinary troubled with a Mellancholic Distemper in soo much that shee is in danger to distroy herselfe...' Such statements must have been typical of those presented in courts of law in that age, and were sufficient to satisfy the requirements of the legal system (20).

A parallel might be drawn here with the situation as it affected the holding of inquests into cases of unexplained death in earlier times. Even though important investigations into the causes of physical disease had occurred, a general acceptance of the results of the work already done in pathology was slow to happen. Thus, the vast majority of doctors were unlikely to have been able to apply a knowledge of the subject in their everyday practice. They were incapable of performing autopsies and offering a satisfactory opinion as to causes of death and, by and large, this situation persisted until the nineteenth century. Therefore, it was not to be expected that expert testimony would be provided in courts of law. To mention two examples, in the year 1625, nine inquests were held on the bodies of people who had 'died through disease' in the town of Cardiff, two of them being in the prison there. Again, in 1766, a coroner's inquest was held in the same place, when a man 'being much disguised in Liquor and Overcharged by drinking, was then and thereby suffocated'. In neither case did any medical men testify and, so far as can be told, the courts' conclusions were reached merely on the basis of evidence provided by lay witnesses. In the first case cited, the fact that prisons were regarded as being 'hotbeds of disease' was of itself sufficient evidence that those who were detained there were inevitably at risk of developing mortal illnesses (21). (It was not until 1836 that

provisions were made for registering all causes of death, and even then, it was not necessary for medical evidence concerning the circumstances of the death to be made available unless the 'informant' was a doctor) (22).

Later developments

At the time that psychiatric evidence first became admissible in courts of law, the making of a diagnosis in that field was still an inexact process. And so, 'the law', it was said in 1855 'has done well in refusing to define lunacy', as 'the medical definition of insanity is far too wide for legal purposes' (23). Indeed, because of the very nature of the symptoms being dealt with, it was difficult to establish what constituted a 'sound disposing mind'. It eventually became accepted, though, that the term 'means a mind of natural capacity, not unduly impaired by old age or enfeebled by illness or tainted by morbid influences ...an individual... should be compared in his acts and thoughts with those whom in general temperament and character he resembles' (24).

So, the exceptional advances made in the understanding of the nature of physical illness during the nineteenth century were not equalled in psychiatric practice. That was clearly reflected in this sphere by the fact that there were still striking resemblances between the form of the statements made when commissions in lunacy were set up in the seventeenth and the nineteenth centuries. However, it was accepted that the presence of severe psychotic symptoms in those being detained compulsorily did not necessarily indicate that others should take control of their estates. The point was forcibly to be reinforced in the twentieth century in the report of the Royal Commission on Mental Illness and Mental Deficiency in 1957. There, it was shown that there were more than 23,500 people whose assets were being handled in this way. This number formed only a small proportion of those in-patients who were being kept in hospital in this way; there were more than 110,000 in that category (25).

Dr William Price

The most outstanding example in modern Welsh history of a psychotic subject who was more than capable of controlling his own assets must surely have been that of Dr William Price of Llantrisant, Glamorgan. It has been clearly shown by Cule, the authority on Price's life and condition, that he suffered from schizophrenia (26). In spite of showing the most severe symptoms of psychosis, he was able to maintain a busy medical practice for many years. This might indicate that his intellectual capacity was not impaired, although there is virtually no evidence concerning the quality of his clinical work. The management of his monetary affairs must frequently have been complex, because of his tendency to become involved in civil legal actions. His pathological degree of suspicion towards others, which lay behind this, was no more than an expression of his disturbed mental state. In spite of this, there is no evidence that his ability to handle financial transactions was ever called into question.

This was not so in the case of his father, the Reverend William Price, who suffered from the same condition. A commission in lunacy was set up forty-one years after the onset of his illness, when he was seventy-six years of age (27). This strongly suggests that until then, no such difficulties had arisen over the preceding decades, although some aspects of his behaviour were decidedly bizarre. The witnesses called testified that he was 'a lunatic and does not enjoy lucid intervals so that he is not sufficient for the government of himself his Messuages Lands Tenements Goods and Chattels'. Following a formula similar to that in use in 1696, 'the jurors aforesaid know not [how his illness was caused] unless by the visitation of God'. Although the evidence, provided as it was by lay witnesses, was by modern standards, imprecise, they claimed to be able to say with certainty that his symptoms had first manifested themselves on 1 June 1796.

No information is available as to who initiated the proceedings in the commissions already mentioned. Later, one or more of several individuals might do so. Sometimes, the families of psychiatric patients stood to benefit from the fact that their sick relatives could not conduct their own business affairs. Late in the nineteenth century, the vast sum of £2,500 a year had been made available to care for a member of the family of Rheola, in the vale of Neath, Glamorgan, who was so affected. She spent most of her time in London, but an additional £1,000 a year was allocated for the upkeep of Rheola, as she spent some time there during each year (28).

