

(Salize *et al*, 2002). However, data on the effectiveness of coercion measures are lacking and there is no evidence base for involuntary commitment. The few studies have focused mainly on out-patient commitment and show mixed results (Swanson *et al*, 2000; Steadman *et al*, 2001; Swanson *et al*, 2003).

The absence of an evidence-based model for the use of coercion in psychiatry is partly due to ethical difficulties in studying coercion measures, for example, using randomised controlled trials. We need to find ways to overcome these difficulties, for example by assessing the effectiveness of involuntary admission in those who pose relatively little danger to themselves and others. Results of these studies need to be taken into account in the current debate on the use of coercion measures. It is likely that certain groups of patients benefit more from specific coercion measures than others. Patients with psychotic disorders with severe social breakdown and lack of motivation for treatment probably benefit more from coercion measures than those with personality disorders. International comparative studies are needed to assess the effects of different laws on outcomes, for example laws using criteria of danger *v.* those using need for treatment criteria. Valid and reliable instruments are needed when deciding to use coercion; these should include assessment of the severity of psychiatric disorder, danger to self or others and motivation for treatment. Researchers active in this field could form collaborative (inter)national working groups on pressure for treatment and coercion in psychiatry.

Salize, H. J., Dressing, H. (2004) Epidemiology of involuntary placement of mentally ill people across the European Union. *British Journal of Psychiatry*, **184**, 163–168.

Salize, H. J., Dressing, H. & Peitz, M. (2002) *Compulsory Admission and Involuntary Treatment of Mentally Ill Patients – Legislation and Practice in EU-Member States. Final Report*. Mannheim: Central Institute of Mental Health. Available at http://europa.eu.int/comm/health/ph_projects/2000/promotion/fp_promotion_2000_frep_08_en.pdf

Steadman, H. J., Gounis, K., Dennis, D., et al (2001) Assessing the New York City involuntary outpatient commitment pilot program. *Psychiatric Services*, **52**, 330–336.

Swanson, J. W., Swartz, M. S., Wagner, H. R., et al (2000) Involuntary out-patient commitment and reduction of violent behaviour in persons with severe mental illness. *British Journal of Psychiatry*, **176**, 324–331.

Swanson, J. W., Swartz, M. S., Elbogen, E. B., et al (2003) Effects of involuntary outpatient commitment on subjective quality of life in persons with severe mental illness. *Behavioral Sciences and the Law*, **21**, 473–491.

C. L. Mulder Mental Health Group Europoort, Municipal Health Service Rotterdam, Erasmus Medical Centre, Barendrecht, The Netherlands. E-mail: niels.cmulder@wxs.nl

Psychiatry in Europe

A group of psychiatrists and mental health staff from many of the new entrants to the European Community and from candidate countries as well as from the UK met in Luton, Bedfordshire on 17 and 18 September 2004 to discuss early intervention in psychotic illness. At the end of the conference, the delegates discussed the issues raised by Andrej Marušič (2004) in the *Journal*.

The delegates recognised that there were indeed many disparities in the mental health of the populations of the different member and candidate states of the European Union, and that mental health provision in the different states was very diverse. In particular, they noted that the research profile of many of the newer states of the European Union required improvement, and there was need for major development work and investment in many states if they were to provide adequate and effective community-based psychiatric services to all people of the Union.

The achievement of such goals will require much sharing of experience and ideas. The delegates were anxious to contribute to the development of modern community-based psychiatric services in Europe and

have committed themselves to future cooperation in the development of such services. They are willing to form a network to support each other's projects.

These endeavours could include collaboration through joint research projects, joint training schemes for both medical and non-medical staff, exchange schemes and visits, both long- and short-term, to share knowledge and expertise, developing joint protocols for the diagnosis of illness and patient management, twinning of services from different countries, developing psychosocial and family interventions for patients, sharing epidemiological information from case registers, and holding an annual conference, as well as joint meetings on particular issues of mutual interest. We hope that such activities could be funded by existing European Union programmes. It is proposed that this group of colleagues be known as the Luton group, after the place where the conference was held. A secretariat based at the Bedfordshire Centre for Mental Health Research in Association with the University of Cambridge will coordinate the group. We would welcome any communication from colleagues with similar interests.

