from the past' (American Psychiatric Association, 1994: pp. 428, 766). Dr Burges Watson infers from this that the flashback is a new term for an old phenomenon; what in the past would have been described as a vivid memory of conflict is today called a flashback. The objection to this hypothesis is that we discovered both phenomena in medical records from the First and Second World Wars. We were careful to adopt a rigorous definition of flashback (which included the sense of reliving the traumatic episode) to distinguish it from eidetic memories.

In answer to Dr Hambidge, we were unable to include veterans of the Falklands War because ministerial permission was not granted to study recent war pension files of service personnel still living, and because the Medical Assessment Programme is limited to veterans of the Persian Gulf War. As regards the collection of data, three research assistants recorded symptoms on a standardised form by copying verbatim from medical notes. These were then reviewed in detail by the lead investigator, who re-examined the files to ensure accuracy and consistency of interpretation. War pension files with missing information were excluded from the study. In general, the case notes were comprehensive, often detailing a serviceman's history from enlistment until death. As these are a continuous series of records, there is no reason to suppose that deficiencies in reporting were confined to modern assessors rather than being spread randomly throughout the archive.

Declaration of interest

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Human rights and mental health

I agree with Bindman *et al* (2003) that, to date, the jurisprudence of the European Court of Human Rights has not set a 'high standard' for modern mental health services. This is apparent not only in areas of the process of detention and its lawfulness, but also in areas of treatment standards and material standards of the facilities in which people are detained. I would also echo their sentiment that the wording of article 5(1)e of the European Convention on Human Rights is at best unfortunate and at worst deeply stigmatising. That said, I believe that the doctrine of the 'living instrument' (*Tyrer v. United Kingdom*, 1978; Reed & Murdoch, 2002) in Strasbourg jurisprudence is of fundamental importance in interpretation of the Convention and may yet lead to improved protection of the human rights of both patients with mental illnesses and people with learning disabilities.

With respect to patients who are *de facto* detained, the case of *Rierra Blume v. Spain* (1999) may improve rights protection. Here, the European Court of Human Rights ruled that the complainants, who had been escorted by the police to receive, among other things, psychiatric treatment, had been *de facto* detained and that their detention was unlawful. However, many patients for various reasons, especially non-protesting patients as in the Bournewood case (*R v. Bournewood Community and Mental Health NHS Trust*, 1998), will not take cases to the courts, and the protection of their rights may depend on relatives or voluntary organisations acting on their behalf.

Legal protection with regard to the autonomy of patients with mental illnesses and people with learning disabilities may improve by a back-door means, arising from the debate over privacy protection and article 8 rights ('right to respect for private and family life'). However, rights can be secured in court only if challenges are brought, and many people with mental illnesses or learning disabilities may not have the awareness or the means to bring such challenges. The importance of ways other than legislation for highlighting and securing rights, such as the Royal College of Psychiatrists' anti-stigma campaign 'Changing Minds', education campaigns about mental illness and the work of numerous voluntary agencies, cannot be underestimated in promoting equal rights and opportunities for these population groups.

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Slavery and psychiatry

Raj Persaud (2003) begins his review of Thomas Szasz's book *Liberation by Oppression: A Comparative Study of Slavery and Psychiatry* by asserting that something false is true: 'Thomas Szasz became famous for being at the vanguard of the anti-psychiatry movement'. First, Szasz has never been part of the anti-psychiatry movement, much less at the vanguard of it. Second, there is as much truth in Persaud's assertion as there is in asserting that the Nazis were simply practising medicine. Szasz has made it absolutely clear for over 50 years now that he supports psychiatry between consenting adults, that is, he supports contractual psychiatry. Third, Dr Persaud then asserts that Szasz is an 'ally rather than an enemy of the National Health Service general adult psychiatrist'.

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