

References

- 1 Zinkler M, Priebe S. Detention of the mentally ill in Europe – a review. *Acta Psychiatr Scand* 2002; **106**: 3–8.
- 2 Salize HJ, Dressing H. Epidemiology of involuntary placement of mentally ill people across the European Union. *Br J Psychiatry* 2004; **184**: 163–8.
- 3 Welsh S, Deahl MP. Modern psychiatric ethics. *Lancet* 2002; **359**: 253–5.
- 4 Zigmond T. A new Mental Health Act for England and Wales. *Adv Psychiatr Treat* 2004; **10**: 161–3.
- 5 Tilley S, Chambers M. Proposed changes to the Mental Health Act of England and Wales – research investigating the debate. *J Psychiatr Ment Health Nurs* 2005; **12**: 121–3.
- 6 Katsakou C, Priebe S. Outcomes of involuntary hospital admission – a review. *Acta Psychiatr Scand* 2006; **114**: 232–41.
- 7 Kallert TW, Glöckner M, Schutzwohl M. Involuntary vs. voluntary hospital admission: a systematic literature review on outcome diversity. *Eur Arch Psychiatry Clin Neurosci* 2008; **258**: 195–209.
- 8 Felthouse A, Sass H. *The International Handbook of Psychopathic Disorders and the Law Vol II: Law and Policies*. John Wiley & Sons, 2008.
- 9 Kallert TW, Torres-Gonzalez F. *Legislation on Coercive Mental Health Care in Europe*. Peter Lang Publications, 2006.
- 10 Kallert TW, Rymaszewska J, Torres-Gonzalez F. Differences of legal regulations concerning involuntary psychiatric hospitalisation in twelve European countries: implications for clinical practice. *Int J Forensic Ment Health* 2007; **6**: 197–207.
- 11 Beck JC, Golowka EA. A study of enforced treatment in relation to Stone's 'thank you' theory. *Behav Sci Law* 1988; **6**: 559–66.
- 12 Spence ND, Goldney RD, Costain WF. Attitudes towards psychiatric hospitalization: a comparison of involuntary and voluntary patients. *Aust Clin Rev* 1988; **8**: 108–16.
- 13 Towes J. Change with time in patients' reactions to committal. *Can J Psychiatry* 1986; **31**: 413–5.
- 14 Kjellin L, Westrin CG, Eriksson K, Alexsson-Ostman M. Coercion in psychiatric care: problems of medical ethics in a comprehensive empirical study. *Behav Sci Law* 1993; **11**: 323–34.
- 15 Kjellin L, Anderson K, Bartholdson E, Candefjord IL, Holmstrom H, Jacobsson, et al. Coercion in psychiatric care – patients' and relatives' experiences from four Swedish psychiatric services. *Nord J Psychiatry* 2004; **58**: 153–9.
- 16 Kane JM, Quitkin F, Rifkin A, Wegner J, Rosenberg G, Borenstein M. Attitudinal changes of involuntarily committed patients following treatment. *Arch Gen Psychiatry* 1983; **40**: 374–7.
- 17 Srinivasan DP, Soundarajan PC, Hullin RP. Attitudes of patients and relatives to compulsory admission. *Br J Psychiatry* 1980; **136**: 200–1.
- 18 Rusius C. The Mental Health Act 1983 – what does the patient think? *Psychiatr Bull* 1992; **16**: 268–9.
- 19 Kallert TW, Glöckner M, Onchev G, Raboch J, Karastergiou A, Solomon, et al. The EUNOMIA project on coercion in psychiatry: study design and preliminary data. *World Psychiatry* 2005; **4**: 168–72.
- 20 World Health Organization. *The ICD–10 Classification of Mental and Behavioural Disorders: Diagnostic Criteria for Research (DCR–10)*. WHO, 1998.
- 21 Ventura J, Green MF, Shaner A, Liberman R. Training and quality assurance with the Brief Psychiatric Rating Scale: 'The Drift Busters'. *Int J Methods Psychiatr Res* 1993; **3**: 221–4.
- 22 Liang KY, Zeger SL. Longitudinal data analysis using generalized linear models. *Biometrika* 1986; **73**: 13–22.
- 23 Kjellin L, Anderson K, Candefjord I, Palmstierna T, Wallsten T. Ethical benefits and costs of coercion in short-term inpatient psychiatric care. *Psychiatr Serv* 1997; **48**: 1567–70.
- 24 Priebe S, Katsakou C, Amos T, Leese M, Morriss R, Rose D, et al. Patients' views and readmissions 1 year after involuntary hospitalisation. *Br J Psychiatry* 2009; **194**: 49–54.
- 25 European Commission. *Improving the Mental Health of the Population. Towards a Strategy on Mental Health for the European Union*. European Commission, 2005.
- 26 Lehman AF. The effects of psychiatric symptoms on quality of life assessments among the chronically mentally ill. *Eval Program Plann* 1983; **6**: 143–51.
- 27 Vandiver VL. Quality of life, gender and schizophrenia: a cross-national survey in Canada, Cuba and the USA. *Community Ment Health J* 1998; **34**: 501–52.
- 28 Dinos S, Stevens S, Serfaty M, Weich S, King M. Stigma: the feelings and experiences of 46 people with mental illness. Qualitative study. *Br J Psychiatry* 2004; **184**: 176–81.
- 29 Priebe S, Frottier P, Gaddini A, Kilian R, Lauber C, Martinez-Leal R, et al. Mental health care institutions in nine European countries, 2002 to 2006. *Psychiatr Serv* 2008; **59**: 570–3.
- 30 Katsakou C, Priebe S. Patients' experiences of involuntary hospital admission and treatment: a review of qualitative studies. *Epidemiol Psychiatr Soc* 2007; **16**: 172–8.

