

cial phobia for a moment. *Selling Sickness* leaves the impression that this disorder is almost entirely the result of a PR firm's savvy strategizing. But social phobia is a real phenomenon that deserves a more nuanced account. It was first listed as a disorder in the *Diagnostic and Statistical Manual of Mental Disorders* in 1980, and by the mid-1990s both the National Institute of Mental Health and drug companies were funding research on it. Epidemiologic studies described people with social phobia as painfully shy, to the point that they had few friends, dropped out of school, didn't work, had trouble dating and didn't marry. Whether or not it qualified as a disorder, people suffered from it and sought help to improve their social skills and quality of life. Then came the FDA's approval of Paxil for social phobia, followed by SmithKline's awareness campaign and the media coverage it generated. Shy people across the US perked up their ears. They had been "listening to Prozac" and the buzz around it but hadn't realized that the new class of antidepressants might help them, too.

Moynihan and Cassels describe one such individual, an unemployed California woman named Deborah who was nervous about job interviews. After seeing a commercial on television that described social anxiety disorder and mentioned Paxil, she went to the doctor, got a prescription and landed a job in real estate that she held for four years. "I think taking the medication helped me be able to work with the public in a comfortable way," she said. She was pleased until she experienced Paxil's difficult withdrawal syndrome — a problem that neither doctors nor patients were aware of initially. (In 2002 the FDA issued a warning that Paxil can cause severe withdrawal symptoms.)

In their zeal to drive home their message, Moynihan and Cassels mock Deborah's difficulties and her reliance on an antidepressant. "With her successful self-diagnosis of social anxiety disorder," they write, "Deborah was at the frontier of medical science — her condition had only just been pushed from the shadows of obscurity into the glare of the public spotlight, and the powerful

antidepressant Paxil had just become the first drug ever approved to treat it."

The authors are equally derisive in their description of Murray Stein, a psychiatrist who began studying social phobia while at the University of Manitoba in the early 1990s and later ran clinical trials testing the effectiveness of Paxil and other drugs for the disorder. Stein also wrote a popular book that lists exercises to help people overcome shyness, but in the hands of Moynihan and Cassels he's little more than a mouthpiece for SmithKline, because he ran company-sponsored trials and "offered flattering praise for Paxil" in company press releases.

Moynihan and Cassels have amassed a wealth of information, and their writing is entertaining and easy to follow, but they might have achieved more if they had been willing to look beyond Big Pharma. The reasons people take drugs — prescription or other-

wise — are complex and not easily boiled down. In a recent issue of *Salon*, David Amdsen speculates on the current popularity of SSRIs and psychostimulants and concludes that they are being used as performance-enhancing substances. It's an outlandish suggestion that involves doctors and patients as much or more than drug companies, and he just could be right.

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### REFERENCES

1. Michelle C. Selling shyness. How doctors and drug companies created the "social phobia" epidemic. *New Repub* 1999;(Aug 2):22-9.
2. Deshauer D. Disease as idea [book review]. *CMAJ* 2005;173(7):790-1.
3. Garland E J. Bitter pills [book review]. *CMAJ* 2004;171(11):1374-5.
4. Amdsen D. Life: the disorder. *Salon* 2005; Nov 25. Available: [www.salon.com](http://www.salon.com) (accessed 2006 Feb 20).

## Room for a view

## Come, let's to bed

Come, let's to bed,  
Says Sleepy-head;  
Tarry a while, says Slow:  
Put on the pan,  
Says Greedy Nan,  
Let's sup before we go.

— Traditional nursery rhyme

I was brought up in an English boarding school whose attitudes and initiations were dedicated to "muscular Christianity" and the principle that early to bed and early to rise would make a man healthy, wealthy and wise. Somewhat later, when I was at medical school, I was exposed to Professor R.S. Illingworth's idea that it was unnecessary and usually futile to attempt to keep recuperating children in bed. But it was the physician and essayist Richard Asher who really spilled the beans about the malevolent effects of bedrest with an article in a 1947 issue of the *British Medical Journal*. "Look at a patient lying long in bed," he writes. "What a pathetic pic-

ture he makes of blood clotting in his veins, the lime draining from his bones, the scybala stacking up in his colon, the flesh rotting from his seat, the urine leaking from his distended bladder and the spirit evaporating from his soul.<sup>1</sup> Is it not surprising, therefore, that for many years I was of the opinion that time spent on a palliasse was a waste." This attitude predominated for several years, to the point where I briefly considered taking up jogging.

Providentially, I mentioned this mental aberration to another expatriate, who jogged the memory of a talk given by Cecil Woodham-Smith on the BBC sometime in the late 1950s. Although both of us remembered his account with pleasure, it was my discerning colleague who called attention to the crucial message.

