From the Editor's desk

PETER TYRER

THIS MONTH'S ISSUE: THE GREATER THE KNOWLEDGE, THE GREATER THE DOUBT

Goethe's 200-year-old observation well describes this issue. One of my medical students told me recently that she liked psychiatry because everything in it could be challenged. After sparring for a short time I had to agree with her, but suggested a lesser degree of impertinence when she is being examined. So in this issue some better-known assumptions, sometimes elevated to the status of fact, are challenged, not particularly by questioning of past support, but by new knowledge that is beginning to replace the old. The dichotomy of bipolar affective psychosis and schizophrenia introduced by Kraepelin has for some years been looking ragged at the edges, but now Craddock & Owen (pp. 364–366), with some well-placed sword thrusts delivered from genetic epidemiology, slice it up and leave it bare, although it holds on to a smidgen of respectability from the brain volumetric studies of McDonald *et al* (pp. 369–377). Freeman and his colleagues (pp. 427–435) go further into normal function by showing that paranoia is a widespread symptom not confined to psychosis with a majority admitting to 'I need to be on my guard against others'; so perhaps Stalin was not that unusual in his thinking. Similarly, greater knowledge about foetal development and the hypothalamic–pituitary–adrenal axis has led to re-evaluation of obstetric complications as a hypothesis for schizophrenia (O'Keane & Scott, pp. 367–368), but assessment of these developmental risks is not easy and simple birth dimensions not an adequate substitute, at least with regard to depression (Osler *et al*, pp. 400–403).

Schizophrenia continues to puzzle every researcher but what is now increasingly clear is that its prodrome or pre-manifestation period is a long one, with both affective/perceptual symptoms (Owens *et al*, pp. 386–393) and memory impairment (McIntosh *et al*, pp. 378–385) presenting early. This supports the results of Tuulio-Henriksson *et al* (2004, **185**, 215–219) and encourages the notion that the differences between bipolar disorder and schizophrenia might best be investigated in the early stages of illness. Our final area of doubt is illustrated by post-traumatic stress disorder. It is always troubling when a diagnostic label purports to explain both cause and symptoms. Sumpter & McMillan (pp. 423–426) show that the detection of traumatic brain injury is in danger of being suppressed by the expansion of a diagnosis that tends to change like a chameleon to fit its current background (Jones *et al* (2003), **182**, 158–163) and so great care is needed in assessment when brain injury is suspected.

EDITORIAL RACISM IN THE *JOURNAL* INVESTIGATED BY YOUL-RI KIM

I have received some private comments about our efforts to be fairer to authors from low and middle income (LAMI) countries. Several of these can be paraphrased along the lines of: 'Don't get diverted into political correctness. You know perfectly well that most papers from poorer countries are not worth a hill of beans so get rid of them as soon as possible and save yourself, and their authors, from wasting everybody's time'.

My Korean colleague, Dr Youl-Ri Kim, has been helping to investigate this HOB (hill of beans) hypothesis by looking at the fate of papers from LAMI countries and comparing them with those from high income (HI) ones. The study was carried out to determine whether the rejection rate of manuscripts submitted to the *Journal* was greater for those from LAMI countries than from richer ones, and whether rejected papers were less likely to be accepted in journals with high impact factors. The HOB hypothesis would support both of these. Only a small proportion (164) of the total of 1370 manuscripts during the years 2002 and 2003 have been analysed to date. The eventual publication status of these rejected manuscripts was searched using the ISI Web of Knowledge database. The impact factor of each journal was derived from the JCR Science Edition in the year of publication. Classification of the first author's country was decided from 2002 World Bank data.

Although conclusions from the results can only be tentative in view of the relatively small numbers, the results offer only very limited support to the HOB hypothesis. Among 164 original papers submitted, 136 manuscripts (82.9%) were rejected. The *Journal's* rejection rate of LAMI papers was 88.9% (8 out of 9); the rejection rate of HI papers was 82.6% (128 out of 155) (χ^2=0.239, P=0.625, NS). Of the rejected 136 manuscripts, 78 were subsequently published in other journals (57.4%). The mean impact factor of these journals was 2.05 (s.d.=2.3). The resubmitted publication rate of LAMI papers was 37.5% (3 out of 8); the rate for HI papers was 58.6% (75 out of 128) (χ^2=1.37, P=0.242, NS). The mean impact factor of resubmitted LAMI articles published in other journals was 1.99 (range 1.394–3.188); the mean impact factor of HI articles was 2.050 (range 0.125–6.458) (P=0.94, NS). Five papers from HI countries were published in a journal with a higher impact factor than that of the *British Journal of Psychiatry* but none of the LAMI papers achieved this. I think the message here is that the LAMI countries are contributing well to the psychiatric literature and that, as far as the *British Journal of Psychiatry* is concerned, the common exhortation in school reports, 'could try harder', applies.

But please keep looking at this column; more will follow.

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