Psychiatrists in 19th-century fiction

Passages from the Diary of a Late Physician (1837), Samuel Warren

Fiona Subotsky

Samuel Warren (1807–1877) was a lawyer who eventually achieved the well-rewarded post of Master of Lunacy with responsibility to adjudicate on the financial affairs of lunatics. When younger, he had also for 6 years 'actively engaged in the practical study of physic', perhaps as apprentice to an apothecary. His many tales, published first in *Blackwood's Magazine*, inspired imitation from Poe, Le Fanu and Dickens, and concentrated on sensational medical case histories, especially including the supernatural, insanity and deathbeds, ideally all three, as below.

In *The Spectre-Smitten*, law student Mr M returns to gloomy Lincoln's Inn after a night of revelry, to find a figure of 'ghastly hue' sitting in his armchair, which then terrifyingly stretches out its arms and approaches. Mr M falls 'senseless on the floor', proceeding to frequent convulsions, twitchings and contortions. He recovers consciousness, but learning that his neighbour died on the night of the apparition becomes convinced he is haunted by him. The physician forms the opinion that Mr M is 'suffering from a very severe congestion of the vessels of the brain', and orders 'copious venesection – his head to be shaven, and covered perpetually with cloths soaked in evaporating lotions – blisters behind his ears and at the nape of the neck – and appropriate internal medicines'. This fails to prevent an attempted murderous assault with a razor after which the patient is put in a strait jacket, strapped to a bed, and removed to an asylum 'reduced to a state of drivelling idiocy – complete fatuity!' Even though Mr M improves somewhat, he is still convinced, despite the physician trying to reason with him, that he is constantly under the watch of a huge boa constrictor. Apparent recovery notwithstanding, he later destroys himself 'in a manner too terrible to mention'.

This is one of the more coherent stories. It is best if the reader can just relax and enjoy shock by shock, hoping that current interventions have made progress.

The British Journal of Psychiatry (2010)
196, 185. doi: 10.1192/bjp.196.3.185