BJPsych | The British Journal of Psychiatry (2011)
198, 332. doi: 10.1192/bjp.198.4.332

From the Editor's desk

By Peter Tyrer

A finger in the dyke

Everyone knows, or at least ought to know, the story of Little Hans, the Dutch boy from Haarlem who stuck his finger in a leaking dyke and kept it there until help came and the leak was repaired. It is not only the bravery and stamina of Little Hans that we celebrate, but also his foresight in recognising the merits of early intervention. This classic example of juvenile valour has been a beacon for researchers wishing to do likewise ever since. If we could seal the dam, keeping mental illness at bay before it swamps us with all its consequent chaos and distress, what a magnificent intervention it would turn out to be. This issue is certainly one for the psychiatric plumbers among us. Could the little dribble seeping from the dam at a quite unexpected time be the circadian precursor of cognitive impairment in schizophrenia (Bromundt *et al*, pp. 269–276; Wulff & Joyce, pp. 250–252), or would intensive surveillance of the dam by all means available (Lloyd-Evans *et al*, pp. 256–263) be the best answer. Or should we go further back and examine, for example, the complex gene × environment factors that lie behind the simultaneous presentation of both epilepsy and autism (Bolton *et al*, pp. 289–294). Better still we might go back to the construction of the dam itself and examine its individual (genetic) constituents to determine how we could best make it leak-free (Hamshere *et al*, pp. 284–288). For those who may be liable to be inundated with depression, would an early response to the recognition of bias in the interpretation of the emotional expression of others (Anderson *et al*, pp. 302–308) be another repeat of Little Hans?

The problem is that unlike Little Hans's swollen finger, very few of our psychiatric interventions are all-or-nothing ones. Most of the time, we are attempting to reduce the risk of mental illness, not unequivocally stopping it in its tracks. And if we think we have identified an early sign of trouble to come, can we be absolutely sure we have got it right and that it is not a 'false sentinel'[1] that is wrong and leads to an inappropriate intervention that will carry its own risks? But we must not be too downhearted, and keep the memory of Little Hans alive. And why do I think Little Hans's finger was swollen? Because all my attempts to stem the flow of water from dams as a child – and when very young I was hydrographically enthused – failed dismally, as the water always found a way of leaking round the side. Only a constantly bruised and swelling finger could be the answer.

A European perspective

The *British Journal of Psychiatry* aims to be international in its focus and not to show partiality to any one interest group, lobby or nation in our publication strategy. But these words can become empty rhetoric – we can all trumpet we are international but the publication of one paper a year from Outer Mongolia does not make us so. The facts show that we publish most of our papers from countries whose native language is English[2] but this does not necessarily mean these constitute the best submissions. It has always troubled me that we may often miss excellent papers from authors from countries who struggle to get their message across to the world but fail at the first hurdle because they present their papers so badly. I was brought up to believe the first rule of bad science was GIGO garbage in, garbage out but have come to realise that some good research is SIGO (science in, garbage out). I would like to feel that most of SIGO does get recognised eventually but of course we can never really know. Ignaz Semmelweis was certainly a victim of SIGO as his almost unreadable book on what he called 'the doctrine' (i.e. the hypothesis that much infection came from putrefaction) made no mark on the world,[3] whereas shortly afterwards his (English) contemporary, Joseph Lister, was lionised and subsequently became President of the Royal Society. So we have good reasons to be conscious of SIGO and because most of the countries on our doorstep in the European Union often use only English in international communication, their papers may get short shrift from us quite unfairly.

This is one of the reasons why the publication of the Madrid Declaration (Ayuso-Mateos *et al*, pp. 253–255) is so important. Collaboration improves communication and presentation. What makes the Madrid Declaration more than a hopeful aspiration is the prior existence of seven nationally funded networks that have the potential together to mount cross-national studies that overcome language and cultural barriers to answer big questions that usually need big data-sets. The days of the lonely, misunderstood scientist working on a major discovery and ignored or abused by his ignorant contemporaries are not quite over, but they are getting much less. Now, we need many investigators with small egos but strong collaborative intent to break the numbers barrier in so many areas of research. Just to take one example, Hamshere *et al* (pp. 284–288), in their study of 1829 (plus 506) patients with bipolar disorder, caution against too many conclusions being drawn from their study, as larger samples 'of the order of 10s of 1000s rather than 1000s' are needed to answer the genetics questions. Europe beckons us with open arms, and it worries me that the Wellcome Trust Case–Control Consortium who provided these patients consists of researchers from the UK, US and Canada, but none from our nearest neighbours.

We publish some excellent papers from Europe, and our recent offerings have shown much evidence of innovation as well as giving a broader perspective on many of the problems facing us in psychiatry.[4–8] This is good, as it stops us from becoming blinkered, and shows the collaborative intent of the Madrid Declaration, but I am certain that we can, and will, do better still.

1 Tyrer P. From the Editor's desk. *Br J Psychiatry* 2009; **195**: 378.

2 Tyrer P. From the Editor's desk. *Br J Psychiatry* 2009; **195**: 280.

3 Semmelweis IF. *Die Ätiologie, der Begriff und die Prophylaxis des Kindbettfiebers*. CA Hartleben's Verlags-Expedition, 1861.

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https://doi.org/10.1192/bjp.198.4.332 Published online by Cambridge University Press