one hand the honour of your leaders demanded a release. But fear of the consequences easily won the day: my army might be situated on the outskirts awaiting a signal to attack.

In the end you set up, hurriedly, a mock court which proceeded to sentence me to death for: treason, incestuous polygamy (whatever that means) and other serious offences. I was to burn at the stake as a blasphemer and a barbarian. But you begged me to become a Christian. You believed that if my body survived, then I could rise next morning, if necessary.

"So you see I decided to return to Poland" I said in a quiet voice to the taxi driver. I only bought a small adidas backpack and a tennis racquet. We were on the way to the Marriott Hotel. "Where have you come from right now?" the taxi driver seemed somewhat alarmed.

"Lately?"

"Yeah"

"…I don't really know…I don't remember everything"

"…but surely…"

"I only remember that when we last met I died in Cajamarca. And you died shortly afterwards. Murdered in Lima perhaps…"

"And why did you return here and now to find me in such a manner?"

"Cometh the hour cometh the man."

The taxi driver halted as we approached the Marriott. I gave him a large tip and moved towards the glass revolving doors of the hotel. At the last moment I turned back and headed towards my taxi again. The taxi driver lowered his window and I said to him: "you should have burned me when you had the chance!"

It was amazing that the patient had accurately retold the story of Atahualpa while also describing his own internal experience of illness. The fluency of thought common to hypomania and creativity has long been recognised. Krapelin noted in 1921 that many of his patients would spontaneously start writing poetry while manic.[2] This example is striking in that encapsulates some of the grandiose and slightly paranoid delusional beliefs experienced by the patient during his worst period of illness, which at the time he was unable to express to mental health professionals. It also highlights the patient's recovery and return to more coherent thought processes (even down to the change of title in the edited version). The clinician should try to use all elements of a patient's presentation to understand their experiences. This should include poetry, artwork and music, which give insight into the patient's mental state as well providing therapeutic benefit during their production. The recent introduction of computerised notes systems threatens to eradicate this useful and interesting way information can be elicited from psychiatric patients.

Competing interest None.

Patient consent Obtained.

Provenance and peer review Not commissioned; not externally peer reviewed.

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Poem

Abraham (with apologies to Percy Bysshe Shelley—a homage to his poem *Ozymandias*)

I met a university president on his campus
Who said: Two vast and trunkless curriculum reports
Stand in your faculty. Near them in the dean's office,
Half sunk, a shattered curriculum lies, whose supports,
And content sneer of cold command,
Tell that its writer well those passions read
Which yet survive, objectives found in these lifeless things,
The exams that mocked them and the heart that fed:
And on the website these words appear:
"I am the curriculum, will make you a doctor, king of kings:
Look on my content, ye mighty, and despair!"
Nothing beside can compete. Round the trainees
Of that colossal work, boundless and bare
The lone and level patients stretch far away.

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Contributors I wrote this article as a homage to Shelley. It draws on his original poem *Ozymandias*.

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