The death of Lord Londonderry

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Robert Stewart, 2nd Marquess of Londonderry, better known to his contemporaries and to history as Viscount Castlereagh, committed suicide on 12 August 1822, at the age of fifty-three, when Foreign Secretary and Leader of the House of Commons. He was one of the great statesmen of his age: as Chief Secretary in Ireland, he had ensured the passage of the Act of Union, and resigned when the prospect of emancipation held out to Catholics in order to ease its passage was blocked by George III; as Secretary of State for War, he had stood against Napoleon as surely as the generals and admirals, some of whom he had put in their places; as Foreign Secretary, he worked to form the alliances that finally brought about Napoleon's defeat and contributed largely to the peace of Europe thereafter; he was not a good public speaker, but tact and courtesy made him a successful Leader of the House of Commons. It is likely that he would have become Prime Minister if he had lived, but his reputation was established. Such was his name throughout Europe that his suicide was bound to cause shock and speculation.

The problem

It was found at the inquest that Londonderry was 'not of sound mind' when he killed himself,[1] and this finding has never been seriously challenged: he had lost touch with reality and was deluded in a paranoid sense, in that he was convinced, against the evidence, that there was a conspiracy against him. In spite of this, the issue of mental illness has been clouded by stories of scandalous behaviour and blackmail. Alison (1861) made little of these stories.[2] Marriott (1936) was prepared tentatively to accept the blackmail story, and thought the threat of disgrace had been 'the last straw'.[3] Leigh (1951) put forward the the diagnosis of melancholia, a term then used to signify major depressive illness, and made the important point that the stories were likely to have been based on the symptoms of the illness.[4] Hyde (1959) agreed with Marriott, but went further: in his opinion, Londonderry's delusion that he risked disgrace was based on reality, and this was 'acting powerfully on his mind and driving him to suicide'.[5] Henry (1970) favoured a diagnosis of involutional depression, a term then used to signify major depressive illness appearing for the first time in the involutional period of life. Dr Henry also stressed the point, made by Leigh, that the delusions present were sufficiently explained by the illness.[6] Hinde (1981) took the balanced view that whether or not Londonderry was being blackmailed the most likely explanation for his suicide was his illness, which she called 'severe psychotic depressive illness',[7] emphasising the loss of touch with reality. But that the overriding importance of mental illness in the case is not yet fully recognised is made clear in recent publications. It is worth restating Leigh's and Henry's opinion in other words: Londonderry's suicide was caused by his beliefs, and his beliefs were caused by mental illness.

Depression as an illness

The range of disturbances of mood included under the rubric of depression is wide: at one extreme some might include the transient state of unhappiness experienced by the most stable of people in unhappy situations; at the other is a persistent state of depression in which no aspect of life can be enjoyed or holds any interest, and the patient may lose touch with reality, so that he or she comes to believe in the blackest of thoughts and fears. Between these extremes are conditions in which lowered mood is understandable in terms of the patient's personality and the type and intensity of the stresses acting on that personality, and others in which the state of mind is not understandable but there is no loss of touch with reality; it is common to regard all the states and conditions with which psychiatry has to deal as existing at some point on a continuum. Whether or not some of these states or conditions can be considered illnesses is debatable, and must depend on the definition of illness in use; it would be perverse, however, not to regard loss of touch with reality, involving delusions and sometimes hallucinations, as pathological. The existence of a genetic factor, as indicated by a family history, in the causation of the type of depression in which the most serious symptoms occur adds validity to the claim that it is an illness by any definition. *The Tenth Revision of the International Classification of Diseases* lists what has been referred to as major depressive illness as 'severe depressive episode with psychotic symptoms' or 'recurrent depressive disorder, current episode severe with psychotic symptoms'.

Presentation

There are many accounts of Londonderry's illness, but the most reliable sources are those of the men and women who were closest to him, particularly his half-brother, Charles Stewart, 3rd Marquess of Londonderry, the Duke of Wellington, Mrs Arbuthnot and Princess Lieven.

