

I find it fascinating how even recent history can become distorted and feel the desire to put the record straight.

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### Reply

DEAR SIRs

I should have mentioned the wards and day unit at St Giles Hospital, but could not have done so without bringing in details important to my own impressions of this corner of history.

I was appointed to the joint Kings-Maudsley chair with an assignment to integrate academic efforts in psychiatry in the two places. With the exception of the few people I mentioned, neither party really wanted integration. There were three pressure groups. First, the psychological medicine department at King's wished to retain the status quo with what they regarded – not wholly without justification – as a sufficient and happy department. They were prepared to contemplate academic expansion in competition but not collaboration with the Maudsley. Second, the rest of Kings College Hospital and Medical School consultants and administrators alike saw no point in Kings continuing to have its own psychiatric department, especially as considerable expansion would be necessary to meet the requirements of a full district service. The Maudsley was across the road and, it was suggested, could do it all. Third, the Maudsley wanted no financial or other responsibility for Kings, but wished to gain access to the general teaching hospital with its clinical and research opportunities for liaison psychiatry in adult and child psychiatry.

So when I set foot in the Kings department I was given certain admonitions to which I referred only briefly in my interview with Hugh Freeman. The St Giles unit, I was told, was running well and needed no contribution from me: I was offered no facilities to start a clinical unit on the lines I thought necessary for the circumstances. My proposals for organising the registrar rotation to meet the stringent (and appropriate) requirements of the Royal College of Psychiatrists approval exercise were rejected out of hand until a departing consultant was replaced by Dr Gaius Davies who took on a massive amount of work as the first clinical tutor. Even so, very big problems kept coming to light.

I am sure the wards at St Giles did good work during Dr Roberts' early years in psychiatry; indeed I recall some medical students' generous praise for John Hutchinson's clinical teaching. But the unit was in all sense isolated from the teaching hospital, and had some inbuilt weaknesses which became progressively more damaging. As a result, in later

years there were some extremely bad practices, many complaints, and some very distasteful disciplinary problems and grievance procedures. Matters became even worse when the unit was moved to another run-down hospital, St Francis. Despite all that my colleagues and I were able to do, it was, and remained, a disgrace to King's and probably one of the most objectionable mental hospital units in the country. It is well that the Maudsley was eventually forced to take over the service.

Dr Roberts feels the desire to put the record straight; and of course he and I observed events from very different vantage points. I would have preferred to leave the veil undisturbed, but I am grateful for this opportunity to support Oscar Wilde's view that the truth is rarely pure and never simple.

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### Maudsley monographs

DEAR SIRs

In my conversation with Hugh Freeman, reported in the *Psychiatric Bulletin* (May 1993, 17, 260–273), I mentioned that Vera Norris wrote the first *Maudsley Monograph*. I am ashamed of myself. By one utterly regrettable stroke I have given cause for offence to the authors of the first five *Monographs*. Everybody knows that Peter Sainsbury wrote the first: he was followed by Hans Eysenck and colleagues, Michael Shepherd, the late Erwin Stengel and Philip Connell. Had Vera Norris herself survived she would have sent me to an alienist.

I apologise to all concerned, and regret having misled those of your readers who were not in a position to know the facts.

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### Guidelines – managing sexual abuse disclosure

DEAR SIRs

It was with some disquiet that I read the article by I. E. Babiker 'Managing sexual abuse disclosure by adult psychiatric patients – some suggestions' (*Psychiatric Bulletin*, May 1993, 17, 286–288). In speaking of adult patients who have revealed former sexual abuse Dr Babiker states that "... immediate reporting ... of their abuse [is] required by the [Children] Act 1989". Dr Babiker's thesis is that because the child's welfare is paramount under the