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### **Supplementary material**

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#### References

- 1 Hansen MS, Fink P, Frydenberg M, Oxhøj M, Søndergaard L, Munk-Jørgensen P. Mental disorders among internal medical inpatients: prevalence, detection, and treatment status. J Psychosom Res 2001; 50: 199–204.
- 2 Bourgeois JA, Kremen WS, Servis ME, Wegelin JA, Hales RE. The impact of psychiatric diagnosis on length of stay in a university medical center in the managed care era. *Psychosomatics* 2005; 46: 431–9.
- 3 Levenson JL, Hamen RM, Rossiten LF. Relation of psychopathology in general medical inpatients to use and cost of services. Am J Psychiatry 1990; 147: 1498–503.
- 4 Billings EG, McNary WS, Rees MH. Financial importance of general hospital psychiatry to hospital administrator. *Hospitals* 1937; 11: 40–4.
- 5 Levitan SJ, Kornfeld DS. Clinical and cost benefits of liaison psychiatry. Am J Psychiatry 1981; 138: 790–3.
- 6 Strain JJ, Lyons JS, Hammer JS, Fahs M, Lebovits A, Paddison PL, et al. Cost offset from a psychiatric consultation-liaison intervention with elderly hip fracture patients. Am J Psychiatry 1991; 148: 1044–9.
- 7 Levenson JL, Hamer R, Rossiter L. Psychosocial interventions in chronic medical illness. An overview of outcome research. *Gen Hosp Psychiatry* 1992; 14 (suppl 6): 43S–9S.
- 8 Desan PH, Zimbrean PC, Weinstein AJ, Bozzo JE, Sledge WH. Proactive psychiatric consultation services reduce length of stay for admissions to an inpatient medical team. *Psychosomatics* 2011; 52: 513–20.

- 9 Sledge WH, Gueorguieva R, Desan P, Bozzo JE, Dorset J, Lee HB. Multidisciplinary proactive psychiatric consultation service: impact on length of stay for medical inpatients. *Psychother Psychosom* 2015; 84: 208–16.
- 10 Wood R, Wand APF. The effectiveness of consultation-liaison psychiatry in the general hospital setting: a systematic review. J Psychosom Res 2014; 76: 175–92.
- 11 Lyons JS, Hammer JS, Strain JJ, Fulop G. The timing of psychiatric consultation in the general hospital and length of hospital stay. *Gen Hosp Psychiatry* 1986; 8: 159–62.
- 12 Kishi Y, Meller WH, Kathol RG, Swigart SE. Factors affecting the relationship between the timing of psychiatric consultation and general hospital length of stay. Psychosomatics 2004; 45: 470–6.
- 13 Handrinos D, McKenzie D, Smith GC. Timing of referral to a consultation-liaison psychiatry unit. *Psychosomatics* 1998; 39: 311–7.
- 14 Ormont MA, Weisman HW, Heller SS, Najara JE, Shindledecker RD. The timing of psychiatric consultation requests: utilization, liaison, and diagnostic considerations. *Psychosomatics* 1997; 38: 38–44.
- **15** Wood R, Wand APF, Hunt GE. Relationship between timeliness of contact and length of stay in older and younger patients of a consultation-liaison psychiatry service. *BJPsych Bull* 2015; **39**: 128–33.
- 16 Sockalingam S, Alzahrani A, Meaney C, Styra R, Tan A, Hawa R, et al. Time to consultation-liaison psychiatry service referral as a predictor of length of stay. *Psychosomatics* 2016; 57: 264–72.
- 17 Davis P, Milne B, Parker K, Hider P, Lay-Yee R, Cumming J, et al. Efficiency, effectiveness, equity (E3): evaluating hospital performance in three dimensions. *Health Policy* 2013; 112: 19–27.
- 18 Carey K, Lin MY. Hospital length of stay and readmission: an early investigation. Med Care Res Rev 2014; 71: 99–111.
- 19 Consoli SM. Critères d'évaluation et aspects médico-économiques. In Psychiatrie de Liaison (eds C Lemogne, P Cole, S Consoli, F Limosin). Lavoisier, 2018.
- 20 Hales RE, Polly S, Orman D. An evaluation of patients who received an organic mental disorder diagnosis on a psychiatric consultation-liaison service. Gen Hosp Psychiatry 1989; 11: 88–94.
- 21 Daumit GL, Pronovost PJ, Anthony CB, Guallar E, Steinwachs DM, Ford DE. Adverse events during medical and surgical hospitalizations for persons with schizophrenia. Arch Gen Psychiatry 2006; 63: 267–72.
- 22 Aoki T, Sato T, Hosaka T. Role of consultation-liaison psychiatry toward shortening of length of stay for medically ill patients with depression. *Int J Psychiatry Clin Pract* 2004; **8**: 71–6.
- 23 Todorov L, Vulser H, Pirracchio R, Thauvin I, Radtchenko A, Vidal J, et al. Suicide attempts by jumping and length of stay in general hospital: a retrospective study of 225 patients. J Psychosom Res 2019; 119: 34–41.
- 24 Andreas S, Schulz H, Volkert J, Dehoust M, Sehner S, Suling A, et al. Prevalence of mental disorders in elderly people: the European MentDis\_ICF65+ study. *Br J Psychiatry* 2017; 210: 125–31.



# psychiatry in history

# Plus ça change, plus c'est la même chose

## Stephen Wilson 🕞

The stigma attached to mental health problems is well-known and attempts to diminish it have been made by both the Royal College of Psychiatrists and members of the Royal Family in recent times. It must also be a commonplace observation among professionals that this stigma is inclined to rub off.

Jean-Étienne Dominique Esquirol (1772–1840) was a favourite student of Philippe Pinel. He founded a private asylum and later succeeded Pinel at the Salpêtrière Hospital. He is credited with extending the humane reforms introduced in Paris to the French provinces, insisting on the importance of physician-led institutions, pioneering the formal teaching of psychiatry and emphasising the role of the state in providing mental healthcare. But this very successful man, René Semelaigne tells us in his book *Les Grandes Aliénistes Français* (1894), nursed a secret sadness:

'Those whom he had taken under his care, or whose relatives he had treated, avoided him in public. To know a doctor who treated the mentally ill, to speak with him, seemed for many people an admission that they had had recourse to his ministrations. Esquirol's tender, sensitive heart suffered in this way. "Fatal profession," he would write, "People do themselves credit by not recognising me; above all those whose secrets I hold, treat me as a pariah, and have need of darkness or to be behind closed doors in order to shake my hand."

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