The onset of the illness was gradual: changes in him were noticed weeks or months before his death, but he was able to function at a high level of

efficiency until the last week. Frederick Stewart, his nephew, writing on the day after his death, said he had been 'unlike himself for a long time; so much was he altered in his way of speaking and doing any thing'.[8] Princess Lieven, writing on 2 June that year, reported an uncharacteristic outburst of anger, against the King and Lady Conyngham, who had offended Lady Londonderry, followed by the partial explanation from Charles Stewart that his brother had lost faith in his friends and was a changed man. 'Lord Stewart burst into tears,' wrote Madame de Lieven. 'He told me that Lord Londonderry was broken-hearted, and that he had never seen a man in such a state.'[9] Mrs Arbuthnot, who had known him for many years and saw him frequently, had no reason to be alarmed until 5 August, but she did record in her journal the fact that he had repeatedly complained of great tiredness during the Session of Parliament that had ended on 6 August and that she had found him 'always languid and worn and out of spirits'.[10]

Early on 5 August Mrs Arbuthnot was told by her husband that he had consulted Londonderry about certain blackmail letters that he had received, not because they were dangerous but because they were a nuisance, and that the Foreign Secretary had surprised him by taking them to be referring to himself. 'On this day,' she noted later, 'as soon as he came into the room he took my hand and entreated me in the most earnest manner to tell him if I had ever heard anything against his honour or character.'[11] He told her then that three years before this he had received an anonymous letter, threatening to reveal the fact that he had been seen going into a brothel. He returned on 6 August with more to say. 'So strongly had business and fatigue affected his usually calm mind,' she wrote, perhaps of this but perhaps of what he had previously told Mr Arbuthnot, and without making it clear to which letter she referred, 'that he actually fancied the purport of this letter was to accuse him of a crime not to be named, and this notion could not be put out of his head.'[12] The crime not to be named was then in the news, the Bishop of Clogher having been caught in flagrante delicto with a guardsman. But this was not all: at the same time Londonderry expressed the belief that his colleagues, with Wellington at their head, were conspiring against him. She saw him for the last time on 7 August, when he asked her if he had ever displeased her or offended her.

Wellington's Memorandum[13] on Londonderry's illness is a particularly important source of information, since the two men were close friends and colleagues. Wellington was one of a party at dinner with Londonderry at his home in the country on 3 August, and saw no sign of disturbance. He saw him next at a meeting at the Ordnance Office in London on 6 August, when he was 'very low' and showed no interest in the proceedings. On 7 August the Cabinet met to consider the instructions that Londonderry had drawn up for his own use at the meeting at Vienna to prepare for the Congress of Verona; 'he took no part in the discussion' and 'appeared very low, out of spirits and unwell'. Their last meeting, which was on 9 August, is described in the Memorandum in the form of a copy of a letter from Wellington to Mr Arbuthnot, written the same day. Wellington informed Arbuthnot that Londonderry had told him 'the same story that he told you', that is the blackmail story; that he had expressed the belief that Wellington's manner towards him on 7 August had shown that he 'had heard something against him and believed it'; and that he had told a garbled tale of having been given word by some unidentified person that his horses had been 'ordered up' from the country, with his inference that 'there was so much against him that he ought to fly the country'. Wellington told Arbuthnot that Londonderry 'cried excessively' during this recital.

Background

The most important factor in the background is the family history: the presence of a positive family history is important since, in general, it helps to validate the concept of illness and, in particular, if relevant, it tends to confirm a particular diagnosis. There are claims of a family history in some of the accounts, notably in *The Diary of Henry Hobhouse* (1820–1827) and *The Memoirs of the Comtesse de Boigne* (1820–1830): Hobhouse noted that 'Lord Londonderry's mother was a Seymour-Conway' [a daughter of the 1st Marquess of Hertford], 'in wch. family,' he went on, 'there is undoubtedly an hereditary taint';[14] Madame de Boigne wrote of 'a fit of madness which was hereditary'.[15] The present Marquess of Hertford has no knowledge of a family history of depressive illness. In the Stewart family, however, there is a history that is certainly interesting and may be relevant. The present Marquess of Londonderry has said that the 4th Marquess, the 2nd Marquess's nephew, suffered from a sufficiently serious form of mental disorder to necessitate his confinement for ten years, until he died at the age of sixty-seven. It is reasonable to assume that so serious a disorder amounted to a definite illness, whether or not depressive.

