

From the Editor's desk

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TWISTS AND DODGERS

The *British Journal of Psychiatry* is not a master of spin; it is a journeyman's journal that covers all of general psychiatry and tries hard not to be partial to special interests. However, child psychiatry has again come to the fore in this issue. Every so often all mental health professionals have to be reminded of one brutal fact; childhood adversity begets major psychopathology later (Read *et al*, 2005). This is not inevitable (Rutter, 1985) and if we were able to create the special attribute of steeliness born of adversity in all exposed children our professional lives would be so much easier. But I am gloomy about finding and reproducing this inestimable gem of functioning to order. For every Oliver Twist I meet who emerges unscathed or reinforced from adversity, I see 100 Artful Dodgers whose journeys in life are confined to the merry-go-round of deceit where they are persistently and excitedly on the move but always get off at the same deprived place where they started.

This issue is full of Artful Dodgers. ADHD (no, it does not yet stand for Artful Dodger Hyperactivity Disorder) is one of those curious conditions that seems to cover everything that can be subsumed under problem behaviour, even overlapping with similar symptoms in learning disability (to be called intellectual disability from henceforth in our *Journal*) (Cooper *et al*, pp. 27–35), but which at the same time is being increasingly recognised as a neuropsychological disorder with specific cognitive defects probably having an early onset (Button *et al*, 2005; Silk *et al*, 2005). It lies in the most centrifugal position on the merry-go-round, whizzing around so fast that nothing ever gets put into perspective or becomes consolidated, leading to consequences that Thapar *et al* (pp. 1–3), Asherson *et al* (pp. 4–5) and Gau *et al*

(pp. 42–48) describe clearly. But the mal-
evolent impact of exposure to Dodgerdom is also present more covertly in other papers. How much of the mood pathology in African-Caribbeans in the UK (Swinnen & Selten, pp. 6–10), psychological disorder in Sweden (Wamala *et al*, pp. 75–76), and early psychotic disorder (Boeing *et al*, pp. 18–26) might be related to adversity in childhood? Even the apparent failure of current psychosocial interventions in preventing suicide (Crawford *et al*, pp. 11–17) might be a consequence of seminal precursors occurring in early childhood (Range *et al*, 1997). But there is an Oliver Twist to rescue us from pessimism. The study described by Husain *et al* (pp. 36–41) would clearly not have been carried out but for the fact that Dr M. A. Afridi was born and brought up in the village of Thooth Dhand in the North West Frontier Province of Pakistan. After reading the article closely no one can doubt the steely determination of Dr Afridi to overcome a massive inheritance of disadvantage and succeed.

A NEW YEAR MESSAGE TO ALL OUR AUTHORS

No, your failure to have your paper accepted for publication is not because you have offended me or another of the editors. Nor is it because you made rude remarks from the floor about that terrible paper I presented at that international conference, or that we only accept this kind of paper from countries with a gross national product of less than the Isle of Man, or that my institution is in perpetual combat with yours because you open your eggs at the blunter end, or that you missed me out on the invitations to your wedding/inauguration/party/shindig. I have not turned you down because your articles only seem to

be written with the apparent intention of discrediting all the research I have ever done, or ever will do, or that I regard qualitative papers as a scientific joke, or that papers on PTSD give me the symptoms of the syndrome, or that I feel your paper is so old hat it should be in Henry Rollin's section *One Hundred Years Ago*.

The answer is much simpler. I and my colleagues, in our honest and detached way, have turned you down because we have too little space to publish all the good papers we receive. It is as simple as that. People often complain there is not enough money being spent on research in mental illness. That may be true, but there is certainly no shortage of new written material in our publications office. In selecting papers for the *Journal* we have to pick the best and also preserve a balance for all our readers. And as for those fortunate ones who have had their papers accepted and published, do not get complacent and feel you are on the conveyor belt to further success. You will start again from scratch with your next paper and if you dwell too much on your previous success you may be told, 'this subject has already been covered comprehensively in the recent past and the novelty value of your work has been diminished somewhat by your earlier paper'.

But do not be disheartened. Stay on your toes, keep on submitting those papers, and – if you get turned down at the last hurdle before the home straight – your staying power will be noted and the next time it may be a different story. Happy New Year.

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Range, L. M., MacIntyre, D. I., Rutherford, D., et al (1997) Suicide in special populations and circumstances: a review. *Aggression and Violent Behavior*, **2**, 53–63.

Read, J., Van Os, J., Morrison, A. P., et al (2005) Childhood trauma, psychosis and schizophrenia: a literature review with theoretical and clinical implications. *Acta Psychiatrica Scandinavica*, **112**, 330–350.

Rutter, M. (1985) Resilience in the face of adversity. Protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry*, **147**, 598–611.

Silk, T., Vance, A., Rinehart, N., et al (2005) Frontoparietal activation in attention-deficit hyperactivity disorder, combined type: functional magnetic resonance imaging study. *British Journal of Psychiatry*, **187**, 282–283.