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recruits. A significant attraction of psychiatry has traditionally been its 'family friendly' image (Eagles, 1996). The new general practitioner (GP) contract, with GPs no longer *obliged* to work out of hours, is likely to have significant effects on recruitment and retention in psychiatry. Psychiatry competes with general practice for recruits, and general practice has become much more attractive.

EAGLES, J. M. (1996) Gender differences in attitudes and recruitment into psychiatry. *Psychological Reports*, **78**, 653–654.

STORER, D. (2002) Recruiting and retaining psychiatrists. *British Journal of Psychiatry*, **180**, 296–297.

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### Obituary of Tom Lambo

The obituary of Tom Lambo (*Psychiatric Bulletin*, December 2004, **28**, 469) prompts me to explain why so many

Birmingham graduates have achieved distinction in psychiatry. A rough survey would include, among others, the names of Leishman, Gunn, Cawley, Merskey, Rutter, a number who collected in Oxford and several who returned to their native countries such as Australia and New Zealand. This was largely due to the structure of the department. From the start it was a part of the Division of Neurological Studies, which included Neurology, Neurosurgery, Neuropathology and Neuroradiology. We were able to get recruits through their house jobs, for psychiatry was linked with neurology. These 'house' jobs were recognised as registrable 'house jobs'. It proved a useful recruiting measure, for such exposure gave the young doctor a chance to compare a career in psychiatry with the other specialties. This arrangement was promoted by Professor Cloake who chaired the Department of Neurological Studies. He was a distinguished neurologist who also had a good grounding in psychology. He backed me in obtaining

the resources for a first-class out-patient department and later a day hospital, which compensated for the relatively few beds we had. Contact with general medicine was encouraged and attendance at the medical grand rounds was mandatory, and cases were presented. The late Sir Aubrey Lewis, who was on a national trip to assess the future of psychiatry in teaching hospitals, was on his final visit in Birmingham. He told me that our department was the best integrated in the country. I asked him how he could come to such a conclusion and he told me that he would meet the surgeons and physicians and ask whether they would prefer to have their own building apart from the general hospital; Birmingham was the only medical school where there was unanimous support for retaining an integrated system as they valued the services we provided and were enthusiastic about the close contact we had in teaching in the medical and surgical wards.

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