From time to time, individual patients were kept in private houses. They were known as 'single lunatics' and, in such instances, it might be in the interest of the family to ask for a commission in lunacy to be set up. By this means, an impartial assessment of the patient's needs, and ability to pay, would be made. This was the case with Anna Maria Sophia Robinson, of Montgomeryshire, who was being kept in the home of a local surgeon in 1874 (29). The move to bring matters under official control may have stemmed from a mistrust of the carer on the part of the patient's family. Equally, it is possible that they wanted to avoid being accused of having benefited financially from their relative's misfortune. In any event, they were under no obligation to provide a reason for having sought the protection of the authorities concerned.

A nineteenth century dilemma

Sometimes - it is impossible to decide how often orfor what reason - commissions in lunacy would not be held when wealthy people developed severe psychiatric disorders. If the necessary steps had not been taken before death, any disputed will cases would be dealt with by the High Court. So far as is known, this occurred only rarely. What is certain is that, under such circumstances, difficulties might arise in attempting to prove 'unsoundness of mind'.

A hearing of this kind was held in the Probate Division of the High Court in 1877. A Swansea solicitor, Charles Norton, as executor of the will of the late Major Sir Courtney Mansel of Muddlescombe, Carmarthenshire, made an application to have that will proved. There had been a 'large catalogue' of previous wills, starting in 1849, but this case was concerned with only two, written in February and March 1875. The matters to be tried were whether the testator was of sound mind when his last will was written in March 1875. Secondly, it was asked if undue influence had been used on him atthe time of the writing of the final will.

Of Sir Courtenay and Lady Mansel's children, one, Captain Edward Berkeley Mansel, had been born before the time of their parents' marriage. He and one of his sisters, Mrs Rhodes, claimed that the first of the two wills was valid. A younger brother, Richard Mansel Mansel, who had been born after their parents' marriage, favoured the second will. Towards the end of February 1875, after the preparation of the first of the two wills concerned, Major Mansel revised his ideas concerning the disposal of his property. He was alleged to have said that Edward 'did not want anything...he had ample; he had succeeded to his uncle's property'. He supposed that Richard would inherit the baronetcy, and so he must have the land to support it. Mansel's daughters were to have small legacies, as was Edward, merely 'as a mark of affection'. The remainder of the estate was left to his son, Richard.

Major Mansel was described as having been a chronic bronchial asthma sufferer, who had been dependent on morphia for at least thirteen years. (The possibility might be raised here that the diagnosis was one of left ventricular failure, or 'cardiac asthma'. If that had been the case, the morphia might have brought about an improvement in his condition). While it was denied that he had any 'constitutional unsoundness of mind', the possibility was raised that he might havedeveloped a drug-induced condition of this kind. If that had

been so, it might have been possible to show that an excessive degree of pressure had been put on him that had resulted in his change of mind. In any event, the use of undue influence was thought by the judge to be indistinguishable from that of an abnormal psychiatric state.

Having spent three days listening to complicated legal arguments, it only took the jury ten minutes to reach a verdict. They found thatthe final will was valid, and that at the time that it had been prepared he was of sound mind, memory and understanding. There had been no undue influence on the part of Richard Mansel, Charles Norton, or any other person. Captain Edward Mansel was ordered to pay the costs.

There can be no doubt that the last will took into account the rights of those who might reasonably have been said to have had a claim on Mansel's assets. It is in many ways surprising that he should ever have written the first of the two wills, by which Edward, rather than Richard, would have been the main benefactor. Certainly, there is evidence that he would have preferred Edward, as the first-born of his sons, to inherit the title. In spite of that, he seems notto have realised before March 1875 that Richard would be his 'official' heir. It was implied that he had suffered from a drug-induced toxic state at that time, which had impaired his ability to make proper decisions. However, much of the evidence suggests that this is more likely to have occurred in February, which would account for the fact that, at first, he intended leaving the estate to Edward.

This lawsuit did not catch the changing mood of the nineteenth century in matters of this kind. These dilemmas would not have arisen had Mansel undergone a psychiatric assessment in order to test his capacity for disposing of his resources. By 1875, this was well-established practice.