Another important factor in the background is the past history; it, too, can help to confirm the diagnosis. Serious illnesses in 1801 and 1807 are mentioned by several writers, but their relevance is difficult to determine after two hundred years. It is interesting to find, however, that though the illness of 1801 was described by Londonderry's contemporary Henry Hobhouse as 'brain fever',[16] Alison in 1861 was of the opinion that the fever was due to 'fatigue and anxiety of mind',[17] and Roland Thorne, in his *Oxford Dictionary of National Biography* article, stated that Londonderry was 'depressed'.
It is true, of course, that fatigue and anxiety may be the effects rather than the causes of feverish illnesses. Thorne, in the same article, also stated that the illness of 1807 was accompanied by 'internal haemorrhaging', and if that was so there was little or no question of mental disorder, except in as far as anxiety would have been caused. Bartlett recorded another illness in 1819. 'Castlereagh was ill for part of the session,' he wrote, 'and while his own standing in Parliament was unshaken, he gave signs of tiredness and lack of confidence'.[18] Tiredness and lack of confidence may be considered non-specific symptoms, but they are particularly common in depressive illness; more significant here is the fact that it was out of character for Castlereagh (Londonderry) to display signs of lack of confidence, particularly when his standing in Parliament was unshaken, since the more out of character are the signs of mental disorder the more likely it is that the disorder amounts to a major mental illness.

Differential diagnosis

Diagnoses other than major depressive illness have to be considered. Granted that there was loss of touch with reality, the possibilities are limited: there is the affective (mood) disorder in which there are phases of both abnormal depression and abnormal elation, that is bipolar affective disorder or manic-depressive disorder; there is schizophrenia; and there are illnesses in which there is either acute confusion (delirious states) or chronic confusion (states of dementia). There is no evidence that Londonderry ever went through episodes of abnormal elation. Delusions, particularly paranoid delusions, are common in schizophrenia, but they are not necessarily consistent with a mood of depression, as are those of depressive illness. But other symptoms, so-called passivity

phenomena, are more important diagnostically in schizophrenia than are delusions as such, though they are not experienced in all cases: it is the subject's belief that his thoughts and feelings are no longer private to him, and that his thoughts, feelings and actions are influenced or controlled by some agency external to himself. Confusion, both acute and chronic, can be ruled out by Londonderry's ability to lead an outwardly normal life; we have Wellington's word for it that he was 'quite clear and right' in certain important matters.[19] Confusion, in the psychiatric sense of the word, implies disorientation, and Castlereagh was not disorientated.

The blackmail story

Hyde's opinion on the case is based chiefly on an account of the affair given by the Reverend John Richardson in his book *Recollections of the Last Half-Century*,[20] published in 1856. In this, Richardson repeats a story that he attributes to one of Londonderry's close friends and colleagues, whom he does not name. The story is that Londonderry was in the habit of visiting prostitutes, and that on one occasion he was trapped by a young man dressed as a woman and accused 'of being about to commit an act from which nature shrinks with horror'. According to the story, he was blackmailed and went to the Duke of Wellington for advice. The Duke advised him to prosecute his blackmailers and face the consequences, but he chose instead to commit suicide. The disgrace of the Bishop of Clogher is the background to this.

It can reasonably be argued that the story can only have come from Londonderry himself in the first place, however reliable Richardson's informant was, and the point has already been made that his delusions were the products of a diseased mind.

When Londonderry's doctor, who had not come well out of the case, attempted to justify himself later by claiming that, after all, the story was true, Wellington caused investigations to be made, according to Mrs Arbuthnot. The italics are Mrs Arbuthnot's.

> He came to the Duke & told him a long story of what Ld L[ondonderry] had himself told him & stated to him *two facts* & told it all so plausibly that he actually made the Duke believe there was some truth in what he said. However, luckily, the Duke ascertained, *beyond a doubt*, that *the facts were both positively false*.[21]

Conclusion

1. At the time of his death, Lord Londonderry was suffering from a definite illness. It was not an understandable reaction to stress.
2. The diagnosis now would be either 'severe depressive episode with psychotic symptoms' or 'recurrent depressive disorder, current episode severe with psychotic symptoms' (*Tenth Revision of the International Classification of Diseases*). What is known of his past history would tend to support the latter.
3. The psychotic symptoms were delusions of persecution and guilt.
4. All that has been quoted to Londonderry's discredit emanated directly or indirectly from his diseased mind. There is no independent evidence of the truth of anything of which he accused himself, or the story that he was being blackmailed, as there is no evidence to support his belief that his colleagues were conspiring against him.
5. Suicide was the outcome of the illness as it is frequently the outcome of depressive illness.

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