comment that their exposure to myself did not do them harm is a compliment and outside the 'play of chance'.

I attribute it to the close integration of our department with the mainstream of medicine and the foresight of Professor P. C. Cloake who organised a division of neurological studies which included neurology, neurosurgery, psychiatry and neuropathology. It was an excellent introduction to psychiatry and we had an arrangement for some house physicians, who also had clinical exposure to neurology, to do their surgical jobs with neurosurgeons and thus reinforce their basic knowledge of the brain. Undergraduate training included the attachment of a psychiatrist to a medical 'firm' where once a week the student presented a medical case to the psychiatrist and the psychiatric aspects were then evaluated. There is much more to tell.

MYRE SIM

913 Yarrow Place
Victoria, BC, V9A 7J1
Canada

References

SIM, M. (1946) Quantitative estimation in psychiatric diagnosis. *Journal of the Royal Army Medical Corps*, **87**, 281.

—— (1983) Psychiatric diagnosis: what we have and what we need. *Psychiatric Annals*, **13**, 757.

—— (1987) Psychiatric diagnosis: past, present and future. pp 25–38. In, *Diagnostics and Psychopathology*. (ed. F. Flach) New York and London: W. W. Norton.

Reply

DEAR SIRS

I must have upset Dr Myre Sim, and I am very sorry about this. Of course I well remember his presence and his encouragement to myself and others. His responsibilities in Birmingham at the time I was a medical student were formidable. Aided by Dr Tibbetts, he took responsibilities for the psychiatric services in all the Birmingham teaching hospitals, with associated teaching of undergraduates and postgraduates. The two of them also had to carry the considerable weight of virtually all the private practice in the metropolitan area. On top of everything these activities entailed, Dr Sim's considerable energy and enquiring mind led to his contributions to clinical research, and of course his textbook (published after my cohort had departed), in its successive editions, speaks for itself.

He is not quite right in saying that my Halley Stewart (not Hailey Stewart) Fellowship was dedicated to work on his vignette approach to extending the power of psychiatric diagnosis. I had a different agenda in Hogben's department. I certainly remember Dr Sim demonstrating his ingenious system to me, and discussing it with him, but I was not closely involved in the development itself or its trials, and alas I can claim no credit for the successes of the work.

Dr Sim has misread my allusion to the play of chance. My comment referred to the high proportion of members of my own year (at least 12 out of 100) who became psychiatrists – far higher than in any preceding or following year in Birmingham, and indeed higher than any year at any time in any medical school I have known about. The excellence of the teachers, however great, would be unlikely as a sufficient explanation of this peak, in output of embryo psychiatrists. (Moreover, of course, recruitment to psychiatry is not usually seen as the main objective of undergraduate teaching in the subject.) Dr Sim lists names of some of the people who graduated in Birmingham over the years and subsequently achieved distinction in psychiatry. Two of those he mentions were in my year, as were several people he doesn't mention. The others in his list were scattered through preceding and succeeding years. A steady trickle of outstanding people in a speciality may certainly reflect credit on those who provided the initial stimulus. A sudden effusion is different from a trickle.

R. H. CAWLEY

Edward House
Charter Nightingale Clinic
London NW1 6SH

DEAR SIRS

I was very interested to read the conversation between Hugh Freeman and Professor Cawley (*Psychiatric Bulletin*, May 1993, **17**, 260–273) since I was registrar and senior registrar at Kings College Hospital when Professor Cawley arrived to take up his professorship. He does not present entirely accurately the state of affairs regarding catchment areas as they were at the time.

Professor Cawley overlooked the fact that there were two psychiatric wards offering approximately 60 beds for mixed sex patients at St Giles Hospital, part of the Kings College Hospital group which provided a catchment area service to East Lambeth when he arrived. Dr John Hutchinson had been working with us at St Giles for at least three years at this time. When I started as an SHO in 1970 there was one ward, C4, not undertaking a catchment area service and a second ward opened some years later, C3, whose consultant was John Hutchinson. This marked the start of our catchment area provision. Only the most disturbed and dangerous patients were not admitted to these wards so that Kings College Hospital was undertaking catchment area responsibilities before Professor Cawley arrived on the scene.

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

JEFF ROBERTS
The Royal London Hospital (St Clement's)
London E3 4LL

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.

ROBERT CAWLEY
Edward House
Charter Nightingale Hospital
London NW1 6SH

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.

ROBERT CAWLEY
Edward House
Charter Nightingale Hospital
London NW1 6SH

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