Well before thattime, even the lowercourts had sometimes accepted that psychiatric disability came within the realm of medical practice. As early as 1820, Owen Lloyd was exempted from serving as High Constable of Ardudwy, Meirionethshre, by the production of a cursory note from a local medical man, saying, 'As a surgeon I have attended him for some time back... for certainly he is insane'. By 1831, at an inquest in Merthyr Tydfil, the 'fatal effects of terror' was the verdict on a fifty-eight-year-old man who had been 'raving mad' since being "so dreadfully shocked" at the time of the riots there. But in the case of Mansel, although medical evidence of some kind was mentioned, it was not thought to be important, as the judge did not refer to it in his summing-up. Indeed, in attempting to assess Major Mansel's mental state, the court relied solely on the testimony of lay witnesses. The absence of psychiatric evidence led to a more prolonged trial. More importantly, it might well have lessened the chances of reaching a fair decision (30).

Commissions in lunacy in the case of the poor

It was probably quite unusual for Overseers of the Poor to ask for commissions in lunacy to be set up. Those forthe hamlet of Clytha, Monmouthshire, ever mindful of the financial burden faced by their ratepayers, did so in the case of Philip Charles, in 1857. This happened in spite of the fact that the value of the patient's estate was small. If its management was not to be left in his own hands, it was their wish that his property should be sold 'for the application thereof to the payment of the expenses already incurred by the said hamlet'. By that time, he had been admitted to the county asylum at Abergavenny, so that the poor-law authority was responsible for his maintenance there (31). (Presumably, when the mayor and corporation of Hereford originated similar proceedings in the case of James Taylor, who was also an in-patient at the same asylum, in the same year, this was done for the same reason) (32).

More recent advances

Changes in psychiatric practice were notoriously slow to happen, but some remarkable deve-

lopments did occur in this field during the nineteenth century. To mention only one, the mental state of patients was often more accurately assessed. With the opening of a later generation of county asylums, there were made available the services of a class of better trained asylum doctors, who were more able to act as expert witnesses. Less advantage seems to have been taken of this in the case of commissions in lunacy than happened in the criminal courts. Therefore, it is not surprising that the management of the wealth of the psychiatrically disabled continued to cause problems.

The nature of the laws relating to the subject was criticised in Parliament from time to time. Concern was expressed in the House of Commons in 1830 about the great cost involved in setting up such commissions (33). In the case of Lord Portsmouth, the expense to his estate had been £25,000, although the Solicitor General believed this to be the exception rather than the rule. It was shown in the House of Lords in the same year that the total value of the estates administered on behalf of those subjected to commissions in lunacy was nearly £8,000,000 (34). Three years later, a notice in *The Times* showed that there were 393 people throughout the land under the care of the Chancery Court because of mental disability. The annual sum being spent on their care was £134,999 17s. *2d.,* while the rents and profits received were £253,443 2s. *3d.* (35). By 1852-3, the estates of ninety-nine patients were worth less than £100 per annum, and sixty-five were worth more than £1,000 *per annum* (36). With such vast sums of money being involved, it was, perhaps, inevitable that the view should sometimes be put that the state had 'failed in its duty'. This happened in the House of Commons in 1860, when accusations of a waste of money and the existence of abuses were made (37).

The passing of the Lunacy Regulation Act of 1853 (16 & 17 Vict. C.70) brought about considerable changes, and simplified some of the legal processes involved in providing commissions in lunacy (38). Inquisitions held by a Master in Lunacy could now take place in the absence of a jury, although both the Masters and patients were entitled to ask for one. The number of commissions subsequently dealt with increased dramatically (39). This did not occur because of a change in the prevalence of psychiatric disability. It was brought about because larger numbers of 'ordinary' people possessed sufficient wealth to come within the scope of the work of this department of the Chancery Court.

The office of the Official Solicitor, whose origin can be traced back to medieval times, seems to have been given more prominence, possibly following the passing of the Lunacy Act of 1890 (40). His role was, and continues to be, that of guardian *ad litem* to the patient, or 'next friend of last resort' (41). Delays in arranging hearings were to be minimized, and if necessary, the Masters were able to appoint the Official Solicitor to act instead of the previously appointed solicitor. The management of the patient's affairs was then usually transferred by the Lord Chancellor 'to some friend, who is then called the committee' (the emphasis is on the last syllable) (42), who was described as 'the bailiff or agent of the Crown' (43). If a patient were to recover, an application for a *supersedeas* could be made whereby 'the Petitioner may be at liberty to attend the Lord Chancellor to be examined as to his/her state of mind, and that the original proceedings may be superseded'. Inthe case of an incomplete recovery, it was possible to apply for a *partial supersedeas,* which would allow the court to continue to take an interest in the patient's business (44). It was recognised that, in spite of the advances that had been made in the management of the mentally ill, for the foreseeable future, a form of control over some patients' monetary matters would have to continue. This system undoubtedly still bore a strong resemblance to that devised many centuries previously. However, the alterations that had been made heralded the beginning of a new phase in this field of practice. This was in preparation for the more remarkable changes that were to occur in psychiatry during the twentieth century.

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Biographies

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