

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.

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#### References

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#### 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.

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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.