The content of the 'British Journal of Psychiatry'

DEAR SIRS

The *British Journal of Psychiatry* has recently celebrated 25 years of publication. During that time psychiatry has changed and developed and the *Journal* has reflected those changes. Whether or not the *Journal* reflects the needs and interests of its recipients (I hesitate to call them readers) is another matter. Do members of the College read the *Journal*? Most of the people I know confess to doing little more than glancing at it. Is this a matter for concern, or is it really directed at researchers, preferably of the more esoteric sort? We have recently been informed of an expanded role for the *Bulletin* and one wonders whether this is to cover areas obviously ignored by the *Journal*. Would such a strategy be appropriate and adequate? Furthermore, recipients of the *Journal* will be aware of a new publication *'Current Opinion in Psychiatry'* which aims to provide reviews on broad subject areas perhaps more relevant to clinical practice. Should the *Journal* seek to provide such reviews itself?

Stimulated by the 25th anniversary and the predominantly negative remarks of several senior colleagues, I analysed the content of the *Journal* during 1987. First I decided upon several broad categories into which articles could be allocated. I then counted up the number of articles falling into each category during the year, as well as the total number of pages devoted to those articles. In terms of the frequency of articles, the order was:

Case reports, epidemiology (broadly defined), clinical descriptions (generally of groups of patients or diagnostic entities), neurosciences, articles on social psychology and social support, drug trials, the evaluation or description of services, the design or use of rating scales, clinical psychology and psychotherapy. Other articles made up the remainder.

In terms of the number of pages, the order was:

Epidemiology (17%), clinical descriptions (14%), neurosciences (13%), case reports (9%), the design or use of rating scales, service evaluation and social psychology (7% each), drug trials (6%) and clinical psychology and psychotherapy (5% each). These categories accounted for 90% in terms of pages.

Neurosciences, epidemiology and the design and use of scales made up 37% of the available space. Many of the articles involving clinical descriptions were not of immediate day to day relevance to clinicians. Most of the rest of the material, it could be argued, was.

I wonder what readers think of these results, and of the *Journal* in general. Perhap a discussion of the issues raised in this letter would be of benefit.

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DEAR SIRS

The issue raised by Dr Higgo is not a new one. At the Annual Meeting of the Medico-Psychological Association in August 1873, after Dr Maudsley had been re-elected Editor 'by acclamation', a Dr Boyd complained that "no encouragement was given by the editors to superintendents of asylums to publish the facts that came before them". Some 110 years later, my predecessor wrote a piece in this Bulletin – 'Who Reads the Yellow Rag' – dealing with the same question.

Dr Higgo is not wholly correct in saying that the very successful new *Current Opinion in Psychiatry* "aims to provide reviews on broad subject areas perhaps more relevant to clinical practice". These reviews are focused on the literature for each subject of the previous 12 months – rather than covering all relevant publications – and while some are relevant to clinical practice, others are highly scientific. Its function is therefore quite different from that of the *Journal*.

Journals received by all members of a medical organisation, which include the *American Journal of Psychiatry, Archives of General Psychiatry*, and BMJ as well as our own, have a difficult role to fulfil. They might indeed seek a least common clinical denominator, publishing only what was of most practical relevance to clinicians. However, not all members of the College are clinicians, and few are *only* clinicians: a large proportion undertake some research or have a research interest, while the majority maintain an interest in the scientific background to the specialty they are practising. More important, though, is the fact that a journal mostly concerned with bread-and-butter clinical issues would be little read outside the immediate membership. Therefore, it would fail to attract any papers with important research findings, and would certainly not be read by leading psychiatrists throughout the world, as the *British Journal of Psychiatry* is.

Another important consideration is that the *Journal* is not the only publication which members receive regularly. As Dr Higgo mentions, the *Bulletin* is expanding its role, but to say that this is "to cover areas obviously ignored by the *Journal*" is less than fair. The two publications have different functions; they do not 'ignore' the ground covered by the other, but seek to avoid overlap so far as is reasonably possible.

The *Journal*, though, still has to attempt two main functions – to be a primary source of important and original scientific work ('scientific' in the broadest sense), and to publish didactic reviews, case histories, and discussions which are more clinically relevant. It is very unlikely that this will ever be done in a way which will satisfy everyone, but to assume that clinicians are uninterested in such scientific areas as genetics, or research workers unconcerned with

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the clinical implications of their subjects, would be entirely wrong.

Devaluing our national assets is a particularly British habit. Both the citation indices and the comments which reach me from all over the world confirm that the *British Journal of Psychiatry* is highly regarded by psychiatrists and research scientists everywhere. It is certainly open to improvement, though, and constructive comments would be welcomed, but to say that most members "do little more than glance at it" is neither fair nor accurate.

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British Journal of Psychiatry

Multiple personality disorder

DEAR SIRS

I can quite understand the plight of Lynn A. Gold looking for patients with multiple personality disorder (*Psychiatric Bulletin*, April 1989, **13**, 202).

I have practised for the past 14 years in rural hospitals and urban teaching centres in Sri Lanka, UK, and Canada and not yet come across a single person with multiple personality disorder. A simple explanation is either I am not clever enough to detect these species or they do not exist in this world. I have asked numerous psychiatric colleagues of mine if they have come across multiple personality disorders, and the answer has always been in the negative. However, it's stated in the DSM-III as a diagnostic entity and I will continue to keep my eyes open and if I do have the luck to come across this category I will certainly inform Lynn Gold.

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Bovine spongiform encephalophathy

DEAR SIRS

Does the College consider that it should lobby the Ministry of Agriculture and also the Ministry of Health on the subject of (BSE) bovine spongiform encephalopathy?

Sir Richard Southwood's report stated that the possibility of this disease being transmitted to humans is "remote". Since this disease seems to be so similar to Creuzfeldt Jakob Disease, any possibility, however remote, of its being transmitted should strike terror into the heart of anyone who has ever eaten a sausage.

The authorities have seen fit to legislate about what meat products can be put into baby foods, but not food for adults. Is this logical? If they have worry about these products, neither babies nor adults should be placed at risk. An epidemic of Creuzfeldt Jakob Disease would surely rival Aids in the devastation it could cause to families who have innocently eaten sausage or meat pies.

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