

From the Editor's desk

PETER TYRER

ENTICEMENT, SEDUCTION AND THE BRITISH JOURNAL OF PSYCHIATRY

By now most readers of this column will have recognised that its main purpose is to persuade you to read more of the *Journal* than you might otherwise do. In this task it is aided and abetted by 'Highlights of this issue' but the methods of this section are somewhat different, and include elements of enticement and seduction. Now these words need to be justified. My old Samuel Johnson dictionary defines 'entice' as 'to allure, to attract, to draw by blandishments or hopes to something sinful or destructive, to ensnare', and 'seduce' as 'to draw aside from the right, to tempt, to corrupt, to deprave, to mislead, to deceive'. Indeed, we do hope to allure and attract, and indeed to tempt, although we wish to draw you into, and not away from, the right way of doing things. Scientific writing attempts to be dispassionate, impersonal and bare. It should not be flaunted and should allow the data to speak alone without pomp or artifice. But in this world of sound bites and instant knowledge fixes on the internet we have to compete – and a bit of literary seduction does not go awry.

Some clever authors, among whom Gavin Andrews is a past master, seduce by their titles (Andrews *et al*, 495–496). Can you resist the personal challenge, and threat, when he suggests that depression, a menacing shadow like its friend the grim reaper, is 'waiting for most'? Although scientific editors do not like titles that are questions they do have allure, and Kapur

(pp. 497–499) also entices us into considering options for self-harm services; unfortunately, most effective ones are still aspirational. Authors need to be more aware of the telling titular phrase that draws the reader into the delights of the scientific boudoir. So how can you avoid being enticed by 'clinical trials of antidepressant medications are producing meaningless results' (Parker *et al*, 2003), and, for a society becoming well-known for its whingeing, does not 'unusually persistent complainants' (Lester *et al*, 2004) add an extra layer of cream? Even the bald scientific title can entice; 'effects of a branched-chain amino acid drink in mania' (Scarnà *et al*, 2003) gives an inviting impression of accelerated thoughts and actions tumbling to earth as they tangle with firm amino acids arching through the sky – and yes, indeed, it works.

More often, however, it is the text of the article itself that provides the seduction. So in this issue Achim & Lepage (pp. 500–509) introduce us to the hidden rooms of the prefrontal and temporal cortex in schizophrenia, where the ladies of the night spin their memory tricks on their unwitting suitors. In the left inferior prefrontal room those with schizophrenia are unable to detect the 'deep encoding strategy' of their silent temptresses, and in the cerebellar room they are clumsy in their interpretation of the subtle motor and cognitive signals offered by their inviting hosts. And, if Joyce *et al* (pp. 516–522) are correct, about one in three of the visitors cannot really remember very much at all about what is going on as they are already generally impaired. The

seductive message is reinforced by Arendt *et al* (pp. 510–515), who provide clear evidence of the enticement into schizophrenia of 'cannabis-transmitted infection'. When I was a medical student a favourite memorable phrase was 'one night with Venus leads to a life-time with Mercury'; this can now be replaced with 'playtime with Skunks leads to a life-time with Werewolves'. No wonder that patients with schizophrenia regard the most important outcome of their condition as a reduction in confusion (Rosenheck *et al*, pp. 529–536).

SEASON'S GREETINGS

Some of our fellow medical journals now have Christmas issues, light-hearted and topical subjects with a bit of seasonal froth that does not make too many demands on higher cortical activity. We can afford to adopt the high ground; we have no need to pander to these lesser tastes, but it does in any case make it difficult when we publish at the start of every month. So for those who yearn for a Christmas issue I have a simple response:

A Christmas issue of the Journal?
It's not a service we should render
We are immune from dates external
We create our own agenda
And is it right for the joys of Christmas
To come only once in 365?
Global celebration should have kissed us
Touched oft and soft to help us thrive
So as each kalend's cusp draws near
My simple message is to wish you
Happy BJP day twelve times a year
With every month a special issue

Lester, G., Wilson, B., Griffin, L., et al (2004)
Unusually persistent complainants. *British Journal of Psychiatry*, **184**, 352–356.

Parker, G., Anderson, I. M. & Haddad, P. (2003)
Clinical trials of antidepressant medications are producing meaningless results (in debate). *British Journal of Psychiatry*, **183**, 102–104.

Scarnà, A., Gijsman, H. J., McTavish, S. F. B., et al (2003)
Effects of a branched-chain amino acid drink in mania. *British Journal of Psychiatry*, **182**, 210–213.