Woodham-Smith had imparted the information that certain resolved men and women whose accomplishments were renowned had in fact spent the

greater part of their lives ignoring fresh air, circumventing exercise as if it were some contagion, and lolling on either a bed or a sofa. Among the personages she chose as examples were Elizabeth Barrett Browning, Florence Nightingale, Charles Darwin and Harriet Martineau.

Even those who have seen *The Barretts of Wimpole Street* might not know that Elizabeth Barrett Browning spent three-quarters of her life in a darkened room from which the sun was carefully excluded. As if blinds were insufficient, the ivy that covered the house on Wimpole Street was carefully nurtured so as to form a light, impermeable mesh over the closed windows. There the poet lay wrapped in shawls, sharing with her spaniel, Flush, the stale and stuffy air. The room remained undusted year round, and she adopted as pets the many spiders that abounded. According to Woodham-Smith, when Elizabeth Barrett wrote a letter, as often as not she indicated the year incorrectly. Deluding herself that she had some dread spinal disease, she hibernated until Robert Browning entered her life. Within the space of twelve months she had eloped and settled down to a happy married life.

It might be said that, as Elizabeth Barrett Browning was a poet, her odd behaviour was perhaps to be expected, but such an expectation cannot be laid at the door of Florence Nightingale, who if nothing else was certainly a woman of action and influence.

From her bed, Nightingale influenced Cabinet decisions and appointments and was instrumental in devising and modifying much new legislation. In 1857 she decided she had heart disease; she gave away her goods and chattels, made her will and resigned herself to taking leave of the world. At three- to four-year intervals thereafter she continued to give away her possessions and to rewrite her will, until eventually she died, in 1910, at the overripe old age of ninety-plus. Her room at Dorchester House, now the site of the Dorchester Hotel, was meticulously kept, the windows thrown wide open with sunlight streaming in, her dressing table cov-



Fred Sebastian

ered with flowers and tastefully decorated. She was regularly visited by prime ministers, home secretaries and commanders-in-chief, but only under sufferance and only on her conditions. The volume memoranda, correspondence and reports turned out by Florence Nightingale would shame even a modern civil servant. According to Woodham-Smith, her *Indian Sanitary Report* filled 1000 pages with closely written script. There is little doubt that Florence Nightingale could never have been as productive nor achieved as

much had she risen from bed to lead the rapid and vacuous life of an upper-class Victorian woman.

Charles Darwin represents a *forme fruste* of the "let's to bed" syndrome. In his early twenties he came to believe he had heart disease, despite the fact that his family and friends stated that his appearance was one of rude good health. The arduous physical demands made on Darwin during his five years as a seafaring naturalist, graphically described in Alan Morehead's *Darwin and the Beagle*, are hardly compatible



with organic heart disease. On his return, Darwin complained persistently of headaches, lethargy, insomnia and dizziness. Even a short visit from a friend would lead to a sleepless night. Although many theories as to the nature of Darwin's illness have been propounded, with diagnoses ranging from Chagas disease to myocarditis, Sir

hours, only to rise refreshed and ready for a vigorous game of backgammon or chess. Victorian volumes proved too heavy for him to hold and were cut in half so that he might avoid collapsing from the fatigue engendered by such heavy weights. Working two hours a day, he made monumental scientific contributions; one cannot but wonder

the time was ripe for a cure. And so the cure came about, Harriet attributing it to mesmerism. She went on to become a journalist, novelist and political economist. Besides her job with *The Daily News*, she wrote numerous books, dined out every weekday, spent a large portion of her time travelling and conducting interviews, and all in all led a most active life.

The sage counsel of the Sleepy-head of nursery lore, namely, "Come, let's to bed," seems to have been too long ignored. What great work of art or important scientific theory came into existence or was formulated while jogging? Surely there is a lesson to be learned from the behaviour of these four illustrious persons. It would appear that bodily activity and physical enthusiasm are seldom productive, whereas great thoughts may come to mind if one lies long enough in bed.

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#### REFERENCE

1. Asher RAJ. The dangers of going to bed. *BMJ* 1947;2:967.

## What great work of art or important scientific theory came into existence or was formulated while jogging?

George Pickering argued in *Creative Malady* (1974) that Darwin's symptoms were entirely functional. At age 30, Darwin married Emma Wedgwood — reputedly, the marriage of the perfect nurse with the perfect patient. Shortly thereafter he retired to Kent, finding London too tiring. There he evolved a routine that started early each morning with two hours of work or experimentation, after which he took to the sofa until lunch. After lunch he retired to his bedroom for another two or three

what he might have achieved had he worked for sixteen hours a day as do most modern tycoons — probably nothing!

Harriet Martineau became deaf at the age of twelve and not long after found herself financially responsible for her whole family. The stress of the situation caused her to develop fainting spells and a weak heart, and she retired to bed. After six years, the family finances had improved and her mother had moved in with relatives; obviously,



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