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From the Editor’s desk

By Peter Tyrer

Classifying our publications by the E-system

I have long had a niggling concern during my time as editor. A significant minority of my colleagues admit to me that they seldom read a paper in the journal unless forced by necessity (usually a teaching exercise) to do so. Yet at the same time we repeatedly tell authors that their papers are turned down because they have no relevance to a clinical audience. The trouble is that I find the scientific literature on psychiatry less stimulating than popular books that touch on the subject,1 so cannot be too hard on those that do likewise. But what else can we do to encourage the ordinary diligent, but slightly disenchantled, psychiatrist to read our papers more assiduously? Well, e-additives are often added to food in an attempt to make it more palatable, and here we introduce some e-additives for the British Journal of Psychiatry. We have nine displayed on our take-home label. These are erudite articles (EA), editorial commentaries (EC), etiological dissections (ED), epidemiological extravaganzas (EE), Einsteinian gems (EG), editorial indulgences (EI), estimation measures (EM), exhaustive reviews (ER) and efficacy studies (ES).

In this issue we have four ECs, (Kingdon, pp. 1–2; Young & MacPherson, pp. 3–4; Treasure & Russell, pp. 5–7; Pitman & Osborn, pp. 8–10), one ER (Leichsenring & Rabung, pp. 15–22), four EEs (Weich et al, pp. 23–28; Bebbington et al, pp. 29–37; Artemo et al, pp. 43–48; Smith et al, pp. 49–56), one ED (Alemany et al, pp. 38–42), one ES (Kessing et al, pp. 57–63), one EA (Shah et al, pp. 11–14), and one EI (this piece). But we ought to start with Einsteinian gems. These are the papers that every editor wants to publish – or at least they do in retrospect when their significance becomes known – as they change the face of a subject. We do not get efficacy studies are randomised controlled trials of different practices, such as what appears to be undiagnosed chronic fatigue syndrome in a patient from South America, go for the relevant EE, if you want to look for its aetiology go for an ED,8 and to put it into context read an EC.9 Alternatively, if you merely want to have a quiet doze, read the EI on the last page before you drop off.

Hugh Freeman

Hugh Freeman, editor of the British Journal of Psychiatry between 1984 and 1993, died in May this year at the age of 82. Hugh, many readers of the Journal will recognise, was a major historian of psychiatry and tributes will doubtless be paid to his scholarship by others. What is less well known is the fact that he put the British Journal of Psychiatry on a sound business footing, appointed staff to oversee this, and brought careful copy-editing into our editorial process. These are lasting achievements that should not be forgotten.

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