Marusic, A. (2004) Mental health in the enlarged European Union: need for relevant public mental health action. *British Journal of Psychiatry*, **184**, 450–451.

M. Agius Bedfordshire Centre for Mental Health Research in Association with the University of Cambridge, c/o Early Intervention Service, Charter House, Alma Street, Luton LU1 2PJ, UK. E-mail: Mark.Aguis@blpt.nhs.uk

R. Zaman, S. Singh, O. Gallagher, P. B. Jones, P. McGuire, P. Power, T. Craig, S. Bahn UK

A. Grech, C. Casha, C. Pace, D. Cassar Malta

M. Blinc-Pesek, B. Avgustin Slovenia

E. Gruber, S. M. Biocina, J. Andelic Croatia

R. Dinolova Bulgaria

J. van Os The Netherlands

M. Lambert Germany

One hundred years ago

Asylum reports

London County Epileptic Colony, Ewell (Report for the year ending March 31st

1904). – The colony was formally opened under happy auspices on July 1st, 1903 [an account of the opening appeared in THE LANCET of July 11th, 1903, p. 110],

when on the occasion of the visit of H.R.H. Princess Louise, Duchess of Fife, and in the presence of the chairman of the London County Council and a large

assembly of visitors, the opening ceremony was performed by the Duke of Fife. A handsome brass tablet has been placed in the entrance hall to mark the occasion. This therefore is the first report. The colony owes its origin to the fact that the asylums committee of the London County Council was impressed with the knowledge that among the epileptics housed in its asylums there were some 300 patients whose disease was mild in character and who seemed suitable to enjoy the benefits of colony or farm life. Accordingly an estate of 112 acres was purchased near Ewell, Epsom, on which a system of villas and buildings of a suitable character were erected. All the villas are of a one-storeyed character and provide accommodation each for 38 patients. The warming and ventilation are on the latest approved pattern and the buildings are lighted throughout by electricity. Roads have been made and gardens planted, the gardens of the villas being separated by earth banks or belts of planted trees and shrubs, so that ingress and egress are found only by the paths. The total number of patients admitted during the year was 315,

comprising 250 males and 65 females. During the year the death-rate was low, there being only 17 deaths (14 males and three females). The medical superintendent, Dr. C. H. Bond, states in his report that private cases are admitted but that as the number of such cases received has been small "there still remains one villa not yet in occupation." The necessity of vigilance in regard to the class of patients is emphasised. Thus of the 315 cases sent to the colony 80, or 25 per cent., had at one time or another in their history been regarded as suicidal. The table of admissions shows a faulty (neurotic or insane) heredity in nearly 50 per cent. of cases, distributed as follows: 18 per cent. of cases of insane heredity, 17 per cent. of epileptic heredity, and 10 per cent. of alcoholic heredity. "A well-defined history of trauma, in the form of either injuries to the head or severe falls productive of shock, was found in as large a proportion as 14 per cent." Arteriosclerosis was present in 14 per cent. of the admissions. Farm and garden work is systematically and daily taken part in by the patients, while the grounds are freely open

for all to stroll about in during the intervals. "In a few instances the character of the men's labour is really that of skilled workmen, in about a third it is of fair value, but in the case of the majority it is crude and that of men entirely unaccustomed to agricultural pursuits." The patients are under regular medicinal treatment which includes bromide of strontium and a specially regulated diet. Cricket and other games are provided. The Commissioners in Lunacy state that the colony consists of able-bodied working epileptics, that the buildings are well constructed and suitable to their purpose, that the colonists were neatly clad and looked in good health, and that satisfactory progress has been made in the colony during the first year of its existence.

REFERENCE

Lancet, 18 February 1905, 449.

Researched by Henry Rollin, Emeritus Consultant Psychiatrist, Horton Hospital, Epsom, Surrey