(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 trails. 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 cerocion 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.

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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.

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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

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