

## From the Editor's desk

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### THIS MONTH'S ISSUE: TO GENERALISE IS TO BE AN IDIOT

No, these are not the words of a social scientist, but of William Blake, an individual thinker if ever there was one. The trouble is that science has to have a universal message and the best science of all, like Einstein's theory of relativity, is the most universal. So when we fail to generalise we drown our message but we also drown it if we generalise into banality or empty words. This issue illustrates all parts of the generalisation problem. The NICE guidelines reviewed by Whitty & Gilbody (pp. 177–178) are like guidance on healthy eating; they are right, sensible and worthy, but publicity and audit is not going to be enough to get the message over to the patients who need it unless we improve the rapidly fraying link between primary and secondary care. In a similar vein, the relevance of gene–environment interaction to the manifestation of affective disorders is now universally appreciated (Farmer *et al*, pp. 179–181) but the key need now is to identify the 'environomes' to go with the 'genomes'. The failure of our nicely defined diagnostic descriptions of common mental disorders to generalise to their identification and use in practice is illustrated by Maj (pp. 182–184) in his critical review of comorbidity, and by Khan *et al* (pp. 190–196), who show that the personality dimension of neuroticism, despite it

being banned from polite nosological circles, is an aggressive gatecrasher and will not be kept away.

The failure to show at least some common interventions that are generalisable is illustrated by Cure and her colleagues (pp. 185–189), who deplore the diversity of treatments for aggressive behaviour as so 'few studies focus on similar interventions for similar participants'. It might help if there were similar outcome measures too and Barkham *et al* (pp. 239–246) make a bold case for CORE measures being used in psychotherapy studies, but they will have to fight here in a very crowded marketplace. With all this uncertainty it is nice to stick with one generalisable message, 'the past tends to predict the future', and this is shown by both Carter *et al* (pp. 253–257) and Robertson *et al* (pp. 258–259). And to come back to Blake, what phrase could show greater generalisation than 'to see a world in a grain of sand'? 'Ah,' he might have replied, 'I said "a world", not "the world" '.

### THE JOURNAL IN 2003 AND 2004 – SOME BARE STATISTICS

In 2004 the *Journal* received 703 articles for intended publication, and in 2004, 798, an increase of 13.5%. This unfortunately is not encouraging news for authors,

as we are not able to increase the size of the journal commensurately and the introduction of short reports only has a small effect on the total number of articles published. We currently have to reject approximately four out of every five articles submitted that are not commissioned (and the latter applies to very few). I hope authors appreciate the difficulties we have in turning down so many competent papers that in the past would have had no difficulty in finding space in the journal. Long gone are the days when the *Journal* could publish articles exceeding 100 pages (e.g. Aubrey Lewis's classic 1934 paper on melancholia (*Journal of Mental Science*, 80, 277–378) (I have known some who reference this as 277–278 as they perceive it as a misprint). Nevertheless, we are trying to be flexible and recognise that sometimes a longer article is justified, as for example with Harris & Barraclough (1998) on the excess mortality of mental disorder (*British Journal of Psychiatry*, 173, 11–53), which had such a major impact on the thinking of a fellow editor, Povl Munk-Jørgensen (*Psychiatric Bulletin*, 28, 472). So if you feel a long article is absolutely necessary for the subject, please send it in – it will be looked at very closely.

The most cited paper in 2004 was that by Louise Arseneault and her colleagues from the Institute of Psychiatry (*British Journal of Psychiatry*, 184, 110–117), with 13 citations, and that in 2003 was that by Lakshmi Yatham and colleagues on the benefits of risperidone as an adjuvant treatment in mania (*British Journal of Psychiatry*, 182, 141–147), with 29 citations. This is more evidence of Canadians having the yen to stimulate rapid response (referred to in this column in the February issue, p. 175), as Professor Yatham is from Vancouver and Louise has an attachment to the Institute from the Canadian Institute of Health Research. How do these Canadians do it? I blame those long winters.