

## From the Editor's desk

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### THIS MONTH'S ISSUE – FAMILIAR FACES

Paul Mullen, in his effortlessly entertaining account of ten books (pp. 179–182), points out the value of a medical journal to the student. He writes that 'reading a good journal regularly is like watching a soap opera; the same characters keep reappearing'. The same applies to this issue, and although the cynic may interpret the simile as evidence that research yields nothing new, the characters in a good soap opera both stay the same and develop. So we have Mrs Grumble with her frequent visits to the doctor with different complaints that to some all seem the same (Wessely & White, pp. 95–96), Mr Micawber whose life oscillates from one major event to another affecting both his mood and his family dramatically (Hillegers *et al*, pp. 97–101; Kapur *et al*, pp. 134–139), 'General' Jackson whose performance with the military both explains and compensates for his odd behaviour (Larsen *et al*, pp. 108–115; Ikin *et al*, 116–126), and the ubiquitous Mrs Mopp, who likes telling all her neighbours what's needed all the time but finds it makes no difference (Marshall *et al*, pp. 163–168). Apart from the appearance of the regulars we have a special little cameo piece about Uncle Sam

who has been in hospital for years but has suddenly got better and has been discharged after a new treatment (Shapiro & Teasell, pp. 140–146). Nobody is quite sure what the treatment is but, as he keeps saying triumphantly 'I told them I was ill', they know it must have been touch and go.

### SOMETHING ABOUT STATISTICS

Most psychiatrists are still a little puzzled by statisticians, who seem to have a range of skills which are necessary but completely removed from those of clinical practice. We also have an element of blind reassurance in their handling of our data. 'It's all been explained in the analysis' satisfies most of our critics even if we do not fully understand why. It may therefore come as a surprise to know that statisticians themselves have a collective noun for their group; it is a variance. They disagree much more often than we would care to believe. Readers should therefore be aware of an argument over the standard way of analysing data sets, taking the information as a whole and looking for homogeneous factors. The late Alvan Feinstein introduced the science of clinimetrics to improve the identification of core elements of clinical data that could

be separated from the dross and show sensitivity to change. For those who would like to know more they could begin with a special issue of *Psychotherapy and Psychosomatics* in which Fava *et al* (*Psychotherapy and Psychosomatics* (2004), 73, 145–148) set the scene.

### DOGGEREL OF THE MONTH

It is fortunate for those born in the UK and other English-speaking countries that the language of scientific discourse is English, but we sometimes take this too much for granted. One of my German patients has informed me that English people are never to be trusted because their language is so deceitful; it can be interpreted in so many different ways. German, on the other hand, whatever you think about its tendency for multiple polysyllables and verb placement in sentences, is absolutely straight and unequivocal. I therefore find it difficult as an editor to have to advise contributors to improve their English style when making revisions. How does one do this with such an imprecise language?

'Pay attention to the English'  
Is the phrase that's illustrative  
The language of William Shakespeare  
Troubles those who are not native  
Declensions odd, words in strange order  
All signs, perhaps, of thought disorder  
And whilst upon this subject dwelling  
Can you make sense of their crazy spelling?

So why on earth is English chosen  
To express facts with due precision  
No answer comes, none can be given  
It's just a reason for derision  
Each word we use is just a code  
Keen observers quickly gleaming  
That every phrase in English  
Has a double meaning

So what is both is and is not  
And now we've really gone to pot