Publish and be analysed

DEAR SIRS

The *Journal* changes in format and content over the years. Changes in format are abrupt and unmistakeable. Changes in context are less perceptible and leave only impressions. To check my impressions I have analysed some measurable aspects of the content of one sample year of Journals from late in the reign of each of its last three Editors: Slater (1970), Hare (1976) and Crammer (1982). The findings are shown in the Table.

One runs into unexpected snags. People move to other jobs or other countries between doing a piece of work and publishing it; I have used the job or country to which the study belongs. Some papers have dual or even triple nationality. In distinguishing between prestigious and other institutions I have included in the former category academic and research places such as Universities, the Institute of Psychiatry, the Bethlem-Maudsley, teaching hospitals, Northwick Park and MRC units. A University team researching in an ordinary hospital counts as prestigious, but a Consultant with an Honorary Lectureship at the local University does not.

The system of logging acceptance of papers changed in the middle of 1976. Until April of that year they were just 'received' on a certain date. Since then dates of first receipt and final acceptance have usually been recorded (the eleven papers lacking these details have been left out of consideration). For this reason I cannot be sure that I have compared like with like in specifying the receipt–publication interval in 1970 and the acceptance–publication interval in 1982—though the gradient through 1976 suggests that I have.

The table shows various trends. The *Journal* remains the same length, but papers are shorter and more standard sized. More papers from abroad (especially the USA) are published and more foreign countries contribute. There has been a decline in the number of papers from ordinary hospitals and other purely clinical units. The interval to publication has apparently been reduced dramatically. Only one paper in three is accepted without revision. In nearly all respects 1976 data are intermediate between 1970 and 1982. My impressions are confirmed. Whither next?

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A Luddite View?

DEAR SIRS

We write as two trainees who passed the Preliminary Test of the MRCPsych in February and are very interested in the development of psychiatry as a science, and also, as two people who have spent a fair proportion of their youth study-

TABLE
Analysis of three years of papers in British Journal of Psychiatry

	1970	1976		1982
Number of papers	172	164		187
Number of pages: Total in year	1081	1096		1087
Mean per paper	6.28	6.68		5.81**
SD	3.69	3.56		2.33
Range	1–21	2–23		2–16
Country of origin (percentages): UK	67	65		56*
Abroad	33	35		44*
USA	11	14		20*
Number of different foreign countries	15	18		24
Institute of origin of UK papers (percentages): Prestigious	63	76*		78*
Ordinary	37	24		22
Interval between receipt/acceptance		*Jan–Apr*	*May–Dec*	
and publication (months): Mean	12.85	10.42***	8.79***	6.65***
SD	3.95	1.42	1.62	1.63
Range	4–26	6–13	5–14	4–14
Percentage revised	—	—	65	66

* P<0.05 compared with 1970
** P<0.01 compared with 1976
*** P<<0.001 compared with 1970
Significances were calculated from raw data not percentages.

ing for various examinations the previous generation has instituted. We are concerned about the use of Multiple Choice Questions (MCQs) in psychiatric examinations.

Multiple Choice Questions have the advantage that they save a lot of time for examiners. They have the disadvantage that they can test only facts, or, at most, a factually-oriented type of understanding. This disadvantage will remain even if the problem of their concentration on peripheral minutiae is overcome, because it is inherent in their form.

We have two points to make: one about education and the other about the development of British psychiatry. The first point is that MCQs do not encourage the candidate to read the various subjects broadly and intelligently, but in a silly way, grasping after footnotes that might have attracted the examiner's eye. The second point is more complex and philosophical.

Psychiatry must be both an art and a science. As an art it encompasses not only psychotherapy but also the practicalities of rehabilitation, titrating medication against symptoms and making judgements about people's lives. MCQs could only trivialize these issues, whereas psychiatry as a science is more amenable to them. Therefore, if they are favoured because computers can mark them, a bias towards science is created.

Science has a good reputation at present. It has revolutionized the treatment of psychoses and great optimism has been invested in the idea that it will produce more helpful discoveries (Reich, 1982). However, society has reached a watershed. In some spheres, science has advanced to the point at which it becomes dangerous and needs to be contained by humanity. Hence any notion that progress in science is inherently good must be suspect. Psychiatry is the most personal branch of medicine and seems to us to contain many strands for development besides impersonal science. William James (1896) argued that many important questions could not be formulated until psychology developed a language of emotion. Psychiatric education must be imaginative and not enslaved to computers if the next generation of psychiatrists is really going to make worthwhile advances.

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REICH, W. (1982) American psycho-ideology. *Bulletin of the Royal College of Psychiatrists*, **6**, 43.

JAMES, W. (1896) The sentiment of rationality. In *Essays in Popular Philosophy* New York; Dover.

The College

Winter Quarterly Meeting, 1983

The Winter Quarterly Meeting and the Maudsley Bequest Lectures were held at the Royal Society of Medicine, London, on 8 and 9 February 1983 under the Presidency of Professor Kenneth Rawnsley.

SCIENTIFIC MEETINGS

Members who were unable to attend the meeting and are interested in obtaining the text of some of the talks are asked to write to Miss N. Cobbing at the College address. These requests will be forwarded to the individual speakers who will send photocopies or reprints, if they have them, or otherwise reply.

Monday 7 February

The seventeenth Blake Marsh Lecture, 'Changing Sociological and Clinical Patterns in Mental Handicap', was given by Dr D. A. Primrose of the Royal Scottish National Hospital, Larbert. The vote of thanks was proposed by Dr J. Jancar.

Tuesday 8 February—Maudsley Bequest Lectures

The French approach to classification—Professor P. J. Pichot

The psychopharmacology of suicide—Dr S. A. Montgomery

ECT: Myth and reality—Professor Sydney Brandon

The contra-indications and dangers of psychotherapy—Dr Sidney Crown

Psychiatric disorder in the community: Primary care and specialist services—Dr Paul Williams

The Mental Health (Amendment) Act 1982—Dr J. R. Hamilton

Wednesday 9 February—Maudsley Bequest Lectures

Current developments in the study of human memory—Dr A. D. Baddeley

Psychological and psychiatric aspects of cancer—Dr Steven Greer

Family and social influences on schizophrenia—Dr Julian Leff